

**JOINT COMMITTEE ON FINANCIAL SERVICES
2025-2026 (194th) BILL SUMMARY**

Bill No: H1320

Title: AN ACT RELATIVE TO REDUCING THE ADMINISTRATIVE BURDEN FOR PREAUTHORIZATION

Sponsor: Rep. Margaret R. Scarsdale (*Pepperell*)

Hearing Date: July 15, 2025

Reporting Deadline: August 13, 2025

Prior History: None

Similar Matters: None

CURRENT LAW:

M.G.L. c. 176O Health Insurance Consumer Protections

SUMMARY:

SECTION 1.

A carrier that uses a preauthorization process for health care services will not require a physician or a health care provider to obtain preauthorization for a particular health care service if, in the most recent 6-month evaluation period, the carrier has approved or would have approved at least 90 percent of the preauthorization requests submitted for the health care service.

A physician or provider is not required to request an exemption to qualify for one. A carrier that determines a provider or physician qualifies for an exemption must inform the provider or physician within 48 hours of such determination.

Once every 6 months, a carrier will evaluate whether a physician or provider qualifies for an exemption from preauthorization requirements. However, a carrier may continue an exemption without evaluating whether the physician or provider qualifies for a particular evaluation period.

SECTION 2.

A physician's or provider's exemption from preauthorization requirement will remain in effect for 6 months from the date of notification by the carrier or until the 30th day after the date the carrier notifies the physician or provider of the carrier's determination to rescind the exemption if the physician or provider does not appeal the carrier's determination; or if the physician or provider appeals the determination, the exemption will remain in effect until the fifth day after the date the appeal concludes and the rescission is confirmed.

SECTION 3.

This Act will take effect on July 1, 2026.