

June 9, 2026

The Honorable Julie Johnson
United States House of Representatives
221 Cannon House Office Building
Washington, DC 20515

The Honorable Mike Lawler
United States House of Representatives
324 Cannon House Office Building
Washington, DC 20515

Dear Representatives Johnson and Lawler:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing in support of H.R. 9192 the “Prior Authorization Reform for Autoimmune and Blood Disorders Act.” This bipartisan legislation requires commercial health plans, including self-insured plans overseen by the Employee Retirement Income Security Act, to cover drugs prescribed for autoimmune diseases, hemophilia, and Von Willebrand disease, and limits prior authorization for these drugs to once during any 12-month period.

Autoimmune diseases and blood disorders are chronic conditions, and patients are typically stabilized on a specific therapy after careful clinical evaluation. Requiring physicians to resubmit prior authorization for the same medication multiple times a year serves no clinical purpose. It interrupts established care, drives medication abandonment, and exposes patients to preventable disease flares and bleeding episodes. These burdens fall hardest on small and rural practices that lack dedicated prior authorization staff.

The “Prior Authorization Reform for Autoimmune and Blood Disorders Act” preserves prior authorization as a utilization management tool for plans while limiting its repeated application where the underlying clinical picture has not changed. The legislation includes narrow, clinically appropriate exceptions for drugs typically used for less than a year, for opioids and certain other controlled substances, and for drugs subject to a Risk Evaluation and Mitigation Strategy under federal law. These exceptions preserve plan flexibility where it is justified by clinical or safety concerns without weakening the bill’s core protection for patients on chronic therapy.

The patient and physician consequences of repeat prior authorization are well documented. In the AMA’s 2025 physician [survey](#), 88 percent of physicians reported that prior authorization interferes with continuity of care, and 61 percent said the process at least sometimes destabilizes a patient whose condition was previously stabilized on a specific treatment plan. Twenty-six percent reported that prior authorization has led to a serious adverse event, including hospitalization, disability, or death, for a patient in their care. Physicians and their staff also spend approximately 13 hours each week on the average 40 prior authorizations a practice completes, time that could otherwise be devoted to patient care.

The AMA deeply appreciates your ongoing efforts on this issue, and we applaud the introduction of this legislation in the 119th Congress. Please reach out to me directly at 312-464-5288 or John.Whyte@ama-assn.org if you have questions or need further information.

Sincerely,



John Whyte, MD, MPH