

**AMENDMENT TO THE AMENDMENT IN THE  
NATURE OF A SUBSTITUTE TO H.R. 2646  
OFFERED BY MR. KENNEDY OF MASSACHUSETTS**

Strike sections 801, 802, and 803, and insert the following (and conform the table of contents accordingly):

**1 SEC. 801. STRENGTHENING PARITY IN MENTAL HEALTH  
2 AND SUBSTANCE USE DISORDER BENEFITS.**

**3 (a) PUBLIC HEALTH SERVICE ACT.**—Section  
**4 2726(a)** of the Public Health Service Act (42 U.S.C.  
**5 300gg–26(a))** is amended by adding at the end the fol-  
**6 lowing new paragraphs:**

**7 “(6) DISCLOSURE AND ENFORCEMENT RE-  
8 QUIREMENTS.—**

**9 “(A) DISCLOSURE REQUIREMENTS.—**

**10 “(i) REGULATIONS.—**Not later than  
**11 June 30, 2017,** the Secretary, in coopera-  
**12 tion with the Secretaries of Labor and the**  
**13 Treasury,** as appropriate, shall issue addi-  
**14 tional regulations for carrying out this sec-**  
**15 tion,** including an explanation of docu-  
**16 ments that must be disclosed by plans and**  
**17 issuers,** the process governing such disclo-  
**18 sures by plans and issuers,** and analyses

1           that must be conducted by plans and  
2           issuers by a group health plan or health in-  
3           surance issuer offering health insurance  
4           coverage in the group or individual market  
5           in order for such plan or issuer to dem-  
6           onstrate compliance with the provisions of  
7           this section.

8           “(ii) DISCLOSURE REQUIREMENTS.—  
9           Documents required to be disclosed by a  
10          group health plan or health insurance  
11          issuer offering health insurance coverage in  
12          the group or individual market under  
13          clause (i) shall include an annual report  
14          that details the specific analyses performed  
15          to ensure compliance of such plan or cov-  
16          erage with the law and regulations. At a  
17          minimum, with respect to the application  
18          of non-quantitative treatment limitations  
19          (in this paragraph referred to as NQTLs)  
20          to benefits under the plan or coverage,  
21          such report shall—

22                       “(I) identify the specific factors  
23                       the plan or coverage used in per-  
24                       forming its NQTL analysis;

1                   “(II) identify and define the spe-  
2                   cific evidentiary standards relied on to  
3                   evaluate the factors;

4                   “(III) describe how the evi-  
5                   dentiary standards are applied to each  
6                   service category for mental health,  
7                   substance use disorders, medical bene-  
8                   fits, and surgical benefits;

9                   “(IV) disclose the results of the  
10                  analyses of the specific evidentiary  
11                  standards in each service category;  
12                  and

13                  “(V) disclose the specific findings  
14                  of the plan or coverage in each service  
15                  category and the conclusions reached  
16                  with respect to whether the processes,  
17                  strategies, evidentiary standards, or  
18                  other factors used in applying the  
19                  NQTL to mental health or substance  
20                  use disorder benefits are comparable  
21                  to, and applied no more stringently  
22                  than, the processes, strategies, evi-  
23                  dentiary standards, or other factors  
24                  used in applying the limitation with

1                   respect to medical and surgical bene-  
2                   fits in the same classification.

3                   “(iii) GUIDANCE.—The Secretary, in  
4                   cooperation with the Secretaries of Labor  
5                   and the Treasury, as appropriate, shall  
6                   issue guidance to group health plans and  
7                   health insurance issuers offering health in-  
8                   surance coverage in the group or individual  
9                   markets on how to satisfy the requirements  
10                  of this section with respect to making in-  
11                  formation available to current and poten-  
12                  tial participants and beneficiaries. Such in-  
13                  formation shall include certificate of cov-  
14                  erage documents and instruments under  
15                  which the plan or coverage involved is ad-  
16                  ministered and operated that specify, in-  
17                  clude, or refer to procedures, formulas, and  
18                  methodologies applied to determine a par-  
19                  ticipant or beneficiary’s benefit under the  
20                  plan or coverage, regardless of whether  
21                  such information is contained in a docu-  
22                  ment designated as the ‘plan document’.  
23                  Such guidance shall include a disclosure of  
24                  how the plan or coverage involved has pro-  
25                  vided that processes, strategies, evidentiary

1 standards, and other factors used in apply-  
2 ing the NQTL to mental health or sub-  
3 stance use disorder benefits are com-  
4 parable to, and applied no more stringently  
5 than, the processes, strategies, evidentiary  
6 standards, or other factors used in apply-  
7 ing the limitation with respect to medical  
8 and surgical benefits in the same classi-  
9 fication.

10 “(iv) DEFINITIONS.—In this para-  
11 graph and paragraph (7), the terms ‘non-  
12 quantitative treatment limitations’, ‘com-  
13 parable to’, and ‘applied no more strin-  
14 gently than’ have the meanings given such  
15 terms in sections 146 and 147 of title 45,  
16 Code of Federal Regulations (or any suc-  
17 cessor regulation).

18 “(B) ENFORCEMENT.—

19 “(i) PROCESS FOR COMPLAINTS.—The  
20 Secretary, in cooperation with the Secre-  
21 taries of Labor and the Treasury, as ap-  
22 propriate, shall, with respect to group  
23 health plans and health insurance issuers  
24 offering health insurance coverage in the  
25 group or individual market, issue guidance

1 to clarify the process and timeline for cur-  
2 rent and potential participants and bene-  
3 ficiaries (and authorized representatives  
4 and health care providers of such partici-  
5 pants and beneficiaries) with respect to  
6 such plans and coverage to file formal  
7 complaints of such plans or issuers being  
8 in violation of this section, including guid-  
9 ance, by plan type, on the relevant State,  
10 regional, and national offices with which  
11 such complaints should be filed.

12 “(ii) AUTHORITY FOR PUBLIC EN-  
13 FORCEMENT.—The Secretary, in consulta-  
14 tion with the Secretaries of Labor and the  
15 Treasury, shall make available to the pub-  
16 lic on the Consumer Parity Portal website  
17 established under paragraph (7) de-identi-  
18 fied information on audits and investiga-  
19 tions of group health plans and health in-  
20 surance issuers conducted under this sec-  
21 tion.

22 “(iii) AUDITS.—

23 “(I) RANDOMIZED AUDITS.—The  
24 Secretary in cooperation with the Sec-  
25 retaries of Labor and the Treasury, is

1 authorized to conduct randomized au-  
2 dits of group health plans and health  
3 insurance issuers offering health in-  
4 surance coverage in the group or indi-  
5 vidual market to determine compli-  
6 ance with this section. Such audits  
7 shall be conducted on no fewer than  
8 twelve plans and issuers per plan  
9 year. Information from such audits  
10 shall be made plainly available on the  
11 Consumer Parity Portal website es-  
12 tablished under paragraph (7).

13 “(II) ADDITIONAL AUDITS.—In  
14 the case of a group health plan or  
15 health insurance issuer offering health  
16 insurance coverage in the group or in-  
17 dividual market with respect to which  
18 any claim has been filed during a plan  
19 year, the Secretary may audit the  
20 books and records of such plan or  
21 issuer to determine compliance with  
22 this section. Information detailing the  
23 results of the audit shall be made  
24 available on the Consumer Parity Por-

1                   tal website established under para-  
2                   graph (7).

3                   “(iv) DENIAL RATES.—The Secretary  
4                   shall collect information on the rates of  
5                   and reasons for denial by group health  
6                   plans and health insurance issuers offering  
7                   health insurance coverage in the group or  
8                   individual market of claims for outpatient  
9                   and inpatient mental health and substance  
10                  use disorder services compared to the rates  
11                  of and reasons for denial of claims for  
12                  medical and surgical services. For the first  
13                  plan year beginning at least two years  
14                  after the date of the enactment of this  
15                  paragraph and each subsequent plan year,  
16                  the Secretary shall submit to the Energy  
17                  and Commerce Committee of the House of  
18                  Representatives and the Committee on  
19                  Health, Education, Labor, and Pensions of  
20                  the Senate, and make plainly available on  
21                  the Consumer Parity Portal website under  
22                  paragraph (7), the information collected  
23                  under the previous sentence with respect to  
24                  the previous plan year.



1           “(7) CONSUMER PARITY PORTAL WEBSITE.—

2           The Secretary, in consultation with the Secretaries  
3           of Labor and the Treasury, shall establish a one-  
4           stop Internet website portal for—

5                   “(A) submitting complaints and violations  
6                   relating to this section, section 712 of the Em-  
7                   ployee Retirement Income Security Act of 1974,  
8                   and section 9812 of the Internal Revenue Code  
9                   of 1986; and

10                   “(B) for each of such Secretaries to submit  
11                   information in order to provide such informa-  
12                   tion to health care consumers pursuant to para-  
13                   graph (6), section 712(a)(6) of the Employee  
14                   Retirement Income Security Act of 1974, and  
15                   section 9812(a)(6) of the Internal Revenue  
16                   Code of 1986.

17           Such portal shall have the ability to take basic infor-  
18           mation related to the complaint, including name,  
19           contact information, and brief narrative, and trans-  
20           mit such information in a timely fashion to the ap-  
21           propriate State or Federal enforcement agency. Once  
22           the consumer information is submitted, such portal  
23           shall provide the consumer with contact information  
24           for the appropriate enforcement agency to follow-up  
25           on the complaint.”.

1 (b) EMPLOYEE RETIREMENT INCOME SECURITY ACT  
2 OF 1974.—Section 712(a) of the Employee Retirement In-  
3 come Security Act of 1974 (29 U.S.C. 1185a(a)) is  
4 amended by adding at the end the following new para-  
5 graph:

6 “(6) DISCLOSURE AND ENFORCEMENT RE-  
7 QUIREMENTS.—

8 “(A) DISCLOSURE REQUIREMENTS.—

9 “(i) REGULATIONS.—Not later than  
10 June 30, 2017, the Secretary, in coopera-  
11 tion with the Secretaries of Health and  
12 Human Services and the Treasury, as ap-  
13 propriate, shall issue additional regulations  
14 for carrying out this section, including an  
15 explanation of documents that must be dis-  
16 closed by plans and issuers, the process  
17 governing such disclosures by plans and  
18 issuers, and analyses that must be con-  
19 ducted by plans and issuers by a group  
20 health plan (and health insurance coverage  
21 offered in connection with such a plan) in  
22 order for such plan or issuer to dem-  
23 onstrate compliance with the provisions of  
24 this section.

1                   “(ii) DISCLOSURE REQUIREMENTS.—  
2 Documents required to be disclosed by a  
3 group health plan (and health insurance  
4 coverage offered in connection with such a  
5 plan) under clause (i) shall include an an-  
6 nual report that details the specific anal-  
7 yses performed to ensure compliance of  
8 such plan or coverage with the law and  
9 regulations. At a minimum, with respect to  
10 the application of non-quantitative treat-  
11 ment limitations (in this paragraph re-  
12 ferred to as NQTLs) to benefits under the  
13 plan or coverage, such report shall—

14                   “(I) identify the specific factors  
15 the plan or coverage used in per-  
16 forming its NQTL analysis;

17                   “(II) identify and define the spe-  
18 cific evidentiary standards relied on to  
19 evaluate the factors;

20                   “(III) describe how the evi-  
21 dentiary standards are applied to each  
22 service category for mental health,  
23 substance use disorders, medical bene-  
24 fits, and surgical benefits;

1                   “(IV) disclose the results of the  
2 analyses of the specific evidentiary  
3 standards in each service category;  
4 and

5                   “(V) disclose the specific findings  
6 of the plan or coverage in each service  
7 category and the conclusions reached  
8 with respect to whether the processes,  
9 strategies, evidentiary standards, or  
10 other factors used in applying the  
11 NQTL to mental health or substance  
12 use disorder benefits are comparable  
13 to, and applied no more stringently  
14 than, the processes, strategies, evi-  
15 dentiary standards, or other factors  
16 used in applying the limitation with  
17 respect to medical and surgical bene-  
18 fits in the same classification.

19                   “(iii) GUIDANCE.—The Secretary, in  
20 cooperation with the Secretaries of Health  
21 and Human Services and the Treasury, as  
22 appropriate, shall issue guidance to group  
23 health plans (and health insurance cov-  
24 erage offered in connection with such a  
25 plan) on how to satisfy the requirements of

1           this section with respect to making infor-  
2           mation available to current and potential  
3           participants and beneficiaries. Such infor-  
4           mation shall include certificate of coverage  
5           documents and instruments under which  
6           the plan or coverage involved is adminis-  
7           tered and operated that specify, include, or  
8           refer to procedures, formulas, and meth-  
9           odologies applied to determine a partici-  
10          pant or beneficiary's benefit under the plan  
11          or coverage, regardless of whether such in-  
12          formation is contained in a document des-  
13          ignated as the 'plan document'. Such guid-  
14          ance shall include a disclosure of how the  
15          plan or coverage involved has provided that  
16          processes, strategies, evidentiary stand-  
17          ards, and other factors used in applying  
18          the NQTL to mental health or substance  
19          use disorder benefits are comparable to,  
20          and applied no more stringently than, the  
21          processes, strategies, evidentiary stand-  
22          ards, or other factors used in applying the  
23          limitation with respect to medical and sur-  
24          gical benefits in the same classification.

1           “(iv) DEFINITIONS.—In this para-  
2 graph, the terms ‘non-quantitative treat-  
3 ment limitations’, ‘comparable to’, and ‘ap-  
4 plied no more stringently than’ have the  
5 meanings given such terms in sections 146  
6 and 147 of title 45, Code of Federal Regu-  
7 lations (or any successor regulation).

8           “(B) ENFORCEMENT.—

9           “(i) PROCESS FOR COMPLAINTS.—The  
10 Secretary, in cooperation with the Secre-  
11 taries of Health and Human Services and  
12 the Treasury, as appropriate, shall, with  
13 respect to group health plans (and health  
14 insurance coverage offered in connection  
15 with such a plan), issue guidance to clarify  
16 the process and timeline for current and  
17 potential participants and beneficiaries  
18 (and authorized representatives and health  
19 care providers of such participants and  
20 beneficiaries) with respect to such plans  
21 (and coverage) to file formal complaints of  
22 such plans (or coverage) being in violation  
23 of this section, including guidance, by plan  
24 type, on the relevant State, regional, and

1 national offices with which such complaints  
2 should be filed.

3 “(ii) AUTHORITY FOR PUBLIC EN-  
4 FORCEMENT.—The Secretary, in consulta-  
5 tion with the Secretaries of Labor and the  
6 Treasury, shall make available to the pub-  
7 lic on the Consumer Parity Portal website  
8 established under section 2726(a)(7) of the  
9 Public Health Service Act de-identified in-  
10 formation on audits and investigations of  
11 group health plans (and health insurance  
12 coverage offered in connection with such a  
13 plan) conducted under this section.

14 “(iii) AUDITS.—

15 “(I) RANDOMIZED AUDITS.—The  
16 Secretary in cooperation with the Sec-  
17 retaries of Health and Human Serv-  
18 ices and the Treasury, is authorized  
19 to conduct randomized audits of  
20 group health plans (and health insur-  
21 ance coverage offered in connection  
22 with such a plan) to determine com-  
23 pliance with this section. Such audits  
24 shall be conducted on no fewer than  
25 twelve plans and coverage per plan

1 year. Information from such audits  
2 shall be made plainly available on the  
3 Consumer Parity Portal website es-  
4 tablished under section 2726(a)(7) of  
5 the Public Health Service Act.

6 “(II) ADDITIONAL AUDITS.—In  
7 the case of a group health plan (and  
8 health insurance coverage offered in  
9 connection with such a plan) with re-  
10 spect to which any claim has been  
11 filed during a plan year, the Secretary  
12 may audit the books and records of  
13 such plan (or coverage) to determine  
14 compliance with this section. Informa-  
15 tion detailing the results of the audit  
16 shall be made available on the Con-  
17 sumer Parity Portal website estab-  
18 lished under section 2726(a)(7) of the  
19 Public Health Service Act.

20 “(iv) DENIAL RATES.—The Secretary  
21 shall collect information on the rates of  
22 and reasons for denial by group health  
23 plans (and health insurance coverage of-  
24 fered in connection with such a plan) of  
25 claims for outpatient and inpatient mental



1 health and substance use disorder services  
2 compared to the rates of and reasons for  
3 denial of claims for medical and surgical  
4 services. For the first plan year beginning  
5 at least two years after the date of the en-  
6 actment of this paragraph and each subse-  
7 quent plan year, the Secretary shall submit  
8 to the Energy and Commerce Committee  
9 of the House of Representatives and the  
10 Committee on Health, Education, Labor,  
11 and Pensions of the Senate, and make  
12 plainly available on the Consumer Parity  
13 Portal website under section 2726(a)(7) of  
14 the Public Health Service Act, the infor-  
15 mation collected under the previous sen-  
16 tence with respect to the previous plan  
17 year.”.

18 (c) INTERNAL REVENUE CODE OF 1986.—Section  
19 9812(a) of the Internal Revenue Code of 1986 is amended  
20 by adding at the end the following new paragraph:

21 “(6) DISCLOSURE AND ENFORCEMENT RE-  
22 QUIREMENTS.—

23 “(A) DISCLOSURE REQUIREMENTS.—

24 “(i) REGULATIONS.—Not later than  
25 June 30, 2017, the Secretary, in coopera-

1                   tion with the Secretaries of Health and  
2                   Human Services and Labor, as appro-  
3                   priate, shall issue additional regulations for  
4                   carrying out this section, including an ex-  
5                   planation of documents that must be dis-  
6                   closed by plans and issuers, the process  
7                   governing such disclosures by plans and  
8                   issuers, and analyses that must be con-  
9                   ducted by plans and issuers by a group  
10                  health plan in order for such plan to dem-  
11                  onstrate compliance with the provisions of  
12                  this section.

13                   “(ii) DISCLOSURE REQUIREMENTS.—  
14                  Documents required to be disclosed by a  
15                  group health plan under clause (i) shall in-  
16                  clude an annual report that details the spe-  
17                  cific analyses performed to ensure compli-  
18                  ance of such plan with the law and regula-  
19                  tions. At a minimum, with respect to the  
20                  application of non-quantitative treatment  
21                  limitations (in this paragraph referred to  
22                  as NQTLs) to benefits under the plan,  
23                  such report shall—

1                   “(I) identify the specific factors  
2                   the plan used in performing its NQTL  
3                   analysis;

4                   “(II) identify and define the spe-  
5                   cific evidentiary standards relied on to  
6                   evaluate the factors;

7                   “(III) describe how the evi-  
8                   dentiary standards are applied to each  
9                   service category for mental health,  
10                  substance use disorders, medical bene-  
11                  fits, and surgical benefits;

12                  “(IV) disclose the results of the  
13                  analyses of the specific evidentiary  
14                  standards in each service category;  
15                  and

16                  “(V) disclose the specific findings  
17                  of the plan in each service category  
18                  and the conclusions reached with re-  
19                  spect to whether the processes, strate-  
20                  gies, evidentiary standards, or other  
21                  factors used in applying the NQTL to  
22                  mental health or substance use dis-  
23                  order benefits are comparable to, and  
24                  applied no more stringently than, the  
25                  processes, strategies, evidentiary

1 standards, or other factors used in ap-  
2 plying the limitation with respect to  
3 medical and surgical benefits in the  
4 same classification.

5 “(iii) GUIDANCE.—The Secretary, in  
6 cooperation with the Secretaries of Health  
7 and Human Services and Labor, as appro-  
8 priate, shall issue guidance to group health  
9 plans on how to satisfy the requirements of  
10 this section with respect to making infor-  
11 mation available to current and potential  
12 participants and beneficiaries. Such infor-  
13 mation shall include certificate of coverage  
14 documents and instruments under which  
15 the plan involved is administered and oper-  
16 ated that specify, include, or refer to pro-  
17 cedures, formulas, and methodologies ap-  
18 plied to determine a participant or bene-  
19 ficiary’s benefit under the plan, regardless  
20 of whether such information is contained  
21 in a document designated as the ‘plan doc-  
22 ument’. Such guidance shall include a dis-  
23 closure of how the plan involved has pro-  
24 vided that processes, strategies, evidentiary  
25 standards, and other factors used in apply-

1           ing the NQTL to mental health or sub-  
2           stance use disorder benefits are com-  
3           parable to, and applied no more stringently  
4           than, the processes, strategies, evidentiary  
5           standards, or other factors used in apply-  
6           ing the limitation with respect to medical  
7           and surgical benefits in the same classi-  
8           fication.

9           “(iv) DEFINITIONS.—In this para-  
10          graph, the terms ‘non-quantitative treat-  
11          ment limitations’, ‘comparable to’, and ‘ap-  
12          plied no more stringently than’ have the  
13          meanings given such terms in sections 146  
14          and 147 of title 45, Code of Federal Regu-  
15          lations (or any successor regulation).

16          “(B) ENFORCEMENT.—

17          “(i) PROCESS FOR COMPLAINTS.—The  
18          Secretary, in cooperation with the Secre-  
19          taries of Health and Human Services and  
20          Labor, as appropriate, shall, with respect  
21          to group health plans, issue guidance to  
22          clarify the process and timeline for current  
23          and potential participants and beneficiaries  
24          (and authorized representatives and health  
25          care providers of such participants and

1 beneficiaries) with respect to such plans to  
2 file formal complaints of such plans being  
3 in violation of this section, including guid-  
4 ance, by plan type, on the relevant State,  
5 regional, and national offices with which  
6 such complaints should be filed.

7 “(ii) **AUTHORITY FOR PUBLIC EN-**  
8 **FORCEMENT.**—The Secretary, in consulta-  
9 tion with the Secretaries of Labor and the  
10 Treasury, shall make available to the pub-  
11 lic on the Consumer Parity Portal website  
12 established under section 2726(a)(7) of the  
13 Public Health Service Act de-identified in-  
14 formation on audits and investigations of  
15 group health plans conducted under this  
16 section.

17 “(iii) **AUDITS.**—

18 “(I) **RANDOMIZED AUDITS.**—The  
19 Secretary in cooperation with the Sec-  
20 retaries of Health and Human Serv-  
21 ices and Labor, is authorized to con-  
22 duct randomized audits of group  
23 health plans to determine compliance  
24 with this section. Such audits shall be  
25 conducted on no fewer than twelve

1 plans per plan year. Information from  
2 such audits shall be made plainly  
3 available on the Consumer Parity Por-  
4 tal website established under section  
5 2726(a)(7) of the Public Health Serv-  
6 ice Act.

7 “(II) ADDITIONAL AUDITS.—In  
8 the case of a group health plan with  
9 respect to which any claim has been  
10 filed during a plan year, the Secretary  
11 may audit the books and records of  
12 such plan to determine compliance  
13 with this section. Information detail-  
14 ing the results of the audit shall be  
15 made available on the Consumer Par-  
16 ity Portal website established under  
17 section 2726(a)(7) of the Public  
18 Health Service Act.

19 “(iv) DENIAL RATES.—The Secretary  
20 shall collect information on the rates of  
21 and reasons for denial by group health  
22 plans of claims for outpatient and inpa-  
23 tient mental health and substance use dis-  
24 order services compared to the rates of and  
25 reasons for denial of claims for medical

1 and surgical services. For the first plan  
2 year beginning at least two years after the  
3 date of the enactment of this paragraph  
4 and each subsequent plan year, the Sec-  
5 retary shall submit to the Energy and  
6 Commerce Committee of the House of  
7 Representatives and the Committee on  
8 Health, Education, Labor, and Pensions of  
9 the Senate, and make plainly available on  
10 the Consumer Parity Portal website under  
11 section 2726(a)(7) of the Public Health  
12 Service Act, the information collected  
13 under the previous sentence with respect to  
14 the previous plan year.”.

15 (d) GAO STUDY ON MENTAL HEALTH AND SUB-  
16 STANCE USE PARITY ENFORCEMENT EFFORTS.—Not  
17 later than one year after the date of enactment of this  
18 Act, the Comptroller General of the United States, in con-  
19 sultation with the Secretary of Health and Human Serv-  
20 ices, the Secretary of Labor, and the Secretary of the  
21 Treasury, shall submit to Congress, and make plainly  
22 available on the Consumer Parity Portal website under  
23 paragraph (7) of section 2726(a) of the Public Health  
24 Service Act (42 U.S.C. 300gg–26(a)), as added by sub-  
25 section (a), a report detailing the enforcement efforts of



1 the responsible departments and agencies in implementing  
2 sections 2726 of the Public Health Service Act 42 U.S.C.  
3 300gg–26), 712 of the Employee Retirement Income Se-  
4 curity Act of 1974 (29 U.S.C. 1185a), and 9812 of the  
5 Internal Revenue Code of 1986, including—

6 (1) the number of investigations and audits  
7 that have been conducted into potential parity viola-  
8 tions; and

9 (2) details on the investigation, audits, or en-  
10 forcement action that was carried out as a result of  
11 such investigations that would not identify the sub-  
12 ject of such investigation or enforcement.

13 (e) AUTHORIZATION OF APPROPRIATIONS.—There is  
14 authorized to be appropriated \$2,000,000 for each of fis-  
15 cal years 2017 through 2021 to carry out this section, in-  
16 cluding the amendments made by this section.

Page 143, line 21, strike “**804**” and insert “**802**”  
(and conform the table of contents accordingly).

Page 145, line 15, strike “**805**” and insert “**803**”  
(and conform the table of contents accordingly).

Page 147, line 6, strike “**806**” and insert “**804**”  
(and conform the table of contents accordingly).

Page 148, line 1, strike “**807**” and insert “**805**”  
(and conform the table of contents accordingly).

Page 149, line 10, strike “**808**” and insert “**806**”  
(and conform the table of contents accordingly).

