

1 insurance issuers or insurers for the provision of dental,
2 vision, mental health, and other benefits and services.

3 **SEC. 222. ESSENTIAL BENEFITS PACKAGE DEFINED.**

4 (a) IN GENERAL.—In this division, the term “essen-
5 tial benefits package” means health benefits coverage,
6 consistent with standards adopted under section 224, to
7 ensure the provision of quality health care and financial
8 security, that—

9 (1) provides payment for the items and services
10 described in subsection (b) in accordance with gen-
11 erally accepted standards of medical or other appro-
12 priate clinical or professional practice;

13 (2) limits cost-sharing for such covered health
14 care items and services in accordance with such ben-
15 efit standards, consistent with subsection (c);

16 (3) does not impose any annual or lifetime limit
17 on the coverage of covered health care items and
18 services;

19 (4) complies with section 215(a) (relating to
20 network adequacy); and

21 (5) is equivalent in its scope of benefits, as cer-
22 tified by Office of the Actuary of the Centers for
23 Medicare & Medicaid Services, to the average pre-
24 vailing employer-sponsored coverage in Y1.

1 In order to carry out paragraph (5), the Secretary of
2 Labor shall conduct a survey of employer-sponsored cov-
3 erage to determine the benefits typically covered by em-
4 ployers, including multiemployer plans, and provide a re-
5 port on such survey to the Health Benefits Advisory Com-
6 mittee and to the Secretary of Health and Human Serv-
7 ices.

8 (b) MINIMUM SERVICES TO BE COVERED.—Subject
9 to subsection (d), the items and services described in this
10 subsection are the following:

11 (1) Hospitalization.

12 (2) Outpatient hospital and outpatient clinic
13 services, including emergency department services.

14 (3) Professional services of physicians and other
15 health professionals.

16 (4) Such services, equipment, and supplies inci-
17 dent to the services of a physician's or a health pro-
18 fessional's delivery of care in institutional settings,
19 physician offices, patients' homes or place of resi-
20 dence, or other settings, as appropriate.

21 (5) Prescription drugs.

22 (6) Rehabilitative and habilitative services.

23 (7) Mental health and substance use disorder
24 services, including behavioral health treatments.

1 (8) Preventive services, including those services
2 recommended with a grade of A or B by the Task
3 Force on Clinical Preventive Services and those vac-
4 cines recommended for use by the Director of the
5 Centers for Disease Control and Prevention.

6 (9) Maternity care.

7 (10) Well-baby and well-child care and oral
8 health, vision, and hearing services, equipment, and
9 supplies for children under 21 years of age.

10 (11) Durable medical equipment, prosthetics,
11 orthotics and related supplies.

12 (e) REQUIREMENTS RELATING TO COST-SHARING
13 AND MINIMUM ACTUARIAL VALUE.—

14 (1) NO COST-SHARING FOR PREVENTIVE SERV-
15 ICES.—There shall be no cost-sharing under the es-
16 sential benefits package for—

17 (A) preventive items and services rec-
18 ommended with a grade of A or B by the Task
19 Force on Clinical Preventive Services and those
20 vaccines recommended for use by the Director
21 of the Centers for Disease Control and Preven-
22 tion; or

23 (B) well-baby and well-child care.

24 (2) ANNUAL LIMITATION.—