AMENDMENT TO
RULES COMMITTEE PRINT 116–41
OFFERED BY MRS. AXNE OF IOWA

Add at the end of the bill the following new section
(and conform the table of contents accordingly):

SEC. 812. REQUIREMENT FOR QUALIFIED HEALTH PLANS

TO HAVE IN PLACE A PROCESS TO REMOVE
FROM PUBLICLY ACCESSIBLE PROVIDER DIRECTORY OF SUCH PLANS PROVIDERS
THAT ARE NO LONGER WITHIN THE NETWORK OF SUCH PLANS.

(a) IN GENERAL.—Section 1311(c) of the Patient Protection and Affordable Care Act (42 U.S.C. 18031(c)) is amended—

(1) in paragraph (1)(B)—

(A) by striking “and provide” and inserting “, provide”; and

(B) by inserting before the semicolon at the end the following: “, and have in place the process described in paragraph (7) to remove from any publicly accessible provider directory of such plan providers that are no longer within the network of such plan”; and
(2) by adding at the end the following new paragraph:

“(7) Process to remove from publicly accessible provider directories providers that are no longer in-network.—For purposes of paragraph (1)(B), the process described in this paragraph, with respect to a qualified health plan, is a process through which such plan does the following with respect to each provider listed in a publicly accessible provider directory of such plan that does not submit any claims to such plan for at least a six-month period in a calendar year:

“(A) Sends an inquiry to such provider requiring such provider to verify, not later than the date that is 30 days after such plan sends such inquiry, whether such provider is still a provider within the network of such plan.

“(B) In the case that such plan—

“(i) receives a response to such inquiry by the date described in subparagraph (A) that such provider is no longer a provider within the network of such plan, removes such provider from such publicly accessible provider directory; or
“(ii) does not receive any response to
such inquiry by such date—

“(I) sends a subsequent inquiry
described in such subparagraph to
such provider; and

“(II) removes such provider from
such publicly accessible provider direc-
tory if such provider either submits to
such plan, not later than the date that
is 30 days after such plan sends such
subsequent inquiry, a response de-
scribed in clause (i), or does not re-
respond to such subsequent inquiry by
such date.”.

(b) EFFECTIVE DATE.—The amendments made by
subsection (a) shall apply with respect to plan years begin-
ning on or after January 1, 2021.