

116TH CONGRESS  
2D SESSION

# H. R. 5807

To amend title XXVII of the Public Health Service Act, the Internal Revenue Code of 1986, the Employee Retirement Income Security Act of 1974, and title XI of the Social Security Act to improve the availability and accuracy of provider directory information made available by group health plans and health insurance issuers offering group or individuals health insurance coverage.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 7, 2020

Mr. LARSON of Connecticut (for himself and Mr. WENSTRUP) 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

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## A BILL

To amend title XXVII of the Public Health Service Act, the Internal Revenue Code of 1986, the Employee Retirement Income Security Act of 1974, and title XI of the Social Security Act to improve the availability and accuracy of provider directory information made available by group health plans and health insurance issuers offering group or individuals health insurance coverage.

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 “Know Your Provider  
3 Act of 2020”.

4 **SEC. 2. IMPROVING THE AVAILABILITY AND ACCURACY OF**  
5 **PROVIDER DIRECTORY INFORMATION MADE**  
6 **AVAILABLE BY GROUP HEALTH PLANS AND**  
7 **HEALTH INSURANCE ISSUERS OFFERING**  
8 **GROUP OR INDIVIDUALS HEALTH INSUR-**  
9 **ANCE COVERAGE.**

10 (a) GROUP HEALTH PLAN AND HEALTH INSURANCE  
11 ISSUER REQUIREMENTS.—

12 (1) PUBLIC HEALTH SERVICE ACT.—Subpart II  
13 of part A of title XXVII of the Public Health Serv-  
14 ice Act (42 U.S.C. 300gg–11 et seq.) is amended by  
15 adding at the end the following new section:

16 **“SEC. 2730. PROVIDER DIRECTORY REQUIREMENTS.**

17 “(a) IN GENERAL.—Beginning not later than Janu-  
18 ary 1, 2022, each group health plan and health insurance  
19 issuer offering group or individual health insurance cov-  
20 erage shall—

21 “(1) establish the verification process described  
22 in subsection (b);

23 “(2) establish the response protocol described in  
24 subsection (c);

25 “(3) establish the database described in sub-  
26 section (d); and

1           “(4) include in any directory (other than the  
2           database described in paragraph (3)) containing pro-  
3           vider directory information with respect to such plan  
4           or such coverage the information described in sub-  
5           section (e).

6           “(b) VERIFICATION PROCESS.—The verification  
7           process described in this subsection is, with respect to a  
8           group health plan or a health insurance issuer offering  
9           group or individual health insurance coverage, a process—

10           “(1) under which such plan or such issuer (as  
11           applicable) verifies and updates the provider direc-  
12           tory information included on the database described  
13           in subsection (d) of such plan or issuer of—

14           “(A) not less frequently than once every 90  
15           days, a random sample of at least 10 percent  
16           of health care providers and health care facili-  
17           ties included in such database; and

18           “(B) any such provider or such facility in-  
19           cluded in such database that has not submitted  
20           any claim to such plan or such issuer (as appli-  
21           cable) during a 12-month period;

22           “(2) that establishes a procedure for the re-  
23           moval from such database of such a provider or fa-  
24           cility with respect to which such plan or issuer has

1       been unable to verify such information during a pe-  
2       riod specified by the plan or issuer; and

3               “(3) that provides for the update of such data-  
4       base within 2 business days of such plan or such  
5       issuer (as applicable) receiving from such a provider  
6       or facility information pursuant to section 1150C of  
7       the Social Security Act.

8       “(c) RESPONSE PROTOCOL.—The response protocol  
9       described in this subsection is, in the case of an individual  
10      enrolled under a group health plan or group or individual  
11      health insurance coverage offered by a health insurance  
12      issuer who requests information through a telephone call  
13      or email on whether a health care provider or health care  
14      facility has a contractual relationship to furnish items and  
15      services under such plan or such coverage, a protocol  
16      under which such plan or such issuer (as applicable)—

17              “(1) responds to such individual as soon as  
18      practicable, and in no case later than 1 business day  
19      after such call or email is received, through a writ-  
20      ten electronic communication; and

21              “(2) retains such communication in such indi-  
22      vidual’s file for at least 2 years following such re-  
23      sponse.

24       “(d) DATABASE.—The database described in this  
25      subsection is, with respect to a group health plan or health

1 insurance issuer offering group or individual health insur-  
2 ance coverage, a database on the public website of such  
3 plan or issuer that contains—

4           “(1) a list of each health care provider and  
5 health care facility with which such plan or such  
6 issuer has a contractual relationship for furnishing  
7 items and services under such plan or such coverage;  
8 and

9           “(2) provider directory information with respect  
10 to each such provider and facility.

11       “(e) INFORMATION.—The information described in  
12 this subsection is, with respect to a directory containing  
13 provider directory information with respect to a group  
14 health plan or individual or group health insurance cov-  
15 erage offered by a health insurance issuer, a notification  
16 that such information contained in such directory was ac-  
17 curate as of the date of publication of such directory and  
18 that an individual enrolled under such plan or such cov-  
19 erage should consult the database described in subsection  
20 (d) with respect to such plan or such coverage or contact  
21 such plan or the issuer of such coverage to obtain the most  
22 current provider directory information with respect to  
23 such plan or such coverage.

24       “(f) DEFINITION.—For purposes of this section, the  
25 term ‘provider directory information’ includes, with re-

1 spect to a group health plan and a health insurance issuer  
2 offering group or individual health insurance coverage, the  
3 name, address, specialty, and telephone number of each  
4 health care provider or health care facility with which such  
5 plan or such issuer has a contractual relationship for fur-  
6 nishing items and services under such plan or such cov-  
7 erage.”.

8 (2) INTERNAL REVENUE CODE OF 1986.—

9 (A) IN GENERAL.—Subchapter B of chap-  
10 ter 100 of the Internal Revenue Code of 1986  
11 is amended by adding at the end the following  
12 new section:

13 **“SEC. 9816. PROVIDER DIRECTORY REQUIREMENTS.**

14 “(a) IN GENERAL.—Beginning not later than Janu-  
15 ary 1, 2022, each group health plan shall—

16 “(1) establish the verification process described  
17 in subsection (b);

18 “(2) establish the response protocol described in  
19 subsection (c);

20 “(3) establish the database described in sub-  
21 section (d); and

22 “(4) include in any directory (other than the  
23 database described in paragraph (3)) containing pro-  
24 vider directory information with respect to such plan  
25 the information described in subsection (e).

1       “(b) VERIFICATION PROCESS.—The verification  
2 process described in this subsection is, with respect to a  
3 group health plan, a process—

4               “(1) under which such plan verifies and updates  
5 the provider directory information included on the  
6 database described in subsection (d) of such plan  
7 of—

8                       “(A) not less frequently than once every 90  
9 days, a random sample of at least 10 percent  
10 of health care providers and health care facili-  
11 ties included in such database; and

12                      “(B) any such provider or such facility in-  
13 cluded in such database that has not submitted  
14 any claim to such plan during a 12-month pe-  
15 riod;

16               “(2) that establishes a procedure for the re-  
17 moval from such database of such a provider or fa-  
18 cility with respect to which such plan has been un-  
19 able to verify such information during a period spec-  
20 ified by the plan; and

21               “(3) that provides for the update of such data-  
22 base within 2 business days of such plan receiving  
23 from such a provider or facility information pursu-  
24 ant to section 1150C of the Social Security Act.

1       “(c) RESPONSE PROTOCOL.—The response protocol  
2 described in this subsection is, in the case of an individual  
3 enrolled under a group health plan who requests informa-  
4 tion through a telephone call or email on whether a health  
5 care provider or health care facility has a contractual rela-  
6 tionship to furnish items and services under such plan,  
7 a protocol under which such plan—

8               “(1) responds to such individual as soon as  
9 practicable, and in no case later than 1 business day  
10 after such call or email is received, through a writ-  
11 ten electronic communication; and

12               “(2) retains such communication in such indi-  
13 vidual’s file for at least 2 years following such re-  
14 sponse.

15       “(d) DATABASE.—The database described in this  
16 subsection is, with respect to a group health plan, a data-  
17 base on the public website of such plan that contains—

18               “(1) a list of each health care provider and  
19 health care facility with which such plan has a con-  
20 tractual relationship for furnishing items and serv-  
21 ices under such plan; and

22               “(2) provider directory information with respect  
23 to each such provider and facility.

24       “(e) INFORMATION.—The information described in  
25 this subsection is, with respect to a directory containing



1 provider directory information with respect to a group  
2 health plan, a notification that such information contained  
3 in such directory was accurate as of the date of publication  
4 of such directory and that an individual enrolled under  
5 such plan should consult the database described in sub-  
6 section (d) with respect to such plan or contact such plan  
7 to obtain the most current provider directory information  
8 with respect to such plan.

9 “(f) DEFINITION.—For purposes of this section, the  
10 term ‘provider directory information’ includes, with re-  
11 spect to a group health plan, the name, address, specialty,  
12 and telephone number of each health care provider or  
13 health care facility with which such plan has a contractual  
14 relationship for furnishing items and services under such  
15 plan or such coverage.”.

16 (B) CONFORMING AMENDMENT.—Section  
17 9815(a) of the Internal Revenue Code of 1986  
18 is amended—

19 (i) in paragraph (1), by striking “(as  
20 amended by the Patient Protection and Af-  
21 fordable Care Act)” and inserting “(other  
22 than the provisions of section 2730 of such  
23 Act)”; and

24 (ii) in paragraph (2), by inserting  
25 “(other than the provisions of section 2730

1 of such Act)” after the first occurrence of  
 2 “such part A”.

3 (C) CLERICAL AMENDMENT.—The table of  
 4 sections for such subchapter is amended by  
 5 adding at the end the following new items:

“Sec. 9815. Additional market reforms.  
 “Sec. 9816. Provider directory requirements.”.

6 (3) EMPLOYEE RETIREMENT INCOME SECURITY  
 7 ACT OF 1974.—

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

13 **“SEC. 716. PROVIDER DIRECTORY REQUIREMENTS.**

14 “(a) IN GENERAL.—Beginning not later than Janu-  
 15 ary 1, 2022, each group health plan and health insurance  
 16 issuer offering group health insurance coverage shall—

17 “(1) establish the verification process described  
 18 in subsection (b);

19 “(2) establish the response protocol described in  
 20 subsection (c);

21 “(3) establish the database described in sub-  
 22 section (d); and

23 “(4) include in any directory (other than the  
 24 database described in paragraph (3)) containing pro-

1 vider directory information with respect to such plan  
2 or such coverage the information described in sub-  
3 section (e).

4 “(b) VERIFICATION PROCESS.—The verification  
5 process described in this subsection is, with respect to a  
6 group health plan or a health insurance issuer offering  
7 group health insurance coverage, a process—

8 “(1) under which such plan or such issuer (as  
9 applicable) verifies and updates the provider direc-  
10 tory information included on the database described  
11 in subsection (d) of such plan or issuer of—

12 “(A) not less frequently than once every 90  
13 days, a random sample of at least 10 percent  
14 of health care providers and health care facili-  
15 ties included in such database; and

16 “(B) any such provider or such facility in-  
17 cluded in such database that has not submitted  
18 any claim to such plan or such issuer (as appli-  
19 cable) during a 12-month period;

20 “(2) that establishes a procedure for the re-  
21 moval from such database of such a provider or fa-  
22 cility with respect to which such plan or issuer has  
23 been unable to verify such information during a pe-  
24 riod specified by the plan or issuer; and

1           “(3) that provides for the update of such data-  
2           base within 2 business days of such plan or such  
3           issuer (as applicable) receiving from such a provider  
4           or facility information pursuant to section 1150C of  
5           the Social Security Act.

6           “(c) RESPONSE PROTOCOL.—The response protocol  
7           described in this subsection is, in the case of an individual  
8           enrolled under a group health plan or group health insur-  
9           ance coverage offered by a health insurance issuer who  
10          requests information through a telephone call or email on  
11          whether a health care provider or health care facility has  
12          a contractual relationship to furnish items and services  
13          under such plan or such coverage, a protocol under which  
14          such plan or such issuer (as applicable)—

15                 “(1) responds to such individual as soon as  
16                 practicable, and in no case later than 1 business day  
17                 after such call or email is received, through a writ-  
18                 ten electronic communication; and

19                 “(2) retains such communication in such indi-  
20                 vidual’s file for at least 2 years following such re-  
21                 sponse.

22          “(d) DATABASE.—The database described in this  
23          subsection is, with respect to a group health plan or health  
24          insurance issuer offering group health insurance coverage,

1 a database on the public website of such plan or issuer  
2 that contains—

3           “(1) a list of each health care provider and  
4 health care facility with which such plan or such  
5 issuer has a contractual relationship for furnishing  
6 items and services under such plan or such coverage;  
7 and

8           “(2) provider directory information with respect  
9 to each such provider and facility.

10       “(e) INFORMATION.—The information described in  
11 this subsection is, with respect to a directory containing  
12 provider directory information with respect to a group  
13 health plan or group health insurance coverage offered by  
14 a health insurance issuer, a notification that such informa-  
15 tion contained in such directory was accurate as of the  
16 date of publication of such directory and that an individual  
17 enrolled under such plan or such coverage should consult  
18 the database described in subsection (d) with respect to  
19 such plan or such coverage or contact such plan or the  
20 issuer of such coverage to obtain the most current provider  
21 directory information with respect to such plan or such  
22 coverage.

23       “(f) DEFINITION.—For purposes of this section, the  
24 term ‘provider directory information’ includes, with re-  
25 spect to a group health plan and a health insurance issuer

1 offering group health insurance coverage, the name, ad-  
2 dress, specialty, and telephone number of each health care  
3 provider or health care facility with which such plan or  
4 such issuer has a contractual relationship for furnishing  
5 items and services under such plan or such coverage.”.

6 (B) CONFORMING AMENDMENT.—Section  
7 715(a) of the Employee Retirement Income Se-  
8 curity Act of 1974 (29 U.S.C. 1185d(a)) is  
9 amended—

10 (i) in paragraph (1), by striking “(as  
11 amended by the Patient Protection and Af-  
12 fordable Care Act)” and inserting “(other  
13 than the provisions of section 2730 of such  
14 Act)”; and

15 (ii) in paragraph (2), by inserting  
16 “(other than the provisions of section 2730  
17 of such Act)” after the first occurrence of  
18 “such part A”.

19 (C) CLERICAL AMENDMENT.—The table of  
20 contents in section 1 of the Employee Retire-  
21 ment Income Security Act of 1974 is amended  
22 by inserting after the item relating to section  
23 714 the following new items:

“Sec. 715. Additional market reforms.

“Sec. 716. Provider directory requirements.”.

1 (b) HEALTH CARE PROVIDERS.—Part A of title XI  
2 of the Social Security Act (42 U.S.C. 13010 et seq.) is  
3 amended by adding at the end the following new section:

4 **“SEC. 1150C. SUBMISSION OF INFORMATION TO HEALTH**  
5 **PLANS OF CERTAIN PROVIDER INFORMA-**  
6 **TION.**

7 “(a) IN GENERAL.—Beginning not later than 1 year  
8 after the date of the enactment of this section, each health  
9 care provider and health care facility shall establish a  
10 process under which such provider or facility transmits,  
11 to each health insurance issuer offering group or indi-  
12 vidual health insurance coverage and group health plan  
13 with which such provider or supplier has in effect a con-  
14 tractual relationship for furnishing items and services  
15 under such coverage or such plan, provider directory infor-  
16 mation (as defined in section 2730(e) of the Public Health  
17 Service Act, section 716(e) of the Employee Retirement  
18 Income Security Act of 1974, or section 9816(e) of the  
19 Internal Revenue Code of 1986, as applicable) with re-  
20 spect to such provider or facility, as applicable. Such pro-  
21 vider or facility shall so transmit such information to such  
22 issuer offering such coverage or such group health plan—

23 “(1) when there are any material changes (in-  
24 cluding a change in address, telephone number, or  
25 other contact information) to such provider directory

1 information of the provider or facility with respect to  
2 such coverage offered by such issuer or with respect  
3 to such plan; and

4 “(2) at any other time (including upon the re-  
5 quest of such issuer or plan) determined appropriate  
6 by the provider, facility, or the Secretary.

7 “(b) PENALTY.—

8 “(1) IN GENERAL.—Each health care provider  
9 or health care facility that fails to transmit informa-  
10 tion as required under subsection (a) shall be subject  
11 to a civil monetary penalty of \$1,000 for each day  
12 such provider or facility (as applicable) fails to so  
13 transmit such information.

14 “(2) APPLICATION OF PROVISIONS.—The provi-  
15 sions of section 1128A (other than subsection (a),  
16 subsection (b), the first sentence of subsection  
17 (c)(1), subsection (d), and subsection (o)) shall  
18 apply with respect to a civil monetary penalty im-  
19 posed under this subsection in the same manner as  
20 such provisions apply with respect to a penalty or  
21 proceeding under subsection (a) of such section.

22 “(c) DEFINITIONS.—In this section, the terms ‘health  
23 insurance issuer’, ‘group health plan’, ‘group health insur-  
24 ance coverage’, and ‘individual health insurance coverage’  
25 have the meaning given such terms, respectively, in section



1 2791 of the Public Health Service Act (42 U.S.C. 300gg–  
2 91 et seq.).”.

○