

119TH CONGRESS
1ST SESSION

H. R. 639

To prohibit group health plans, health insurance issuers, and Federal health care programs from applying prior authorization requirements, utilization management techniques, and medical necessity reviews.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 22, 2025

Mr. VAN DREW introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To prohibit group health plans, health insurance issuers, and Federal health care programs from applying prior authorization requirements, utilization management techniques, and medical necessity reviews.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Doctor Knows Best
5 Act of 2025”.

1 **SEC. 2. PROHIBITING PRIOR AUTHORIZATION REQUIRE-**
2 **MENTS, UTILIZATION MANAGEMENT TECH-**
3 **NIQUES, AND MEDICAL NECESSITY REVIEWS.**

4 (a) PRIVATE INSURERS.—Subpart II of part A of
5 title XXVII of the Public Health Service Act (42 U.S.C.
6 300gg–11 et seq.) is amended by adding at the end the
7 following new section:

8 **“SEC. 2730. PROHIBITION ON PRIOR AUTHORIZATION RE-**
9 **QUIREMENTS, UTILIZATION MANAGEMENT**
10 **TECHNIQUES, AND MEDICAL NECESSITY RE-**
11 **VIEWS.**

12 “A group health plan, and a health insurance issuer
13 offering group or individual health insurance coverage,
14 may not impose any prior authorization requirement, any
15 utilization management technique (including any step
16 therapy or fail-first protocol), or any medical necessity re-
17 view on any item or service for which benefits are available
18 under such plan or coverage.”.

19 (b) FEDERAL HEALTH CARE PROGRAMS.—Begin-
20 ning January 1, 2026, a Federal health care program (as
21 defined in section 1128B of the Social Security Act (42
22 U.S.C. 1320a–7b) and the health program established
23 under chapter 89 of title 5, United States Code, including
24 a State or any entity carrying out such Federal health
25 care program or health program, may not impose any
26 prior authorization requirement, any utilization manage-

1 ment technique (including any step therapy or fail-first
2 protocol), or any medical necessity review on any item or
3 service for which benefits are available under Federal
4 health care program or health program (as applicable).

5 (c) EFFECTIVE DATE.—The amendment made by
6 subsection (a) shall apply with respect to plan years begin-
7 ning on or after January 1, 2026.

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