

116TH CONGRESS
2D SESSION

H. R. 5575

To amend the Employee Retirement Income Security Act of 1974, title XXVII of the Public Health Service Act, and the Internal Revenue Code of 1986 to require group health plans and health insurance issuers offering group or individual health insurance coverage to provide for 3 primary care visits and 3 behavioral health care visits without application of any cost-sharing requirement.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 10, 2020

Ms. UNDERWOOD (for herself and Ms. SCHRIER) 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 Employee Retirement Income Security Act of 1974, title XXVII of the Public Health Service Act, and the Internal Revenue Code of 1986 to require group health plans and health insurance issuers offering group or individual health insurance coverage to provide for 3 primary care visits and 3 behavioral health care visits without application of any cost-sharing requirement.

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Primary and Behav-
3 ioral Health Care Access Act of 2020”.

4 **SEC. 2. PROHIBITION ON APPLICATION OF COST SHARING**
5 **FOR CERTAIN PRIMARY CARE AND BEHAV-**
6 **IORAL HEALTH CARE VISITS.**

7 (a) ERISA.—Subpart B of part 7 of subtitle B of
8 title I of the Employee Retirement Income Security Act
9 of 1974 (29 U.S.C. 1185 et seq.) is amended by adding
10 at the end the following new section:

11 **“SEC. 716. COVERAGE OF CERTAIN PRIMARY CARE AND BE-**
12 **HAVIORAL HEALTH CARE VISITS.**

13 “(a) IN GENERAL.—In addition to any item or serv-
14 ice described in section 2713(a) of the Public Health Serv-
15 ice Act, a group health plan, and a health insurance issuer
16 offering group health insurance coverage, shall at a min-
17 imum provide coverage for and shall not impose any cost-
18 sharing requirements for, with respect to a plan year—

19 “(1) 3 primary care visits; and

20 “(2) 3 behavioral health care visits.

21 “(b) LIMITATIONS.—A group health plan, and a
22 health insurance issuer offering group health insurance
23 coverage, shall ensure that—

24 “(1) the treatment limitations applicable to the
25 3 primary care visits described in paragraph (1) of
26 subsection (a) and the 3 behavioral health care visits

1 described in paragraph (2) of such subsection are no
2 more restrictive than the treatment limitations ap-
3 plied to any other primary care visit or behavioral
4 health care visit covered by the plan or coverage and
5 that there are no separate treatment limitations that
6 are applicable only with respect to such 3 primary
7 or such 3 behavioral health care visits; and

8 “(2) the reimbursement rates under such plan
9 or such coverage for such 3 primary and such 3 be-
10 havioral health care visits are the same as such rates
11 for any other primary care visit or behavioral health
12 care visit covered by the plan or coverage.

13 “(c) DEFINITIONS.—For purposes of this section:

14 “(1) BEHAVIORAL HEALTH CARE VISIT.—The
15 term ‘behavioral health care visit’ means a visit by
16 an individual to a qualified provider during which
17 services are provided with respect to the diagnosis,
18 treatment, screening, or prevention of a behavioral
19 health condition.

20 “(2) PRIMARY CARE SERVICE.—The term ‘pri-
21 mary care service’ means a service identified, as of
22 January 1, 2009, by one of HCPCS codes 99201
23 through 99215 (and as subsequently modified by the
24 Secretary).

1 “(3) PRIMARY CARE VISIT.—The term ‘primary
2 care visit’ means an in-person visit by an individual
3 to a qualified provider who is designated by such in-
4 dividual as the primary care provider for such indi-
5 vidual, during which such individual receives pri-
6 mary care services.

7 “(4) QUALIFIED PROVIDER.—The term ‘quali-
8 fied provider’ means—

9 “(A) with respect to a primary care visit,
10 a general practitioner, family physician, general
11 internist, obstetrician-gynecologist, pediatrician,
12 geriatric physician, or advanced practice reg-
13 istered nurse acting in accordance with State
14 law (including a nurse practitioner, clinical
15 nurse specialist, and certified nurse midwife);
16 and

17 “(B) with respect to a behavioral health
18 care visit, an individual employed in a full-time
19 position (including a fellowship) where the pri-
20 mary intent and function of such position is the
21 direct treatment or recovery support of individ-
22 uals with, or in recovery from, a behavioral
23 health disorder, such as a physician, advanced
24 practice registered nurse acting in accordance
25 with State law (including a nurse practitioner,

1 clinical nurse specialist, and certified nurse
2 midwife), psychiatric nurse, social worker, mar-
3 riage and family therapist, mental health coun-
4 selor, occupational therapist, psychologist, psy-
5 chiatrist, child and adolescent psychiatrist, or
6 neurologist.”.

7 (b) PHSA.—Subpart II of part A of title XXVII of
8 the Public Health Service Act (42 U.S.C. 300gg–11 et
9 seq.) is amended by adding at the end the following new
10 section:

11 **“SEC. 2730. COVERAGE OF CERTAIN PRIMARY CARE AND**
12 **BEHAVIORAL HEALTH CARE VISITS.**

13 “(a) IN GENERAL.—In addition to any item or serv-
14 ice described in section 2713(a), a group health plan, and
15 a health insurance issuer offering group or individual
16 health insurance coverage, shall at a minimum provide
17 coverage for and shall not impose any cost-sharing re-
18 quirements for, with respect to a plan year—

19 “(1) 3 primary care visits; and

20 “(2) 3 behavioral health care visits.

21 “(b) LIMITATIONS.—A group health plan, and a
22 health insurance issuer offering group or individual health
23 insurance coverage, shall ensure that—

24 “(1) the treatment limitations applicable to the
25 3 primary care visits described in paragraph (1) of

1 subsection (a) and the 3 behavioral health care visits
2 described in paragraph (2) of such subsection are no
3 more restrictive than the treatment limitations ap-
4 plied to any other primary care visit or behavioral
5 health care visit covered by the plan or coverage and
6 that there are no separate treatment limitations that
7 are applicable only with respect to such 3 primary
8 or such 3 behavioral health care visits; and

9 “(2) the reimbursement rates under such plan
10 or such coverage for such 3 primary and such 3 be-
11 havioral health care visits are the same as such rates
12 for any other primary care visit or behavioral health
13 care visit covered by the plan or coverage.

14 “(c) DEFINITIONS.—For purposes of this section:

15 “(1) BEHAVIORAL HEALTH CARE VISIT.—The
16 term ‘behavioral health care visit’ means a visit by
17 an individual to a qualified provider during which
18 services are provided with respect to the diagnosis,
19 treatment, screening, or prevention of a behavioral
20 health condition.

21 “(2) PRIMARY CARE SERVICE.—The term ‘pri-
22 mary care service’ means a service identified, as of
23 January 1, 2009, by one of HCPCS codes 99201
24 through 99215 (and as subsequently modified by the
25 Secretary).

1 “(3) PRIMARY CARE VISIT.—The term ‘primary
2 care visit’ means an in-person visit by an individual
3 to a qualified provider who is designated by such in-
4 dividual as the primary care provider for such indi-
5 vidual, during which such individual receives pri-
6 mary care services.

7 “(4) QUALIFIED PROVIDER.—The term ‘quali-
8 fied provider’ means—

9 “(A) with respect to a primary care visit,
10 a general practitioner, family physician, general
11 internist, obstetrician-gynecologist, pediatrician,
12 geriatric physician, or advanced practice reg-
13 istered nurse acting in accordance with State
14 law (including a nurse practitioner, clinical
15 nurse specialist, and certified nurse midwife);
16 and

17 “(B) with respect to a behavioral health
18 care visit, an individual employed in a full-time
19 position (including a fellowship) where the pri-
20 mary intent and function of such position is the
21 direct treatment or recovery support of individ-
22 uals with, or in recovery from, a behavioral
23 health disorder, such as a physician, advanced
24 practice registered nurse acting in accordance
25 with State law (including a nurse practitioner,

1 clinical nurse specialist, and certified nurse
2 midwife), psychiatric nurse, social worker, mar-
3 riage and family therapist, mental health coun-
4 selor, occupational therapist, psychologist, psy-
5 chiatrist, child and adolescent psychiatrist, or
6 neurologist.”.

7 (c) IRC.—

8 (1) IN GENERAL.—Subchapter B of chapter
9 100 of subtitle K of the Internal Revenue Code of
10 1986 is amended by adding at the end the following
11 new section:

12 **“SEC. 9816. COVERAGE OF CERTAIN PRIMARY CARE AND**
13 **BEHAVIORAL HEALTH CARE VISITS.**

14 “(a) IN GENERAL.—In addition to any item or serv-
15 ice described in section 2713(a) of the Public Health Serv-
16 ice Act, a group health plan shall at a minimum provide
17 coverage for and shall not impose any cost-sharing re-
18 quirements for, with respect to a plan year—

19 “(1) 3 primary care visits; and

20 “(2) 3 behavioral health care visits.

21 “(b) LIMITATIONS.—A group health plan shall ensure
22 that—

23 “(1) the treatment limitations applicable to the
24 3 primary care visits described in paragraph (1) of
25 subsection (a) and the 3 behavioral health care visits

1 described in paragraph (2) of such subsection are no
2 more restrictive than the treatment limitations ap-
3 plied to any other primary care visit or behavioral
4 health care visit covered by the plan and that there
5 are no separate treatment limitations that are appli-
6 cable only with respect to such 3 primary or such 3
7 behavioral health care visits; and

8 “(2) the reimbursement rates under such plan
9 for such 3 primary and such 3 behavioral health
10 care visits are the same as such rates for any other
11 primary care visit or behavioral health care visit cov-
12 ered by the plan.

13 “(c) DEFINITIONS.—For purposes of this section:

14 “(1) BEHAVIORAL HEALTH CARE VISIT.—The
15 term ‘behavioral health care visit’ means a visit by
16 an individual to a qualified provider during which
17 services are provided with respect to the diagnosis,
18 treatment, screening, or prevention of a behavioral
19 health condition.

20 “(2) PRIMARY CARE SERVICE.—The term ‘pri-
21 mary care service’ means a service identified, as of
22 January 1, 2009, by one of HCPCS codes 99201
23 through 99215 (and as subsequently modified by the
24 Secretary).

1 “(3) PRIMARY CARE VISIT.—The term ‘primary
2 care visit’ means an in-person visit by an individual
3 to a qualified provider who is designated by such in-
4 dividual as the primary care provider for such indi-
5 vidual, during which such individual receives pri-
6 mary care services.

7 “(4) QUALIFIED PROVIDER.—The term ‘quali-
8 fied provider’ means—

9 “(A) with respect to a primary care visit,
10 a general practitioner, family physician, general
11 internist, obstetrician-gynecologist, pediatrician,
12 geriatric physician, or advanced practice reg-
13 istered nurse acting in accordance with State
14 law (including a nurse practitioner, clinical
15 nurse specialist, and certified nurse midwife);
16 and

17 “(B) with respect to a behavioral health
18 care visit, an individual employed in a full-time
19 position (including a fellowship) where the pri-
20 mary intent and function of such position is the
21 direct treatment or recovery support of individ-
22 uals with, or in recovery from, a behavioral
23 health disorder, such as a physician, advanced
24 practice registered nurse acting in accordance
25 with State law (including a nurse practitioner,

1 clinical nurse specialist, and certified nurse
2 midwife), psychiatric nurse, social worker, mar-
3 riage and family therapist, mental health coun-
4 selor, occupational therapist, psychologist, psy-
5 chiatrist, child and adolescent psychiatrist, or
6 neurologist.”.

7 (2) HIGH DEDUCTIBLE HEALTH PLANS.—Sec-
8 tion 223(c)(2)(C) of the Internal Revenue Code of
9 1986 is amended by inserting “or for the visits de-
10 scribed in section 9816” before the period.

11 (d) EFFECTIVE DATE.—The amendments made by
12 this section shall apply with respect to plan years begin-
13 ning on or after the date that is 2 years after the date
14 of the enactment of this Act.

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