AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO COMMITTEE PRINT 117–5
OFFERED BY M_.

In lieu of the matter proposed by the Committee Print, insert the following:

SECTION 1. REQUIRING DISCLOSURE OF PERCENTAGE OF IN-NETWORK PARTICIPATION FOR CERTAIN PROVIDER TYPES.

(a) PHSA.—Part D of title XXVII of the Public Health Service Act (42 U.S.C. 300g–111 et seq.) is amended by adding at the end the following new section:

“SEC. 2799A–11. REQUIRED DISCLOSURE OF PERCENTAGE OF IN-NETWORK PARTICIPATION FOR CERTAIN PROVIDER TYPES.

“(a) IN GENERAL.—A group health plan and a health insurance issuer offering group or individual health insurance coverage shall, along with any summary of benefits and coverage provided under section 2715 (and in accordance with the timing and manner specified under such section and the implementing regulations of such section), and on a public website, make available the following information with respect to each type of provider specified in subsection (b):
“(1) The number and percentage of providers of such type located in the service area of such plan or coverage that have a contractual relationship (as defined by the Secretary) in effect with such plan or coverage for furnishing items and services under such plan or coverage, determined in accordance with information made available by the Secretary under subsection (d).

“(2) The designation established by the Secretary under subsection (c) corresponding to the percentage described in paragraph (1).

“(b) SPECIFIED PROVIDERS.—For purposes of this section, the types of providers and facilities specified in this subsection are the following (as defined by the Secretary and broken down by subspecialty as specified by the Secretary):

“(1) Behavioral health care providers and facilities.

“(2) Substance use disorder treatment providers and facilities.

“(c) ESTABLISHMENT OF DESIGNATIONS OF IN-NETWORK PARTICIPATION.—

“(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this section, the Secretary, in consultation with the Secretaries of Labor

...
and of the Treasury, shall establish a system of designations (such as ‘high’, ‘medium’, and ‘low’, a star rating, or such other designation determined appropriate by the Secretary) that correspond to ranges of percentages (from 0 to 100) described in subsection (a)(1) to qualitatively reflect the breadth of the networks of group health plans and group and individual health insurance coverage with respect to each type of provider specified in subsection (b).

“(2) VARIATION PERMITTED.—Designations corresponding to percentage ranges established under paragraph (1) may vary by type of service area (such as rural or urban), size of service area, and other factors determined appropriate by the Secretary in consultation with the Secretaries of Labor and of the Treasury.

“(d) INFORMATION ON PROVIDERS.—

“(1) IN GENERAL.—Not later than June 30, 2025, the Secretary, in consultation with the Secretaries of Labor and of the Treasury, shall, based on information submitted under section 2799B–10, post on a public website a list of each specified provider in the country, along with the location of each such provider in which such provider furnishes items and services and each specialty designation (if any) of
each such provider. The Secretary shall update the information published under the previous sentence not less frequently than annually.

“(2) **TREATMENT OF GROUP PRACTICES.**—For purposes of the list described in paragraph (1), the Secretary shall list each individual health care provider separately, regardless of whether such provider is part of a group practice.

“(e) **SERVICE AREA DEFINITION.**—For purposes of this section, the term ‘service area’ means, with respect to a group health plan and group or individual health insurance coverage, the area or areas in which in-person participants and beneficiaries are covered, as determined by the plan or issuer of such coverage in accordance with rules specified by the Secretary in consultation with the Secretaries of Labor and of the Treasury.”.

(b) **ERISA.**—

(1) **IN GENERAL.**—Subpart B of part 7 of sub-title B of title I of the Employee Retirement Income Security Act of 1974 is amended by adding at the end the following new section:
SEC. 726. REQUIRED DISCLOSURE OF PERCENTAGE OF IN-NETWORK PARTICIPATION FOR CERTAIN PROVIDER TYPES.

“(a) IN GENERAL.—A group health plan and a health insurance issuer offering group health insurance coverage shall, along with any summary of benefits and coverage provided under section 2715 of the Public Health Service Act (and in accordance with the timing and manner specified under such section and the implementing regulations of such section), and on a public website, make available the following information with respect to each type of provider specified in subsection (b):

“(1) The number and percentage of providers of such type located in the service area of such plan or coverage that have a contractual relationship (as defined by the Secretary) in effect with such plan or coverage for furnishing items and services under such plan or coverage, determined in accordance with information made available by the Secretary under subsection (d).

“(2) The designation established by the Secretary under subsection (c) corresponding to the percentage described in paragraph (1).

“(b) SPECIFIED PROVIDERS.—For purposes of this section, the types of providers and facilities specified in this subsection are the following (as defined by the Sec-
retary and broken down by subspecialty as specified by
the Secretary):

“(1) Behavioral health care providers and facili-
ties.

“(2) Substance use disorder treatment pro-
viders and facilities.

“(c) ESTABLISHMENT OF DESIGNATIONS OF IN-NET-
WORK PARTICIPATION.—

“(1) IN GENERAL.—Not later than 1 year after
the date of the enactment of this section, the Sec-
retary, in consultation with the Secretaries of Health
and Human Services and of the Treasury, shall es-
establish a system of designations (such as ‘high’, ‘me-
dium’, and ‘low’, a star rating, or such other des-
ignation determined appropriate by the Secretary)
that correspond to ranges of percentages (from 0 to
100) described in subsection (a)(1) to qualitatively
reflect the breadth of the networks of group health
plans and group health insurance coverage with re-
spect to each type of provider specified in subsection
(b).

“(2) VARIATION PERMITTED.—Designations
corresponding to percentage ranges established
under paragraph (1) may vary by type of service
area (such as rural or urban), size of service area,
and other factors determined appropriate by the
Secretary in consultation with the Secretaries of
Health and Human Services and of the Treasury.

“(d) INFORMATION ON PROVIDERS.—

“(1) IN GENERAL.—Not later than June 30,
2025, the Secretary of Health and Human Services,
in consultation with the Secretaries of Labor and of
the Treasury, shall, based on the information sub-
mitted under section 2799B–10 of the Public Health
Service Act, post on a public website a list of each
specified provider in the country, along with the lo-
cation of each such provider in which such provider
furnishes items and services and each specialty des-
ignation (if any) of each such provider. The Sec-
retary of Health and Human Services shall update
the information published under the previous sen-
tence not less frequently than annually.

“(2) TREATMENT OF GROUP PRACTICES.—For
purposes of the list described in paragraph (1), the
Secretary shall list each individual health care pro-
vider separately, regardless of whether such provider
is part of a group practice.

“(e) SERVICE AREA DEFINITION.—For purposes of
this section, the term ‘service area’ means, with respect
to a group health plan and group health insurance cov-
verage, the area or areas in which in-person participants
and beneficiaries are covered, as determined by the plan
or issuer of such coverage in accordance with rules speci-
fied by the Secretary in consultation with the Secretaries
of Health and Human Services and of the Treasury.’’.

(2) TECHNICAL AMENDMENT.—The table of
contents in section 1 of such Act is amended by in-
serting after the item relating to section 725 the fol-
lowing new item:

‘‘Sec. 726. Required disclosure of percentage of in-network participation for
certain provider types.’’.

(c) IRC.—

(1) IN GENERAL.—Subchapter B of chapter
100 of the Internal Revenue Code of 1986 is amend-
ed by adding at the end the following new section:

‘‘SEC. 9826. REQUIRED DISCLOSURE OF PERCENTAGE OF
IN-NETWORK PARTICIPATION FOR CERTAIN
PROVIDER TYPES.

(a) IN GENERAL.—A group health plan shall, along
with any summary of benefits and coverage provided
under section 2715 of the Public Health Service Act (and
in accordance with the timing and manner specified under
such section and the implementing regulations of such sec-
tion), and on a public website, make available the following
information with respect to each type of provider specified
in subsection (b):
“(1) The number and percentage of providers of such type located in the service area of such plan that have a contractual relationship (as defined by the Secretary) in effect with such plan for furnishing items and services under such plan, determined in accordance with information made available by the Secretary under subsection (d).

“(2) The designation established by the Secretary under subsection (c) corresponding to the percentage described in paragraph (1).

“(b) SPECIFIED PROVIDERS.—For purposes of this section, the types of providers and facilities specified in this subsection are the following (as defined by the Secretary and broken down by subspecialty as specified by the Secretary):

“(1) Behavioral health care providers and facilities.

“(2) Substance use disorder treatment providers and facilities.

“(c) ESTABLISHMENT OF DESIGNATIONS OF IN-NETWORK PARTICIPATION.—

“(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this section, the Secretary, in consultation with the Secretaries of Health and Human Services and of Labor, shall establish a
system of designations (such as ‘high’, ‘medium’, and ‘low’, a star rating, or such other designation determined appropriate by the Secretary) that correspond to ranges of percentages (from 0 to 100) described in subsection (a)(1) to qualitatively reflect the breadth of the networks of group health plans with respect to each type of provider specified in subsection (b).

“(2) Variation permitted.—Designations corresponding to percentage ranges established under paragraph (1) may vary by type of service area (such as rural or urban), size of service area, and other factors determined appropriate by the Secretary in consultation with the Secretaries of Health and Human Services and of Labor.

“(d) Information on Providers.—

“(1) In general.—Not later than June 30, 2025, the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and of the Treasury, shall, based on the information submitted under section 2799B–10 of the Public Health Service Act, post on a public website a list of each specified provider in the country, along with the location of each such provider in which such provider furnishes items and services and each specialty des-
ignation (if any) of each such provider. The Secretary of Health and Human Services shall update the information published under the previous sentence not less frequently than annually.

“(2) TREATMENT OF GROUP PRACTICES.—For purposes of the list described in paragraph (1), the Secretary shall list each individual health care provider separately regardless of whether such provider is part of a group practice.

“(e) SERVICE AREA DEFINITION.—For purposes of this section, the term ‘service area’ means, with respect to a group health plan, the area or areas in which in-person participants and beneficiaries are covered, as determined by the plan in accordance with rules specified by the Secretary in consultation with the Secretaries of Health and Human Services and of Labor.”.

(2) TECHNICAL AMENDMENT.—The table of sections for such subchapter is amended by adding at the end the following new item:

“Sec. 9826. Required disclosure of percentage of in-network participation for certain provider types.”.

(d) PROVIDER REQUIREMENTS.—Part E of title XXVII of the Public Health Service Act (42 U.S.C. 300gg–131 et seq.) is amended by adding at the end the following new section:
SEC. 2799B–10. PROVISION OF CERTAIN INFORMATION TO THE SECRETARY.

“(a) In General.—Subject to subsection (b), in the case of a health care provider or health care facility that is a specified provider (as described in subsection (b) of section 2799A–11), such provider or facility shall, annually at a time and in a manner specified by the Secretary, provide to the Secretary such information as the Secretary determines necessary to carry out subsection (d) of such section.

“(b) Exception.—Subsection (a) shall not apply in the case of a specified provider that has not, during the 1-year period ending on the date that information described in subsection (a) would be required to be submitted to the Secretary by such provider without application of this subsection, submitted any claim for an item or service under a Federal health care program (as defined in section 1128B of the Social Security Act), the program established under chapter 89 of title 5, United States Code, or a group health plan or group or individual health insurance coverage.”.

(e) Report.—Not later than December 31, 2026, and annually thereafter, the Secretary of Health and Human Services shall submit to Congress a report on the participation of behavioral health care and substance use disorder treatment providers in networks established by
group health plan and health insurance issuers offering 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)). Each such report shall include data and analysis relating to service areas (as defined in section 2799A–11 of such Act) of such plans and issuers that the Secretary has identified as having low participation rates with respect to such providers’ participation in such networks.

(f) IMPLEMENTATION.—The Secretaries of Labor, Health and Human Services, and the Treasury may implement the amendments made by this section through interim final rule, subregulatory guidance, program instruction, or otherwise.

(g) FUNDING.—In addition to amounts otherwise available for such purposes, there is appropriated $15,000,000, to remain available until expended, for purposes of carrying out this section.

(h) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to plan years beginning on or after January 1, 2026.
SEC. 2. IMPROVED ACCESS TO GROUP HEALTH PLAN AND HEALTH INSURANCE COVERAGE SUMMARY OF BENEFITS AND COVERAGE EXPLANATION.

(a) In General.—Section 2715(d) of the Public Health Service Act (42 U.S.C. 300gg–15(d)) is amended by adding at the end the following new paragraph:

“(5) MACHINE READABLE SUBMISSION AND PUBLIC POSTING.—

“(A) ANNUAL SUBMISSION.—Not later than for plan years beginning on or after January 1, 2024, each entity described in paragraph (3) shall annually submit to the Secretary the summaries of benefits and coverage described in paragraph (1), with respect to such entity, in a machine-readable file (as defined in section 147.210(a)(2)(xiv) of title 45, Code of Federal Regulations, or any successor regulation).

“(B) PUBLIC POSTING.—Not later than 60 days after the date of submission of summaries of benefits and coverage pursuant to subparagraph (A), the Secretary shall make the summaries of benefits and coverage available on a public Federal Government website.”.

(b) JOINT REPORT BY SECRETARIES OF LABOR, HEALTH AND HUMAN SERVICES, AND TREASURY.—Not later than January 1, 2024, the Secretaries of Labor,
Health and Human Services, and the Treasury shall jointly conduct a study, and submit to Congress a report, containing—

(1) the extent to which summaries of benefits and coverage described in section 2715(d)(1) of the Public Health Service Act (42 U.S.C. 300gg–15(d)(1)) are accessible and comprehensible to individuals applying for or enrolled in a group health plan or group or individual health insurance coverage (as such terms are defined in section 2791 of such Act (42 U.S.C. 300gg–91)); and

(2) recommendations for improving such access and comprehension.

(e) Implementation by Secretaries of Labor, Health and Human Services, and Treasury.—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.