



Senate Finance Committee Minority Staff
219 Dirksen Senate Office Building
Washington, D.C. 20510

October 2, 2026

Submitted via: insurance@finance.senate.gov

Re: Request for Information on Health Coverage That Works for Everyone

Dear Ranking Member Wyden and Members of the Senate Finance Committee:

The [Chronic Care Policy Alliance \(CCPA\)](#) appreciates the opportunity to provide feedback in response to the Senate Finance Committee Minority Staff's [Request for Information](#) on improving health coverage for Americans. As Congress considers changes to health coverage, CCPA urges policymakers to evaluate reforms based on their real-world impact on patient access, affordability, and health outcomes.

CCPA represents patients living with chronic and rare conditions who depend on consistent access to treatments and services prescribed by their healthcare providers. For these patients, having an insurance card does not necessarily mean having access to care. High out-of-pocket costs, prior authorization, coverage denials, step therapy, formulary restrictions, and non-medical switching can all stand between a patient and the treatment their provider has determined is medically appropriate.

We [recently convened](#) patients, providers, pharmacists, and advocates to discuss these challenges and their real-world consequences. A consistent theme was the disconnect between clinical decision-making and insurance coverage requirements, with patients and providers forced to navigate changing coverage rules and administrative hurdles to obtain medically necessary treatment.

CCPA supports efforts to improve the affordability and accessibility of health coverage. Reforms should remove unnecessary obstacles between patients and medically necessary care, preserve continuity of treatment, and ensure coverage policies support rather than interfere with decisions made by patients and their healthcare providers.

As the Committee considers reforms to health coverage, CCPA encourages policymakers to focus on the following priorities:

- **Put patients at the center of health coverage reforms.** Patients must have a meaningful voice in the development, implementation, and oversight of policies that affect their access to care. Reforms should be evaluated based on their ability to improve affordability, preserve access, and support better health outcomes for people living with chronic and rare conditions.
- **Reduce prior authorization and other barriers that delay patient care.** Treatment decisions should remain centered on the clinical needs of the individual patient rather than administrative requirements or financial incentives. Congress should implement stronger protections to ensure that:
 - Prior authorization requirements are transparent, evidence-based, and applied consistently;



- Coverage decisions are made promptly, particularly when delays could interrupt ongoing treatment;
- Reviewers making medical-necessity determinations have appropriate clinical expertise;
- Patients who are stable on a prescribed treatment should not be subjected to repeated medical-necessity reviews; and
- Providers have a timely and straightforward means of resolving administrative errors or coverage questions before they result in delayed care.
- **Make coverage denials and appeals more transparent and accountable.** Congress should require greater transparency into insurer denial and appeal practices.
 - Insurers and PBMs should be required to report on initial denials, internal reversals, external appeals, and the reasons coverage is denied.
 - Appeals should provide patients with a clear explanation of the basis for a denial, a straightforward process for seeking review, and an expedited pathway when delays could jeopardize access to necessary care.
- **Protect continuity of care and limit non-medical switching.** Congress should establish meaningful continuity-of-care protections and reasonable exceptions from utilization management requirements when a patient is already stable on a prescribed therapy.
- **Ensure health coverage is affordable when patients need to use it.** Affordability and access go hand-in-hand. In addition to reducing premiums and expanding access to coverage, Congress should pursue policies that directly reduce patient costs, including out-of-pocket caps and other protections that limit excessive cost-sharing for necessary chronic care.
- **Increase transparency and accountability for insurers, PBMs, and other intermediaries.** Congress should require greater visibility into insurer and PBM practices that influence patient costs, formulary placement, and access to prescribed treatment. Reporting requirements should allow regulators to identify patterns in coverage restrictions and other practices that repeatedly delay or disrupt patient care.

CCPA appreciates the Committee's attention to the challenges patients face in accessing care through their health coverage. For people living with chronic and rare conditions, insurance policies should support timely access to medically necessary treatment, preserve decisions made between patients and their healthcare providers, and reduce the administrative barriers that too often interrupt care.

Thank you for the opportunity to provide input on the Committee's important work, and we look forward to continuing to engage on these critical issues.

Sincerely,

Elizabeth Helms
CEO
Chronic Care Policy Alliance (CCPA)
lizh@chroniccarealliance.org