



(Original Signature of Member)

119TH CONGRESS  
1ST SESSION

# H. R. \_\_\_\_\_

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.

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## IN THE HOUSE OF REPRESENTATIVES

Mr. VAN DREW introduced the following bill; which was referred to the Committee on \_\_\_\_\_

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# 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.