

117TH CONGRESS
2D SESSION

H. R. 9644

To require the Secretary of Health and Human Services to award a contract to an eligible nonprofit entity to establish and maintain a health care claims database for purposes of lowering Americans' health care costs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 21, 2022

Mr. BEYER introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Oversight and Reform, Education and Labor, and Armed Services, 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 the Secretary of Health and Human Services to award a contract to an eligible nonprofit entity to establish and maintain a health care claims database for purposes of lowering Americans' health care costs, and for other purposes.

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 “National All-Payer
5 Claims Database Act of 2022”.

1 **SEC. 2. ESTABLISHMENT AND MAINTENANCE OF HEALTH**
2 **CARE CLAIMS DATABASE TO LOWER HEALTH**
3 **CARE COSTS.**

4 (a) IN GENERAL.—Not later than the date that is
5 180 days after the date of the enactment of this Act, the
6 Secretary of Health and Human Services (referred to in
7 this section as the “Secretary”), acting through the Direc-
8 tor of the Agency for Healthcare Research and Quality
9 and in consultation with the Secretary of Labor and the
10 Assistant Secretary for Planning and Labor of the De-
11 partment of Health and Human Services, shall award a
12 contract in accordance with subsection (b) to an eligible
13 nonprofit entity described in such subsection for purposes
14 of carrying out the requirements of such entity under this
15 section.

16 (b) CONTRACT WITH ELIGIBLE NONPROFIT ENTI-
17 TY.—

18 (1) COMPETITIVE PROCEDURES.—The Sec-
19 retary shall award the contract described in sub-
20 section (a) to an eligible nonprofit entity described
21 in paragraph (2) using full and open competition
22 procedures pursuant to chapter 33 of title 41,
23 United States Code.

24 (2) ELIGIBLE NONPROFIT ENTITY.—An eligible
25 nonprofit entity described in this paragraph is a
26 nonprofit entity that—

1 (A) is governed by a board that includes—

2 (i) representatives of the academic re-
3 search community; and

4 (ii) individuals with expertise in public
5 and employer-sponsored insurance, re-
6 search using health care claims data, and
7 actuarial analysis; and

8 (B) conducts its business in an open and
9 transparent manner that provides the oppor-
10 tunity for public comment on its activities.

11 (3) CONSIDERATIONS.—In awarding a contract
12 to an eligible nonprofit entity under this section, the
13 Secretary shall consider the experience of each eligi-
14 ble nonprofit entity in—

15 (A) collecting and aggregating health care
16 claims data and ensuring quality assurance and
17 privacy and security of such claims data;

18 (B) supporting academic, private, and pur-
19 chaser research on health care costs, spending,
20 and utilization for and by privately or publicly
21 insured patients;

22 (C) working with large health insurance
23 issuers, group health plans, and third-party ad-
24 ministrators of group health plans to assemble
25 a health care claims database;

1 (D) effectively collaborating with and en-
2 gaging stakeholders to develop reports;

3 (E) meeting budgets and timelines, includ-
4 ing with respect to developing reports; and

5 (F) facilitating the creation of, or sup-
6 porting, State all-payer claims databases.

7 (4) PERIOD OF CONTRACT.—

8 (A) IN GENERAL.—A contract awarded
9 under this section shall be for a period of 5
10 years (or, in the case of the first such contract
11 awarded under this section, for a period of 10
12 years) and may be renewed, subject to the full
13 and open competition procedures described in
14 paragraph (1).

15 (B) TRANSITION OF CONTRACT.—In the
16 case that a contract is not renewed for a subse-
17 quent 5-year period under subparagraph (A)
18 after the use of the full and open competition
19 procedures described in paragraph (1), the Sec-
20 retary shall require the entity whose contract is
21 expiring to transfer all data maintained by the
22 health care claims database described in para-
23 graph (5)(A) to the entity to whom the Sec-
24 retary has awarded a contract for the subse-
25 quent 5-year period. The entity whose contract

1 is expiring may not disclose such data to any
2 other entity or keep such data after the expira-
3 tion of such contract.

4 (5) REQUIREMENTS OF CONTRACT.—Each con-
5 tract awarded under this section shall require the
6 entity awarded such contract to carry out each of
7 the following:

8 (A) Establish and maintain a health care
9 claims database in accordance with the require-
10 ments of the HIPAA privacy regulation and
11 other standards prescribed by the advisory com-
12 mittee under subsection (e).

13 (B) Ensure that such health care claims
14 database makes available data submitted under
15 subsection (d) in accordance with the require-
16 ments of subsection (c).

17 (C) In the case that the contract is not re-
18 newed after the end of the 5-year period of the
19 contract, carry out the transfer of data required
20 pursuant to paragraph (4)(B) during the 18-
21 month period ending on the day of the expira-
22 tion of such contract in accordance with a
23 schedule and process determined by the Sec-
24 retary.

1 (D) Comply with the HIPAA privacy regu-
2 lation in the same manner and to the same ex-
3 tent as such regulation applies to a covered en-
4 tity (as defined pursuant to such regulation).

5 (E) Strictly limit staff access to such
6 health care claims database to staff with appro-
7 priate training, clearance, and background
8 checks, and require such staff to undergo reg-
9 ular privacy and security training.

10 (F) Maintain effective security standards
11 for transferring data from such health care
12 claims database and making such data available
13 to all individuals and entities who are author-
14 ized users pursuant to subsection (c)(2).

15 (G) Adhere to best security practices with
16 respect to the management and use of such
17 data for health services research, in accordance
18 with applicable Federal privacy law.

19 (H) Develop cross-State and regional re-
20 porting using data submitted to such database
21 to support Federal and State analyses of health
22 care access, utilization, and costs.

23 (I) Develop dashboards and other tools in
24 such database to allow entities authorized to

1 use such database to view subsets of nationally
2 aggregated data.

3 (J) Respond to State, Federal, and Con-
4 gressional requests relating to data maintained
5 in such database.

6 (K) Establish a committee that includes
7 representatives from Federal and State govern-
8 ments and health care consumers to ensure op-
9 erations transparency and accountability for the
10 actions of the entity.

11 (c) AVAILABILITY OF DATA FROM HEALTH CARE
12 CLAIMS DATABASE.—

13 (1) IN GENERAL.—Subject to paragraph (2),
14 the entity maintaining the health care claims data-
15 base described in subsection (b)(5)(A) shall make
16 available the data submitted under subsection (d) (in
17 accordance with privacy and security policies estab-
18 lished by the committee described in subsection
19 (b)(5)(K)), at cost (taking into account any cost as-
20 sociated with the acquisition and processing such
21 data and other administration costs of the entity) or,
22 in the case of a Federal or State agency or State all-
23 payer claims database sharing data with the entity,
24 at no cost, not later than 6 months after such data
25 is so submitted—

1 (A) to patients;

2 (B) to health care providers and hospitals;

3 (C) to group health plans and health insur-
4 ance issuers offering individual or group health
5 insurance coverage;

6 (D) to States;

7 (E) to any State all-payer claims database
8 and regional health care claims database oper-
9 ated pursuant to the authorization of each
10 State covered by such regional health care
11 claims database that shares data with the enti-
12 ty;

13 (F) to any individual or entity conducting
14 research;

15 (G) to the Secretary of Defense for pur-
16 poses of carrying out the TRICARE program
17 under chapter 55 of title 10, United States
18 Code;

19 (H) to the Secretary of Veterans Affairs
20 for purposes of carrying out the VA health care
21 program;

22 (I) to the Director of the Office of Per-
23 sonnel Management for purposes of carrying
24 out the Federal Employees Health Benefits

1 Program established under chapter 89 of title
2 5, United States Code; and

3 (J) to the Director of the Congressional
4 Budget Office, the Comptroller General of the
5 United States, the Administrator of the Centers
6 for Medicare & Medicaid Services, the Executive
7 Director of the Medicare Payment Advisory
8 Commission, and the Executive Director of the
9 Medicaid and CHIP Payment Advisory Com-
10 mission.

11 (2) AUTHORIZATION FOR ACCESS TO DATA.—

12 (A) IN GENERAL.—The entity maintaining
13 the health care claims database described in
14 subsection (b)(5)(A) may only make available
15 the data described in paragraph (1) to an indi-
16 vidual or entity described in any of subpara-
17 graphs (A) through (J) of such paragraph if
18 such individual or entity submits an application
19 to such entity requesting authorization for ac-
20 cess to such database in accordance with this
21 paragraph.

22 (B) APPLICATION.—An application under
23 this paragraph shall be submitted at such time,
24 in such manner, and containing such informa-

1 tion as the Secretary may require and shall in-
2 clude—

3 (i) in the case of an individual or enti-
4 ty requesting access to the health care
5 claims database described in subsection
6 (b)(5)(A) for research purposes—

7 (I) a description of the uses and
8 methodologies for evaluating health
9 system performance using the data
10 from such database; and

11 (II) documentation of approval of
12 such research purposes by an institu-
13 tional review board, if applicable for a
14 particular plan of research; and

15 (ii) in the case of a group health plan,
16 health insurance issuer, third-party admin-
17 istrator of a group health plan, or health
18 care provider requesting access to such
19 health care claims database for the pur-
20 pose of quality improvement or cost-con-
21 tainment, a description of the intended
22 uses for the data from such database.

23 (C) DATA USE AND CONFIDENTIALITY
24 AGREEMENT.—Upon approval of an application
25 under subparagraph (B), the authorized user

1 shall enter into a data use and confidentiality
2 agreement with the entity that approved such
3 application, which shall include a prohibition on
4 attempts to reidentify and disclose protected
5 health information and proprietary financial in-
6 formation. In the case of an approval of an ap-
7 plication for quality improvement or cost-con-
8 tainment purposes under subparagraph (B)(ii),
9 access to data from the health care claims data-
10 base described in subsection (b)(5)(A) shall be
11 provided in a form and manner such that the
12 authorized user may not obtain individually
13 identifiable price information with respect to di-
14 rect competitors.

15 (3) AVAILABILITY OF REPORTS AND ANALYSES

16 BASED ON DATA.—

17 (A) IN GENERAL.—Subject to subpara-
18 graph (B), the entity maintaining the health
19 care claims database described in subsection
20 (b)(5)(A), in accordance with policies and pro-
21 cedures established by the committee described
22 in subsection (b)(5)(K), shall make available re-
23 ports or analyses based on data from such data-
24 base, including aggregate data sets, free of
25 charge. In the case of any such user who ac-

1 cesses such data for research purposes, such en-
2 tity shall require such user, as a condition of
3 accessing such data, that such user make any
4 research arising from such data available on
5 such database free of charge.

6 (B) CUSTOMIZED REPORTS.—Group health
7 plans and health care providers may request
8 customized reports from the entity maintaining
9 the health care claims database described in
10 subsection (b)(5)(A), at cost, but subject to the
11 requirements of the HIPAA privacy regulation.

12 (d) SUBMISSION OF DATA TO HEALTH CARE CLAIMS
13 DATABASE.—

14 (1) IN GENERAL.—Subject to paragraphs (2)
15 and (3), a group health plan (through its sponsor,
16 third-party administrator, pharmacy benefit man-
17 ager, or other entity designated by the group health
18 plan) or a health insurance issuer offering group or
19 individual health insurance coverage shall electroni-
20 cally submit to the health care claims database
21 maintained under this section all claims data (in-
22 cluding claims with respect to treatment of sub-
23 stance use disorders and prescription drug claims)
24 with respect to the plan or group or individual
25 health insurance coverage, respectively. The pre-

1 ceding sentence shall not apply with respect to
2 claims data submitted to an all-payer claims data-
3 base established by a State if such database shares
4 complete data with the database maintained under
5 this section.

6 (2) SCOPE OF INFORMATION AND FORMAT OF
7 SUBMISSION.—The entity maintaining the health
8 care claims database under this section, in consulta-
9 tion with and approval from the committee convened
10 under subsection (e), shall—

11 (A) specify the data elements required to
12 be submitted under paragraph (1) (and update
13 such elements as the entity determines nec-
14 essary on an annual basis), which shall include
15 all data related to transactions described in
16 subparagraphs (A) and (E) of section
17 1173(a)(2) of the Social Security Act (42
18 U.S.C. 1320d–2(a)(2)), including all data ele-
19 ments normally present in such transactions
20 when adjudicated, and enrollment information;

21 (B) on an annual basis, specify the form
22 and manner for submissions under this sub-
23 section and the historical period to be included
24 in the initial submission;

1 (C) review such submissions for alignment
2 with national data standards, internal consist-
3 ency, cohesiveness (such as cross-file linkage),
4 completeness, quality assurance, accuracy, and
5 reasonableness, taking into account input from
6 group health plans and health insurance
7 issuers;

8 (D) offer an automated submission option
9 to minimize administrative burdens relating to
10 the submission of data under this subsection;

11 (E) develop a data collection standard for
12 use by State all-payer claims databases receiv-
13 ing Federal funds pursuant to subsection (h);

14 (F) curate and normalize cross-State and
15 cross-payer data to support comparability and
16 analytic use; and

17 (G) ensure that States submitting data to
18 the entity and using such database have access
19 to claims data from Federal health care pro-
20 grams and self-insured group health plans at
21 times and in a manner agreed to by the entity
22 and the States.

23 (3) DE-IDENTIFICATION OF DATA.—The entity
24 maintaining the health care claims database under

1 this section, in consultation with the committee con-
2 vened under subsection (e), shall—

3 (A) establish a process under which data is
4 de-identified in accordance with section
5 164.514(a) of title 45, Code of Federal Regula-
6 tions (or any successor regulations), prior to re-
7 lease while retaining the ability to link data lon-
8 gitudinally for the purposes of research on cost
9 and quality and the ability to complete risk ad-
10 justment and geographic analysis;

11 (B) ensure that any third-party sub-
12 contractors who perform the de-identification
13 process described in subparagraph (A) retain
14 the minimum necessary information to perform
15 such process and adhere to effective security
16 and encryption practices in data storage and
17 transmission;

18 (C) release claims and other data collected
19 under this subsection only in de-identified form,
20 in accordance with section 164.514(a) of title
21 45, Code of Federal Regulations (or any suc-
22 cessor regulations), unless otherwise determined
23 appropriate by the committee convened under
24 subsection (e); and

1 (D) ensure that data is encrypted, in ac-
2 cordance with the HIPAA privacy regulation.

3 (4) OTHER DATA.—

4 (A) MEDICAID AND MEDICARE DATA.—The
5 Administrator of the Centers for Medicare &
6 Medicaid Services shall submit all health care
7 claims data with respect to the Medicare pro-
8 gram under title XVIII of the Social Security
9 Act (42 U.S.C. 1395 et seq.), including claims
10 data with respect to items and services fur-
11 nished under part C or D of such title, and the
12 Medicaid program under title XIX of such Act
13 (42 U.S.C. 1396 et seq.) in accordance with
14 scope, format, and de-identification require-
15 ments applicable pursuant to paragraphs (2)
16 and (3).

17 (B) TRICARE.—The Secretary of Defense
18 shall submit all health care claims data with re-
19 spect to the TRICARE program under chapter
20 55 of title 10, United States Code, in accord-
21 ance with scope, format, and de-identification
22 requirements applicable pursuant to paragraphs
23 (2) and (3).

24 (C) FEHB.—The Director of the Office of
25 Personnel Management shall submit all health

1 care claims data with respect to the Federal
2 Employee Health Benefits program in accord-
3 ance with scope, format, and de-identification
4 requirements applicable pursuant to paragraphs
5 (2) and (3).

6 (D) STATE DATA.—The entity maintaining
7 the health care claims database under this sec-
8 tion may collect data from State all-payer
9 claims databases that seek access to such health
10 care claims database. A State receiving funds
11 under subsection (h) may require health insur-
12 ance issuers and other payers to submit claims
13 data (including data from self-insured group
14 health plans) to a State-mandated all-payer
15 claims database, provided that such data is sub-
16 mitted in accordance with the standard de-
17 scribed in paragraph (1) of such subsection.

18 (5) PROHIBITION.—Any individual or entity re-
19 quired to submit data under this subsection may not
20 place any restrictions on the use of such data by au-
21 thorized users under subsection (c)(2).

22 (e) GOVERNANCE COMMITTEE.—

23 (1) IN GENERAL.—Not later than the date that
24 is 180 days after the date of the enactment of this
25 Act, the Secretary shall convene a governance com-

1 mittee (referred to in this subsection as the “Com-
2 mittee”) to advise the Secretary, any entity awarded
3 a contract under subsection (b), and Congress on
4 the establishment, operations, and use of the health
5 care claims database established and maintained
6 under this section and other activities carried out by
7 the entity with a contract in effect under this sec-
8 tion.

9 (2) MEMBERSHIP.—

10 (A) APPOINTMENT.—In accordance with
11 clause (ii), the Secretary, in consultation with
12 the Comptroller General of the United States,
13 shall appoint members to the Committee who
14 have distinguished themselves in the fields of
15 health services research, health economics,
16 health informatics, or the governance of State
17 all-payer claims databases, or who represent or-
18 ganizations likely to submit data to or use the
19 health care claims database established and
20 maintained under this section, including pa-
21 tients.

22 (B) COMPOSITION.—For purposes of
23 clause (i)—

24 (i) the Secretary shall appoint to the
25 Committee—

1 (I) one member to serve as the
2 chair of the Committee, who may not
3 be a representatives of the Federal
4 Government or any State government;

5 (II) one representative from the
6 Assistant Secretary for Planning and
7 Evaluation of the Department of
8 Health and Human Services;

9 (III) one representative from the
10 Centers for Medicare & Medicaid
11 Services;

12 (IV) one representative from the
13 Agency for Health Research and
14 Quality;

15 (V) one representative from the
16 Office for Civil Rights of the Depart-
17 ment of Health and Human Services
18 with expertise in data privacy and se-
19 curity;

20 (VI) one representative from the
21 Office of the National Coordinator for
22 Health Information Technology;

23 (VII) one representative of the
24 National Center for Health Statistics;
25 and

1 (VIII) seven representatives from
2 State all-payer claims databases elect-
3 ing to submit data to the national
4 database established by the entity
5 with a contract in effect under this
6 section; and

7 (ii) the Comptroller General of the
8 United States shall appoint to the Com-
9 mittee—

10 (I) one representative from an
11 employer that sponsors a group health
12 plan;

13 (II) one representative from an
14 employee organization that sponsors a
15 group health plan or health care pur-
16 chaser association;

17 (III) two researchers with exper-
18 tise in health economics or health
19 services research;

20 (IV) two patient advocates;

21 (V) one health data privacy and
22 security expert;

23 (VI) one representative with ex-
24 pertise in the governance of State all-
25 payer claims databases;

1 (VII) one representative from the
2 Employee Benefits Security Adminis-
3 tration of the Department of Labor;
4 and

5 (VIII) three additional members,
6 at the discretion of the Comptroller
7 General.

8 (C) TERMS AND VACANCIES.—Members of
9 the Committee shall serve three-year terms on
10 a staggered basis. A vacancy on the Committee
11 shall be filled by appointment in a manner con-
12 sistent with the requirements of this subsection
13 not later than 90 days after the vacancy arises.

14 (3) DUTIES.—The Committee shall (directly or
15 through the use of contractors)—

16 (A) assist and advise the Secretary on the
17 awarding and management of contracts award-
18 ed under subsection (b);

19 (B) assist and advise entities awarded such
20 contracts in establishing—

21 (i) the appropriate uses of data by all
22 individuals and entities who are authorized
23 users pursuant to subsection (e)(2), includ-
24 ing developing standards for the approval

1 of applications submitted pursuant to such
2 subsection;

3 (ii) the appropriate formats, methods,
4 and thresholds for collecting data under
5 the national database; and

6 (iii) the appropriate formats and
7 methods for making available to the public
8 reports and analyses based on the health
9 care claims database maintained under this
10 section;

11 (C) conduct an annual review of whether
12 data from such health care claims database was
13 used according to the appropriate uses de-
14 scribed in subparagraph (B)(ii);

15 (D) report, as appropriate, to the Sec-
16 retary and Congress on the operations of such
17 health care claims database and opportunities
18 to better achieve the objectives of this section;

19 (E) establish additional restrictions on re-
20 searchers who receive compensation from enti-
21 ties specified by the Committee in order to pro-
22 tect proprietary financial information;

23 (F) establish objectives for research and
24 public reporting, including setting strategic, re-
25 porting, and data release objectives and prior-

1 ities, and including advising on the development
2 and implementation of a strategic and oper-
3 ating plan for the entities awarded contracts
4 under subsection (b);

5 (G) solicit and consider public comments in
6 undertaking any duty specified in a preceding
7 subparagraph; and

8 (H) establish minimum State health data
9 collection, exchange, use, privacy, security, and
10 release standards for State all-payer claims
11 databases receiving Federal funds under sub-
12 section (h).

13 (f) FUNDING.—There are appropriated, out of mon-
14 ies in the Treasury not otherwise appropriated,
15 \$50,000,000 for each fiscal year (beginning with fiscal
16 year 2023), for the implementation of the initial contract
17 and establishment of the database under this section.

18 (g) ANNUAL REPORT.—Not later than 2 years after
19 a contract is first awarded to an entity under this section,
20 and May 1 of each year thereafter, the entity with a con-
21 tract in effect under subsection (b) shall submit to Con-
22 gress and the Secretary, and make publicly available on
23 an internet website, a report containing a description of—

24 (1) trends in national and regional health serv-
25 ice prices, coverage and service costs, access gaps,

1 behavioral and substance use disorder treatment
2 health needs, telehealth adoption, and health care
3 utilization, including a geographic analysis of dif-
4 ferences in such trends;

5 (2) limitations in the data set;

6 (3) progress towards the objectives of this sec-
7 tion;

8 (4) the performance by the entity of the duties
9 required under such contract; and

10 (5) security methods employed by the entity to
11 protect data submitted to the entity.

12 (h) GRANTS TO STATES.—

13 (1) IN GENERAL.—The Secretary may award
14 grants to States for the purpose of maintaining, es-
15 tablishing, or utilizing State all-payer claims data-
16 bases that improve transparency of the health care
17 system (including by updating standards or data
18 submission requirements) or for the purpose of ex-
19 panding the capacity of an existing State-all payer
20 claims database (including integration with other
21 data resources). A State shall be eligible for a grant
22 under the preceding sentence only if such State
23 agrees to report claims data collected under such
24 State all-payer claims database to the national data-
25 base established by the entity with a contract in ef-

1 fect under subsection (b) in a time and manner
2 specified by the entity and to ensure that such data-
3 base complies with the standard described in sub-
4 section (d)(2)(E). No State may receive an aggre-
5 gate of more than \$10,000,000 with respect to all
6 grants awarded to such State under this subsection,
7 except that such limit shall not apply to grants
8 awarded jointly to multiple States for the purposes
9 of establishing regional all-payer claims databases.

10 (2) ONE-TIME HEALTH DATA INNOVATION
11 GRANTS.—The Secretary may award each State a
12 one-time health data innovation grant to allow such
13 State to undertake activities relating to health data
14 innovation that the Secretary determines to be of po-
15 tential national interest.

16 (3) FUNDING.—There is authorized to be ap-
17 propriated \$40,000,000 for each of fiscal years 2021
18 through 2028 for the purpose of awarding grants to
19 States under this subsection. Of amounts appro-
20 priated under the preceding sentence, not less than
21 10 percent of such amounts shall be made available
22 for grants described in paragraph (2).

23 (i) EXEMPTION FROM PUBLIC DISCLOSURE.—

24 (1) IN GENERAL.—Data submitted to the
25 health care claims database under subsection (d)

1 shall not be considered public records and shall be
2 exempt from any Federal law relating to public dis-
3 closure requirements.

4 (2) RESTRICTIONS ON USES FOR CERTAIN PRO-
5 CEEDINGS.—Such data may not be subject to dis-
6 covery or admission as public information or evi-
7 dence in judicial or administrative proceedings with-
8 out the consent of the affected parties.

9 (j) DEFINITIONS.—In this section:

10 (1) HIPAA PRIVACY REGULATION.—The term
11 “HIPAA privacy regulation” has the meaning given
12 such term in section 1180(b)(3) of the Social Secu-
13 rity Act (42 U.S.C. 1320d–9(b)(3)).

14 (2) PHSA DEFINITIONS.—The terms “group
15 health plan”, “group health insurance coverage”,
16 “health insurance issuer”, and “individual health in-
17 surance coverage” have the meanings given such
18 terms in section 2791 of the Public Health Service
19 Act (42 U.S.C. 300gg–91).

20 (3) PROTECTED HEALTH INFORMATION.—The
21 term “protected health information” has the mean-
22 ing given such term in section 160.103 of title 45,
23 Code of Federal Regulations (or any successor regu-
24 lations).

1 (4) PROPRIETARY FINANCIAL INFORMATION.—

2 The term “proprietary financial information”—

3 (A) means data that would disclose the
4 terms of a specific contract between an indi-
5 vidual health care provider or facility and a spe-
6 cific group health plan, Medicaid managed care
7 organization or other managed care entity, or
8 health insurance issuer offering group or indi-
9 vidual health insurance coverage; and

10 (B) does not include any billing or pay-
11 ment information from claims between such a
12 provider or facility and such a health plan,
13 managed care organization or other managed
14 care entity, or health insurance issuer.

15 (k) CONFORMING AMENDMENTS.—

16 (1) PHSA.—Subpart II of part A of title
17 XXVII of the Public Health Service Act (42 U.S.C.
18 300gg–11 et seq.) is amended by adding at the end
19 the following new section:

20 **“SEC. 2730. HEALTH CARE CLAIMS DATABASE REPORTING**
21 **REQUIREMENT.**

22 “A group health plan and a health insurance issuer
23 offering group or individual health insurance coverage
24 shall comply with the provisions of section 1(d) of the Na-
25 tional All-Payer Claims Database Act of 2022.”.

1 (2) ERISA.—

2 (A) IN GENERAL.—Subpart B of part 7 of
3 subtitle B of title I of the Employee Retirement
4 Income Security Act of 1974 (29 U.S.C. 1185
5 et seq.) is amended by adding at the end the
6 following new section:

7 **“SEC. 716. HEALTH CARE CLAIMS DATABASE REPORTING**
8 **REQUIREMENT.**

9 “A group health plan and a health insurance issuer
10 offering group health insurance coverage shall comply with
11 the provisions of section 1(d) of the National All-Payer
12 Claims Database Act of 2022.”.

13 (B) CLERICAL AMENDMENT.—The table of
14 contents in section 1 of such Act is amended by
15 inserting after the item relating to section 715
16 the following new item:

“Sec. 716. Health care claims database reporting requirement.”.

17 (3) IRC.—

18 (A) IN GENERAL.—Subchapter B of chap-
19 ter 100 of the Internal Revenue Code of 1986
20 is amended by adding at the end the following
21 new section:

1 **“SEC. 9816. HEALTH CARE CLAIMS DATABASE REPORTING**
 2 **REQUIREMENT.**

3 “A group health plan shall comply with the provisions
 4 of section 1(d) of the National All-Payer Claims Database
 5 Act of 2022.”.

6 (B) CLERICAL AMENDMENT.—The table of
 7 sections for such subchapter is amended by
 8 adding at the end the following new item:

“Sec. 9816. Health care claims database reporting requirement.”.

9 **SEC. 3. STUDY AND REPORTS BY COMPTROLLER GENERAL.**

10 (a) STUDY.—The Comptroller General of the United
 11 States shall conduct a study on—

12 (1) the performance of each entity awarded a
 13 contract under subsection (b) of section 1;

14 (2) the privacy and security of any data sub-
 15 mitted to such entity under subsection (d) of such
 16 section;

17 (3) the costs incurred by such entity in per-
 18 forming duties under such a contract;

19 (4) any barriers preventing States from access-
 20 ing health claims data from Federal health care pro-
 21 grams or self-insured group health plans that is nec-
 22 essary to effectively oversee State markets;

23 (5) the extent to which the Federal Government
 24 has access to health claims data; and

1 (6) the extent to which health claims data is ef-
2 ficiently submitted to the national database estab-
3 lished by such entity and efficiently distributed by
4 such entity to authorized users of such database.

5 (b) REPORTS.—Not later than two years after the ef-
6 fective date of the first contract awarded under section
7 1(b), and again not later than four years after such effec-
8 tive date, the Comptroller General of the United States
9 shall submit to Congress a report containing the results
10 of the study conducted under subsection (a), together with
11 recommendations for such legislation and administrative
12 action as the Comptroller General determines appropriate.

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