

Resolution to Provide for Congressional Disapproval of CMMI WISeR Model

Background on WISeR

On June 27, 2025, the Centers for Medicare and Medicaid Services (CMS), through the Center for Medicare and Medicaid Innovation (CMMI) announced their new Wasteful and Inappropriate Service Reduction (WISeR) model, which began on January 1, 2026 and will run for six performance years until December 31, 2031 in six selected states. The model uses AI to apply prior authorization to a number of newly impacted health care services in Traditional Medicare, including, but not limited to, electrical nerve stimulator implants, steroid injections, knee arthroscopy for knee osteoarthritis, and skin and tissue substitutes. The model allows participating private, for-profit companies, including those backed by and operating within Medicare Advantage plans, to determine whether these certain services are “medically necessary” before authorizing treatment to take place. The six selected states are: Washington, New Jersey, Ohio, Oklahoma, Texas, and Arizona.

CMS’ reasoning for beginning this pilot program was to “protect federal taxpayers” and “protect people with Traditional Medicare by crushing fraud, waste, and abuse.” CMS claims the model will save taxpayer dollars and reduce inappropriate, unnecessary, and invasive procedures that can “significantly harm patients while also improving upon the existing prior authorization process to streamline efficiency and improve accuracy by leveraging enhanced technologies.” In contrast, HHS Secretary Kennedy and CMS Administrator Oz have pledged to reduce the number of services requiring prior authorization in the commercial insurance market.

While CMS has described the model as voluntary, it is effectively mandatory for providers and their patients with Traditional Medicare in the selected states. Clinicians who do not submit prior authorization requests for the selected services will face mandatory pre-payment medical reviews, adding administrative burden and potential care delays for people with Traditional Medicare. Each participating state is operating the pilot through different for-profit company that contracts with CMS to use AI technology to process authorizations and conduct reviews for the specific services subject to WISeR. These participants are compensated based on a share of “averted expenditures.” In other words, they are financially incentivized to deny prior authorization requests, as they share in the cost savings that result from denied services.

Impact

According to patient and provider testimonials, the model is causing provider burden and significant delays in care for patients who are experiencing debilitating pain and cannot get their treatments or procedures done. CMS guidance directs the WISeR contractors to issue a determination within three calendar days of receiving an initial or resubmitted request, and two calendar days for expedited requests. This has not been the case, and often the contractor will issue a decision within the required timeframe, but it will be an initial denial, forcing the provider to resubmit—thus extending the delays in care. HHS and CMS like to blame fraud with skin substitutes as one of the reasons for the implementation of the model. However, the vast majority of patients facing delays in care are not receiving skin substitutes but are overwhelmingly receiving treatments for chronic pain or incontinence. In Washington state, skin substitutes account for less than 1% of the services being submitted for prior authorization under the model.

Prior authorization requirements are used routinely by Medicare Advantage plans and private insurers, but rarely in Traditional Medicare—which is often one of the reasons patients choose it for their coverage. The Trump administration is using AI to delay and deny Medicare benefits for seniors who are entitled to timely and accessible care, while it allows third-party companies to maximize their profits.

Senate Actions

Letter to CMS

In September 2025, Senators Wyden, Gillibrand, and Blumenthal sent a [letter](#) signed by 15 additional Senate Democrats, addressed to CMS Administrator Oz and CMMI Director Sutton, urging CMS to halt implementation of the WISeR model until a full analysis is conducted on the program's impact on patient access, and input is included from beneficiaries and their families, consumer and patient advocates, health care providers, and suppliers. The letter pressed CMS for more information on the rationale for the six selected states, the plan for using AI, the reason for a lack of notice-and-comment rulemaking, and more. CMS has not yet responded to the letter.

Seniors Deserve SMARTER Care Act

In December 2025, Senators Murray, Wyden, and Gillibrand introduced the [Seniors Deserve SMARTER \(Streamlined Medical Approvals for Timely, Efficient Recovery\) Care Act](#), which would prohibit CMS from implementing the WISeR model. It currently has 17 additional cosponsors (all Democrats) and 22 endorsements from organizations. Rep. Suzan DelBene led the introduction of the bill on the House side.

GAO

In December 2025, Senators Wyden, Murray, Gillibrand, and Blumenthal sent a letter to the Comptroller General requesting the Government Accountability Office (GAO) determine whether the WISeR model constitutes a rule for purposes of the Congressional Review Act (CRA). The letter lays out reasons why the model should be considered a rule because it implements and prescribes new policies and fundamentally alters procedures in Traditional Medicare. The senators asked GAO in the letter to conduct this review on an expedited basis, as the model was scheduled to take effect on January 1, 2026. GAO responded on January 15, 2026, and they had 120 days from the date of their response letter to provide Congress with a decision, making the deadline for response May 15, 2026.

On May 12, 2026, GAO issued a [determination](#), concluding that the WISeR model is a rule for purposes of the Congressional Review Act (CRA) because it meets the Administrative Procedure Act (APA) definition of a rule, and no CRA exceptions apply.