

**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:

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):

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

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

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

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

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

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

23                 “(1) IN GENERAL.—Not later than 1 year after  
24                 the date of the enactment of this section, the Sec-  
25                 retary, in consultation with the Secretaries of Labor

1 and of the Treasury, shall establish a system of des-  
2 ignations (such as ‘high’, ‘medium’, and ‘low’, a star  
3 rating, or such other designation determined appro-  
4 priate by the Secretary) that correspond to ranges of  
5 percentages (from 0 to 100) described in subsection  
6 (a)(1) to qualitatively reflect the breadth of the net-  
7 works of group health plans and group and indi-  
8 vidual health insurance coverage with respect to  
9 each type of provider specified in subsection (b).

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

17 “(d) INFORMATION ON PROVIDERS.—

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

1 each such provider. The Secretary shall update the  
2 information published under the previous sentence  
3 not less frequently than annually.

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

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

17 (b) ERISA.—

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

1 **“SEC. 726. REQUIRED DISCLOSURE OF PERCENTAGE OF IN-**  
2 **NETWORK PARTICIPATION FOR CERTAIN**  
3 **PROVIDER TYPES.**

4 “(a) IN GENERAL.—A group health plan and a health  
5 insurance issuer offering group health insurance coverage  
6 shall, along with any summary of benefits and coverage  
7 provided under section 2715 of the Public Health Service  
8 Act (and in accordance with the timing and manner speci-  
9 fied under such section and the implementing regulations  
10 of such section), and on a public website, make available  
11 the following information with respect to each type of pro-  
12 vider specified in subsection (b):

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

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

24 “(b) SPECIFIED PROVIDERS.—For purposes of this  
25 section, the types of providers and facilities specified in  
26 this subsection are the following (as defined by the Sec-

1 retary and broken down by subspecialty as specified by  
2 the Secretary):

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

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

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

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

22 “(2) VARIATION PERMITTED.—Designations  
23 corresponding to percentage ranges established  
24 under paragraph (1) may vary by type of service  
25 area (such as rural or urban), size of service area,

1 and other factors determined appropriate by the  
2 Secretary in consultation with the Secretaries of  
3 Health and Human Services and of the Treasury.

4 “(d) INFORMATION ON PROVIDERS.—

5 “(1) IN GENERAL.—Not later than June 30,  
6 2025, the Secretary of Health and Human Services,  
7 in consultation with the Secretaries of Labor and of  
8 the Treasury, shall, based on the information sub-  
9 mitted under section 2799B–10 of the Public Health  
10 Service Act, post on a public website a list of each  
11 specified provider in the country, along with the lo-  
12 cation of each such provider in which such provider  
13 furnishes items and services and each specialty des-  
14 ignation (if any) of each such provider. The Sec-  
15 retary of Health and Human Services shall update  
16 the information published under the previous sen-  
17 tence not less frequently than annually.

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

23 “(e) SERVICE AREA DEFINITION.—For purposes of  
24 this section, the term ‘service area’ means, with respect  
25 to a group health plan and group health insurance cov-

1 erage, the area or areas in which in-person participants  
2 and beneficiaries are covered, as determined by the plan  
3 or issuer of such coverage in accordance with rules speci-  
4 fied by the Secretary in consultation with the Secretaries  
5 of Health and Human Services and of the Treasury.”.

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

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

10 (c) IRC.—

11 (1) IN GENERAL.—Subchapter B of chapter  
12 100 of the Internal Revenue Code of 1986 is amend-  
13 ed by adding at the end the following new section:

14 **“SEC. 9826. REQUIRED DISCLOSURE OF PERCENTAGE OF**  
15 **IN-NETWORK PARTICIPATION FOR CERTAIN**  
16 **PROVIDER TYPES.**

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

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

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

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

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

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

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

22                 “(1) IN GENERAL.—Not later than 1 year after  
23                 the date of the enactment of this section, the Sec-  
24                 retary, in consultation with the Secretaries of Health  
25                 and Human Services and of Labor, shall establish a

1 system of designations (such as ‘high’, ‘medium’,  
2 and ‘low’, a star rating, or such other designation  
3 determined appropriate by the Secretary) that cor-  
4 respond to ranges of percentages (from 0 to 100)  
5 described in subsection (a)(1) to qualitatively reflect  
6 the breadth of the networks of group health plans  
7 with respect to each type of provider specified in  
8 subsection (b).

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

16 “(d) INFORMATION ON PROVIDERS.—

17 “(1) IN GENERAL.—Not later than June 30,  
18 2025, the Secretary of Health and Human Services,  
19 in consultation with the Secretaries of Labor and of  
20 the Treasury, shall, based on the information sub-  
21 mitted under section 2799B–10 of the Public Health  
22 Service Act, post on a public website a list of each  
23 specified provider in the country, along with the lo-  
24 cation of each such provider in which such provider  
25 furnishes items and services and each specialty des-

1       ignation (if any) of each such provider. The Sec-  
2       retary of Health and Human Services shall update  
3       the information published under the previous sen-  
4       tence not less frequently than annually.

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

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

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

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

20              (d) PROVIDER REQUIREMENTS.—Part E of title  
21       XXVII of the Public Health Service Act (42 U.S.C.  
22       300gg–131 et seq.) is amended by adding at the end the  
23       following new section:

1 **“SEC. 2799B–10. PROVISION OF CERTAIN INFORMATION TO**  
2 **THE SECRETARY.**

3 “(a) IN GENERAL.—Subject to subsection (b), in the  
4 case of a health care provider or health care facility that  
5 is a specified provider (as described in subsection (b) of  
6 section 2799A–11), such provider or facility shall, annu-  
7 ally at a time and in a manner specified by the Secretary,  
8 provide to the Secretary such information as the Secretary  
9 determines necessary to carry out subsection (d) of such  
10 section.

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

22 (e) REPORT.—Not later than December 31, 2026,  
23 and annually thereafter, the Secretary of Health and  
24 Human Services shall submit to Congress a report on the  
25 participation of behavioral health care and substance use  
26 disorder treatment providers in networks established by

1 group health plan and health insurance issuers offering  
2 group or individual health insurance coverage (as such  
3 terms are defined in section 2791 of the Public Health  
4 Service Act (42 U.S.C. 300gg–91)). Each such report  
5 shall include data and analysis relating to service areas  
6 (as defined in section 2799A–11 of such Act) of such plans  
7 and issuers that the Secretary has identified as having low  
8 participation rates with respect to such providers’ partici-  
9 pation in such networks.

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

15 (g) FUNDING.—In addition to amounts otherwise  
16 available for such purposes, there is appropriated  
17 \$15,000,000, to remain available until expended, for pur-  
18 poses of carrying out this section.

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

1 **SEC. 2. IMPROVED ACCESS TO GROUP HEALTH PLAN AND**  
2 **HEALTH INSURANCE COVERAGE SUMMARY**  
3 **OF BENEFITS AND COVERAGE EXPLANATION.**

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

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

9 “(A) ANNUAL SUBMISSION.—Not later  
10 than for plan years beginning on or after Janu-  
11 ary 1, 2024, each entity described in paragraph  
12 (3) shall annually submit to the Secretary the  
13 summaries of benefits and coverage described in  
14 paragraph (1), with respect to such entity, in a  
15 machine-readable file (as defined in section  
16 147.210(a)(2)(xiv) of title 45, Code of Federal  
17 Regulations, or any successor regulation).

18 “(B) PUBLIC POSTING.—Not later than 60  
19 days after the date of submission of summaries  
20 of benefits and coverage pursuant to subpara-  
21 graph (A), the Secretary shall make the sum-  
22 maries of benefits and coverage available on a  
23 public Federal Government website.”.

24 (b) JOINT REPORT BY SECRETARIES OF LABOR,  
25 HEALTH AND HUMAN SERVICES, AND TREASURY.—Not  
26 later than January 1, 2024, the Secretaries of Labor,

1 Health and Human Services, and the Treasury shall joint-  
2 ly conduct a study, and submit to Congress a report, con-  
3 taining—

4           (1) the extent to which summaries of benefits  
5           and coverage described in section 2715(d)(1) of the  
6           Public Health Service Act (42 U.S.C. 300gg-  
7           15(d)(1)) are accessible and comprehensible to indi-  
8           viduals applying for or enrolled in a group health  
9           plan or group or individual health insurance cov-  
10          erage (as such terms are defined in section 2791 of  
11          such Act (42 U.S.C. 300gg-91); and

12          (2) recommendations for improving such access  
13          and comprehension.

14          (c) IMPLEMENTATION BY SECRETARIES OF LABOR,  
15          HEALTH AND HUMAN SERVICES, AND TREASURY.—The  
16          Secretaries of Labor, Health and Human Services, and  
17          the Treasury may implement the provisions of, including  
18          the amendments made by, this section through interim  
19          final rule, sub-regulatory guidance, program instruction,  
20          or otherwise.

