

WAYS AND MEANS COMMITTEE PRINT 117-4

Improved Information in Provider Directories, Plan Definitions, and Crisis Services for Private Insurance Plans

1 **SECTION 1. PROVIDER DIRECTORY IMPROVEMENTS TO EN-**
2 **HANCE ENROLLEE, PARTICIPANT, AND BENE-**
3 **FICIARY ACCESS.**

4 (a) PROVIDER DIRECTORY INFORMATION TO IN-
5 CLUDE IF PROVIDER IS ACCEPTING NEW PATIENTS.—

6 (1) GROUP HEALTH PLAN AND HEALTH INSUR-
7 ANCE ISSUER REQUIREMENT.—

8 (A) PHSA.—Section 2799A-5(a)(6) of the
9 Public Health Service Act (42 U.S.C. 300gg-
10 115(a)(6)) is amended by inserting before the
11 period at the end the following: “as well as in-
12 formation (which shall be updated at least an-
13 nually) furnished to the plan by such provider
14 or facility on whether such provider or facility
15 is accepting new patients and, if so, if an in-
16 person appointment or telehealth appointment
17 (or either) is available for such patients”.

18 (B) IRC.—Section 9820(a)(6) of the Inter-
19 nal Revenue Code of 1986 is amended by in-
20 sserting before the period at the end the fol-
21 lowing: “as well as information (which shall be

1 updated at least annually) furnished to the plan
2 by such provider or facility on whether such
3 provider or facility is accepting new patients
4 and, if so, if an in-person appointment or tele-
5 health appointment (or either) is available for
6 such patients”.

7 (C) ERISA.—Section 720(a)(6) of the
8 Employee Retirement Income Security Act of
9 1974 (29 U.S.C. 1185i(a)(6)) is amended by in-
10 sserting before the period at the end the fol-
11 lowing: “as well as information (which shall be
12 updated at least annually) furnished to the plan
13 by such provider or facility on whether such
14 provider or facility is accepting new patients
15 and, if so, if an in-person appointment or tele-
16 health appointment (or either) is available for
17 such patients”.

18 (2) PROVIDER REQUIREMENT.—Section
19 2799B–9(d) of the Public Health Service Act (42
20 U.S.C. 300gg–139(d)) is amended by inserting be-
21 fore the period at the end the following: “as well as
22 information (which shall be updated at least annu-
23 ally) on whether such provider or facility is accept-
24 ing new patients and, if so, if an in-person appoint-

1 ment or telehealth appointment (or either) is avail-
2 able for such patients”.

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

6 (b) MACHINE READABLE FORMAT AND PUBLIC
7 POSTING.—

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

11 (A) in paragraph (1)—

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

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

17 (iii) by adding at the end the fol-
18 lowing new subparagraph:

19 “(E) for plan years beginning on or after
20 January 1, 2025, annually submit the provider
21 directory information under paragraph (6), with
22 respect to such plan or coverage, to the Sec-
23 retary in a machine-readable file (as defined in
24 section 147.210(a)(2)(xiv) of title 45, Code of

1 Federal Regulations, or any successor regula-
2 tion).”; and

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

5 “(8) PUBLIC POSTING BY SECRETARY OF PRO-
6 VIDER DIRECTORIES.—Beginning not later than
7 July 1, 2025, the Secretary, in coordination with the
8 Secretary of Labor and the Secretary of the Treas-
9 ury, shall make the information submitted pursuant
10 to paragraph (1)(E) available on a public Federal
11 Government website.”.

12 (2) IRC.—Section 9820(a) of the Internal Rev-
13 enue Code of 1986 is amended—

14 (A) in paragraph (1)—

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

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

19 and

20 (iii) by adding at the end the fol-
21 lowing new subparagraph:

22 “(E) for plan years beginning on or after
23 January 1, 2025, annually submit the provider
24 directory information under paragraph (6), with
25 respect to such plan, to the Secretary in a ma-

1 chine-readable file (as defined in section
2 54.9815-2715A1(a)(2)(xiv) of title 26, Code of
3 Federal Regulations, or any successor regula-
4 tion).”; and

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

7 “(8) PUBLIC POSTING BY SECRETARY OF PRO-
8 VIDER DIRECTORIES.—Beginning not later than
9 July 1, 2025 the Secretary, in coordination with the
10 Secretary of Labor and the Secretary of Health and
11 Human Services, shall make the information sub-
12 mitted pursuant to paragraph (1)(E) available on a
13 public Federal Government website.”.

14 (3) ERISA.—Section 720(a) of the Employee
15 Retirement Income Security Act of 1974 (29 U.S.C.
16 1185i(a)) is amended—

17 (A) in paragraph (1)—

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

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

23 (iii) by adding at the end the fol-
24 lowing new subparagraph:

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

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

11 “(8) PUBLIC POSTING BY SECRETARY OF PRO-
12 VIDER DIRECTORIES.—Beginning not later than
13 July 1, 2025, the Secretary, in coordination with the
14 Secretary of the Treasury and the Secretary of
15 Health and Human Services, shall make the infor-
16 mation submitted pursuant to paragraph (1)(E)
17 available on a public Federal Government website.”.

18 (c) IMPLEMENTATION.—The Secretaries of Labor,
19 Health and Human Services, and the Treasury may imple-
20 ment the provisions of, including the amendments made
21 by, this section through interim final rule, sub-regulatory
22 guidance, program instruction, or otherwise.

1 **SEC. 2. ENSURING MENTAL HEALTH AND SUBSTANCE USE**
2 **DISORDER BENEFITS ARE DEFINED PURSU-**
3 **ANT TO EXTERNAL BENCHMARKS BASED ON**
4 **NATIONALLY RECOGNIZED STANDARDS.**

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

7 (1) in paragraph (4), by adding at the end the
8 following new sentence: “Any definition of the term
9 ‘mental health condition’ applied for purposes of the
10 previous sentence shall include at least the condi-
11 tions (other than a substance use disorder) that fall
12 under any of the diagnostic categories listed in the
13 mental and behavioral disorders chapter of the most
14 recent edition of the World Health Organization’s
15 International Statistical Classification of Diseases
16 and Related Health Problems, or that is listed in the
17 most recent version of the American Psychiatric As-
18 sociation’s Diagnostic and Statistical Manual of
19 Mental Disorders.”; and

20 (2) in paragraph (5), by adding at the end the
21 following new sentence: “Any definition of the term
22 ‘substance use disorder’ applied for purposes of the
23 previous sentence shall include at least the disorders
24 that fall under any of the diagnostic categories listed
25 in the mental and behavioral disorders chapter of
26 the most recent edition of the World Health Organi-

1 zation’s International Statistical Classification of
2 Diseases and Related Health Problems as a mental
3 and behavioral disorder due to psychoactive sub-
4 stance use (or equivalent category), or that is listed
5 in the most recent version of the American Psy-
6 chiatric Association’s Diagnostic and Statistical
7 Manual of Mental Disorders as a substance-related
8 and addictive disorder (or equivalent category).”.

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

11 (1) in paragraph (4), by adding at the end the
12 following new sentence: “Any definition of the term
13 ‘mental health condition’ applied for purposes of the
14 previous sentence shall include at least the condi-
15 tions (other than a substance use disorder) that fall
16 under any of the diagnostic categories listed in the
17 mental and behavioral disorders chapter of the most
18 recent edition of the World Health Organization’s
19 International Statistical Classification of Diseases
20 and Related Health Problems, or that is listed in the
21 most recent version of the American Psychiatric As-
22 sociation’s Diagnostic and Statistical Manual of
23 Mental Disorders.”; and

24 (2) in paragraph (5), by adding at the end the
25 following new sentence: “Any definition of the term

1 ‘substance use disorder’ applied for purposes of the
2 previous sentence shall include at least the disorders
3 that fall under any of the diagnostic categories listed
4 in the mental and behavioral disorders chapter of
5 the most recent edition of the World Health Organi-
6 zation’s International Statistical Classification of
7 Diseases and Related Health Problems as a mental
8 and behavioral disorder due to psychoactive sub-
9 stance use (or equivalent category), or that is listed
10 in the most recent version of the American Psy-
11 chiatric Association’s Diagnostic and Statistical
12 Manual of Mental Disorders as a substance-related
13 and addictive disorder (or equivalent category).”.

14 (c) ERISA.—Section 712(e) of the Employee Retire-
15 ment Income Security Act of 1974 (29 U.S.C. 1185a(e))
16 is amended—

17 (1) in paragraph (4), by adding at the end the
18 following new sentence: “Any definition of the term
19 ‘mental health condition’ applied for purposes of the
20 previous sentence shall include at least the condi-
21 tions (other than a substance use disorder) that fall
22 under any of the diagnostic categories listed in the
23 mental and behavioral disorders chapter of the most
24 recent edition of the World Health Organization’s
25 International Statistical Classification of Diseases

1 and Related Health Problems, or that is listed in the
2 most recent version of the American Psychiatric As-
3 sociation’s Diagnostic and Statistical Manual of
4 Mental Disorders.”; and

5 (2) in paragraph (5), by adding at the end the
6 following new sentence: “Any definition of the term
7 ‘substance use disorder’ applied for purposes of the
8 previous sentence shall include at least the disorders
9 that fall under any of the diagnostic categories listed
10 in the mental and behavioral disorders chapter of
11 the most recent edition of the World Health Organi-
12 zation’s International Statistical Classification of
13 Diseases and Related Health Problems as a mental
14 and behavioral disorder due to psychoactive sub-
15 stance use (or equivalent category), or that is listed
16 in the most recent version of the American Psy-
17 chiatric Association’s Diagnostic and Statistical
18 Manual of Mental Disorders as a substance-related
19 and addictive disorder (or equivalent category).”.

20 (d) IMPLEMENTATION.—The Secretaries of Labor,
21 Health and Human Services, and the Treasury may imple-
22 ment the provisions of, including the amendments made
23 by, this section through interim final rule, sub-regulatory
24 guidance, program instruction, or otherwise.

1 (e) EFFECTIVE DATE.—The amendments made by
2 this section shall apply with respect to plan years begin-
3 ning on or after the date that is 6 months after the date
4 of the enactment of this Act.

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

9 (a) OUTREACH.—Not later than January 1, 2024,
10 the Secretaries of Health and Human Services, Labor,
11 and the Treasury shall initiate a joint public outreach
12 campaign to inform individuals covered under a group
13 health plan or group or individual health insurance cov-
14 erage (as such terms are defined in section 2791 of the
15 Public Health Service Act (42 U.S.C. 300gg–91)) of Fed-
16 eral requirements relating to the availability of, and limi-
17 tations on the imposition of financial requirements or
18 treatment limitations for, benefits for mental health and
19 substance use disorder crisis services under such plans and
20 coverages. Such outreach shall emphasize the benefits of
21 such mental health and substance use disorder crisis serv-
22 ices, including improved individual well-being, and seek to
23 reduce perceived stigma associated with accessing such
24 mental health and substance use disorder crisis services.

1 (b) REPORT.—Not later than January 1, 2024, the
2 Secretaries of Health and Human Services, Labor, and
3 the Treasury shall submit to Congress a joint report on—

4 (1) coverage of mental health and substance use
5 disorder crisis services under a group health plan or
6 group or individual health insurance coverage, in-
7 cluding—

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

10 (B) the type of health care providers fur-
11 nishing such services; and

12 (C) common reimbursement approaches
13 and billing codes used with respect to such serv-
14 ices;

15 (2) barriers to individuals covered under a
16 group health plan or group or individual health in-
17 surance coverage accessing mental health and sub-
18 stance use disorder crisis services, including geo-
19 graphic barriers and barriers caused by a limited
20 availability of such mental health and substance use
21 disorder crisis services in certain service areas; and

22 (3) issues relating to unexpected bills such indi-
23 viduals may receive after being furnished such serv-
24 ices in certain service settings.

1 (c) FUNDING.—In addition to amounts otherwise
2 available for such purposes, there is appropriated
3 \$20,000,000, to remain available until expended, for pur-
4 poses of carrying out this section.

