

116TH CONGRESS
1ST SESSION

H. R. 5144

To amend the Patient Protection and Affordable Care Act to require group health plans and health insurance coverage to have in place a process to self-audit information listed in publicly accessible provider directories of such plans and coverage.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 18, 2019

Ms. DAVIDS of Kansas introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and Labor, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend the Patient Protection and Affordable Care Act to require group health plans and health insurance coverage to have in place a process to self-audit information listed in publicly accessible provider directories of such plans and coverage.

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 “Insurance Account-
5 ability and Transparency Act”.

1 **SEC. 2. REQUIREMENT FOR GROUP HEALTH PLANS AND**
 2 **HEALTH INSURANCE COVERAGE TO HAVE IN**
 3 **PLACE A PROCESS TO SELF-AUDIT INFORMA-**
 4 **TION LISTED IN PUBLICLY ACCESSIBLE PRO-**
 5 **VIDER DIRECTORIES OF SUCH PLANS AND**
 6 **COVERAGE.**

7 (a) PHSA.—

8 (1) IN GENERAL.—Title XXVII of the Public
 9 Health Service Act (42 U.S.C. 300gg et seq.) is
 10 amended by adding at the end the following:

11 **“PART D—OTHER MARKET REFORMS**
 12 **“SEC. 2796. PROCESS TO SELF-AUDIT INFORMATION LISTED**
 13 **IN PUBLICLY ACCESSIBLE PROVIDER DIREC-**
 14 **TORIES.**

15 “(a) IN GENERAL.—An entity specified in subsection
 16 (b), with respect to a group health plan or health insur-
 17 ance coverage offered in the group or individual market,
 18 shall have in place a process under which, in order to self-
 19 audit the information listed in any publicly accessible pro-
 20 vider directory for such plan or coverage, such entity—

21 “(1) contacts, not less than once every 6
 22 months during each plan year, each provider listed
 23 in such directory to verify—

24 “(A) contact information listed in such di-
 25 rectory with respect to such provider; and

1 “(B) the status of whether such provider is
 2 a provider within the network of such plan or
 3 coverage; and

4 “(2) in the case that such entity determines
 5 that any of the information described in subpara-
 6 graph (A) or (B) of paragraph (1) with respect to
 7 a provider listed in such directory of such plan or
 8 coverage is inaccurate, not later than 30 days after
 9 making such determination, corrects and updates
 10 such information in such directory.

11 “(b) ENTITY DESCRIBED.—For purposes of sub-
 12 section (a), an entity described in this subsection is—

13 “(1) in the case of health insurance coverage or
 14 a group health plan this is not a self-insured plan,
 15 the health insurance issuer offering the health insur-
 16 ance coverage or the group health plan, respectively;
 17 and

18 “(2) in the case of a self-insured group health
 19 plan, the designated administrator of the plan (as
 20 such term is defined in section 3(16) of the Em-
 21 ployee Retirement Income Security Act of 1974).”.

22 (2) CONFORMING AMENDMENTS.—

23 (A) Section 2722 of the Public Health
 24 Service Act (42 U.S.C. 300gg–21) is amend-
 25 ed—

1 (i) in subsection (a)(1), by inserting
 2 “and part D” after “subparts 1 and 2”;

3 (ii) in subsection (b), by inserting
 4 “and part D” after “subparts 1 and 2”;

5 (iii) in subsection (c)(1), by inserting
 6 “and part D” after “subparts 1 and 2”;

7 (iv) in subsection (c)(2), by inserting
 8 “and part D” after “subparts 1 and 2”;

9 (v) in subsection (c)(3), by inserting
 10 “and part D” after “this part”; and

11 (vi) in subsection (d), in the matter
 12 preceding paragraph (1), by inserting “and
 13 part D” after “this part”.

14 (B) Section 2723 of the Public Health
 15 Service Act (42 U.S.C. 300gg–22) is amend-
 16 ed—

17 (i) in subsection (a)(1), by inserting
 18 “and part D” after “this part”;

19 (ii) in subsection (a)(2), by inserting
 20 “or part D” after “this part”;

21 (iii) in subsection (b)(1), by inserting
 22 “or part D” after “this part”;

23 (iv) in subsection (b)(2)(A), by insert-
 24 ing “or part D” after “this part”; and

1 (v) in subsection (b)(2)(C)(ii), by in-
 2 serting “and part D” after “this part”.

3 (C) Section 2724 of the Public Health
 4 Service Act (42 U.S.C. 300gg-23) is amend-
 5 ed—

6 (i) in subsection (a)(1)—

7 (I) by striking “this part and
 8 part C insofar as it relates to this
 9 part” and inserting “this part, part
 10 D, and part C insofar as it relates to
 11 this part or part D”; and

12 (II) by inserting “or part D”
 13 after “requirement of this part”;

14 (ii) in subsection (a)(2), by inserting
 15 “or part D” after “this part”; and

16 (iii) in subsection (c), by inserting “or
 17 part D” after “this part (other than sec-
 18 tion 2704)”.

19 (b) ERISA.—

20 (1) IN GENERAL.—Subpart B of part 7 of sub-
 21 title B of title I of the Employee Retirement Income
 22 Security Act of 1974 (29 U.S.C. 1181 et seq.) is
 23 amended by adding at the end the following new sec-
 24 tion:

1 **“SEC. 716. PROCESS TO SELF-AUDIT INFORMATION LISTED**
2 **IN PUBLICLY ACCESSIBLE PROVIDER DIREC-**
3 **TORIES.**

4 “(a) IN GENERAL.—An entity specified in subsection
5 (b), with respect to a group health plan or health insur-
6 ance coverage offered in the group market, shall have in
7 place a process under which, in order to self-audit the in-
8 formation listed in any publicly accessible provider direc-
9 tory for such plan or coverage, such entity—

10 “(1) contacts, not less than once every 6
11 months during each plan year, each provider listed
12 in such directory to verify—

13 “(A) contact information listed in such di-
14 rectory with respect to such provider; and

15 “(B) the status of whether such provider is
16 a provider within the network of such plan or
17 coverage; and

18 “(2) in the case that such entity determines
19 that any of the information described in subpara-
20 graph (A) or (B) of paragraph (1) with respect to
21 a provider listed in such directory of such plan or
22 coverage is inaccurate, not later than 30 days after
23 making such determination, corrects and updates
24 such information in such directory.

25 “(b) ENTITY DESCRIBED.—For purposes of sub-
26 section (a), an entity described in this subsection is—

1 “(1) in the case of health insurance coverage or
 2 a group health plan this is not a self-insured plan,
 3 the health insurance issuer offering the health insur-
 4 ance coverage or the group health plan, respectively;
 5 and

6 “(2) in the case of a self-insured group health
 7 plan, the designated administrator of the plan (as
 8 such term is defined in section 3(16)).”.

9 (2) CLERICAL AMENDMENT.—The table of sec-
 10 tions for part 7 of subtitle B of title I of the Em-
 11 ployee Retirement Income Security Act of 1974 is
 12 amended by adding at the end the following:

“Sec. 716. Process to self-audit information listed in publicly accessible pro-
 vider directories.”.

13 (c) IRC.—

14 (1) IN GENERAL.—Subchapter B of chapter
 15 100 of the Internal Revenue Code of 1986 is amend-
 16 ed by adding at the end the following new section:

17 **“SEC. 9816. PROCESS TO SELF-AUDIT INFORMATION LISTED**
 18 **IN PUBLICLY ACCESSIBLE PROVIDER DIREC-**
 19 **TORIES.**

20 “(a) IN GENERAL.—An entity specified in subsection
 21 (b), with respect to a group health plan, shall have in place
 22 a process under which, in order to self-audit the informa-
 23 tion listed in any publicly accessible provider directory for
 24 such plan, such entity—

1 “(1) contacts, not less than once every 6
2 months during each plan year, each provider listed
3 in such directory to verify—

4 “(A) contact information listed in such di-
5 rectory with respect to such provider; and

6 “(B) the status of whether such provider is
7 a provider within the network of such plan; and

8 “(2) in the case that such entity determines
9 that any of the information described in subpara-
10 graph (A) or (B) of paragraph (1) with respect to
11 a provider listed in such directory of such plan is in-
12 accurate, not later than 30 days after making such
13 determination, corrects and updates such informa-
14 tion in such directory.

15 “(b) ENTITY DESCRIBED.—For purposes of sub-
16 section (a), an entity described in this subsection is—

17 “(1) in the case of a group health plan this is
18 not a self-insured plan, the health insurance issuer
19 offering the group health plan; and

20 “(2) in the case of a self-insured group health
21 plan, the designated administrator of the plan (as
22 such term is defined in section 3(16) of the Em-
23 ployee Retirement Income Security Act of 1974).”.

24 (2) CLERICAL AMENDMENT.—The table of sec-
25 tions for subchapter B of chapter 100 of such Code

1 is amended by adding at the end the following new
2 item:

“Sec. 9816. Process to self-audit information listed in publicly accessible provider directories.”.

3 (d) **EFFECTIVE DATE.**—The amendments made by
4 this section shall apply with respect to plan years beginning
5 on or after January 1, 2020.

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