United States Senate

WASHINGTON, DC 20510

November 12, 2026

Steve Nelson
President
Aetna
151 Farmington Avenue
Hartford, CT 06156

Dear Mr. Nelson:

We write seeking transparency from Aetna regarding your June 2025 pledge to reduce prior authorizations.[1] In the year since that commitment, patients and providers have waited for meaningful change. What they have received instead are uncontextualized, aggregate statistics – percentage reductions untethered from any real accounting of which services and treatments are affected.

Prior authorization remains a crushing burden facing physicians and patients. Today, 95 percent of physicians report that prior authorization delays necessary medical care, and 92 percent say those delays negatively affect clinical outcomes.[2] On average, physicians and their staff spend 13 hours of physician and staff time each week navigating prior authorization requirements – time that could be devoted to caring for patients.[3] The consequences extend well beyond the physician's office: nearly 80 percent of physicians report that patients abandon recommended treatment because of prior authorization barriers, and almost 70 percent of insured adults describe the process as burdensome.[4] These are not isolated anecdotes; they reflect the near-universal experience of the clinicians who care for your members every day.

Patients and physicians share skepticism that insurers participating in this pledge will uphold their promises. Only 39 percent of patients believe insurers will follow through on changes that would make a meaningful difference for them, and just one-third of physicians expressed confidence in the pledge.[5] One year later, we call on you to translate these flashy statistics into meaningful difference that protects patients from abusive delays and denials of care.

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[1] *HHS Secretary Kennedy, CMS Administrator Oz Secure Industry Pledge to Fix Broken Prior Authorization System*, U.S. Dep't of Health and Human Servs., June 23, 2025, https://www.hhs.gov/press-room/kennedy-oz-cms-secure-healthcare-industry-pledge-to-fix-prior-authorization-system.html.

[2] *2025 AMA prior authorization physician survey*, Am. Med. Ass'n, May 13, 2026, https://www.ama-assn.org/practice-management/prior-authorization/ama-prior-authorization-physician-survey.

[3] *Id.*

[4] *Id.*

[5] Grace Sparks et al., *KFF Health Tracking Poll: Public Finds Prior Authorization Process Difficult to Manage*, KFF, July 25, 2025, https://www.kff.org/patient-consumer-protections/kff-health-tracking-poll-public-finds-prior-authorization-process-difficult-to-manage/; Tanya Albert Henry, *Only 1 in 3 Doctors Trusts Insurer's Prior Authorization Promises*, Am. Med. Ass'n, May 18, 2026, https://www.ama-assn.org/practice-management/prior-authorization/only-1-3-doctors-trusts-insurers-prior-authorization#:~:text=A%20July%202025%20KFF%20poll,patient%20harms%20and%20practice%20hassles.

Aetna announced that the company had standardized 88 percent of its prior authorizations and that it "maintains the fewest medical services requiring prior authorizations" among top competitors.[6] Also announced was the rollout of bundled prior authorizations, including for some musculoskeletal conditions and cancer care.[7] While we appreciate these public expressions of Aetna's aspirations on this front, aggregate statistics and press releases are not transparency.

For these reasons, we ask that you provide the following information with respect to prior authorization changes made since June 2025:

- A detailed list of specific services, procedures, and treatments that have been removed from prior authorization requirements;
- The effective date of each such change;
- The criteria used to determine which services were selected for removal;
- Any guidance, notices, or communications issued to providers and members regarding these changes;
- Data on prior authorization approval and denial rates, both before and after the announced reforms;
- A timeline and implementation plan for the remaining commitments announced, including the milestones by which progress will be measured and publicly reported;
- Additional information about these "bundled" prior authorizations, including for which conditions they are in place and how they operate from a patient and provider perspective;
- The extent to which "partial approvals" are granted in the prior authorization process and how they impact the metrics you report to claim progress on the June 2025 pledge;
- For each percentage in your public announcements, please identify what was counted (e.g., codes, requirements, request volume), the baseline period, and the share of 2024 request volume the removed services represented;
- An analysis of the administrative cost savings Aetna expects from these reforms and how those savings will be reflected in premiums or benefits;
- The approval rate in the year before removal for each service removed from prior authorization;
- The number of denials appealed and the share overturned, before and after the announced reforms;
- Any impact that these changes have already had on utilization or premiums;
- Any impact that these changes are projected to have on premiums in 2027 and beyond;
- The data above separately for Medicare Advantage, Medicaid managed care, and commercial plans, as applicable.

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[6] *Aetna Announces Progress on Industry Leading Efforts to Simplify Prior Authorization*, Aetna, Apr. 24, 2026, https://www.aetna.com/insights/news/aetna-announces-progress-on-industry-leading-efforts-to-simplify-prior-authorization.html.

[7] *Id.*; Rebecca Pifer Parduhn, *CVS Aetna Streamlines Cancer Prior Authorizations*, HEALTHCARE DIVE, Sep.17, 2026, https://www.healthcaredive.com/news/cvs-aetna-cancer-prior-authorization-bundles-expansion/830700/.

Patients and providers cannot afford broken promises and inaction. We look forward to receiving your prompt and complete response by Friday, December 4, 2026.

Sincerely,

Sheldon Whitehouse
United States Senator

Ron Wyden
United States Senator
Ranking Member, Committee on Finance

Jon Ossoff
United States Senator