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MEMORANDUM

To: Chair Dietrich and the Senate Committee on Financial Institutions and Insurance
From: Office of Revisor of Statutes
Date: February 4, 2026
Subject: Bill Brief - SB 330

SB 330 enacts the transparency in prior authorization act which imposes certain requirements and restrictions on the use of prior authorization.

Section 1 of the bill provides the citation and definitions for the act.

Section 2 requires that utilization review entities (UREs) accept and respond to requests for prior authorization for both pharmacy benefits and healthcare services through the use of an electronic portal provided.

Section 3 provides the timelines for a URE to respond to requests for the delivery of urgent healthcare services and the delivery of emergency healthcare services. This section also provides the requirements for the URE to render a prior authorization or adverse determination for regular healthcare services.

Section 4 provides that a URE shall not require prior authorization for a birth by cesarean section, a birth by vaginal delivery or neonatal intensive care services or require notification of such services as a condition of payment.

Section 5 prohibits a URE from retroactively denying a prior authorization for a covered healthcare service unless the prior authorization was based on fraudulent information provided by the enrollee or the enrollee's healthcare provider. A URE also cannot revoke, limit, condition or restrict a prior authorization if the healthcare service was initiated within 45 business days after receipt of the prior authorization and it was completed within the approved time period.

Section 6 provides the process to appeal an adverse determination of a prior authorization request and also provides for a healthcare provider to request a peer-to-peer review of an adverse denial.

Section 7 requires a utilization review entity to disclose all of its requirements and restrictions related to prior authorization and requires a URE to provide notice of any change to authorization requirements to each healthcare provider subject to them. This section also requires a URE to submit an annual report to the commissioner of insurance providing statistics about the URE's prior authorization practices. The commissioner is required to publish the report on the department's website.

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Finally, Section 8 provides a severability clause. The clause states that if any provision of the act or its application to any person or circumstance is held to be invalid or unconstitutional by court order, then the remainder of the act and application thereof would not be affected and that it would be presumed that the legislature would have enacted the act without the invalid or unconstitutional provision.

If approved, the bill would take effect upon its publication in the Kansas register.