SECTION 1. PROVIDER DIRECTORY IMPROVEMENTS TO ENHANCE ENROLLEE, PARTICIPANT, AND BENEFICIARY ACCESS.

(a) Provider Directory Information to Include if Provider is Accepting New Patients.—

(1) Group health plan and health insurance issuer requirement.—

(A) PHSA.—Section 2799A–5(a)(6) of the Public Health Service Act (42 U.S.C. 300gg–115(a)(6)) is amended by inserting before the period at the end the following: “as well as information (which shall be updated at least annually) furnished to the plan by such provider or facility on whether such provider or facility is accepting new patients and, if so, if an in-person appointment or telehealth appointment (or either) is available for such patients”.

Amendment in the Nature of a Substitute
To Committee Print 117–4
Offered by M__ __________

In lieu of the matter proposed by the Committee Print, insert the following:
(B) IRC.—Section 9820(a)(6) of the Internal Revenue Code of 1986 is amended by inserting before the period at the end the following: “as well as information (which shall be updated at least annually) furnished to the plan by such provider or facility on whether such provider or facility is accepting new patients and, if so, if an in-person appointment or tele-health appointment (or either) is available for such patients”.

(C) ERISA.—Section 720(a)(6) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185i(a)(6)) is amended by inserting before the period at the end the following: “as well as information (which shall be updated at least annually) furnished to the plan by such provider or facility on whether such provider or facility is accepting new patients and, if so, if an in-person appointment or tele-health appointment (or either) is available for such patients”.

(2) PROVIDER REQUIREMENT.—Section 2799B–9(d) of the Public Health Service Act (42 U.S.C. 300gg–139(d)) is amended by inserting before the period at the end the following: “as well as
information (which shall be updated at least annually) on whether such provider or facility is accepting new patients and, if so, if an in-person appointment or telehealth appointment (or either) is available for such patients”.

(3) EFFECTIVE DATE.—The amendments made by this section shall apply for plan years beginning on or after January 1, 2025.

(b) MACHINE READABLE FORMAT AND PUBLIC POSTING.—

(1) PHSA.—Section 2799A–5(a) of the Public Health Service Act (42 U.S.C. 300gg–115(a)) is amended—

(A) in paragraph (1)—

(i) in subparagraph (C), by striking at the end “and”;

(ii) in subparagraph (D), by striking at the end the period and adding “; and”;

and

(iii) by adding at the end the following new subparagraph:

“(E) for plan years beginning on or after January 1, 2025, annually submit the provider directory information under paragraph (6), with respect to such plan or coverage, to the Sec-
retary in a machine-readable file (as defined in
section 147.210(a)(2)(xiv) of title 45, Code of
Federal Regulations, or any successor regula-
tion.”); and
(B) by adding at the end the following new
paragraph:
“(8) PUBLIC POSTING BY SECRETARY OF PRO-
VIDER DIRECTORIES.—Beginning not later than
July 1, 2025, the Secretary, in coordination with the
Secretary of Labor and the Secretary of the Treas-
ury, shall make the information submitted pursuant
to paragraph (1)(E) available on a public Federal
Government website.”.

(2) IRC.—Section 9820(a) of the Internal Rev-
ene Code of 1986 is amended—
(A) in paragraph (1)—
(i) in subparagraph (C), by striking at
the end “and”;
(ii) in subparagraph (D), by striking
at the end the period and adding “; and”; and
(iii) by adding at the end the fol-
lowing new subparagraph:
“(E) for plan years beginning on or after
January 1, 2025, annually submit the provider
directory information under paragraph (6), with respect to such plan, to the Secretary in a machine-readable file (as defined in section 54.9815-2715A1(a)(2)(xiv) of title 26, Code of Federal Regulations, or any successor regulation).”; and

(B) by adding at the end the following new paragraph:

“(8) PUBLIC POSTING BY SECRETARY OF PROVIDER DIRECTORIES.—Beginning not later than July 1, 2025, the Secretary, in coordination with the Secretary of Labor and the Secretary of Health and Human Services, shall make the information submitted pursuant to paragraph (1)(E) available on a public Federal Government website.”.

(3) ERISA.—Section 720(a) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185i(a)) is amended—

(A) in paragraph (1)—

(i) in subparagraph (C), by striking at the end “and”;

(ii) in subparagraph (D), by striking at the end the period and adding “; and”;

and
(iii) by adding at the end the following new subparagraph:

“(E) for plan years beginning on or after January 1, 2025, annually submit the provider directory information under paragraph (6), with respect to such plan or coverage, to the Secretary in a machine-readable file (as defined in section 2590.715-2715A1(a)(2)(xiii) of title 29, Code of Federal Regulations, or any successor regulation).”; and

(B) by adding at the end the following new paragraph:

“(8) PUBLIC POSTING BY SECRETARY OF PROVIDER DIRECTORIES.—Beginning not later than July 1, 2025, the Secretary, in coordination with the Secretary of the Treasury and the Secretary of Health and Human Services, shall make the information submitted pursuant to paragraph (1)(E) available on a public Federal Government website.”.

c) IMPLEMENTATION.—The Secretaries of Labor, Health and Human Services, and the Treasury may implement the provisions of, including the amendments made by, this section through interim final rule, sub-regulatory guidance, program instruction, or otherwise.
SEC. 2. ENSURING MENTAL HEALTH AND SUBSTANCE USE

DISORDER BENEFITS ARE DEFINED PURSUANT TO EXTERNAL BENCHMARKS BASED ON NATIONALLY RECOGNIZED STANDARDS.

(a) PHSA.—Section 2726(e) of the Public Health Service Act (42 U.S.C. 300gg–26(e) is amended—

(1) in paragraph (4), by adding at the end the following new sentence: “Any definition of the term ‘mental health condition’ applied for purposes of the previous sentence shall include at least the conditions (other than a substance use disorder) that fall under any of the diagnostic categories listed in the mental and behavioral disorders chapter of the most recent edition of the World Health Organization’s International Statistical Classification of Diseases and Related Health Problems, or that is listed in the most recent version of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders.”; and

(2) in paragraph (5), by adding at the end the following new sentence: “Any definition of the term ‘substance use disorder’ applied for purposes of the previous sentence shall include at least the disorders that fall under any of the diagnostic categories listed in the mental and behavioral disorders chapter of the most recent edition of the World Health Organ-
zation’s International Statistical Classification of Diseases and Related Health Problems as a mental and behavioral disorder due to psychoactive substance use (or equivalent category), or that is listed in the most recent version of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders as a substance-related and addictive disorder (or equivalent category).”.

(b) IRC.—Section 9812(e) of the Internal Revenue Code of 1986 is amended—

(1) in paragraph (4), by adding at the end the following new sentence: “Any definition of the term ‘mental health condition’ applied for purposes of the previous sentence shall include at least the conditions (other than a substance use disorder) that fall under any of the diagnostic categories listed in the mental and behavioral disorders chapter of the most recent edition of the World Health Organization’s International Statistical Classification of Diseases and Related Health Problems, or that is listed in the most recent version of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders.”; and

(2) in paragraph (5), by adding at the end the following new sentence: “Any definition of the term
‘substance use disorder’ applied for purposes of the previous sentence shall include at least the disorders that fall under any of the diagnostic categories listed in the mental and behavioral disorders chapter of the most recent edition of the World Health Organization’s International Statistical Classification of Diseases and Related Health Problems as a mental and behavioral disorder due to psychoactive substance use (or equivalent category), or that is listed in the most recent version of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders as a substance-related and additive disorder (or equivalent category).”.

(c) ERISA.—Section 712(e) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a(e)) is amended—

(1) in paragraph (4), by adding at the end the following new sentence: “Any definition of the term ‘mental health condition’ applied for purposes of the previous sentence shall include at least the conditions (other than a substance use disorder) that fall under any of the diagnostic categories listed in the mental and behavioral disorders chapter of the most recent edition of the World Health Organization’s International Statistical Classification of Diseases
and Related Health Problems, or that is listed in the most recent version of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders.”; and

(2) in paragraph (5), by adding at the end the following new sentence: “Any definition of the term ‘substance use disorder’ applied for purposes of the previous sentence shall include at least the disorders that fall under any of the diagnostic categories listed in the mental and behavioral disorders chapter of the most recent edition of the World Health Organization’s International Statistical Classification of Diseases and Related Health Problems as a mental and behavioral disorder due to psychoactive substance use (or equivalent category), or that is listed in the most recent version of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders as a substance-related and addictive disorder (or equivalent category).”.

(d) IMPLEMENTATION.—The Secretaries of Labor, Health and Human Services, and the Treasury may implement the provisions of, including the amendments made by, this section through interim final rule, sub-regulatory guidance, program instruction, or otherwise.
(c) **EFFECTIVE DATE.**—The amendments made by this section shall apply with respect to plan years beginning on or after the date that is 6 months after the date of the enactment of this Act.

SEC. 3. OUTREACH AND REPORT ON ACCESS TO MENTAL HEALTH AND SUBSTANCE USE DISORDER CRISIS SERVICES UNDER GROUP HEALTH PLANS AND HEALTH INSURANCE COVERAGE.

(a) **OUTREACH.**—Not later than January 1, 2024, the Secretaries of Health and Human Services, Labor, and the Treasury shall initiate a joint public outreach campaign to inform individuals covered under a group health plan or group or individual health insurance coverage (as such terms are defined in section 2791 of the Public Health Service Act (42 U.S.C. 300gg–91)) of Federal requirements relating to the availability of, and limitations on the imposition of financial requirements or treatment limitations for, benefits for mental health and substance use disorder crisis services under such plans and coverages. Such outreach shall emphasize the benefits of such mental health and substance use disorder crisis services, including improved individual well-being, and seek to reduce perceived stigma associated with accessing such mental health and substance use disorder crisis services.
(b) REPORT.—Not later than January 1, 2024, the Secretary of Health and Human Services, Labor, and the Treasury shall submit to Congress a joint report on—

(1) coverage of mental health and substance use disorder crisis services under a group health plan or group or individual health insurance coverage, including—

(A) which mental health and substance use disorder services are covered as crisis services;

(B) the type of health care providers furnishing such services; and

(C) common reimbursement approaches and billing codes used with respect to such services;

(2) barriers to individuals covered under a group health plan or group or individual health insurance coverage accessing mental health and substance use disorder crisis services, including geographic barriers and barriers caused by a limited availability of such mental health and substance use disorder crisis services in certain service areas; and

(3) issues relating to unexpected bills such individuals may receive after being furnished such services in certain service settings.
(c) FUNDING.—In addition to amounts otherwise available for such purposes, there is appropriated $20,000,000, to remain available until expended, for purposes of carrying out this section.