

117TH CONGRESS
1ST SESSION

H. R. 2264

To require parity in the coverage of mental health and substance use disorder services provided to enrollees in private insurance plans, whether such services are provided in-person or through telehealth.

IN THE HOUSE OF REPRESENTATIVES

MARCH 26, 2021

Mr. TRONE (for himself and Mr. FITZPATRICK) 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

A BILL

To require parity in the coverage of mental health and substance use disorder services provided to enrollees in private insurance plans, whether such services are provided in-person or through telehealth.

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 “Tele-Mental Health
5 Improvement Act”.

1 **SEC. 2. COVERAGE OF TELEHEALTH MENTAL HEALTH AND**
2 **SUBSTANCE USE DISORDER SERVICES.**

3 (a) IN GENERAL.—

4 (1) INSURER REQUIREMENTS.—During the ap-
5 plicable period described in subsection (g), if a group
6 health plan or group or individual health insurance
7 coverage provides coverage of a mental health or
8 substance use disorder service provided in-person the
9 group health plan or health insurance issuer offering
10 such group or individual health insurance cov-
11 erage—

12 (A) shall provide coverage of the service
13 provided through telehealth at the same rate as
14 the coverage for the same service provided in-
15 person (with the same cost-sharing for enrollees
16 and the same reimbursement rates for pro-
17 viders);

18 (B) shall ensure that providers not charge
19 enrollees facility fees for such services provided
20 through telehealth;

21 (C) may not impose additional barriers to
22 obtaining such coverage for such services
23 through telehealth, compared to coverage for
24 such services provided in-person, such as a
25 prior authorization requirement that is more
26 rigorous than for in-person visits; and

1 (D) shall provide notice to enrollees, in-
2 forming such enrollees of how to access in-net-
3 work telehealth mental health and substance
4 use disorder services and the scope of their cov-
5 erage.

6 (2) PROVIDER REQUIREMENTS.—During the
7 applicable period described in subsection (g), if a
8 provider of a mental health or substance use dis-
9 order service provides such services via telehealth to
10 an enrollee in a group health plan or group or indi-
11 vidual health insurance coverage, the provider shall
12 not charge such enrollee, such group health plan, or
13 a health insurance issuer of such coverage facility
14 fees for such services.

15 (b) ENFORCEMENT.—

16 (1) INSURER REQUIREMENTS.—The provisions
17 of subsection (a)(1) shall be applied by the Secretary
18 of Health and Human Services, the Secretary of
19 Labor, and the Secretary of the Treasury to group
20 health plans and health insurance issuers offering
21 group or individual health insurance coverage as if
22 included in the provisions of part A of title XXVII
23 of the Public Health Service Act (42 U.S.C. 300gg
24 et seq.), part 7 of subtitle B of title I of the Em-
25 ployee Retirement Income Security Act of 1974 (29

1 U.S.C. 1181 et seq.), and subchapter B of chapter
2 100 of the Internal Revenue Code of 1986, as appli-
3 cable.

4 (2) PROVIDER REQUIREMENTS.—Subsection
5 (a)(2) shall be applied by the Secretary of Health
6 and Human Services and the Secretary of Labor to
7 providers as if included in the provisions of part E
8 of title XXVII of the Public Health Service Act.

9 (c) IMPLEMENTATION.—The Secretary of Health and
10 Human Services, Secretary of Labor, and Secretary of the
11 Treasury may implement the provisions of this section
12 through sub-regulatory guidance, program instruction, or
13 otherwise.

14 (d) DEFINITIONS.—In this section—

15 (1) the terms “group health plan”, “health in-
16 surance issuer”, and “health insurance coverage”
17 have the meanings given such terms in section 2791
18 of the Public Health Service Act (42 U.S.C. 300gg–
19 91), section 733 of the Employee Retirement Income
20 Security Act of 1974 (29 U.S.C. 1191b), and section
21 9832 of the Internal Revenue Code of 1986, as ap-
22 plicable; and

23 (2) the term “telehealth services” has the
24 meaning given such term in section 330I(a) of the
25 Public Health Service Act (42 U.S.C. 254c–14(a)),

1 and includes 2-way video communication, and audio-
2 only communication.

3 (e) RULE OF CONSTRUCTION.—Nothing in this sec-
4 tion shall prevent the application of any State law that
5 is not inconsistent with this section.

6 (f) REPORT TO CONGRESS.—Not later than 180 days
7 after the conclusion of the public health emergency de-
8 scribed in subsection (a), the Secretary of Health and
9 Human Services shall submit to the Committee on Health,
10 Education, Labor, and Pensions of the Senate, the Com-
11 mittee on Education and Labor of the House of Rep-
12 resentatives, and the Committee on Energy and Commerce
13 of the House of Representatives on the impacts the re-
14 quirement under subsection (a) has on the use of both
15 telehealth services and health services provided in-person.

16 (g) APPLICABLE PERIOD.—The applicable period de-
17 scribed in subsection (a) is the period beginning on the
18 date of enactment of this Act and ending on the date that
19 is 90 days after the public health emergency declared by
20 the Secretary of Health and Human Services under sec-
21 tion 319 of the Public Health Service Act (42 U.S.C.
22 247d) on January 31, 2020, with respect to COVID–19,
23 expires.

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