

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(e)(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.