nal Revenue Code of 1986 is amended by adding at the end the following new item:

"Sec. 9826. Prior authorization requirements.".

SEC. 802. BILLING REQUIREMENTS FOR ON-CAMPUS AND OFF-CAMPUS DEPARTMENTS OF A PROVIDER.

(a) IN GENERAL.—Part E of title XXVII of the Public Health Service Act (42 U.S.C. 300gg–131 et seq.) is amended by adding at the end the following new section:

"SEC. 2799B–10. BILLING REQUIREMENTS FOR ON-CAMPUS AND OFF-CAMPUS DEPARTMENTS OF A PROVIDER.

"(a) IN GENERAL.—A health care provider or facility may not, with respect to items and services furnished to an individual at an off-campus outpatient department of a provider or with respect to applicable items and services furnished to an individual at an on-campus outpatient department of a provider, on or after January 1, 2026 bill more than one fee for a given item or service. A health care provider and a facility are prohibited from—

"(1) sending separate bills to patients or group health plans or health insurance issuers from the provider and from the facility, for a given item or service; or

"(2) charging add-on fees, such as facility fees, with respect to items and services so furnished, to patients, plans, or issuers; or

"(3) charging a fee that exceeds the qualifying payment amount, calculated in accordance with section 2799A1(a)(3)(E), for items and services provided in an office setting.

"(b) DEFINITIONS.—In this section:

"(1) The term 'applicable items and services'—

"(A) includes evaluation and management services and telehealth services, and low-complexity services that can safely and appropriately be provided in ambulatory settings outside of outpatient department in the majority of circumstances (as the Secretary may determine by rulemaking); and

"(B) does not include emergency or trauma services.

"(2) The term 'off-campus outpatient department of a provider'—

"(A) means a department of a provider (as defined in section 413.65(a)(2) of title 42 of the Code of Federal Regulations, as in effect as of the date of the enactment of this paragraph) that is not located—

"(i) on the campus (as defined in such section 413.65(a)(2)) of such provider; or

"(ii) within the distance (described in such definition of campus) from a remote location of a hospital facility (as defined in such section 413.65(a)(2)); and

"(B) for purposes of subsection (a), excludes dedicated emergency departments (as defined in section 489.24(b) of title 42 of the Code of Federal Regulations).

"(3) The term 'on-campus outpatient department of a provider' means a department of a provider (as defined in section 413.65(a)(2) of title 42 of the Code of Federal Regulations, as in effect as of the date of the enactment of this paragraph) that is located—

"(A) on the campus (as defined in such section 413.65(a)(2)) of such provider; or

"(B) within the distance (described in such definition of campus) from a remote location of a hospital facility (as defined in such section 413.65(a)(2)).

"(c) OTHER REQUIREMENTS RELATING TO UNIQUE HEALTH IDENTIFIERS.—

"(1) IN GENERAL.—The standards specified under section 1173(b)(1) of the Social Security Act shall ensure that, not later than January 1, 2026,

each off-campus outpatient department of a provider is assigned a separate unique health identifier from such provider.

"(2) TREATMENT OF CERTAIN DEPARTMENTS AS SUBPARTS OF A HOSPITAL.—Not later than January 1, 2026, the Secretary shall revise sections 162.408 and 162.410 of title 45, Code of Federal Regulations, to ensure that each off-campus outpatient department of a provider is treated as a subpart (as described in such sections) of such provider and assigned a unique health identifier pursuant to paragraph (1).

"(3) SUBMISSION OF CLAIMS.—A health care provider or facility may not, with respect to items and services furnished to an individual at an off-campus outpatient department of a provider on or after January 1, 2026, submit a claim for such items and services to a group health plan or health insurance issuer offering group or individual health insurance coverage, and may not bill such an individual or hold such individual liable for such items and services, unless such items and services are billed—

"(A) using the separate unique health identifier established for such department pursuant to paragraph (1); and

"(B) on a HIPAA X12 837P transaction form or CMS 1500 form (or a successor transaction or form).".

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply with respect to claims submitted for items and services furnished in plan years that begin on or after January 1, 2026.

SEC. 803. PROHIBITING NONCOMPETE AGREEMENTS.

(a) PROHIBITION.—

(1) IN GENERAL.—Except as provided in subsection (b), no person shall enter into, enforce, or attempt to enforce a noncompete agreement with any individual who is employed by, or performs work under contract with, such person with respect to the activities of such person in or affecting commerce.

(2) EFFECT OF AGREEMENTS.—Except as provided in subsection (b), a noncompete agreement described in paragraph (1) shall have no force or effect.

(b) EXCEPTIONS.—

(1) SALE OF GOODWILL OR OWNERSHIP INTEREST.—