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(Original Signature of Member)

116TH CONGRESS
1ST SESSION

H. R. _____

To amend the Patient Protection and Affordable Care Act to require qualified health plans to have in place a process to remove from publicly accessible provider directories of such plans providers that are no longer within the network of such plans, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mrs. AXNE introduced the following bill; which was referred to the Committee
on _____

A BILL

To amend the Patient Protection and Affordable Care Act to require qualified health plans to have in place a process to remove from publicly accessible provider directories of such plans providers that are no longer within the network of such plans, and for other purposes.

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 “Under Performing Di-
5 rectories that Affect Treating Emergencies Act” or the
6 “UPDATE Act”.

1 **SEC. 2. REQUIREMENT FOR QUALIFIED HEALTH PLANS TO**
2 **HAVE IN PLACE A PROCESS TO REMOVE**
3 **FROM PUBLICLY ACCESSIBLE PROVIDER DI-**
4 **RECTORIES OF SUCH PLANS PROVIDERS**
5 **THAT ARE NO LONGER WITHIN THE NET-**
6 **WORK OF SUCH PLANS.**

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

10 (1) in paragraph (1)(B)—

11 (A) by striking “and provide” and insert-
12 ing “, provide”; and

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

19 (2) by adding at the end the following new
20 paragraph:

21 “(7) PROCESS TO REMOVE FROM PUBLICLY AC-
22 CESSIBLE PROVIDER DIRECTORIES PROVIDERS THAT
23 ARE NO LONGER IN-NETWORK.—For purposes of
24 paragraph (1)(B), the process described in this para-
25 graph, with respect to a qualified health plan, is a
26 process through which such plan does the following

1 with respect to each provider listed in a publicly ac-
2 cessible provider directory of such plan that does not
3 submit any claims to such plan for at least a six-
4 month period in a calendar year:

5 “(A) Sends an inquiry to such provider re-
6 quiring such provider to verify, not later than
7 the date that is 30 days after such plan sends
8 such inquiry, whether such provider is still a
9 provider within the network of such plan.

10 “(B) In the case that such plan—

11 “(i) receives a response to such in-
12 quiry by the date described in subpara-
13 graph (A) that such provider is no longer
14 a provider within the network of such plan,
15 removes such provider from such publicly
16 accessible provider directory; or

17 “(ii) does not receive any response to
18 such inquiry by such date—

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

22 “(II) removes such provider from
23 such publicly accessible provider direc-
24 tory if such provider either submits to
25 such plan, not later than the date that

1 is 30 days after such plan sends such
2 subsequent inquiry, a response de-
3 scribed in clause (i), or does not re-
4 spond to such subsequent inquiry by
5 such date.”.

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