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(Original Signature of Member)

119TH CONGRESS
2D SESSION

H. R. _____

To amend title XVIII of the Social Security Act to prohibit the use of prior authorization under Medicare Advantage plans, to amend title XI of the Social Security Act to limit the implementation of payment models testing prior authorization under traditional Medicare, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. KHANNA introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title XVIII of the Social Security Act to prohibit the use of prior authorization under Medicare Advantage plans, to amend title XI of the Social Security Act to limit the implementation of payment models testing prior authorization under traditional Medicare, and for other purposes.

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Stop Deadly Denials
3 Act of 2026”.

4 **SEC. 2. PROHIBITING PRIOR AUTHORIZATION REQUIRE-**
5 **MENTS IN MEDICARE ADVANTAGE.**

6 (a) IN GENERAL.—Section 1852 of the Social Secu-
7 rity Act (42 U.S.C. 1395w–22) is amended by adding at
8 the end the following new subsection:

9 “(o) LIMITATION ON PRIOR AUTHORIZATION.—

10 “(1) IN GENERAL.—Subject to paragraph (2),
11 for plan years beginning on or after January 1,
12 2027, a Medicare Advantage plan may not impose
13 any prior authorization requirement with respect to
14 any specified item or service.

15 “(2) EXCEPTION.—Paragraph (1) shall not
16 apply with respect to a specified item or service for
17 a plan year in the case that, during such year, such
18 item or service is subject to prior authorization pur-
19 suant to subsection (t)(2)(F) or (aa) of section
20 1833, subsection (a)(15), (l)(16), (q)(6), or (u)(4) of
21 section 1834, or any other provision of part A or
22 part B of this title.

23 “(3) SPECIFIED ITEM OR SERVICE DEFINED.—

24 For purposes of this subsection, the term ‘specified
25 item or service’ means, with respect to a Medicare

1 Advantage plan, any item or service for which bene-
2 fits are available under such plan that is not—

3 “(A) a covered part D drug; or

4 “(B) a supplemental health care benefit
5 (as described in subsection (a)(3)).”.

6 (b) PERMITTING INTERMEDIATE SANCTIONS IN THE
7 CASE OF NONCOMPLIANCE.—Section 1857(g)(1) of the
8 Social Security Act (42 U.S.C. 1395w–27(g)(1)) is
9 amended—

10 (1) in subparagraph (J), by striking “or” at the
11 end;

12 (2) in subparagraph (K), by striking “subpara-
13 graphs (A) through (J)” and inserting “subpara-
14 graphs (A) through (K)”;

15 (3) by redesignating subparagraph (K) as sub-
16 paragraph (L); and

17 (4) by inserting after subparagraph (J) the fol-
18 lowing new subparagraph:

19 “(K) imposes a prior authorization require-
20 ment with respect to an item or service in viola-
21 tion of section 1852(o); or”.

22 (c) CONFORMING CHANGE.—Section 1852(c)(1)(G)
23 of the Social Security Act (42 U.S.C. 1395w–22(c)(1)(G))
24 is amended—

1 (1) in the subparagraph heading, by striking
2 “PRIOR AUTHORIZATION” and inserting “REVIEW”;
3 and

4 (2) by inserting “for plan years ending before
5 January 1, 2027,” after “Rules regarding prior au-
6 thorization”.

7 **SEC. 3. LIMITING IMPLEMENTATION OF CENTER FOR MEDI-**
8 **CARE AND MEDICAID INNOVATION MODELS**
9 **TESTING PRIOR AUTHORIZATION UNDER**
10 **TRADITIONAL MEDICARE.**

11 (a) PROHIBITING IMPLEMENTATION OF WISER
12 MODEL.—The Secretary of Health and Human Services
13 may not implement the innovative payment and service de-
14 livery model described in the notice titled “Medicare Pro-
15 gram; Implementation of Prior Authorization for Select
16 Services for the Wasteful and Inappropriate Services Re-
17 duction (WISeR) Model” (90 Fed. Reg. 28749 (July 1,
18 2025)), or any substantially similar model.

19 (b) LIMITING IMPLEMENTATION OF FUTURE CMI
20 MODELS TESTING PRIOR AUTHORIZATION UNDER TRA-
21 DITIONAL MEDICARE.—Section 1115A(b)(2) of the Social
22 Security Act (42 U.S.C. 1315a(b)(2)) is amended—

23 (1) in subparagraph (A), by striking “The Sec-
24 retary shall select” and inserting “Subject to the

1 limitation under subparagraph (D), the Secretary
2 shall select”; and

3 (2) by adding at the end the following new sub-
4 paragraph:

5 “(D) LIMITATION ON MODELS TO BE
6 TESTED.—Beginning on the date of the enact-
7 ment of this subparagraph, the Secretary may
8 not select a model to be tested under subpara-
9 graph (A) if such model—

10 “(i) would provide for the implemen-
11 tation of prior authorization with respect
12 to items or services for which payment
13 may be made under part A or part B of
14 title XVIII; and

15 “(ii) would provide for—

16 “(I) issuing any denial of cov-
17 erage or payment that—

18 “(aa) is based on a decision
19 made through the use of artificial
20 intelligence, machine learning, al-
21 gorithmic-derived decision logic,
22 or any other similar technological
23 process, without review and ap-
24 proval of such denial; and

1 “(bb) has not been individ-
2 ually reviewed and approved by a
3 physician on the basis of the phy-
4 sician’s independent medical
5 judgment, taking into account
6 relevant documentation provided
7 by the individual receiving such
8 items or services or the provider
9 furnishing such items or services;
10 or

11 “(II) the processing of requests
12 for prior authorization by any entity
13 other than a medicare administrative
14 contractor with a contract under sec-
15 tion 1874A.”.

16 (c) REQUIRING NOTICE AND COMMENT FOR ALL FU-
17 TURE CMI MODELS.—Section 1115A(b)(2)(A) of the So-
18 cial Security Act (42 U.S.C. 1315a(b)(2)(A)), as amended
19 by subsection (b), is further amended by adding at the
20 end the following new sentence: “Beginning January 1,
21 2027, a model may only be selected under this subpara-
22 graph after notice and opportunity for public comment.”.