

116TH CONGRESS
2D SESSION

H. R. 8060

To require parity in the coverage of mental health and substance use disorder services provided to enrollees in private insurance plans, whether such services are provided in-person or through telehealth.

IN THE HOUSE OF REPRESENTATIVES

AUGUST 14, 2020

Mr. TRONE (for himself and Mr. RIGGLEMAN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and Labor, 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 require parity in the coverage of mental health and substance use disorder services provided to enrollees in private insurance plans, whether such services are provided in-person or through telehealth.

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 “Tele-Mental Health
5 Improvement Act”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Prior to the COVID–19 pandemic, the
4 United States faced a mental health crisis.

5 (2) This mental health crisis touches all age
6 groups. Suicide rates among individuals ages 10
7 through 24 increased by 56 percent from 2007 to
8 2017. More than 25 percent of college students have
9 been diagnosed or treated by a professional for a
10 mental health condition within the past year. Nearly
11 one in five adults in the United States live with a
12 mental illness. Suicide rates for all ages increased
13 from 1999 to 2016.

14 (3) The COVID–19 pandemic has resulted in
15 large-scale economic hardship and long periods of
16 social isolation for Americans.

17 (4) In non-crisis conditions, a 1-point increase
18 in unemployment correlates to a 1.3 percent increase
19 in suicide rates. In April 2020, the unemployment
20 rate increased from 4.4 percent to 14.7 percent.

21 (5) Exposure to large-scale trauma like the cur-
22 rent pandemic commonly results in negative emo-
23 tional states, acute stress, physical health com-
24 plaints, and poor sleep, particularly during the ini-
25 tial onset of the trauma.

1 (6) People who receive practical and social sup-
2 port and resources soon after the initial onset of a
3 trauma tend to have better outcomes.

4 (7) There is an increased need for mental
5 health services to be provided through telehealth
6 platforms due to the necessity for social distancing.

7 **SEC. 3. COVERAGE OF TELEHEALTH MENTAL HEALTH AND**
8 **SUBSTANCE USE DISORDER SERVICES.**

9 (a) IN GENERAL.—During the public health emer-
10 gency declared by the Secretary of Health and Human
11 Services under section 319 of the Public Health Service
12 Act (42 U.S.C. 247d) on January 31, 2020, with respect
13 to COVID–19, if a group health plan or group or indi-
14 vidual health insurance coverage provides coverage of a
15 mental health or substance use disorder service provided
16 in-person, the group health plan or health insurance issuer
17 offering such group or individual health insurance cov-
18 erage—

19 (1) shall provide coverage of the service pro-
20 vided through telehealth at the same rate as the cov-
21 erage for the same service provided in-person;

22 (2) shall ensure that providers not charge en-
23 rollees facility fees;

24 (3) may not impose additional barriers on ob-
25 taining such coverage for such services through tele-

1 health, compared to coverage for such services pro-
2 vided in-person, such as a prior authorization re-
3 quirements, a requirement that the enrollee have a
4 pre-existing relationship with the provider, a require-
5 ment that a provider be present with the enrollee
6 during the provision of services, or any other finan-
7 cial requirement, treatment limitation, or utilization
8 control policy or procedure;

9 (4) shall provide notice to enrollees, informing
10 such enrollees of how to access in-network telehealth
11 mental health and substance use disorder services
12 and the scope of their coverage; and

13 (5) shall work with providers to ensure that
14 telehealth services are provided to enrollees in com-
15 pliance with, as applicable, the privacy regulations
16 promulgated pursuant to section 264(c) of the
17 Health Insurance Portability and Accountability Act
18 of 1996 (42 U.S.C. 1320d–2) or privacy guidelines
19 promulgated and implemented by the Secretary of
20 Health and Human Services during a public health
21 emergency.

22 (b) ENFORCEMENT.—The provisions of subsection
23 (a) shall be applied by the Secretary of Health and Human
24 Services, Secretary of Labor, and Secretary of the Treas-
25 ury to group health plans and health insurance issuers of-

1 fering group or individual health insurance coverage as if
2 included in the provisions of part A of title XXVII of the
3 Public Health Service Act, part 7 of the Employee Retirement
4 Income Security Act of 1974, and subchapter B of
5 chapter 100 of the Internal Revenue Code of 1986, as ap-
6 plicable.

7 (c) IMPLEMENTATION.—The Secretary of Health and
8 Human Services, Secretary of Labor, and Secretary of the
9 Treasury may implement the provisions of this section
10 through sub-regulatory guidance, program instruction, or
11 otherwise.

12 (d) DEFINITIONS.—In this section—

13 (1) the terms “group health plan”, “health in-
14 surance issuer”, and “health insurance coverage”
15 have the meanings given such terms in section 2791
16 of the Public Health Service Act (42 U.S.C. 300gg–
17 91), section 733 of the Employee Retirement Income
18 Security Act of 1974 (29 U.S.C. 1191b), and section
19 9832 of the Internal Revenue Code of 1986, as ap-
20 plicable; and

21 (2) the term “telehealth services” has the
22 meaning given such term in section 330I(a) of the
23 Public Health Service Act (42 U.S.C. 254e–14(a)),
24 and includes 2-way video communication, audio-only

1 communication, and written information shared by
2 phone or email.

3 (e) RULE OF CONSTRUCTION.—Nothing in this sec-
4 tion shall prevent the application of any State law that
5 is not inconsistent with this section.

6 (f) REPORT TO CONGRESS.—Not later than 180 days
7 after the conclusion of the public health emergency de-
8 scribed in subsection (a), the Secretary of Health and
9 Human Services shall submit to the Committee on Health,
10 Education, Labor, and Pensions of the Senate, the Com-
11 mittee on Education and Labor of the House of Rep-
12 resentatives, and the Committee on Energy and Commerce
13 of the House of Representatives on the impacts the re-
14 quirement under subsection (a) has on the use of both
15 telehealth services and health services provided in-person.

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