

119TH CONGRESS  
2D SESSION

# S. 4754

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.

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## IN THE SENATE OF THE UNITED STATES

JUNE 11, 2026

Mr. KING introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## 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 2026”.

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

7 (a) ERISA.—

8 (1) IN GENERAL.—Subpart B of part 7 of sub-  
9 title B of title I of the Employee Retirement Income  
10 Security Act of 1974 (29 U.S.C. 1185 et seq.) is  
11 amended by inserting after section 720 the following  
12 new section:

13 **“SEC. 721. COVERAGE OF CERTAIN PRIMARY CARE AND BE-**  
14 **HAVIORAL HEALTH CARE VISITS.**

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

21 “(1) 3 primary care visits; and

22 “(2) 3 behavioral health care visits.

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

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

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

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

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

23           “(2) PRIMARY CARE SERVICE.—The term ‘pri-  
 24           mary care service’ means a service identified, as of  
 25           January 1, 2009, by one of HCPCS codes 99201

1 through 99215 (and as subsequently modified by the  
2 Secretary of Health and Human Services).

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

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

11 “(A) with respect to a primary care visit,  
12 a general practitioner, family physician, general  
13 internist, obstetrician-gynecologist, pediatrician,  
14 geriatric physician, or physician assistant or ad-  
15 vanced practice registered nurse acting in ac-  
16 cordance with State law (including a nurse  
17 practitioner, clinical nurse specialist, and cer-  
18 tified nurse midwife); and

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

1           assistant or advanced practice registered nurse  
 2           acting in accordance with State law (including  
 3           a nurse practitioner, clinical nurse specialist,  
 4           and certified nurse midwife), psychiatric nurse,  
 5           social worker, marriage and family therapist,  
 6           mental health counselor, occupational therapist,  
 7           psychologist, psychiatrist, child and adolescent  
 8           psychiatrist, or neurologist.”.

9           (2) CONFORMING AMENDMENT.—The table of  
 10          contents in section 1 of the Employee Retirement  
 11          Income Security Act of 1974 (29 U.S.C. 1001 et  
 12          seq.) is amended by inserting after the item relating  
 13          to section 720 the following new item:

“Sec. 721. Coverage of certain primary care and behavioral health care visits.”.

14          (b) PHSA.—Part D of title XXVII of the Public  
 15          Health Service Act (42 U.S.C. 300gg—111 et seq.) is  
 16          amended by inserting after section 2799A–5 the following  
 17          new section:

18          **“SEC. 2799A–6. COVERAGE OF CERTAIN PRIMARY CARE AND**  
 19               **BEHAVIORAL HEALTH CARE VISITS.**

20          “(a) IN GENERAL.—In addition to any item or serv-  
 21          ice described in section 2713(a), a group health plan, and  
 22          a health insurance issuer offering group or individual  
 23          health insurance coverage, shall at a minimum provide  
 24          coverage for and shall not impose any cost-sharing re-  
 25          quirements for, with respect to a plan year—

1 “(1) 3 primary care visits; and

2 “(2) 3 behavioral health care visits.

3 “(b) LIMITATIONS.—A group health plan, and a  
4 health insurance issuer offering group or individual health  
5 insurance coverage, shall ensure that—

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

16 “(2) the reimbursement rates under such plan  
17 or such coverage for such 3 primary and such 3 be-  
18 havioral health care visits are the same as such rates  
19 for any other primary care visit or behavioral health  
20 care visit covered by the plan or coverage.

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

22 “(1) BEHAVIORAL HEALTH CARE VISIT.—The  
23 term ‘behavioral health care visit’ means a visit by  
24 an individual to a qualified provider during which  
25 services are provided with respect to the diagnosis,

1 treatment, screening, or prevention of a behavioral  
2 health condition.

3 “(2) PRIMARY CARE SERVICE.—The term ‘pri-  
4 mary care service’ means a service identified, as of  
5 January 1, 2009, by one of HCPCS codes 99201  
6 through 99215 (and as subsequently modified by the  
7 Secretary).

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

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

16 “(A) with respect to a primary care visit,  
17 a general practitioner, family physician, general  
18 internist, obstetrician-gynecologist, pediatrician,  
19 geriatric physician, or physician assistant or ad-  
20 vanced practice registered nurse acting in ac-  
21 cordance with State law (including a nurse  
22 practitioner, clinical nurse specialist, and cer-  
23 tified nurse midwife); and

24 “(B) with respect to a behavioral health  
25 care visit, an individual employed in a full-time

1 position (including a fellowship) where the pri-  
 2 mary intent and function of such position is the  
 3 direct treatment or recovery support of individ-  
 4 uals with, or in recovery from, a behavioral  
 5 health disorder, such as a physician, physician  
 6 assistant or advanced practice registered nurse  
 7 acting in accordance with State law (including  
 8 a nurse practitioner, clinical nurse specialist,  
 9 and certified nurse midwife), psychiatric nurse,  
 10 social worker, marriage and family therapist,  
 11 mental health counselor, occupational therapist,  
 12 psychologist, psychiatrist, child and adolescent  
 13 psychiatrist, or neurologist.”.

14 (c) IRC.—

15 (1) IN GENERAL.—Subchapter B of chapter  
 16 100 of the Internal Revenue Code of 1986 is amend-  
 17 ed by inserting after section 9820 the following new  
 18 section:

19 **“SEC. 9821. COVERAGE OF CERTAIN PRIMARY CARE AND**  
 20 **BEHAVIORAL HEALTH CARE VISITS.**

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



1 “(1) 3 primary care visits; and

2 “(2) 3 behavioral health care visits.

3 “(b) LIMITATIONS.—A group health plan shall ensure  
4 that—

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

15 “(2) the reimbursement rates under such plan  
16 for such 3 primary and such 3 behavioral health  
17 care visits are the same as such rates for any other  
18 primary care visit or behavioral health care visit cov-  
19 ered by the plan.

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

21 “(1) BEHAVIORAL HEALTH CARE VISIT.—The  
22 term ‘behavioral health care visit’ means a visit by  
23 an individual to a qualified provider during which  
24 services are provided with respect to the diagnosis,

1 treatment, screening, or prevention of a behavioral  
2 health condition.

3 “(2) PRIMARY CARE SERVICE.—The term ‘pri-  
4 mary care service’ means a service identified, as of  
5 January 1, 2009, by one of HCPCS codes 99201  
6 through 99215 (and as subsequently modified by the  
7 Secretary of Health and Human Services).

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

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

16 “(A) with respect to a primary care visit,  
17 a general practitioner, family physician, general  
18 internist, obstetrician-gynecologist, pediatrician,  
19 geriatric physician, or physician assistant or ad-  
20 vanced practice registered nurse acting in ac-  
21 cordance with State law (including a nurse  
22 practitioner, clinical nurse specialist, and cer-  
23 tified nurse midwife); and

24 “(B) with respect to a behavioral health  
25 care visit, an individual employed in a full-time

1 position (including a fellowship) where the pri-  
 2 mary intent and function of such position is the  
 3 direct treatment or recovery support of individ-  
 4 uals with, or in recovery from, a behavioral  
 5 health disorder, such as a physician, physician  
 6 assistant or advanced practice registered nurse  
 7 acting in accordance with State law (including  
 8 a nurse practitioner, clinical nurse specialist,  
 9 and certified nurse midwife), psychiatric nurse,  
 10 social worker, marriage and family therapist,  
 11 mental health counselor, occupational therapist,  
 12 psychologist, psychiatrist, child and adolescent  
 13 psychiatrist, or neurologist.”.

14 (2) HIGH DEDUCTIBLE HEALTH PLANS.—Sec-  
 15 tion 223(c)(2)(C) of the Internal Revenue Code of  
 16 1986 is amended by inserting “or for providing cov-  
 17 erage for the visits described in section 9821” before  
 18 the period.

19 (3) CONFORMING AMENDMENT.—The table of  
 20 sections for subchapter B of chapter 100 of the In-  
 21 ternal Revenue Code of 1986 is amended by insert-  
 22 ing after the item relating to section 9820 the fol-  
 23 lowing new item:

“Sec. 9821. Coverage of certain primary care and behavioral health care vis-  
 its.”.

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

