

WAYS AND MEANS COMMITTEE PRINT 117-5

Improved Information for Network Coverage and Plan Documents in Private Insurance Plans

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

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

7 **“SEC. 2799A-11. REQUIRED DISCLOSURE OF PERCENTAGE**
8 **OF IN-NETWORK PARTICIPATION FOR CER-**
9 **TAIN PROVIDER TYPES.**

10 “(a) IN GENERAL.—A group health plan and a health
11 insurance issuer offering group or individual health insur-
12 ance coverage shall, along with any summary of benefits
13 and coverage provided under section 2715 (and in accord-
14 ance with the timing and manner specified under such sec-
15 tion and the implementing regulations of such section),
16 and on a public website, make available the following in-
17 formation with respect to each type of provider specified
18 in subsection (b):

19 “(1) The number and percentage of providers
20 of such type located in the service area of such plan
21 or coverage that have a contractual relationship (as

1 defined by the Secretary) in effect with such plan or
2 coverage for furnishing items and services under
3 such plan or coverage, determined in accordance
4 with information made available by the Secretary
5 under subsection (d).

6 “(2) The designation established by the Sec-
7 retary under subsection (c) corresponding to the per-
8 centage described in paragraph (1).

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

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

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

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

20 “(1) IN GENERAL.—Not later than 1 year after
21 the date of the enactment of this section, the Sec-
22 retary, in consultation with the Secretaries of Labor
23 and of the Treasury, shall establish a system of des-
24 ignations (such as ‘high’, ‘medium’, and ‘low’, a star
25 rating, or such other designation determined appro-

1 appropriate by the Secretary) that correspond to ranges of
2 percentages (from 0 to 100) described in subsection
3 (a)(1) to qualitatively reflect the breadth of the net-
4 works of group health plans and group and indi-
5 vidual health insurance coverage with respect to
6 each type of provider specified in subsection (b).

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

14 “(d) INFORMATION ON PROVIDERS.—

15 “(1) IN GENERAL.—Not later than June 30,
16 2025, the Secretary, in consultation with the Secre-
17 taries of Labor and of the Treasury, shall, based on
18 information submitted under section 2799B–10, post
19 on a public website a list of each specified provider
20 in the country, along with the location of each such
21 provider in which such provider furnishes items and
22 services and each specialty designation (if any) of
23 each such provider. The Secretary shall update the
24 information published under the previous sentence
25 not less frequently than annually.

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

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

14 (b) ERISA.—

15 (1) IN GENERAL.—Subpart B of part 7 of sub-
16 title B of title I of the Employee Retirement Income
17 Security Act of 1974 is amended by adding at the
18 end the following new section:

19 **“SEC. 726. REQUIRED DISCLOSURE OF PERCENTAGE OF IN-
20 NETWORK PARTICIPATION FOR CERTAIN
21 PROVIDER TYPES.**

22 “(a) IN GENERAL.—A group health plan and a health
23 insurance issuer offering group health insurance coverage
24 shall, along with any summary of benefits and coverage
25 provided under section 2715 of the Public Health Service

1 Act (and in accordance with the timing and manner speci-
2 fied under such section and the implementing regulations
3 of such section), and on a public website, make available
4 the following information with respect to each type of pro-
5 vider specified in subsection (b):

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

14 “(2) The designation established by the Sec-
15 retary under subsection (c) corresponding to the per-
16 centage described in paragraph (1).

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

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

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

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

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

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

23 “(d) INFORMATION ON PROVIDERS.—

24 “(1) IN GENERAL.—Not later than June 30,
25 2025, the Secretary of Health and Human Services,

1 in consultation with the Secretaries of Labor and of
2 the Treasury, shall, based on the information sub-
3 mitted under section 2799B–10 of the Public Health
4 Service Act, post on a public website a list of each
5 specified provider in the country, along with the lo-
6 cation of each such provider in which such provider
7 furnishes items and services and each specialty des-
8 ignation (if any) of each such provider. The Sec-
9 retary of Health and Human Services shall update
10 the information published under the previous sen-
11 tence not less frequently than annually.

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

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

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

“Sec. 726. Required disclosure of percentage of in-network participation for
certain provider types.”.

5 (c) IRC.—

6 (1) IN GENERAL.—Subchapter B of chapter
7 100 of the Internal Revenue Code of 1986 is amend-
8 ed by adding at the end the following new section:

9 **“SEC. 9826. REQUIRED DISCLOSURE OF PERCENTAGE OF**
10 **IN-NETWORK PARTICIPATION FOR CERTAIN**
11 **PROVIDER TYPES.**

12 “(a) IN GENERAL.—A group health plan shall, along
13 with any summary of benefits and coverage provided
14 under section 2715 of the Public Health Service Act (and
15 in accordance with the timing and manner specified under
16 such section and the implementing regulations of such sec-
17 tion), and on a public website, make available the following
18 information with respect to each type of provider specified
19 in subsection (b):

20 “(1) The number and percentage of providers
21 of such type located in the service area of such plan
22 that have a contractual relationship (as defined by
23 the Secretary) in effect with such plan for furnishing
24 items and services under such plan, determined in

1 accordance with information made available by the
2 Secretary under subsection (d).

3 “(2) The designation established by the Sec-
4 retary under subsection (c) corresponding to the per-
5 centage described in paragraph (1).

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

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

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

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

17 “(1) IN GENERAL.—Not later than 1 year after
18 the date of the enactment of this section, the Sec-
19 retary, in consultation with the Secretaries of Health
20 and Human Services and of Labor, shall establish a
21 system of designations (such as ‘high’, ‘medium’,
22 and ‘low’, a star rating, or such other designation
23 determined appropriate by the Secretary) that cor-
24 respond to ranges of percentages (from 0 to 100)
25 described in subsection (a)(1) to qualitatively reflect

1 the breadth of the networks of group health plans
2 with respect to each type of provider specified in
3 subsection (b).

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

11 “(d) INFORMATION ON PROVIDERS.—

12 “(1) IN GENERAL.—Not later than June 30,
13 2025, the Secretary of Health and Human Services,
14 in consultation with the Secretaries of Labor and of
15 the Treasury, shall, based on the information sub-
16 mitted under section 2799B–10 of the Public Health
17 Service Act, post on a public website a list of each
18 specified provider in the country, along with the lo-
19 cation of each such provider in which such provider
20 furnishes items and services and each specialty des-
21 ignation (if any) of each such provider. The Sec-
22 retary of Health and Human Services shall update
23 the information published under the previous sen-
24 tence not less frequently than annually.

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

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

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

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

16 (d) PROVIDER REQUIREMENTS.—Part E of title
17 XXVII of the Public Health Service Act (42 U.S.C.
18 300gg–131 et seq.) is amended by adding at the end the
19 following new section:

20 **“SEC. 2799B-10. PROVISION OF CERTAIN INFORMATION TO**
21 **THE SECRETARY.**

22 “(a) IN GENERAL.—Subject to subsection (b), in the
23 case of a health care provider or health care facility that
24 is a specified provider (as described in subsection (b) of

1 section 2799A–11), such provider or facility shall, annu-
2 ally at a time and in a manner specified by the Secretary,
3 provide to the Secretary such information as the Secretary
4 determines necessary to carry out subsection (d) of such
5 section.

6 “(b) EXCEPTION.—Subsection (a) shall not apply in
7 the case of a specified provider that has not, during the
8 1-year period ending on the date that information de-
9 scribed in subsection (a) would be required to be sub-
10 mitted to the Secretary by such provider without applica-
11 tion of this subsection, submitted any claim for an item
12 or service under a Federal health care program (as defined
13 in section 1128B of the Social Security Act), the program
14 established under chapter 89 of title 5, United States
15 Code, or a group health plan or group or individual health
16 insurance coverage.”.

17 (e) REPORT.—Not later than December 31, 2026,
18 and annually thereafter, the Secretary of Health and
19 Human Services shall submit to Congress a report on the
20 participation of behavioral health care and substance use
21 disorder treatment providers in networks established by
22 group health plan and health insurance issuers offering
23 group or individual health insurance coverage (as such
24 terms are defined in section 2791 of the Public Health
25 Service Act (42 U.S.C. 300gg–91)). Each such report

1 shall include data and analysis relating to service areas
2 (as defined in section 2799A–11 of such Act) of such plans
3 and issuers that the Secretary has identified as having low
4 participation rates with respect to such providers’ partici-
5 pation in such networks.

6 (f) IMPLEMENTATION.—The Secretaries of Labor,
7 Health and Human Services, and the Treasury may imple-
8 ment the amendments made by this section through in-
9 terim final rule, subregulatory guidance, program instruc-
10 tion, or otherwise.

11 (g) FUNDING.—In addition to amounts otherwise
12 available for such purposes, there is appropriated
13 \$15,000,000, to remain available until expended, for pur-
14 poses of carrying out this section.

15 (h) EFFECTIVE DATE.—The amendments made by
16 this section shall apply with respect to plan years begin-
17 ning on or after January 1, 2026.

18 **SEC. 2. IMPROVED ACCESS TO GROUP HEALTH PLAN AND**
19 **HEALTH INSURANCE COVERAGE SUMMARY**
20 **OF BENEFITS AND COVERAGE EXPLANATION.**

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

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

1 “(A) ANNUAL SUBMISSION.—Not later
2 than for plan years beginning on or after Janu-
3 ary 1, 2024, each entity described in paragraph
4 (3) shall annually submit to the Secretary the
5 summaries of benefits and coverage described in
6 paragraph (1), with respect to such entity, in a
7 machine-readable file (as defined in section
8 147.210(a)(2)(xiv) of title 45, Code of Federal
9 Regulations, or any successor regulation).

10 “(B) PUBLIC POSTING.—Not later than 60
11 days after the date of submission of summaries
12 of benefits and coverage pursuant to subpara-
13 graph (A), the Secretary shall make the sum-
14 maries of benefits and coverage available on a
15 public Federal Government website.”.

16 (b) JOINT REPORT BY SECRETARIES OF LABOR,
17 HEALTH AND HUMAN SERVICES, AND TREASURY.—Not
18 later than January 1, 2024, the Secretaries of Labor,
19 Health and Human Services, and the Treasury shall joint-
20 ly conduct a study, and submit to Congress a report, con-
21 taining—

22 (1) the extent to which summaries of benefits
23 and coverage described in section 2715(d)(1) of the
24 Public Health Service Act (42 U.S.C. 300gg–
25 15(d)(1)) are accessible and comprehensible to indi-

1 viduals applying for or enrolled in a group health
2 plan or group or individual health insurance cov-
3 erage (as such terms are defined in section 2791 of
4 such Act (42 U.S.C. 300gg–91); and

5 (2) recommendations for improving such access
6 and comprehension.

7 (c) IMPLEMENTATION BY SECRETARIES OF LABOR,
8 HEALTH AND HUMAN SERVICES, AND TREASURY.—The
9 Secretaries of Labor, Health and Human Services, and
10 the Treasury may implement the provisions of, including
11 the amendments made by, this section through interim
12 final rule, sub-regulatory guidance, program instruction,
13 or otherwise.

