

118TH CONGRESS
2D SESSION

S. 5612

To amend part C of title XVIII of the Social Security Act to provide for prior authorization reforms under the Medicare Advantage program.

IN THE SENATE OF THE UNITED STATES

DECEMBER 19 (legislative day, DECEMBER 16), 2024

Mr. WHITEHOUSE introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend part C of title XVIII of the Social Security Act to provide for prior authorization reforms under the Medicare Advantage program.

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 “Prior Authorization
5 Relief Act”.

6 **SEC. 2. MEDICARE ADVANTAGE PROGRAM PRIOR AUTHOR-**
7 **IZATION REFORMS.**

8 (a) MEDICARE ADVANTAGE.—Section 1859 of the
9 Social Security Act (42 U.S.C. 1395w–28) is amended by
10 adding at the end the following new subsection:

1 “(j) PRIOR AUTHORIZATION REQUIREMENTS.—

2 “(1) AUDIT.—Not later than January 1, 2026,
3 the Secretary shall conduct an audit of prior author-
4 ization requirements for items and services fur-
5 nished, and covered part D drugs prescribed, to en-
6 rollees under this part in order to identify the items
7 and services and covered part D drugs that the Sec-
8 retary determines meet each of the following criteria:

9 “(A) Reimbursement for such item or serv-
10 ice or covered part D drug under this part is
11 in the top 10 percent of reimbursements for all
12 items and services and covered part D drugs
13 under this part.

14 “(B) There is sufficient clinical evidence to
15 establish a standard medical policy for the prior
16 authorization process for such item or service or
17 covered part D drug.

18 “(C) Prior authorization for such item or
19 service or covered part D drug requires an ex-
20 cessive number of steps to complete the re-
21 quired protocols.

22 “(2) STANDARDIZED REQUIREMENTS.—Not
23 later than October 1, 2026, taking into account the
24 results of the audit conducted under paragraph (1),
25 the Secretary shall promulgate a final rule to stand-

1 ardize the prior authorization requirements (includ-
2 ing supplemental forms) for items and services and
3 covered part D drugs identified under paragraph (1)
4 across all Medicare Advantage plans, including MA-
5 PD plans.

6 “(3) EXEMPTION FROM REQUIREMENTS.—

7 “(A) IN GENERAL.—Subject to subpara-
8 graph (B), if an accountable care organization
9 satisfies the savings requirements under section
10 1899(d)(1)(B) for a performance year begin-
11 ning on or after January 1, 2026, in the case
12 of an ACO professional (as defined in section
13 1899(h)(1)) participating in such ACO with a
14 patient load that includes at least 20 percent of
15 Medicare fee-for-service beneficiaries (as de-
16 fined in section 1899(h)(2)) assigned to such
17 accountable care organization, the prior author-
18 ization requirements for the items and services
19 and covered part D drugs identified under para-
20 graph (1) shall not apply when such items and
21 services are furnished by, or such covered part
22 D drugs are prescribed by, such ACO profes-
23 sional during the succeeding year to an enrollee
24 under this part.

1 “(B) LIMITATION.—The Secretary shall
2 establish a process under which an MA organi-
3 zation offering a Medicare Advantage plan (in-
4 cluding an MA–PD plan) may request that the
5 exemption under subparagraph (A) not apply
6 with respect to items and services and covered
7 part D drugs furnished to enrollees under the
8 plan and that the prior authorization require-
9 ments that would otherwise apply under the
10 plan for such items and services and covered
11 part D drugs continue to apply.”.

○