

To: Catherine Hayes, Executive Director of the GOP Doctors Caucus

Fr: American College of Gastroenterology (ACG)

Re: Questions for the Record for House Energy & Commerce and Ways & Means
Committees Hearings with Health Insurance Company CEOs

De: January 22, 2026

Question 1

Prior authorization can be extremely burdensome for providers and lead to care delays and serious negative outcomes for patients that would otherwise be avoidable. Any utilization management (UM) tool without the backing of clinical data — including prior authorization — allows insurance companies to practice medicine without a license, thus interfering with the patient-physician relationship.

The impact that prior authorization requests have on delays in care and serious adverse events for GI patients is well documented. In a [survey](#) from the American College of Gastroenterology (ACG), more than 70% of Inflammatory Bowel Disease (IBD) patients face insurance barriers to accessing their necessary first-line medications (most commonly prior authorization), and prior authorization was directly associated with poor clinical outcomes. In addition, according to another ACG [survey](#), 97% of the 373 gastroenterologists surveyed said prior authorization worsened patient care in some fashion, and 83% reported a prior authorization-related delay contributed to hospitalization.

Similar to how physicians are liable for medical malpractice, insurers should be accountable for the negative implications resulting from delays in care caused by prior authorization and denials of services. UM tools without the backing of clinical data result in insurers usurping the physician/patient relationship. Physicians and patients must be the key decision-makers when it comes to determining the appropriate treatment plan.

Do you agree that prior authorization claims can cause delays in care? Do you understand that these delays and denials of care can cause adverse consequences for patients? Do you agree that denials of care, in essence, are medical decisions? How should insurance companies be held responsible for these consequences?

Question 2

In February 2025, the AMA [published](#) data based on a recent membership survey. The data found that often, physicians do not appeal adverse prior authorization decisions, largely due to past experiences, the patient's care being unable to wait for the process to

conclude, and insufficient staffing or resources. However, even when physicians do appeal, just 16% report speaking with a “peer” at the insurance company that is qualified to treat the patient’s condition.

More than 90% of ACG members [reported](#) a high burden to comply with prior authorization requests, and nearly 70% said they urge their patients to help get medications and procedures approved by their insurance company. In an average week, ACG members reported zero peer-to-peer reviews with another gastroenterologist.

Do you employ all specialties for prior authorization reviews, and how many physicians do you have in each specialty? At what rate do “peer-to-peer” reviews occur, and can you break that down by specialty? Why should physicians from another specialty be responsible for conducting a “peer-to-peer” review? Can you commit to ensuring that prior authorization appeals are always reviewed by physicians within the same specialty?

Question 3

Each year, the U.S. healthcare system collectively (payers, manufacturers, physicians, and patients) spends an estimated \$93 billion to implement, comply, and contest the requests, according to an August 2021 study in [Health Affairs](#). Physicians devote approximately \$26.7 billion in time spent navigating utilization management, whereas patients spend approximately \$35.8 billion annually on drug cost sharing.

If the goal of prior authorization is to save the healthcare system money and avoid unnecessary care, how can you justify the billions of dollars in costs required to comply with the requirements? Will you commit to surveying physicians and patients about the cost and administrative burdens of complying with your company’s prior authorization requirements?