

119<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 9107

To amend the Patient Protection and Affordable Care Act to provide that qualified health plans are not required to use a provider network.

---

## IN THE HOUSE OF REPRESENTATIVES

JUNE 2, 2026

Mr. RULLI (for himself, Mr. GRIFFITH, Mr. BALDERSON, and Mr. BEAN of Florida) introduced the following bill; which was referred to the Committee on Energy and Commerce

---

## A BILL

To amend the Patient Protection and Affordable Care Act to provide that qualified health plans are not required to use a provider network.

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 “Patient Choice and  
5 Access Act of 2026”.

1 **SEC. 2. PROVIDING THAT QUALIFIED HEALTH PLANS ARE**  
2 **NOT REQUIRED TO USE A PROVIDER NET-**  
3 **WORK.**

4 (a) IN GENERAL.—Section 1311(c)(2) of the Patient  
5 Protection and Affordable Care Act (42 U.S.C.  
6 18031(c)(2)) is amended—

7 (1) in the paragraph heading, by inserting “;  
8 CLARIFICATION ON USE OF PROVIDER NETWORKS”  
9 after “RULE OF CONSTRUCTION”;

10 (2) by striking “Nothing in” and inserting:

11 “(A) RULE OF CONSTRUCTION.—Nothing  
12 in”; and

13 (3) by adding at the end the following new sub-  
14 paragraph:

15 “(B) CLARIFICATION ON USE OF PRO-  
16 VIDER NETWORKS.—For plan years beginning  
17 on or after January 1, 2027, the Secretary may  
18 not require a plan to maintain a provider net-  
19 work in order to meet the criteria established  
20 under subparagraphs (B) and (C) of paragraph  
21 (1).”.

22 (b) EXCHANGE CERTIFICATION.—Section  
23 1311(e)(1)(B) of the Patient Protection and Affordable  
24 Care Act (42 U.S.C. 18031(e)(1)(B)) is amended—

25 (1) in clause (ii), by striking “or” at the end;

1           (2) in clause (iii), by striking the period at the  
2           end and inserting “; or”; and

3           (3) by adding at the end the following new  
4           clause:

5                       “(iv) for plan years beginning on or  
6                       after January 1, 2027, on the basis that  
7                       the plan does not maintain a provider net-  
8                       work.”.

9           (c) TRANSPARENCY REQUIREMENTS FOR QUALIFIED  
10          HEALTH PLANS WITHOUT PROVIDER NETWORKS.—Sec-  
11          tion 1311(c)(1) of the Patient Protection and Affordable  
12          Care Act (42 U.S.C. 18031(c)(1)) is amended—

13               (1) in subparagraph (H), by striking “and” at  
14               the end;

15               (2) in subparagraph (I), by striking the period  
16               at the end and inserting “; and”; and

17               (3) by adding at the end the following new sub-  
18               paragraph:

19                       “(J) for plan years beginning on or after  
20                       January 1, 2027, in the case of a plan that  
21                       does not maintain a provider network—

22                               “(i) provide information in plain lan-  
23                               guage to plan enrollees and potential en-  
24                               rollees with respect to expected out-of-

1 pocket costs and the potential for balance  
2 billing; and  
3 “(ii) provide adequate customer serv-  
4 ice or online provider search assistance re-  
5 sources to assist plan enrollees and poten-  
6 tial enrollees in finding providers in their  
7 area who will accept the plan’s benefit  
8 amounts as payment in full for items and  
9 services for which benefits are available  
10 under the plan.”.

○