

114TH CONGRESS  
1ST SESSION

# H. R. 4276

To strengthen parity in mental health and substance use disorder benefits.

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## IN THE HOUSE OF REPRESENTATIVES

DECEMBER 16, 2015

Mr. KENNEDY (for himself, Mr. TONKO, Ms. MATSUI, Ms. CLARKE of New York, and Ms. CASTOR of Florida) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and the Workforce and Ways and Means, 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

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## A BILL

To strengthen parity in mental health and substance use disorder benefits.

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 “Behavioral Health Cov-  
5       erage Transparency Act of 2015”.

1 **SEC. 2. STRENGTHENING PARITY IN MENTAL HEALTH AND**  
2 **SUBSTANCE USE DISORDER BENEFITS.**

3 (a) PUBLIC HEALTH SERVICE ACT.—Section  
4 2726(a) of the Public Health Service Act (42 U.S.C.  
5 300gg–26(a)) is amended by adding at the end the fol-  
6 lowing new paragraphs:

7 “(6) DISCLOSURE AND ENFORCEMENT RE-  
8 QUIREMENTS.—

9 “(A) DISCLOSURE REQUIREMENTS.—

10 “(i) REGULATIONS.—Not later than  
11 June 30, 2016, the Secretary, in coopera-  
12 tion with the Secretaries of Labor and the  
13 Treasury, as appropriate, shall issue addi-  
14 tional regulations for carrying out this sec-  
15 tion, including an explanation of docu-  
16 ments that must be disclosed by plans and  
17 issuers, the process governing such disclo-  
18 sures by plans and issuers, and analyses  
19 that must be conducted by plans and  
20 issuers by a group health plan or health in-  
21 surance issuer offering health insurance  
22 coverage in the group or individual market  
23 in order for such plan or issuer to dem-  
24 onstrate compliance with the provisions of  
25 this section.

1                   “(ii) DISCLOSURE REQUIREMENTS.—  
2 Documents required to be disclosed by a  
3 group health plan or health insurance  
4 issuer offering health insurance coverage in  
5 the group or individual market under  
6 clause (i) shall include an annual report  
7 that details the specific analyses performed  
8 to ensure compliance of such plan or cov-  
9 erage with the law and regulations. At a  
10 minimum, with respect to the application  
11 of non-quantitative treatment limitations  
12 (in this paragraph referred to as NQTLs)  
13 to benefits under the plan or coverage,  
14 such report shall—

15                   “(I) identify the specific factors  
16 the plan or coverage used in per-  
17 forming its NQTL analysis;

18                   “(II) identify and define the spe-  
19 cific evidentiary standards relied on to  
20 evaluate the factors;

21                   “(III) describe how the evi-  
22 dentiary standards are applied to each  
23 service category for mental health,  
24 substance use disorders, medical bene-  
25 fits, and surgical benefits;

1                   “(IV) disclose the results of the  
2 analyses of the specific evidentiary  
3 standards in each service category;  
4 and

5                   “(V) disclose the specific findings  
6 of the plan or coverage in each service  
7 category and the conclusions reached  
8 with respect to whether the processes,  
9 strategies, evidentiary standards, or  
10 other factors used in applying the  
11 NQTL to mental health or substance  
12 use disorder benefits are comparable  
13 to, and applied no more stringently  
14 than, the processes, strategies, evi-  
15 dentiary standards, or other factors  
16 used in applying the limitation with  
17 respect to medical and surgical bene-  
18 fits in the same classification.

19                   “(iii) GUIDANCE.—The Secretary, in  
20 cooperation with the Secretaries of Labor  
21 and the Treasury, as appropriate, shall  
22 issue guidance to group health plans and  
23 health insurance issuers offering health in-  
24 surance coverage in the group or individual  
25 markets on how to satisfy the requirements

1 of this section with respect to making in-  
2 formation available to current and poten-  
3 tial participants and beneficiaries. Such in-  
4 formation shall include certificate of cov-  
5 erage documents and instruments under  
6 which the plan or coverage involved is ad-  
7 ministered and operated that specify, in-  
8 clude, or refer to procedures, formulas, and  
9 methodologies applied to determine a par-  
10 ticipant or beneficiary's benefit under the  
11 plan or coverage, regardless of whether  
12 such information is contained in a docu-  
13 ment designated as the 'plan document'.  
14 Such guidance shall include a disclosure of  
15 how the plan or coverage involved has pro-  
16 vided that processes, strategies, evidentiary  
17 standards, and other factors used in apply-  
18 ing the NQTL to mental health or sub-  
19 stance use disorder benefits are com-  
20 parable to, and applied no more stringently  
21 than, the processes, strategies, evidentiary  
22 standards, or other factors used in apply-  
23 ing the limitation with respect to medical  
24 and surgical benefits in the same classi-  
25 fication.

1           “(iv) DEFINITIONS.—In this para-  
2 graph and paragraph (7), the terms ‘non-  
3 quantitative treatment limitations’, ‘com-  
4 parable to’, and ‘applied no more strin-  
5 gently than’ have the meanings given such  
6 terms in sections 146 and 147 of title 45,  
7 Code of Federal Regulations (or any suc-  
8 cessor regulation).

9           “(B) ENFORCEMENT.—

10           “(i) PROCESS FOR COMPLAINTS.—The  
11 Secretary, in cooperation with the Secre-  
12 taries of Labor and the Treasury, as ap-  
13 propriate, shall, with respect to group  
14 health plans and health insurance issuers  
15 offering health insurance coverage in the  
16 group or individual market, issue guidance  
17 to clarify the process and timeline for cur-  
18 rent and potential participants and bene-  
19 ficiaries (and authorized representatives  
20 and health care providers of such partici-  
21 pants and beneficiaries) with respect to  
22 such plans and coverage to file formal  
23 complaints of such plans or issuers being  
24 in violation of this section, including guid-  
25 ance, by plan type, on the relevant State,

1 regional, and national offices with which  
2 such complaints should be filed.

3 “(ii) AUTHORITY FOR PUBLIC EN-  
4 FORCEMENT.—The Secretary, in consulta-  
5 tion with the Secretaries of Labor and the  
6 Treasury, shall make available to the pub-  
7 lic on the Consumer Parity Portal website  
8 established under paragraph (7) de-identi-  
9 fied information on audits and investiga-  
10 tions of group health plans and health in-  
11 surance issuers conducted under this sec-  
12 tion.

13 “(iii) AUDITS.—

14 “(I) RANDOMIZED AUDITS.—The  
15 Secretary in cooperation with the Sec-  
16 retaries of Labor and the Treasury, is  
17 authorized to conduct randomized au-  
18 dits of group health plans and health  
19 insurance issuers offering health in-  
20 surance coverage in the group or indi-  
21 vidual market to determine compli-  
22 ance with this section. Such audits  
23 shall be conducted on no fewer than  
24 twelve plans and issuers per plan  
25 year. Information from such audits

1 shall be made plainly available on the  
2 Consumer Parity Portal website es-  
3 tablished under paragraph (7).

4 “(II) ADDITIONAL AUDITS.—In  
5 the case of a group health plan or  
6 health insurance issuer offering health  
7 insurance coverage in the group or in-  
8 dividual market with respect to which  
9 any claim has been filed during a plan  
10 year, the Secretary may audit the  
11 books and records of such plan or  
12 issuer to determine compliance with  
13 this section. Information detailing the  
14 results of the audit shall be made  
15 available on the Consumer Parity Por-  
16 tal website established under para-  
17 graph (7).

18 “(iv) DENIAL RATES.—The Secretary  
19 shall collect information on the rates of  
20 and reasons for denial by group health  
21 plans and health insurance issuers offering  
22 health insurance coverage in the group or  
23 individual market of claims for outpatient  
24 and inpatient mental health and substance  
25 use disorder services compared to the rates



1 of and reasons for denial of claims for  
2 medical and surgical services. For the first  
3 plan year beginning at least two years  
4 after the date of the enactment of this  
5 paragraph and each subsequent plan year,  
6 the Secretary shall submit to the Energy  
7 and Commerce Committee of the House of  
8 Representatives and the Committee on  
9 Health, Education, Labor, and Pensions of  
10 the Senate, and make plainly available on  
11 the Consumer Parity Portal website under  
12 paragraph (7), the information collected  
13 under the previous sentence with respect to  
14 the previous plan year.

15 “(7) CONSUMER PARITY PORTAL WEBSITE.—  
16 The Secretary, in consultation with the Secretaries  
17 of Labor and the Treasury, shall establish a one-  
18 stop Internet website portal for—

19 “(A) submitting complaints and violations  
20 relating to this section, section 712 of the Em-  
21 ployee Retirement Income Security Act of 1974,  
22 and section 9812 of the Internal Revenue Code  
23 of 1986; and

24 “(B) for each of such Secretaries to submit  
25 information in order to provide such informa-

1           tion to health care consumers pursuant to para-  
2           graph (6), section 712(a)(6) of the Employee  
3           Retirement Income Security Act of 1974, and  
4           section 9812(a)(6) of the Internal Revenue  
5           Code of 1986.

6           Such portal shall have the ability to take basic infor-  
7           mation related to the complaint, including name,  
8           contact information, and brief narrative, and trans-  
9           mit such information in a timely fashion to the ap-  
10          propriate State or Federal enforcement agency. Once  
11          the consumer information is submitted, such portal  
12          shall provide the consumer with contact information  
13          for the appropriate enforcement agency to follow-up  
14          on the complaint.”.

15          (b) EMPLOYEE RETIREMENT INCOME SECURITY ACT  
16          OF 1974.—Section 712(a) of the Employee Retirement In-  
17          come Security Act of 1974 (29 U.S.C. 1185a(a)) is  
18          amended by adding at the end the following new para-  
19          graph:

20                   “(6) DISCLOSURE AND ENFORCEMENT RE-  
21                   QUIREMENTS.—

22                           “(A) DISCLOSURE REQUIREMENTS.—

23                                   “(i) REGULATIONS.—Not later than  
24                                   June 30, 2016, the Secretary, in coopera-  
25                                   tion with the Secretaries of Health and

1 Human Services and the Treasury, as ap-  
2 propriate, shall issue additional regulations  
3 for carrying out this section, including an  
4 explanation of documents that must be dis-  
5 closed by plans and issuers, the process  
6 governing such disclosures by plans and  
7 issuers, and analyses that must be con-  
8 ducted by plans and issuers by a group  
9 health plan (and health insurance coverage  
10 offered in connection with such a plan) in  
11 order for such plan or issuer to dem-  
12 onstrate compliance with the provisions of  
13 this section.

14 “(ii) DISCLOSURE REQUIREMENTS.—  
15 Documents required to be disclosed by a  
16 group health plan (and health insurance  
17 coverage offered in connection with such a  
18 plan) under clause (i) shall include an an-  
19 nual report that details the specific anal-  
20 yses performed to ensure compliance of  
21 such plan or coverage with the law and  
22 regulations. At a minimum, with respect to  
23 the application of non-quantitative treat-  
24 ment limitations (in this paragraph re-

1                   ferred to as NQTLs) to benefits under the  
2                   plan or coverage, such report shall—

3                   “(I) identify the specific factors  
4                   the plan or coverage used in per-  
5                   forming its NQTL analysis;

6                   “(II) identify and define the spe-  
7                   cific evidentiary standards relied on to  
8                   evaluate the factors;

9                   “(III) describe how the evi-  
10                  dentiary standards are applied to each  
11                  service category for mental health,  
12                  substance use disorders, medical bene-  
13                  fits, and surgical benefits;

14                  “(IV) disclose the results of the  
15                  analyses of the specific evidentiary  
16                  standards in each service category;  
17                  and

18                  “(V) disclose the specific findings  
19                  of the plan or coverage in each service  
20                  category and the conclusions reached  
21                  with respect to whether the processes,  
22                  strategies, evidentiary standards, or  
23                  other factors used in applying the  
24                  NQTL to mental health or substance  
25                  use disorder benefits are comparable

1 to, and applied no more stringently  
2 than, the processes, strategies, evi-  
3 dentiary standards, or other factors  
4 used in applying the limitation with  
5 respect to medical and surgical bene-  
6 fits in the same classification.

7 “(iii) GUIDANCE.—The Secretary, in  
8 cooperation with the Secretaries of Health  
9 and Human Services and the Treasury, as  
10 appropriate, shall issue guidance to group  
11 health plans (and health insurance cov-  
12 erage offered in connection with such a  
13 plan) on how to satisfy the requirements of  
14 this section with respect to making infor-  
15 mation available to current and potential  
16 participants and beneficiaries. Such infor-  
17 mation shall include certificate of coverage  
18 documents and instruments under which  
19 the plan or coverage involved is adminis-  
20 tered and operated that specify, include, or  
21 refer to procedures, formulas, and meth-  
22 odologies applied to determine a partici-  
23 pant or beneficiary’s benefit under the plan  
24 or coverage, regardless of whether such in-  
25 formation is contained in a document des-

1           ignated as the ‘plan document’. Such guid-  
2           ance shall include a disclosure of how the  
3           plan or coverage involved has provided that  
4           processes, strategies, evidentiary stand-  
5           ards, and other factors used in applying  
6           the NQTL to mental health or substance  
7           use disorder benefits are comparable to,  
8           and applied no more stringently than, the  
9           processes, strategies, evidentiary stand-  
10          ards, or other factors used in applying the  
11          limitation with respect to medical and sur-  
12          gical benefits in the same classification.

13           “(iv) DEFINITIONS.—In this para-  
14          graph, the terms ‘non-quantitative treat-  
15          ment limitations’, ‘comparable to’, and ‘ap-  
16          plied no more stringently than’ have the  
17          meanings given such terms in sections 146  
18          and 147 of title 45, Code of Federal Regu-  
19          lations (or any successor regulation).

20          “(B) ENFORCEMENT.—

21           “(i) PROCESS FOR COMPLAINTS.—The  
22          Secretary, in cooperation with the Secre-  
23          taries of Health and Human Services and  
24          the Treasury, as appropriate, shall, with  
25          respect to group health plans (and health

1 insurance coverage offered in connection  
2 with such a plan), issue guidance to clarify  
3 the process and timeline for current and  
4 potential participants and beneficiaries  
5 (and authorized representatives and health  
6 care providers of such participants and  
7 beneficiaries) with respect to such plans  
8 (and coverage) to file formal complaints of  
9 such plans (or coverage) being in violation  
10 of this section, including guidance, by plan  
11 type, on the relevant State, regional, and  
12 national offices with which such complaints  
13 should be filed.

14 “(ii) AUTHORITY FOR PUBLIC EN-  
15 FORCEMENT.—The Secretary, in consulta-  
16 tion with the Secretaries of Labor and the  
17 Treasury, shall make available to the pub-  
18 lic on the Consumer Parity Portal website  
19 established under section 2726(a)(7) of the  
20 Public Health Service Act de-identified in-  
21 formation on audits and investigations of  
22 group health plans (and health insurance  
23 coverage offered in connection with such a  
24 plan) conducted under this section.

25 “(iii) AUDITS.—

1                   “(I) RANDOMIZED AUDITS.—The  
2                   Secretary in cooperation with the Sec-  
3                   retaries of Health and Human Serv-  
4                   ices and the Treasury, is authorized  
5                   to conduct randomized audits of  
6                   group health plans (and health insur-  
7                   ance coverage offered in connection  
8                   with such a plan) to determine com-  
9                   pliance with this section. Such audits  
10                  shall be conducted on no fewer than  
11                  twelve plans and coverage per plan  
12                  year. Information from such audits  
13                  shall be made plainly available on the  
14                  Consumer Parity Portal website es-  
15                  tablished under section 2726(a)(7) of  
16                  the Public Health Service Act.

17                  “(II) ADDITIONAL AUDITS.—In  
18                  the case of a group health plan (and  
19                  health insurance coverage offered in  
20                  connection with such a plan) with re-  
21                  spect to which any claim has been  
22                  filed during a plan year, the Secretary  
23                  may audit the books and records of  
24                  such plan (or coverage) to determine  
25                  compliance with this section. Informa-



1           tion detailing the results of the audit  
2           shall be made available on the Con-  
3           sumer Parity Portal website estab-  
4           lished under section 2726(a)(7) of the  
5           Public Health Service Act.

6           “(iv) DENIAL RATES.—The Secretary  
7           shall collect information on the rates of  
8           and reasons for denial by group health  
9           plans (and health insurance coverage of-  
10          fered in connection with such a plan) of  
11          claims for outpatient and inpatient mental  
12          health and substance use disorder services  
13          compared to the rates of and reasons for  
14          denial of claims for medical and surgical  
15          services. For the first plan year beginning  
16          at least two years after the date of the en-  
17          actment of this paragraph and each subse-  
18          quent plan year, the Secretary shall submit  
19          to the Energy and Commerce Committee  
20          of the House of Representatives and the  
21          Committee on Health, Education, Labor,  
22          and Pensions of the Senate, and make  
23          plainly available on the Consumer Parity  
24          Portal website under section 2726(a)(7) of  
25          the Public Health Service Act, the infor-

1           mation collected under the previous sen-  
2           tence with respect to the previous plan  
3           year.”.

4           (c) INTERNAL REVENUE CODE OF 1986.—Section  
5 9812(a) of the Internal Revenue Code of 1986 is amended  
6 by adding at the end the following new paragraph:

7           “(6) DISCLOSURE AND ENFORCEMENT RE-  
8           QUIREMENTS.—

9           “(A) DISCLOSURE REQUIREMENTS.—

10           “(i) REGULATIONS.—Not later than  
11           June 30, 2016, the Secretary, in coopera-  
12           tion with the Secretaries of Health and  
13           Human Services and Labor, as appro-  
14           priate, shall issue additional regulations for  
15           carrying out this section, including an ex-  
16           planation of documents that must be dis-  
17           closed by plans and issuers, the process  
18           governing such disclosures by plans and  
19           issuers, and analyses that must be con-  
20           ducted by plans and issuers by a group  
21           health plan in order for such plan to dem-  
22           onstrate compliance with the provisions of  
23           this section.

24           “(ii) DISCLOSURE REQUIREMENTS.—  
25           Documents required to be disclosed by a

1 group health plan under clause (i) shall in-  
2 clude an annual report that details the spe-  
3 cific analyses performed to ensure compli-  
4 ance of such plan with the law and regula-  
5 tions. At a minimum, with respect to the  
6 application of non-quantitative treatment  
7 limitations (in this paragraph referred to  
8 as NQTLs) to benefits under the plan,  
9 such report shall—

10 “(I) identify the specific factors  
11 the plan used in performing its NQTL  
12 analysis;

13 “(II) identify and define the spe-  
14 cific evidentiary standards relied on to  
15 evaluate the factors;

16 “(III) describe how the evi-  
17 dentiary standards are applied to each  
18 service category for mental health,  
19 substance use disorders, medical bene-  
20 fits, and surgical benefits;

21 “(IV) disclose the results of the  
22 analyses of the specific evidentiary  
23 standards in each service category;  
24 and

1                   “(V) disclose the specific findings  
2                   of the plan in each service category  
3                   and the conclusions reached with re-  
4                   spect to whether the processes, strate-  
5                   gies, evidentiary standards, or other  
6                   factors used in applying the NQTL to  
7                   mental health or substance use dis-  
8                   order benefits are comparable to, and  
9                   applied no more stringently than, the  
10                  processes, strategies, evidentiary  
11                  standards, or other factors used in ap-  
12                  plying the limitation with respect to  
13                  medical and surgical benefits in the  
14                  same classification.

15                  “(iii) GUIDANCE.—The Secretary, in  
16                  cooperation with the Secretaries of Health  
17                  and Human Services and Labor, as appro-  
18                  priate, shall issue guidance to group health  
19                  plans on how to satisfy the requirements of  
20                  this section with respect to making infor-  
21                  mation available to current and potential  
22                  participants and beneficiaries. Such infor-  
23                  mation shall include certificate of coverage  
24                  documents and instruments under which  
25                  the plan involved is administered and oper-

1 ated that specify, include, or refer to pro-  
2 cedures, formulas, and methodologies ap-  
3 plied to determine a participant or bene-  
4 ficiary’s benefit under the plan, regardless  
5 of whether such information is contained  
6 in a document designated as the ‘plan doc-  
7 ument’. Such guidance shall include a dis-  
8 closure of how the plan involved has pro-  
9 vided that processes, strategies, evidentiary  
10 standards, and other factors used in apply-  
11 ing the NQTL to mental health or sub-  
12 stance use disorder benefits are com-  
13 parable to, and applied no more stringently  
14 than, the processes, strategies, evidentiary  
15 standards, or other factors used in apply-  
16 ing the limitation with respect to medical  
17 and surgical benefits in the same classi-  
18 fication.

19 “(iv) DEFINITIONS.—In this para-  
20 graph, the terms ‘non-quantitative treat-  
21 ment limitations’, ‘comparable to’, and ‘ap-  
22 plied no more stringently than’ have the  
23 meanings given such terms in sections 146  
24 and 147 of title 45, Code of Federal Regu-  
25 lations (or any successor regulation).

1 “(B) ENFORCEMENT.—

2 “(i) PROCESS FOR COMPLAINTS.—The  
3 Secretary, in cooperation with the Secre-  
4 taries of Health and Human Services and  
5 Labor, as appropriate, shall, with respect  
6 to group health plans, issue guidance to  
7 clarify the process and timeline for current  
8 and potential participants and beneficiaries  
9 (and authorized representatives and health  
10 care providers of such participants and  
11 beneficiaries) with respect to such plans to  
12 file formal complaints of such plans being  
13 in violation of this section, including guid-  
14 ance, by plan type, on the relevant State,  
15 regional, and national offices with which  
16 such complaints should be filed.

17 “(ii) AUTHORITY FOR PUBLIC EN-  
18 FORCEMENT.—The Secretary, in consulta-  
19 tion with the Secretaries of Labor and the  
20 Treasury, shall make available to the pub-  
21 lic on the Consumer Parity Portal website  
22 established under section 2726(a)(7) of the  
23 Public Health Service Act de-identified in-  
24 formation on audits and investigations of

1 group health plans conducted under this  
2 section.

3 “(iii) AUDITS.—

4 “(I) RANDOMIZED AUDITS.—The  
5 Secretary in cooperation with the Sec-  
6 retaries of Health and Human Serv-  
7 ices and Labor, is authorized to con-  
8 duct randomized audits of group  
9 health plans to determine compliance  
10 with this section. Such audits shall be  
11 conducted on no fewer than twelve  
12 plans per plan year. Information from  
13 such audits shall be made plainly  
14 available on the Consumer Parity Por-  
15 tal website established under section  
16 2726(a)(7) of the Public Health Serv-  
17 ice Act.

18 “(II) ADDITIONAL AUDITS.—In  
19 the case of a group health plan with  
20 respect to which any claim has been  
21 filed during a plan year, the Secretary  
22 may audit the books and records of  
23 such plan to determine compliance  
24 with this section. Information detail-  
25 ing the results of the audit shall be

1           made available on the Consumer Par-  
2           ity Portal website established under  
3           section 2726(a)(7) of the Public  
4           Health Service Act.

5           “(iv) DENIAL RATES.—The Secretary  
6           shall collect information on the rates of  
7           and reasons for denial by group health  
8           plans of claims for outpatient and inpa-  
9           tient mental health and substance use dis-  
10          order services compared to the rates of and  
11          reasons for denial of claims for medical  
12          and surgical services. For the first plan  
13          year beginning at least two years after the  
14          date of the enactment of this paragraph  
15          and each subsequent plan year, the Sec-  
16          retary shall submit to the Energy and  
17          Commerce Committee of the House of  
18          Representatives and the Committee on  
19          Health, Education, Labor, and Pensions of  
20          the Senate, and make plainly available on  
21          the Consumer Parity Portal website under  
22          section 2726(a)(7) of the Public Health  
23          Service Act, the information collected  
24          under the previous sentence with respect to  
25          the previous plan year.”.



1 (d) GAO STUDY ON MENTAL HEALTH AND SUB-  
2 STANCE USE PARITY ENFORCEMENT EFFORTS.—Not  
3 later than one year after the date of enactment of this  
4 Act, the Comptroller General of the United States, in con-  
5 sultation with the Secretary of Health and Human Serv-  
6 ices, the Secretary of Labor, and the Secretary of the  
7 Treasury, shall submit to Congress, and make plainly  
8 available on the Consumer Parity Portal website under  
9 paragraph (7) of section 2726(a) of the Public Health  
10 Service Act (42 U.S.C. 300gg–26(a)), as added by sub-  
11 section (a), a report detailing the enforcement efforts of  
12 the responsible departments and agencies in implementing  
13 sections 2726 of the Public Health Service Act 42 U.S.C.  
14 300gg–26), 712 of the Employee Retirement Income Se-  
15 curity Act of 1974 (29 U.S.C. 1185a), and 9812 of the  
16 Internal Revenue Code of 1986, including—

17 (1) the number of investigations and audits  
18 that have been conducted into potential parity viola-  
19 tions; and

20 (2) details on the investigation, audits, or en-  
21 forcement action that was carried out as a result of  
22 such investigations that would not identify the sub-  
23 ject of such investigation or enforcement.

24 (e) AUTHORIZATION OF APPROPRIATIONS.—There is  
25 authorized to be appropriated \$2,000,000 for each of fis-

1 cal years 2016 through 2020 to carry out this section, in-  
2 cluding the amendments made by this section.

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