

1 **TITLE __—MENTAL HEALTH**
2 **PARITY**

3 **SEC. __01. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) **SHORT TITLE.**—This title may be cited as the
5 Mental Health Parity Improvements Act.

6 (b) **TABLE OF CONTENTS.**—The table of contents of
7 this title is as follows:

TITLE __—MENTAL HEALTH PARITY

Sec. __01. Short title; table of contents.

Subtitle A—Medicare Provisions

Sec. __11. Guidance on furnishing of partial hospitalization services and other outpatient services to Medicare beneficiaries with a diagnosis of substance use disorder.

Subtitle B—Medicare Advantage Provisions

Sec. __21. Requiring MA plans to maintain accurate and updated provider directories.

Sec. __22. GAO study and report comparing coverage of mental health and substance use disorder benefits and non-mental health and substance use disorder benefits.

Subtitle C—Medicaid Provisions

Sec. __31. Requiring accurate, updated, and searchable provider directories.

Sec. __32. GAO report on disparities in Medicaid payment rates for mental health and substance use disorder benefits.

1 **Subtitle A—Medicare Provisions**

2 **SEC. _11. GUIDANCE ON FURNISHING OF PARTIAL HOS-** 3 **PITALIZATION SERVICES AND OTHER OUT-** 4 **PATIENT SERVICES TO MEDICARE BENE-** 5 **FICIARIES WITH A DIAGNOSIS OF SUBSTANCE** 6 **USE DISORDER.**

7 Not later than 6 months after the date of enactment
8 of this Act, the Secretary of Health and Human Services
9 shall issue guidance to providers of partial hospitalization
10 services (as defined in section 1861(ff)(1) of the Social
11 Security Act (42 U.S.C. 1395x(ff)(1))) and providers of
12 outpatient services described in paragraph (3)—

13 (1) detailing the extent to which partial hos-
14 pitalization services may be furnished to an indi-
15 vidual with a diagnosis of substance use disorder;

16 (2) providing additional detail on any require-
17 ment that an individual with such a diagnosis must
18 also have a diagnosis of a mental health disorder in
19 order to be furnished partial hospitalization services;
20 and

21 (3) providing information on other outpatient
22 services covered under the Medicare program that
23 could be utilized by an individual with a diagnosis of
24 substance use disorder who requires significant care
25 each week to manage their substance use disorder.

1 **Subtitle B—Medicare Advantage**
2 **Provisions**

3 **SEC. 21. REQUIRING MA PLANS TO MAINTAIN ACCURATE**
4 **AND UPDATED PROVIDER DIRECTORIES.**

5 (a) IN GENERAL.—Section 1852(c) of the Social Se-
6 curity Act (42 U.S.C. 1395w-22(c)) is amended by adding
7 at the end the following new paragraph:

8 “(3) PROVIDER DIRECTORY INFORMATION RE-
9 QUIREMENTS.—

10 “(A) IN GENERAL.—For plan year **[2025]**
11 and subsequent plan years, each MA organiza-
12 tion offering a network-based MA plan (as de-
13 fined in subparagraph (F)) shall, with respect
14 to such plan—

15 “(i) establish the verification process
16 described in subparagraph (B);

17 “(ii) provide information as described
18 in subparagraph (C);

19 “(iii) establish the database described
20 in subparagraph (D); and

21 “(iv) include in any print directory de-
22 scribed in subparagraph (E) the notifica-
23 tion described in such subparagraph.

24 “(B) VERIFICATION PROCESS.—

1 “(i) IN GENERAL.—The verification
2 process described in this subparagraph is,
3 with respect to an MA organization offer-
4 ing a network-based MA plan, a process—

5 “(I) under which the organiza-
6 tion verifies and, if applicable, updates
7 the provider directory information of
8 each provider included in the database
9 of the plan described in subparagraph
10 (D);

11 “(II) that provides, if the organi-
12 zation is unable to verify such infor-
13 mation with respect to a provider, for
14 the inclusion along with the informa-
15 tion in the database with respect to
16 such provider of a notification indi-
17 cating that the information may not
18 be up to date;

19 “(III) that provides for the re-
20 moval of a provider from such data-
21 base within 2 business days if the or-
22 ganization determines that the pro-
23 vider is no longer a participating pro-
24 vider.

1 “(ii) DESIGNATION OF DATABASE.—

2 The Secretary may designate a database
3 which may be used at the option of MA or-
4 ganizations for purposes of verifying and
5 updating provider directory information
6 under clause (i)(I).

7 “(C) PROVISION OF INFORMATION.—

8 “(i) TOLL-FREE TELEPHONE NUM-
9 BER.—An MA organization shall maintain
10 a toll-free telephone number for inquiries
11 regarding whether a provider is a partici-
12 pating provider under a network-based MA
13 plan offered by such organization. Each
14 MA organization shall respond to any such
15 inquiry in a timely manner, in no case
16 later than 1 business day after the inquiry
17 is received.

18 “(ii) SUBMISSION OF PROVIDER DI-
19 RECTORY TO SECRETARY.—An MA organi-
20 zation shall submit to the Secretary the
21 provider directory for each network-based
22 MA plan offered by the organization. The
23 Secretary shall make each provider direc-
24 tory submitted under the preceding sen-
25 tence available on the internet website of

1 the Centers for Medicare & Medicaid Serv-
2 ices.

3 “(D) DATABASE.—The database described
4 in this paragraph is, with respect to a network-
5 based MA plan offered by an MA organization,
6 a database on the public website of such plan
7 that contains provider directory information.

8 “(E) NOTIFICATION.—The notification de-
9 scribed in this paragraph is, with respect to a
10 print directory containing provider directory in-
11 formation, a notification that the provider di-
12 rectory information contained in such print di-
13 rectory was accurate as of the date of publica-
14 tion of such directory and that an individual en-
15 rolled in the network-based MA plan should
16 consult the database described in subparagraph
17 (D) with respect to such plan or contact such
18 plan to obtain the most current provider direc-
19 tory information with respect to such plan.

20 “(F) DEFINITIONS.—For purposes of this
21 paragraph:

22 “(i) NETWORK-BASED MA PLAN.—The
23 term ‘network-based MA plan’ means an
24 MA plan that has a network of providers
25 that have agreed to a contractually speci-

1 fied reimbursement for covered benefits
2 with the MA organization offering the
3 plan.

4 “(ii) PROVIDER DIRECTORY INFORMA-
5 TION.—The term ‘provider directory infor-
6 mation’ includes, with respect to a net-
7 work-based MA plan, the name, address,
8 specialty, telephone number, contact infor-
9 mation (including digital contact informa-
10 tion to the extent such information is
11 available), availability (including whether
12 the provider is accepting new patients),
13 and cultural and linguistic capabilities (in-
14 cluding the languages spoken by the pro-
15 vider or by a skilled medical interpreter
16 who provides interpretation services at the
17 provider’s office or facility) of each pro-
18 vider with which such plan has an agree-
19 ment for furnishing items and services cov-
20 ered under such plan, and other informa-
21 tion as determined by the Secretary.

22 “(G) PROVIDER ENGAGEMENT AND COM-
23 MUNICATION.—**【To be supplied.】**”.

24 (b) ENFORCEMENT.—Section 1857(g) of the Social
25 Security Act (42 U.S.C. 1395w–27(g)) is amended—

1 (1) in paragraph (1)—

2 (A) in subparagraph (K), by striking “or”
3 after the semicolon;

4 (B) by redesignating subparagraph (L) as
5 subparagraph (M);

6 (C) by inserting after subparagraph (K),
7 the following new subparagraph:

8 “(L) except as provided in paragraph (5),
9 fails to comply with provider directory informa-
10 tion requirements under section 1852(c)(3);
11 or”; and

12 (D) in subparagraph (M), as redesignated
13 by subparagraph (B), by striking “through
14 (K)” and inserting “through (L)”; and

15 (2) by adding at the end the following new
16 paragraph:

17 “(5) SAFE HARBOR FOR USE OF DESIGNATED
18 DATABASE.—In the case of an MA organization for
19 which the Secretary makes a determination under
20 paragraph (1)(L) with respect to a failure to comply
21 with the verification process described in section
22 1852(c)(3)(B)(i), such organization shall not be sub-
23 ject to remedies under this subsection if such organi-
24 zation used information provided in the database
25 designated by the Secretary under section

1 1852(e)(3)(B)(ii) for purposes of such verification
2 process and such use resulted in such failure.”.

3 **SEC. __22. GAO STUDY AND REPORT COMPARING COV-**
4 **ERAGE OF MENTAL HEALTH AND SUBSTANCE**
5 **USE DISORDER BENEFITS AND NON-MENTAL**
6 **HEALTH AND SUBSTANCE USE DISORDER**
7 **BENEFITS.**

8 (a) STUDY.—

9 (1) IN GENERAL.—The Comptroller General of
10 the United States (in this section referred to as the
11 “Comptroller General”) shall conduct a study that
12 compares the mental health and substance use dis-
13 order benefits under Medicare Advantage plans (in-
14 cluding specialized MA plans for special needs indi-
15 viduals, as defined in section 1859(b)(6) of the So-
16 cial Security Act (42 U.S.C. 1395w-28(b)(6)) under
17 part C of title XVIII of such Act with—

18 (A) the non-mental health and substance
19 use disorder benefits under the Medicare Ad-
20 vantage program; and

21 (B) the mental health and substance use
22 disorder benefits under the original fee-for-serv-
23 ice program under parts A and B of such title
24 XVIII.

1 (2) ANALYSIS.—To the extent data is available,
2 the study under paragraph (1) shall include an anal-
3 ysis of—

4 (A) gross and relative out-of-pocket ex-
5 penses for in-network care;

6 (B) the utilization of prior authorization
7 and other utilization management tools;

8 (C) utilization rates of mental health and
9 substance use disorder benefits among individ-
10 uals with a mental health or substance use dis-
11 order condition;

12 (D) the extent to which differences in the
13 provision of mental health and substance use
14 disorder benefits and the provision of non-men-
15 tal health and substance use disorder benefits
16 in the Medicare Advantage program are reflec-
17 tive of policies in Medicare fee-for-service;

18 (E) the frequency at which providers of
19 mental health and substance use disorder serv-
20 ices decline to contract with Medicare Advan-
21 tage plans compared to providers of non-mental
22 health and substance use disorder services; and

23 (F) other items determined appropriate by
24 the Comptroller General.

1 (3) PLAN AND SERVICE SPECIFIC.—To the ex-
2 tent practicable, the study under paragraph (1) shall
3 examine differences by type of Medicare Advantage
4 plan and type of service.

5 (4) BOTH REQUIRED AND SUPPLEMENTAL BEN-
6 EFITS.—For purposes of the study under paragraph
7 (1), benefits under part C of title XVIII of the So-
8 cial Security Act shall include both and differentiate
9 between—

10 (A) benefits required to be furnished under
11 Medicare Advantage plans; and

12 (B) supplemental benefits available under
13 such plans.

14 (b) REPORT.—Not later than 30 months after the
15 date of the enactment of this Act, the Comptroller General
16 shall submit to Congress a report on the study conducted
17 under subsection (a).

18 **Subtitle C—Medicaid Provisions**

19 **[SEC. _31. REQUIRING ACCURATE, UPDATED, AND**
20 **SEARCHABLE PROVIDER DIRECTORIES.**

21 **[(a) APPLICATION TO MANAGED CARE.—Section**
22 **1932(a)(5) of the Social Security Act (42 U.S.C. 1396u–**
23 **2(a)(5)) is amended—]**

1 【(1) in subparagraph (B)(i), by inserting “con-
2 sistent with the requirements of subparagraph (E)”
3 before the period at the end; and】

4 【(2) by adding at the end the following new
5 subparagraph:】

6 【“(E) PROVIDER DIRECTORIES.—】

7 【“(i) IN GENERAL.—Each managed
8 care organization, prepaid inpatient health
9 plan (as defined by the Secretary), prepaid
10 ambulatory health plan (as defined by the
11 Secretary), and, when appropriate, primary
12 care case management entity (as defined
13 by the Secretary) with a contract with a
14 State to enroll individuals who are eligible
15 for medical assistance under the State plan
16 under this title or under a waiver of such
17 plan, shall publish (and update on at least
18 a quarterly basis or more frequently as re-
19 quired by the Secretary) on a public
20 website, a searchable directory of network
21 providers, which shall include physicians,
22 hospitals, pharmacies, providers of mental
23 health services, providers of substance use
24 disorder services, providers of long term
25 services and supports, and such other pro-

1 viders as required by the Secretary, and
2 that includes with respect to each such
3 provider—】

4 【“(I) the name of the provider;】

5 【“(II) the specialty of the pro-
6 vider;】

7 【“(III) the address at which the
8 provider provides services;】

9 【“(IV) the telephone number of
10 the provider; and】

11 【“(V) information regarding—】

12 【“(aa) the provider’s cul-
13 tural and linguistic capabilities,
14 including the languages spoken
15 by the provider or by a skilled
16 medical interpreter who provides
17 interpretation services at the pro-
18 vider’s office;】

19 【“(bb) whether the provider
20 is accepting as new patients indi-
21 viduals who receive medical as-
22 sistance under this title;】

23 【“(cc) whether the pro-
24 vider’s office or facility has ac-
25 commodations for individuals

14

1 with physical disabilities, includ-
2 ing offices, exam rooms, and
3 equipment;】

4 【“(dd) the Internet website
5 of such provider, if applicable;
6 and】

7 【“(ee) whether the provider
8 offers covered services via tele-
9 health.】

10 【“(ii) NETWORK PROVIDER DE-
11 FINED.—In this subparagraph, the term
12 ‘network provider’ includes any provider,
13 group of providers, or entity that has a
14 network provider agreement with a man-
15 aged care organization, a prepaid inpatient
16 health plan (as defined by the Secretary),
17 a prepaid ambulatory health plan (as de-
18 fined by the Secretary), or a primary care
19 case management entity (as defined by the
20 Secretary) or a subcontractor of any such
21 entity or plan, and receives payment under
22 this title directly or indirectly to order,
23 refer, or render covered services as a result
24 of the State’s contract with the entity or
25 plan. For purposes of this subparagraph, a

1 network provider shall not be considered to
2 be a subcontractor by virtue of the network
3 provider agreement.】

4 【“(iii) PROVIDER ENGAGEMENT AND
5 COMMUNICATION.—*To be supplied.*”】

6 【(b) CONFORMING AMENDMENTS TO STATE PLAN
7 REQUIREMENTS.—Section 1902(a) of the Social Security
8 Act (42 U.S.C. 1396a) is amended—】

9 【(1) by striking paragraph (83) and inserting
10 the following:】

11 【“(83) provide that in the case of a State plan
12 (or waiver of the plan) that provides medical assist-
13 ance on a fee-for-service basis or through a primary
14 care case-management system described in section
15 1915(b)(1), the State shall publish (and update on
16 at least a quarterly basis or more frequently as re-
17 quired by the Secretary) on the public website of the
18 State agency administering the State plan, a search-
19 able directory of the providers described in sub-
20 section (mm) that includes with respect to each such
21 provider—】

22 【“(A) the name of the provider;】

23 【“(B) the specialty of the provider;】

24 【“(C) the address at which the provider
25 provides services;】

1 【“(D) the telephone number of the pro-
2 vider;】

3 【“(E) information regarding—】

4 【“(i) the provider’s cultural and lin-
5 guistic capabilities, including the languages
6 spoken by the provider or by a skilled med-
7 ical interpreter who provides interpretation
8 services at the provider’s office;】

9 【“(ii) whether the provider is accept-
10 ing as new patients individuals who receive
11 medical assistance under this title;】

12 【“(iii) whether the provider’s office or
13 facility has accommodations for individuals
14 with physical disabilities, including offices,
15 exam rooms, and equipment;】

16 【“(iv) the Internet website of such
17 provider, if applicable; and】

18 【“(v) whether the provider offers cov-
19 ered services via telehealth; and】

20 【“(F) other relevant information as re-
21 quired by the Secretary;”]; and】

22 【(2) by striking subsection (mm) and inserting
23 the following:】

24 【“(mm) DIRECTORY PROVIDER DESCRIBED.—】

1 【“(1) IN GENERAL.—A provider described in
2 this subsection, at a minimum, includes physicians,
3 hospitals, pharmacies, providers of mental health
4 services, providers of substance use disorder services,
5 providers of long term services and supports, and
6 such other providers as required by the Secretary,
7 and—】

8 【“(A) in the case of a provider of a pro-
9 vider type for which the State agency, as a con-
10 dition on receiving payment for items and serv-
11 ices furnished by the provider to individuals eli-
12 gible to receive medical assistance under the
13 State plan (or a waiver of the plan), requires
14 the enrollment of the provider with the State
15 agency, includes a provider that—】

16 【“(i) is enrolled with the agency as of
17 the date on which the directory is pub-
18 lished or updated (as applicable) under
19 subsection (a)(83); and】

20 【“(ii) received payment under the
21 State plan in the 12-month period pre-
22 ceding such date; and】

23 【“(B) in the case of a provider of a pro-
24 vider type for which the State agency does not
25 require such enrollment, includes a provider

1 that received payment under the State plan (or
2 a waiver of the plan) in the 12-month period
3 preceding the date on which the directory is
4 published or updated (as applicable) under sub-
5 section (a)(83).】

6 【“(2) STATE OPTION TO INCLUDE OTHER PAR-
7 TICIPATING PROVIDERS.—At State option, a pro-
8 vider described in this subsection may include any
9 provider who furnishes services and is participating
10 under the State plan under this title or under a
11 waiver of such plan.”.】

12 【(c) GENERAL APPLICATION TO CHIP.—Section
13 2107(e)(1)(G) of the Social Security Act (42 U.S.C.
14 1397gg(e)(1)(G)) is amended by inserting “and subsection
15 (a)(83) of section 1902 (relating to searchable directories
16 of the providers described in subsection (mm) of such sec-
17 tion)” before the period.】

18 【(d) EFFECTIVE DATE.—】

19 【(1) IN GENERAL.—Except as provided in
20 paragraph (2), the amendments made by this section
21 shall take effect on the first day of the first calendar
22 quarter that begins on or after the date that is 2
23 years after the date of enactment of this Act.】

24 【(2) DELAY IF STATE LEGISLATION NEEDED.—
25 In the case of a State plan under title XIX or XXI

1 of the Social Security Act or waiver of such plan,
2 which the Secretary of Health and Human Services
3 determines requires State legislation (other than leg-
4 islation appropriating funds) in order for the plan or
5 waiver to meet the additional requirements imposed
6 by the amendments made by this section, the State
7 plan or waiver shall not be regarded as failing to
8 comply with the requirements of such title solely on
9 the basis of its failure to meet these additional re-
10 quirements before the first day of the first calendar
11 quarter beginning after the close of the first regular
12 session of the State legislature that begins after the
13 date of the enactment of this Act. For purposes of
14 the previous sentence, in the case of a State that has
15 a 2-year legislative session, each year of such session
16 shall be deemed to be a separate regular session of
17 the State legislature.】

18 **SEC. __32. GAO REPORT ON DISPARITIES IN MEDICAID PAY-**
19 **MENT RATES FOR MENTAL HEALTH AND SUB-**
20 **STANCE USE DISORDER BENEFITS.**

21 (a) STUDY.—The Comptroller General of the United
22 States (in this section referred to as the “Comptroller
23 General”) shall select a sample of States in which to con-
24 duct a review of Medicaid payment rates including base
25 and net payment rates (including supplemental pay-

1 ments), for mental health services and substance use dis-
2 order services under fee for service, managed care, and
3 other payment arrangements or combinations thereof, to
4 determine the extent to which there are disparities in the
5 amount of such rates when compared to the Medicaid pay-
6 ment rates for other Medicaid-covered, non-behavioral
7 health services in such States. As part of such review, the
8 Comptroller General shall, to the extent data are available
9 and comparable, examine what is known about—

10 (1) mental health and substance use disorder
11 outpatient screening, assessment, diagnostic, treat-
12 ment, rehabilitation, and habilitation services;

13 (2) States' and stakeholders' views on the ex-
14 tent to which any such disparities contribute to
15 workforce shortages and barriers to the availability
16 of behavioral health services under Medicaid; and

17 (3) payment rates for mental health and sub-
18 stance use disorder services compared to appropriate
19 non-behavioral health services when paid by commer-
20 cial insurers.

21 (b) REPORT.—Not later than 24 months after the
22 date of enactment of this Act, the Comptroller General
23 shall submit to Congress a report on the study conducted
24 under subsection (a) that includes the evaluations required
25 by such subsection, as well as recommendations for such

- 1 legislation and administrative action as the Comptroller
- 2 General determines appropriate.