“SEC. 2730. CONTINUITY OF CARE.

“(a) Ensuring Continuity of Care With Respect to Terminations of Certain Contractual Relationships Resulting in Changes in Provider Network Status.—

“(1) In general.—In the case of an individual with benefits under a group health plan or group or individual health insurance coverage offered by a health insurance issuer and with respect to a health care provider or facility that has a contractual relationship with such plan or such issuer (as applicable) for furnishing items and services under such plan or such coverage, if, while such individual is a continuing care patient (as defined in subsection (b)) with respect to such provider or facility—

“(A) such contractual relationship is terminated (as defined in subsection (b));

“(B) benefits provided under such plan or such health insurance coverage with respect to such provider or facility are terminated because of a change in the terms of the participation of such provider or facility in such plan or coverage; or

“(C) a contract between such group health plan and a health insurance issuer offering health insurance coverage in connection with
such plan is terminated, resulting in a loss of
benefits provided under such plan with respect
to such provider or facility;
the plan or issuer, respectively, shall meet the re-
quirements of paragraph (2) with respect to such in-
dividual.
“(2) REQUIREMENTS.—The requirements of
this paragraph are that the plan or issuer—
“(A) notify each individual enrolled under
such plan or coverage who is a continuing care
patient with respect to a provider or facility at
the time of a termination described in para-
graph (1) affecting such provider or facility on
a timely basis of such termination and such in-
dividual’s right to elect continued transitional
care from such provider or facility under this
section;
“(B) provide such individual with an op-
portunity to notify the plan or issuer of the in-
dividual’s need for transitional care; and
“(C) permit the patient to elect to continue
to have benefits provided under such plan or
such coverage, under the same terms and condi-
tions as would have applied and with respect to
such items and services as would have been cov-
ered under such plan or coverage had such term-
ination not occurred, with respect to the
course of treatment furnished by such provider
or facility relating to such individual’s status as
a continuing care patient during the period be-
inning on the date on which the notice under
subparagraph (A) is provided and ending on the
earlier of—

“(i) the 90-day period beginning on
such date; or

“(ii) the date on which such individual
is no longer a continuing care patient with
respect to such provider or facility.

“(b) DEFINITIONS.—In this section:

“(1) CONTINUING CARE PATIENT.—The term
‘continuing care patient’ means an individual who,
with respect to a provider or facility—

“(A) is undergoing a course of treatment
for a serious and complex condition from the
provider or facility;

“(B) is undergoing a course of institu-
tional or inpatient care from the provider or fa-
cility;

“(C) is scheduled to undergo nonelective
surgery from the provider, including receipt of
postoperative care from such provider or facility
with respect to such a surgery;

“(D) is pregnant and undergoing a course
of treatment for the pregnancy from the pro-
vider or facility; or

“(E) is or was determined to be terminally
ill (as determined under section 1861(dd)(3)(A)
of the Social Security Act) and is receiving
treatment for such illness from such provider or
facility.

“(2) **SERIOUS AND COMPLEX CONDITION.**—The
term ‘serious and complex condition’ means, with re-
spect to a participant, beneficiary, or enrollee under
a group health plan or health insurance coverage—

“(A) in the case of an acute illness, a con-
dition that is serious enough to require special-
ized medical treatment to avoid the reasonable
possibility of death or permanent harm; or

“(B) in the case of a chronic illness or con-
dition, a condition that is—

“(i) is life-threatening, degenerative,
potentially disabling, or congenital; and

“(ii) requires specialized medical care
over a prolonged period of time.
“(3) TERMINATED.—The term ‘terminated’ includes, with respect to a contract, the expiration or nonrenewal of the contract, but does not include a termination of the contract for failure to meet applicable quality standards or for fraud.

SEC. 2731. INFORMATION REQUIRED TO BE INCLUDED ON HEALTH INSURANCE MEMBERSHIP CARDS.

“In the case of a group health plan or health insurance issuer offering group or individual health insurance coverage that provides a physical or electronic card indicating membership in such plan or coverage to an individual enrolled under such plan or coverage, such group health plan or issuer shall include on such card each of the following:

“(1) The nearest hospital to the primary residence of such individual that has in effect a contractual relationship with such plan or coverage for furnishing items and services under such plan or coverage.

“(2) A telephone number or Internet website address through which such individual may seek consumer assistance information, such as information related to hospitals and urgent care facilities that have in effect a contractual relationship with such