## AMENDMENT TO

## **Rules Committee Print 117–54** Offered by Ms. Speier of California

At the end of division E, add the following:

1	SEC. 5806. AMENDMENTS RELATING TO COVERAGE IN INDI-
2	VIDUAL AND GROUP MARKET FOR QUALI-
3	FIED INDIVIDUALS PARTICIPATING IN AP-
4	PROVED CLINICAL TRIALS.
5	(a) Requiring Out-of-network Coverage of
6	ROUTINE PATIENT COSTS.—Section 2709 of the Public
7	Health Service Act (42 U.S.C. 300gg–8) is amended—
8	(1) in subsection $(a)(1)$ —
9	(A) in subparagraph (B)—
10	(i) by striking "subject to subsection
11	(c),''; and
12	(ii) by striking "and" at the end;
13	(B) by redesignating subparagraph (C) as
14	subparagraph (D); and
15	(C) by inserting after subparagraph (B)
16	the following new subparagraph:
17	"(C) in the case of routine patient costs
18	for items or services furnished to the individual

1	in connection with participation in the trial by
2	a nonparticipating provider—
3	"(i) shall impose the same cost-shar-
4	ing requirement (expressed as a copayment
5	amount or coinsurance rate) that would
6	apply if such item or service was furnished
7	by a participating provider; and
8	"(ii) shall pay to such nonpartici-
9	pating provider the amount by which the
10	recognized amount for such item or service
11	exceeds the cost-sharing amount for such
12	item or service (as determined in accord-
13	ance with clause (i)); and";
14	(2) by striking subsection (c);
15	(3) by redesignating subsections (d) and (e) as
16	subsections (c) and (d), respectively;
17	(4) by inserting after subsection (d), as so re-
18	designated, the following new subsection:
19	"(e) Civil Monetary Penalties.—
20	"(1) HEALTH INSURANCE ISSUER.—If a health
21	insurance issuer charges a qualified individual an
22	amount for routine patient costs for items and serv-
23	ices furnished in connection with participation in a
24	trial that is greater than the amount such qualified
25	individual would otherwise incur in cost-sharing for

such routine costs for items and services, such issuer
shall be subject, in addition to any other penalties
that may be prescribed by law, to a civil monetary
penalty of not more than \$5,000 for each such item
or service.

6 "(2) Nonparticipating provider.— If a 7 nonparticipating provider charges a qualified indi-8 vidual an amount for routine patient costs for items 9 and services furnished in connection with participa-10 tion in a trial that is greater than the recognized 11 amount, such provider shall be subject, in addition 12 to any other penalties that may be prescribed by 13 law, to a civil monetary penalty of not more than 14 \$5,000 for each such item or service."; and

15 (5) by adding at the end the following new sub-16 section:

"(i) OTHER DEFINITIONS.—For purposes of this section, the terms 'nonparticipating provider', 'participating
provider', and 'recognized amount' have the meaning given
such terms in section 2799A–1(a)(3).".

(b) AMENDMENT RELATING TO DEFINITION OF ROUTINE PATIENT COSTS.—Section 2709(a)(2)(A) of the
Public Health Service Act (42 U.S.C. 300gg-8(a)(2)(A))
is amended—

1	(1) by striking "include all items and services"
2	and inserting "include—
3	"(i) all items and services"; and
4	(2) by striking the period at the end and insert-
5	ing "; and
6	"(ii) consultation and referral services
7	relating to approved clinical trials fur-
8	nished to qualified individuals.".
9	(c) Amendment Relating to Definition of Ap-
10	PROVED CLINICAL TRIAL.—Section 2709(c)(1)(A) of the
11	Public Health Service Act (42 U.S.C. 300gg–8(c)(1)(A)),
12	as redesignated by paragraph (1), is amended by adding
13	at the end the following new clause:
14	"(viii) The Patient-Centered Out-
15	comes Research Institute.".
16	(d) Technical and Conforming Amendments.—
17	Section 2709 of the Public Health Service Act (42 U.S.C.
18	300gg–8), as amended by the preceding paragraphs, is
19	further amended—
20	(1) in subsection (a)—
21	(A) in paragraph (1)(A), by inserting be-
22	fore "clinical trial referred to in subsection
23	(b)(2)" the following: "approved";

1	(B) in paragraph (2)(A), by striking "a
2	clinical trial" and inserting "an approved clin-
3	ical trial";
4	(C) in paragraph (3)—
5	(i) by striking "IN-NETWORK PRO-
6	VIDERS" and inserting "PARTICIPATING
7	PROVIDERS''; and
8	(ii) by striking "a clinical trial" and
9	inserting "an approved clinical trial"; and
10	(D) in paragraph (4), by striking "OUT-OF-
11	NETWORK" and inserting "NONPARTICIPATING
12	PROVIDERS";
13	(2) in subsection $(b)(2)(A)$ , by striking "partici-
14	pating health care provider" and inserting "partici-
15	pating provider"; and
16	(3) in subsection $(d)(1)(A)(v)$ , by striking "co-
17	operative group" and inserting "A cooperative
18	group''.
19	(e) EFFECTIVE DATE.—The amendments made by
20	this section shall apply with respect to plan years begin-
21	ning on or after January 1, 2024.
22	SEC. 5807. VOLUNTARY NETWORK OF PARTICIPATING PRO-
23	VIDERS.
24	(a) IN GENERAL.—The Secretary of Health and
25	Human Services may issue a request for information from

group health plans, and health insurance issuers offering 1 2 group or individual health coverage to identify an interest in establishing a voluntary network of participating pro-3 4 viders administered by a third-party administrator (as 5 designated by the Secretary) for purposes of complying 6 with coverage requirements for clinical trials under section 7 2709 of the Public Health Service Act (42 U.S.C. 300gg-8 8).

9 (b) DEFINITIONS.—In this section:

(1) GROUP HEALTH PLAN.—The term "group
health plan" has the meaning given such term in
section 607(1) of the Employee Retirement Income
Security Act of 1974 (29 U.S.C. 1167(1)).

14 (2) HEALTH INSURANCE ISSUER.—The term
15 "health insurance issuer" has the meaning given
16 such term in section 2791(b)(1) of the Public Health
17 Service Act (42 U.S.C. 300gg–91(b)(1)).

18 (3)PARTICIPATING PROVIDER.—The term "participating provider" has the meaning given such 19 20 term in section 2799A-1(a)(3)(G)(ii) of the Public 21 Health Service Act (42)U.S.C.300gg-22 111(a)(3)(G)(ii)).

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