

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.

○