

116TH CONGRESS  
1ST SESSION

# H. R. 4379

To amend the Patient Protection and Affordable Care Act to require qualified health plans to have in place a process to remove from publicly accessible provider directories of such plans providers that are no longer within the network of such plans, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 18, 2019

Mrs. AXNE (for herself, Ms. STEVENS, Ms. MUCARSEL-POWELL, Mrs. LEE of Nevada, Ms. WILD, Ms. FINKENAUER, Ms. TORRES SMALL of New Mexico, and Ms. HOULAHAN) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Patient Protection and Affordable Care Act to require qualified health plans to have in place a process to remove from publicly accessible provider directories of such plans providers that are no longer within the network of such plans, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Under Performing Di-  
5 rectories that Affect Treating Emergencies Act” or the  
6 “UPDATE Act”.

1 **SEC. 2. REQUIREMENT FOR QUALIFIED HEALTH PLANS TO**  
2 **HAVE IN PLACE A PROCESS TO REMOVE**  
3 **FROM PUBLICLY ACCESSIBLE PROVIDER DI-**  
4 **RECTORIES OF SUCH PLANS PROVIDERS**  
5 **THAT ARE NO LONGER WITHIN THE NET-**  
6 **WORK OF SUCH PLANS.**

7 (a) IN GENERAL.—Section 1311(c) of the Patient  
8 Protection and Affordable Care Act (42 U.S.C. 18031(c))  
9 is amended—

10 (1) in paragraph (1)(B)—

11 (A) by striking “and provide” and insert-  
12 ing “, provide”; and

13 (B) by inserting before the semicolon at  
14 the end the following: “, and have in place the  
15 process described in paragraph (7) to remove  
16 from any publicly accessible provider directory  
17 of such plan providers that are no longer within  
18 the network of such plan”; and

19 (2) by adding at the end the following new  
20 paragraph:

21 “(7) PROCESS TO REMOVE FROM PUBLICLY AC-  
22 CESSIBLE PROVIDER DIRECTORIES PROVIDERS THAT  
23 ARE NO LONGER IN-NETWORK.—For purposes of  
24 paragraph (1)(B), the process described in this para-  
25 graph, with respect to a qualified health plan, is a  
26 process through which such plan does the following

1 with respect to each provider listed in a publicly ac-  
2 cessible provider directory of such plan that does not  
3 submit any claims to such plan for at least a six-  
4 month period in a calendar year:

5 “(A) Sends an inquiry to such provider re-  
6 quiring such provider to verify, not later than  
7 the date that is 30 days after such plan sends  
8 such inquiry, whether such provider is still a  
9 provider within the network of such plan.

10 “(B) In the case that such plan—

11 “(i) receives a response to such in-  
12 quiry by the date described in subpara-  
13 graph (A) that such provider is no longer  
14 a provider within the network of such plan,  
15 removes such provider from such publicly  
16 accessible provider directory; or

17 “(ii) does not receive any response to  
18 such inquiry by such date—

19 “(I) sends a subsequent inquiry  
20 described in such subparagraph to  
21 such provider; and

22 “(II) removes such provider from  
23 such publicly accessible provider direc-  
24 tory if such provider either submits to  
25 such plan, not later than the date that

1 is 30 days after such plan sends such  
2 subsequent inquiry, a response de-  
3 scribed in clause (i), or does not re-  
4 spond to such subsequent inquiry by  
5 such date.”.

6 (b) EFFECTIVE DATE.—The amendments made by  
7 subsection (a) shall apply with respect to plan years begin-  
8 ning on or after January 1, 2021.

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