

119TH CONGRESS
2D SESSION

H. R. 9734

To amend title XVIII of the Social Security Act to establish requirements for the use of artificial intelligence in prior authorization denials by Medicare Advantage organizations.

IN THE HOUSE OF REPRESENTATIVES

JULY 16, 2026

Mr. CONAWAY (for himself and Mr. MURPHY) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, 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 amend title XVIII of the Social Security Act to establish requirements for the use of artificial intelligence in prior authorization denials by Medicare Advantage organizations.

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 “Protecting Patients
5 from Automated Denials Act”.

1 **SEC. 2. ESTABLISHING REQUIREMENTS FOR USE OF ARTI-**
2 **FICIAL INTELLIGENCE IN PRIOR AUTHORIZA-**
3 **TION DENIALS UNDER MEDICARE ADVAN-**
4 **TAGE.**

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

8 “(o) REQUIREMENTS FOR USE OF ARTIFICIAL IN-
9 TELLIGENCE IN PRIOR AUTHORIZATION DENIALS.—

10 “(1) IN GENERAL.—With respect to plan years
11 beginning on or after January 1, 2027, an MA plan
12 that imposes a prior authorization requirement with
13 respect to an item or service for which benefits are
14 available under such plan may not deny a request
15 for prior authorization with respect to such item or
16 service based on the output of artificial intelligence,
17 unless the following requirements are met:

18 “(A) Before such denial is issued, such de-
19 nial is reviewed and approved, under the clinical
20 direction of a medical director of such MA plan,
21 by a qualified physician reviewer.

22 “(B) Such qualified physician reviewer
23 provides to such MA plan a signed attestation
24 that, in reviewing and approving such denial—

1 “(i) such qualified physician reviewer
2 exercised medical judgment that was inde-
3 pendent from such output;

4 “(ii) such denial was not generated or
5 dictated by artificial intelligence; and

6 “(iii) any software used in preparing
7 such denial was used only for administra-
8 tive purposes.

9 “(C) Such MA plan provides to the pro-
10 vider who submitted such request—

11 “(i) a copy of the signed attestation
12 described in subparagraph (B);

13 “(ii) an opportunity to communicate
14 directly with such qualified physician re-
15 viewer; and

16 “(iii) an opportunity to discuss with
17 such qualified physician reviewer the pro-
18 posed individualized clinical basis for such
19 denial.

20 “(D) Such MA plan discloses to the indi-
21 vidual to whom such denial is issued and to
22 such provider—

23 “(i) that artificial intelligence was
24 used as part of such denial; and

1 “(ii) the National Provider Identifier
2 number of such qualified physician re-
3 viewer.

4 “(E) Such MA plan makes, and maintains
5 for not less than 10 years after the date on
6 which such denial is issued, records with respect
7 to such denial about—

8 “(i) the use of artificial intelligence;

9 “(ii) the review and approval by such
10 qualified physician reviewer under subpara-
11 graph (A); and

12 “(iii) information provided under sub-
13 paragraph (C), including a copy of the
14 signed attestation described in subpara-
15 graph (B).

16 “(2) REPORT TO SECRETARY.—Not later than
17 March 31, 2027, and every 90 days thereafter, an
18 MA plan that imposes a prior authorization require-
19 ment with respect to an item or service for which
20 benefits are available under such plan shall submit
21 to the Secretary a report that includes, with respect
22 to the most recent 90-day period for which such
23 data is available, information with respect to any re-
24 quests for prior authorization for such an item or

1 service that were denied based on the output of arti-
2 ficial intelligence, including—

3 “(A) any signed attestations provided
4 under paragraph (1)(B); and

5 “(B) any algorithm, decision protocol, or
6 documentation associated with such output.

7 “(3) OVERSIGHT AUTHORITY.—In the case of
8 an MA plan that imposes a prior authorization re-
9 quirement with respect to an item or service for
10 which benefits are available under such plan, the
11 Secretary may audit and inspect any use of artificial
12 intelligence by such plan that is associated with such
13 requirement, including by—

14 “(A) reviewing data related to denials of
15 requests for prior authorization;

16 “(B) examining whether qualified physi-
17 cian reviewers provided signed attestations
18 under paragraph (1)(B);

19 “(C) reviewing such signed attestations;

20 “(D) comparing outputs of artificial intel-
21 ligence to denials of requests for prior author-
22 ization;

23 “(E) assessing the rates of such denials
24 that were overturned or did not satisfy the re-
25 quirements of paragraph (1);

1 “(F) reviewing internal policies;

2 “(G) interviewing employees; and

3 “(H) reviewing any algorithm, decision
4 protocol, or documentation related to such use.

5 “(4) DEFINITIONS.—In this subsection:

6 “(A) ARTIFICIAL INTELLIGENCE.—The
7 term ‘artificial intelligence’ has the meaning
8 given such term in section 5002 of the National
9 Artificial Intelligence Initiative Act of 2020 (15
10 U.S.C. 9401) and includes technology that—

11 “(i) produces synthetic content in re-
12 sponse to prompts using patterns learned
13 from data;

14 “(ii) acts with autonomy and purpose
15 by executing tasks proactively and inde-
16 pendently with minimal or no human inter-
17 vention; and

18 “(iii) interfaces with external systems
19 and tools to take meaningful action, make
20 decisions, set goals, and operate beyond
21 initial training data.

22 “(B) QUALIFIED PHYSICIAN REVIEWER.—
23 The term ‘qualified physician reviewer’ means,
24 with respect to an item or service for which a

1 request for prior authorization is submitted to
2 an MA plan, a physician who—

3 “(i) possesses a current and valid
4 non-restricted license to practice medicine
5 in the State where such item or service will
6 be furnished;

7 “(ii) is board-certified or eligible
8 under the rules and guidelines of the
9 American Board of Medical Specialties or
10 American Osteopathic Association in a spe-
11 cialty that correlates with the specialty of
12 the provider who submitted such request;
13 and

14 “(iii) has experience practicing in
15 such specialty.”.

16 (b) PROMULGATION OF REGULATIONS.—Not later
17 than 1 year after the date of the enactment of this section,
18 the Secretary shall issue a final rule to carry out the
19 amendments made by this section.

○