

.....
(Original Signature of Member)

119TH CONGRESS
2D SESSION

H. R. _____

To amend title XXVII of the Public Health Service Act and title XVIII of the Social Security Act to require health insurance issuers and MA organizations to make publicly available certain information with respect to coverage request rejection.

IN THE HOUSE OF REPRESENTATIVES

Mrs. HINSON introduced the following bill; which was referred to the
Committee on _____

A BILL

To amend title XXVII of the Public Health Service Act and title XVIII of the Social Security Act to require health insurance issuers and MA organizations to make publicly available certain information with respect to coverage request rejection.

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 “Health Insurance
5 Transparency for Patients Act”.

1 **SEC. 2. REQUIRING DISCLOSURE OF CERTAIN INFORMA-**
2 **TION WITH RESPECT TO COVERAGE REQUEST**
3 **REJECTION.**

4 (a) REQUIREMENT FOR HEALTH INSURANCE
5 ISSUERS.—

6 (1) IN GENERAL.—Subpart II of part A of title
7 XXVII of the Public Health Service Act (42 U.S.C.
8 300gg et seq.) is amended by adding at the end the
9 following new section:

10 **“SEC. 2730. REQUIRING DISCLOSURE OF CERTAIN INFOR-**
11 **MATION WITH RESPECT TO COVERAGE RE-**
12 **QUEST REJECTION.**

13 “(a) IN GENERAL.—A health insurance issuer offer-
14 ing group or individual health insurance coverage for a
15 plan year shall, not later than 1 year after the last day
16 of each such plan year, submit to the Secretary and make
17 publicly available on a website of the issuer, with respect
18 to such plan year—

19 “(1) the deidentified information described in
20 subsection (b), disaggregated in accordance with
21 subsection (c), in a consumer-friendly manner that is
22 simple and understandable; and

23 “(2) a list of all covered items or services that
24 are subject to prior authorization.

25 “(b) INFORMATION DESCRIBED.—For purposes of
26 subsection (a), the information described in this sub-

1 section is, with respect to a health insurance issuer offer-
2 ing group or individual health insurance coverage and a
3 plan year, the percentage and number of each of the fol-
4 lowing:

5 “(1) Coverage requests denied, in whole or in
6 part, by the issuer on initial review.

7 “(2) Coverage requests approved by the issuer
8 on initial review.

9 “(3) Appeals of coverage requests denied by the
10 issuer and any such appeals that resulted in rever-
11 sal, in whole or in part, of such denials.

12 “(c) DISAGGREGATION OF INFORMATION.—The in-
13 formation described in subsection (b) shall be
14 disaggregated by—

15 “(1) the type of coverage request;

16 “(2) the reason for the denial;

17 “(3) the process by which denied coverage re-
18 quests were reviewed, including whether the denial
19 determination was the result of a fully automated re-
20 view process (such as artificial intelligence), an algo-
21 rithmic review, or review by an individual;

22 “(4) the type of covered item or service;

23 “(5) the time that elapsed between when the
24 coverage request or the appeal of a denial of a cov-
25 erage request (as applicable) was filed and when the

1 health insurance issuer offering group or individual
2 health insurance coverage reached a determination
3 as to such coverage request or appeal, expressed in
4 days and hours; and

5 “(6) in the case of an appeal of a denial of a
6 coverage request, whether such appeal was expedited.
7

8 “(d) STANDARDS FOR PUBLICATION.—The Secretary
9 shall establish standard definitions and reporting formats
10 for the information described in subsection (b) to—

11 “(1) ensure that such information is accurate,
12 easy to compare, and consumer-friendly; and

13 “(2) to the greatest extent practicable, ensure
14 that the submission of such information does not require
15 a health insurance issuer offering group or individual
16 health insurance coverage to seek additional
17 information from a health care provider.

18 “(e) PUBLICATION BY SECRETARY.—On an annual
19 basis, the Secretary shall make available on the website
20 of the Department of Health and Human Services the information
21 submitted to the Secretary under subsection
22 (a).

23 “(f) DEFINITIONS.—In this section:

24 “(1) COVERAGE REQUEST.—The term ‘coverage
25 request’ means—

1 “(A) a claim for a covered item or service;
2 and

3 “(B) a prior authorization request for a
4 covered item or service.

5 “(2) COVERED ITEM OR SERVICE.—The term
6 ‘covered item or service’ means, with respect to a
7 health insurance issuer offering group or individual
8 health insurance coverage, an item or service for
9 which benefits are available under such coverage.”.

10 (2) EFFECTIVE DATE.—The amendments made
11 by this subsection shall apply with respect to plan
12 years beginning on or after January 1 of the first
13 year beginning after the date of enactment of this
14 subsection.

15 (b) REQUIREMENT FOR MA ORGANIZATIONS.— Sec-
16 tion 1857(e) of the Social Security Act (42 U.S.C. 1395w-
17 27(e)) is amended by adding at the end the following new
18 paragraph:

19 “(7) REQUIRING DISCLOSURE OF CERTAIN IN-
20 FORMATION WITH RESPECT TO COVERAGE REQUEST
21 REJECTION.—

22 “(A) IN GENERAL.—For plan years begin-
23 ning on or after January 1 of the first year be-
24 ginning after the date of enactment of this
25 paragraph, a contract under this section with

1 an MA organization shall require such organi-
2 zation, not later than 1 year after the last day
3 of each such plan year, to submit to the Sec-
4 retary and make publicly available on a website
5 of such organization, with respect to each MA
6 plan offered by such organization during such
7 plan year—

8 “(i) the deidentified information de-
9 scribed in subparagraph (B), disaggregated
10 in accordance with subparagraph (C), in a
11 consumer-friendly manner that is simple
12 and understandable; and

13 “(ii) a list of all covered items or serv-
14 ices that are subject to prior authorization.

15 “(B) INFORMATION DESCRIBED.—For pur-
16 poses of subparagraph (A), the information de-
17 scribed in this subparagraph is, with respect to
18 an MA plan offered by an MA organization and
19 a plan year, the percentage and number of each
20 of the following:

21 “(i) Coverage requests denied, in
22 whole or in part, by the MA organization
23 on initial review.

24 “(ii) Coverage requests approved by
25 the MA organization on initial review.

1 “(iii) Appeals of coverage requests de-
2 nied by the MA organization and any such
3 appeals that resulted in reversal, in whole
4 or in part, of such denials.

5 “(C) DISAGGREGATION OF INFORMA-
6 TION.—The information described in subpara-
7 graph (B) shall be disaggregated by—

8 “(i) the type of coverage request;

9 “(ii) the reason for the denial;

10 “(iii) the process by which denied cov-
11 erage requests were reviewed, including
12 whether the denial determination was the
13 result of a fully automated review process
14 (such as artificial intelligence), an algo-
15 rithmic review, or review by an individual;

16 “(iv) the type of covered item or serv-
17 ice;

18 “(v) the time that elapsed between
19 when the coverage request or the appeal of
20 a denial of a coverage request (as applica-
21 ble) was filed and when the MA organiza-
22 tion reached a determination as to such
23 coverage request or appeal, expressed in
24 days and hours; and

1 “(vi) in the case of an appeal of a de-
2 nial of a coverage request, whether such
3 appeal was expedited.

4 “(D) STANDARDS FOR PUBLICATION.—The
5 Secretary shall establish standard definitions
6 and reporting formats for the information de-
7 scribed in subparagraph (B) to—

8 “(i) ensure that such information is
9 accurate, easy to compare, and consumer-
10 friendly; and

11 “(ii) to the greatest extent practicable,
12 ensure that the submission of such infor-
13 mation does not require an MA organiza-
14 tion to seek additional information from a
15 health care provider.

16 “(E) PUBLICATION BY SECRETARY.—On
17 an annual basis, the Secretary shall make avail-
18 able on the website of the Department of
19 Health and Human Services the information
20 submitted to the Secretary under subparagraph
21 (A).

22 “(F) DEFINITIONS.—In this paragraph:

23 “(i) COVERAGE REQUEST.—The term
24 ‘coverage request’ means—

1 “(I) a claim for a covered item or
2 service; and

3 “(II) a prior authorization re-
4 quest for a covered item or service.

5 “(ii) COVERED ITEM OR SERVICE.—
6 The term ‘covered item or service’ means,
7 with respect to an MA plan, an item or
8 service for which benefits are available
9 under such plan.”.