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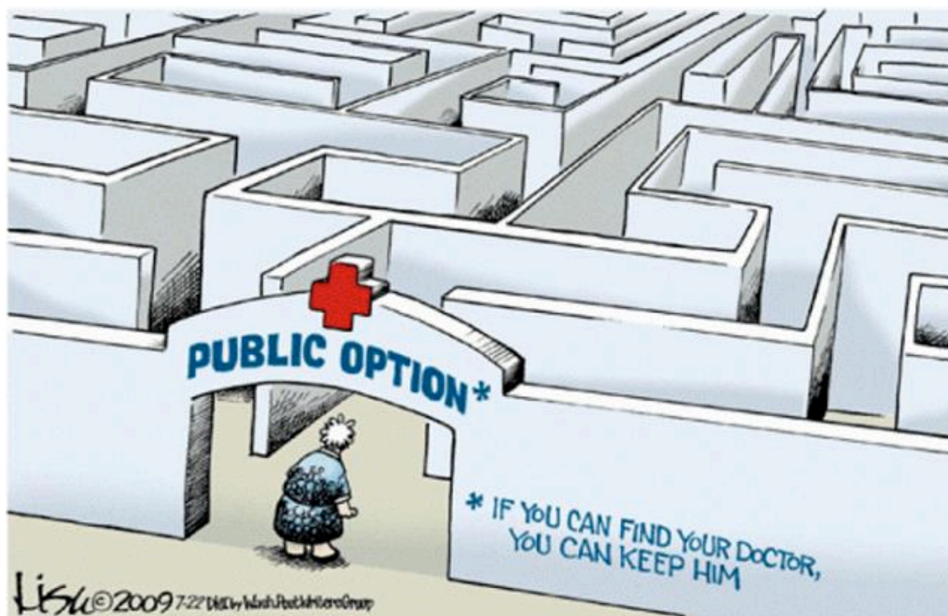
Health Care Solutions By RSC Members



The Republican Study Committee has become known as a fountain of robust, forward-thinking ideas and bold action. Continuously on the forefront of crafting positive, problem-solving solutions, RSC Members have introduced over 35 health care bills so far in the 111th Congress. This document summarizes each of those bills.

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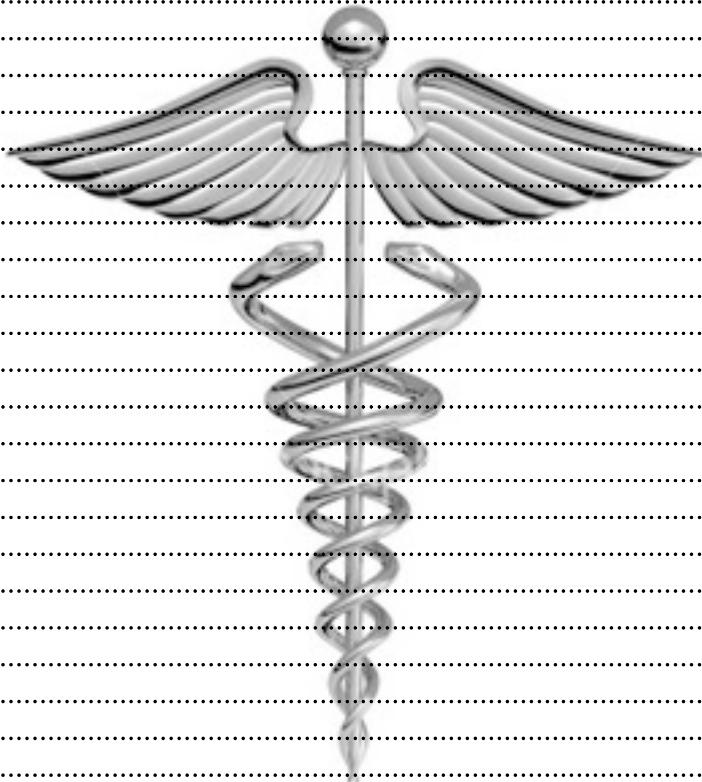

This document is for informational purposes only and may not be exhaustive.
The RSC does not necessarily endorse every bill listed here.

H.R. 77 – The Health Care Incentive Act
(Issa, R-CA)

Introduced: January 6, 2009

Summary: The Health Care Incentive Act allows for an employer, who is required by state law to pay an employee at a rate higher than the federally mandated minimum wage, to offer their employees health care benefits and get a credit toward the minimum wage for doing so.

This legislation instructs the Department of Labor to promulgate a rule to allow employers who participate in interstate commerce and whose state has a minimum wage higher than the federal minimum wage to include the value of health care benefits provided to an employee in determining the wage such employer is required to pay.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 109 – America's Affordable Health Care Act of 2009
(Fortenberry, R-NE)

Introduced: January 6, 2009

Summary: America's Affordable Health Care Act seeks to promote more affordable insurance options for individuals who do not receive health coverage through their employer, and also for those with complex or chronic health conditions. It permits insurance companies to offer policies with fewer mandated benefits, called "health benefit plans." It would allow individuals and families who do not receive health insurance coverage through their employer or from the government to have the option of purchasing one of these lower cost health benefit plans. These plans would be required to cover, at minimum, inpatient hospital services and physicians' surgical and medical services.

More specifically, it authorizes a health insurance issuer to apply to the Secretary of Health and Human Services to certify health insurance policies offered in the individual market as Health Benefit Plans. It will allow these certified plans to be offered to individuals in all states without regard to state and local mandated benefit laws. This legislation recognizes that for every mandated benefit, a certain segment of the population is priced out of the market and cannot afford health care coverage. Mandates may benefit the employer market, but can price individuals out of the individual market.

This legislation enhances coverage opportunities for those with complex or chronic conditions, by providing more funding to states for high-risk pools. High-risk pools offer insurance coverage options to individuals with pre-existing medical conditions who are otherwise unable to obtain insurance in the individual market. Specifically, it amends the Public Health Service Act to increase the authorization of appropriations for FY2010-FY2014 for grants to states for the creation and operation of qualified high risk health

insurance pools. It also authorizes funds to encourage state to adopt best practice protocols regarding the operation of high risk pools.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 198 - Health Care Tax Deduction Act of 2009 (Stearns, R-FL)

Introduced: January 6, 2009

Summary: The Health Care Tax Deduction Act will allow individuals to take a tax deduction from gross income for health insurance premiums and unreimbursed prescription drug expenses paid for by the taxpayer. This deduction covers health insurance premiums for the taxpayer, the taxpayers spouse, and dependents.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 270 – TRICARE Continuity of Coverage for National Guard and Reserve Families Act of 2009 (Latta, R-OH)

Introduced: January 7, 2009

Summary: This legislation allows retired members of the National Guard and Federal Reserve Components with 20 or more years of faithful and honorable service to purchase healthcare that was available to them during their time in active service or after they reach 60 years of age. Currently, members who have retired but are not yet 60 years of age are not eligible for TRICARE health insurance, and are referred to as being in the "gray area." Right now there are approximately 220,000 retirees that fall within the "gray area," with an additional 12,100 service members retiring and entering this status each year. CBO has not scored the legislation, however since this would allow "Gray Area" reservists to purchase TRICARE Standard health coverage at 100% of the premium, the sponsor office notes that the costs would be fully offset.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 321 – SCHIP Plus Act of 2009 (Fortenberry, R-NE)

Introduced: January 8, 2009

Summary: The State Children's Health Insurance Program (SCHIP) Plus Act would offer eligible families the choice of retaining coverage for their children in SCHIP or, alternatively, using SCHIP funds to help pay for insurance coverage for their children purchased from the private individual market. This latter option also permits families to use the funds toward the overall cost of a family insurance plan, so that children and parents are covered under one plan, rather than having children receive coverage under SCHIP while parents receive coverage under another insurance plan. This option is only for "targeted low-income children" or those SCHIP-eligible children of families at 200% of the federal poverty level or lower. Enrollment will be voluntary and offered as a coverage option along with traditional SCHIP coverage. Those electing such coverage shall be provided one opportunity per year to switch coverage from SCHIP to a private individual-style or family-style plan.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 464 – More Children, More Choices Act of 2009 (Price, R-GA)

Introduced: January 13, 2009

Summary: The More Children, More Choices Act reauthorizes the SCHIP program, provides a tax credit for families with children that are between 200% to 300% of the federal poverty level (FPL), and adopts a "federalism" healthcare initiative.

SCHIP will be reauthorized at $7 billion per year, increasing to $8 billion in 2014. This legislation will also provide $100 million per year for the outreach and enrollment of eligible, uninsured children. The limit for the SCHIP program will be set at 200% of the FPL, and states will be required to cover 90% of the eligible children before expanding programs further. This legislation will grandfather in all existing children and individuals, until their current waivers expire.

A tax credit of $1,400 will be provided for all children (insured or uninsured) in families that are between 200% and 300% of the FPL. This credit would be advanceable and refundable.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 502 – Health Care Freedom of Choice Act (Bachmann, R-MN)

Introduced: January 14, 2009

Summary: Under current law, medical care purchased through an employers insurance plan is tax-free, but the same premiums and expenses are not fully deductible if paid by an individual. In effect, the tax code forces working and retired Americans to seek health care through their jobs, preventing them from choosing their own plans, doctors, and treatments, and limiting their employment options due to medical considerations. Further compounding the problem, many businesses that provide health insurance offer employees the "choice" of only one plan. This legislation allows taxpayers to deduct the expenses paid during the taxable year, not compensated for by insurance or otherwise, for medical care of the taxpayer, the taxpayer's spouse, or a dependent.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 504 – Medicare Hearing Enhancement and Auditory Rehabilitation (HEAR) Act of 2009 (Bilirakis, R-FL)

Introduced: January 14, 2009

Summary: The Medicare Hearing Enhancement and Auditory Rehabilitation (HEAR) Act amends Medicare to cover hearing aids and auditory rehabilitation services under the Medicare program.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 544 – Flexible Health Savings Act of 2009 (Royce, R-CA)

Introduced: January 14, 2009

Summary: The Flexible Health Savings Act allows up to $500 of unused health benefits in a plan or other arrangement to be carried forward to the next plan year or be contributed to a health savings account or a qualified retirement plan. This can be done without affecting the status of such plan or arrangement as a tax-exempt employee benefit cafeteria plan.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 643 – Care for Life Act of 2009
(Fortenberry, R-NE)

Introduced: January 22, 2009

Summary: The Care for Life Act seeks to encourage and assist women throughout their pregnancies and after childbirth by providing services to help alleviate financial, social, emotional, and other difficulties that may otherwise compel a decision for abortion.

This legislation requires the development of a Pregnancy Care Information Service database which will include information on providers of pregnancy support services. It also establishes a toll-free number to provide referrals to pregnancy support services. A public outreach campaign will also be implemented to provide information on pregnancy support services to vulnerable women.

Grants may be awarded for the exclusive purpose of providing pregnancy support services. There will be an increase in the credit for the adoption of a special needs child from $10,000 to $15,000, and this credit will be refundable.

The legislation also prohibits private health insurers from imposing any preexisting condition exclusion against an expectant mother who has had at least 12 months of creditable coverage before seeking coverage. It also prohibits private health insurers from imposing a waiting period or otherwise discriminating in coverage or premiums related to pregnancy against a woman if she has had at least 12 months of creditable coverage. This provision will be made retroactive to January 1, 2009.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 917 – To Increase the Health Benefits of Dependents of Members of the Armed Forces Who Die Because of a Combat-Related Injury.
(Guthrie, R-KY)

Introduced: February 9, 2009

Summary: This legislation amends the TRICARE program (a Department of Defense [DOD] managed care program) to require that, when a member of the Armed Forces dies on or after September 11, 2001, because of a combat-related injury incurred while on active duty for a period of more than 30 days, the members dependents receiving benefits under a contract for medical and dental care shall continue to be eligible for benefits under TRICARE Prime.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 1075 – RECOVER Act (Restoring Essential Care for Our Veterans for Effective Recovery) (Scalise, R-LA)

Introduced: February 13, 2009

Summary: The RECOVER Act (Restoring Essential Care for Our Veterans for Effective Recovery) directs the Secretary of Veterans Affairs, in the event of a major disaster, in an area near a Department of Veterans Affairs (VA) medical facility, to contract with one or more non-VA facilities in that area to provide such services to veterans who reside within 150 miles of the VA facility that is unable to provide the services.

This requirement is inapplicable to a VA facility that is closed, or that the Secretary intends to close, as part of the Capital Asset Realignment for Enhanced Services (CARES) process.

This Act is applicable to any VA facility unable to provide covered services on or after August 29, 2005, by reason of a major disaster.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 1086 – Help Efficient, Accessible, Low-cost, Timely Healthcare (HEALTH) Act of 2009 (Gingrey, R-GA)

Introduced: February 13, 2009

Summary: Lawsuits are causing doctors to face skyrocketing insurance rates. The threat of litigation causes many physicians to practice "defensive medicine," recommending tests and procedures in order to limit future liability rather than focusing on the needs of their patients. The HEALTH Act, modeled after California's 30-year-old and highly successful health care litigation reforms, addresses the current crisis and will make health care delivery more accessible and cost-effective in the United States.

Under the HEALTH Act's guidelines, a plaintiff may recover punitive damages totaling either $250,000 or double the amount of economic damages awarded—whichever is greater. The HEALTH Act also lowers health care costs by preventing unfair double recoveries (i.e., a plaintiff being awarded future lost wages both by his insurance company and by a court judgment). This Act limits the number of years a plaintiff has to file a health care liability action to ensure that claims are brought while witnesses are available and memories fresh, and before evidence is destroyed. It also guarantees that health care lawsuits will be filed no later than 3 years after the date of injury, providing defendants with ample access to the evidence they need to defend themselves. In some circumstances, however, it is important to guarantee patients additional time to file a claim. Accordingly, the Act extends the statute of limitations for minors injured before age 6.

Instead of making a party responsible for another's negligence, this legislation ensures that a party will only be liable for that party's own share. Under the current system, defendants who are only 1% at fault may be held liable for 100% of the damages. This provision eliminates the incentive for plaintiffs' attorneys to search for "deep pockets" and pursue lawsuits against those minimally liable or not liable at all. It also requires that the jury be informed of any payments already made.

The Health Act does not limit the economic damages a patient can receive for physical injuries resulting from a provider's care, unless otherwise restricted by state law. Only unquantifiable non-economic damages, such as pain and suffering, are limited to no more than $250,000. The HEALTH Act does not put a hard cap punitive damages. Rather, it allows punitive damages to be the greater of two times the amount of economic damages awarded or $250,000. The bill also allows ensures that past and current expenses will continue to be paid at the time of judgment or settlement, while future damages can be funded over time. This ensures that a plaintiff will receive all her damages in a timely fashion without risking the bankruptcy of the defendant.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 1118 - Health Care Choices for Seniors Act (Blackburn, R-TN)

Introduced: February 23, 2009

Summary: Once an individual turns 65, he or she must sign up for Medicare Part A in order to receive Social Security payments. Once signed into Medicare, individuals can no longer contribute tax-free into their Health Savings Account. This bill allows individuals to opt-out of joining Medicare, while allowing them to still receive Social Security benefits. Also, if an individual chooses to opt out of Medicare, he or she will receive a voucher that is actuarially equivalent to the average (mean) Medicare payments to all individuals of that same age in the Medicare Part A program.

The legislation also eliminates Medicare late enrollment penalties between ages 65 and 70. This takes away one significant incentive for individuals to automatically join at 65. This allows 5 more years for individuals to choose when they want to join Medicare, stay with their private insurance company for a few years, or the opportunity to join Medicare for a few years, and then switch back.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 1441 – Ryan Dant Health Care Opportunity Act of 2009 (Marchant, R-TX)

Introduced: March 11, 2009

Summary: The Ryan Dant Health Care Opportunity Act will amend Medicaid, as amended by the Children's Health Insurance Program Reauthorization Act of 2009, to give states the option to disregard certain income in providing continued Medicaid coverage for certain individuals with extremely high annual lifelong orphan drug costs.

The legislation is designed to allow a Medicaid state option that would permit individuals to be released from the qualifying earnings restrictions. This legislation would apply only to individuals who have prescription drug costs of $200,000 a year or more and who are already on Medicaid. These individuals will be on Medicaid for the duration of the illnesses and some can work without most of the earnings restrictions.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 1458 – Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2009 (Camp, R-MI)

Introduced: March 12, 2009

Summary: The Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act will help kidney transplant recipients maintain Medicare Part B coverage of immunosuppressive drugs. These drugs are necessary to help reduce the likelihood of organ rejection.

Most kidney transplant recipients qualify for Medicare immunosuppressive drugs coverage, regardless of age, as individuals with end stage renal disease (ESRD) are entitled to Medicare coverage for kidney dialysis or transplantation if they or their spouse have paid into Social Security for a minimum of 40 quarters. However, unless they are also eligible for Medicare due to age or disability (receiving SSDI), their Medicare coverage ends 36 months post-transplant and they are forced to find other ways to pay for these expensive medications. Conversely, Medicare coverage for dialysis is indefinite.

Congress has acted previously to ensure access to these life saving medications for aged and disabled Medicare beneficiaries, but ESRD beneficiaries are still subject to the 36-month cap. This bill corrects this inequity, and would provide lifetime coverage of immunosuppressive drugs for kidney recipients who were ESRD beneficiaries at the time of transplant. The bill would eliminate the 36-month time limitation for the purposes of the transplant anti-rejection medications only -- all other Medicare coverage would cease three years after the transplant, as under current law.

Medicare spends approximately $17,000 annually on a beneficiary who has a functioning kidney transplant (after the first year of transplant), compared to $71,000 annually on a beneficiary who is on dialysis (Source: U.S. Renal Data System Annual Report, 2008).

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 1468 – Medical Justice Act of 2009 (Burgess, R-TX)

Introduced: March 12, 2009

Summary: The Medical Justice Act sets forth provisions regulating civil actions for an injury or death as the result of health care based on successful reforms adopted by the State of Texas. Caps will be placed on non-economic damages against healthcare practitioners and institutions. Caps will also be set on for wrongful death awards. This legislation also requires expert reports to be provided, and allows the payment of future damages to be made on a periodic or accrual basis.

The amount a person will be entitled to for non-economic damages will be set at $250,000 from a single institution or class of practitioner and $500,000 from a class of institutions for a total possible non-economic cap of $750,000 in some cases. The cap on a wrongful death award from a single healthcare practitioner will be set at $1,400,000 total. This amount includes compensatory, punitive, statutory, and other types of damages, and will be adjusted for inflation. The jury must be unanimous in both the liability of the practitioner and the amount of the award. A claim must be brought within 2 years of when the negligence or the health care on which the claim is based occurs. For individuals under age 12, a claim must be brought before the individual reaches age 14.

Not later than 120 days after filing, the party filing must present to the other parties a qualified expert report. This report is a written report by a qualified health care expert that includes a curriculum vitae of the expert, and a summary of the opinion as to the standard of care applicable, how that standard was not met, and the relationship between the two. This report may not be used during trial.

A defendant may initiate a settlement by serving one or more qualified offers to the person seeking damages. If the qualified settlement offer is not accepted and the offeree receives a judgment at trial that is significantly less favorable than that offer, the offeree is responsible for the litigation costs of the defendant.

Also, a health care practitioner that provides emergency health care on a Good Samaritan basis is not liable for damages except for willful or wanton negligence or more culpable misconduct.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 1658 – Veterans Healthcare Commitment Act of 2009 (Tiahrt, R-KS)

Introduced: March 19, 2009

Summary: Prohibits anything in current law provisions authorizing the recovery by the United States of the cost of certain medical care and services provided by the Department of Veterans Affairs (VA) to veterans for non-service-connected disabilities from allowing the United States to recover or collect any charges from any third party for care or services furnished to a veteran for a service-connected disability.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 1891 – Sunset of Life Protection Act of 2009 (Alexander, R-LA)

Introduced: April 2, 2009

Summary: The Sunset of Life Protection Act allows a deduction from gross income for 50% of long-term care premiums. This deduction is without regard to the 7.5 % adjusted gross income limitation applicable to other medical or dental expenses. This legislation also allows individual taxpayers to claim this tax deduction regardless of whether they itemize other deductions or not. This deduction applies to expenses for medical care of the taxpayer, the taxpayer's spouse, or a dependent.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 2051 – To Amend Title 10, United States Code, to Authorize Extended Benefits for Certain Autistic Dependents of Certain Retirees. (Miller, R-FL)

Introduced: April 22, 2009

Summary: This legislation revises TRICARE to authorize the Secretary of Defense to provide extended health care services and treatment for dependent autism-diagnosed children of military retirees who are not entitled to hospital insurance benefits under Part A of Medicare, and who are not enrolled under part B (Supplementary Medical Insurance) of such title. The health care services shall be entered into by the Secretary by way of contract with private providers.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 2373 – Home Oxygen Patient Protection Act of 2009 (Price, R-GA)

Introduced: May 12, 2009

Summary: The Centers for Medicare and Medicaid Services (CMS) released a rule in October 2008 that caps Medicare reimbursements for home oxygen suppliers at 36 months. Without adequate recognition of the services that home oxygen providers furnish, the quality of care that patients have come to expect will deteriorate, leading to an increase in the number of emergency room visits. This legislation amends part B (Supplementary Medical Insurance) of title XVIII (Medicare) of the Social Security Act to restore payments for home oxygen therapy through the beneficiary's period of medical need.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 2520 - Patients' Choice Act (Ryan, R-WI)

Introduced: May 20, 2009

Summary: The Patients' Choice Act would transform health care in America by strengthening the relationship between the patient and the doctor by using the forces of choice and competition rather than rationing and restrictions. It seeks to ensure universal, affordable health care for all Americans.

The Patients' Choice Act invests in prevention by establishing an Interagency Coordination Committee that will develop a national strategic plan for prevention. It also requires the development of a science-bases nutrition counseling brochure to be distributed to food stamp recipients and prohibits the purchase of foods that do not meet science-bases standards for proper nutrition.

This legislation outlines the requirements for certification of state-based health care exchanges to facilitate the purchase of innovative private health insurance. States are not required to create exchanges but have the option to do so. Any health insurance plan licensed in the state may participate in the exchange, but plans are not required to participate. Plans may still sell health insurance outside the exchange.

Under this bill, States may develop automatic enrollment procedures to ensure that any individual seeking health coverage has the opportunity to enroll in a plan of their choice. No one will be required to enroll in health insurance coverage. Plans offered through this exchange may not discriminate based on pre-existing conditions, so individuals are guaranteed access to a health insurance plan through the exchange.

Qualifying individuals will be eligible to receive an advanceable, refundable credit of at least $2,290 and $5,710 respectively in 2010, with subsequent annual cost-of-living

adjustments. Should the credit exceed the cost of a health insurance product, the excess amount will be deposited into a medical savings account, or a health savings account.

The current individual income tax exclusion for employment-based heath benefits will be converted into a tax cut for taxpayers. The exclusion of health benefits from FICA payroll taxes remains. Contributions made by employers toward employee health care are still deductible as a business expense deduction.

Long-term services in Medicaid will be expanded to include an array of services, including assistive technology, community treatment teams, recovery support, and transitional care without the need for federal waivers. The legislative reorganization includes authorization of $100 million annually in new grants to states for program integrity. It also includes authorization of $100 million in outreach grants and transition rules to ensure seamless transition and effective continuation of care.

The legislation also aids low income families. Each eligible family that enrolls in the supplemental health care assistance program shall be issued a debit card with a dollar-amount value that may be used to pay for qualifying health care expenses. Families whose annual income does not exceed 100% of the poverty level will be provided $5,000. Families whose annual income is between 100% and 120% will receive $4,000. An additional $1,000 is made available for each family in which there is a pregnancy during a 12-month period. An additional $500 is made available for each member of the family under the age of 1 year old.

Fixing Medicare is also a key part of this legislation. Inefficiencies will be eliminated to increase choice in Medicare Advantage. Wealthy Medicare beneficiaries will be required to contribute a little more for their care under Medicare Part D, and all seniors will be rewarded for preventative healthy behaviors.

Reform to tort litigation for medical malpractice claims is also a key part in reigning in out of control health care costs. Funding will be available for States to establish review panels or health care tribunals. Qualifying review panels will be comprised of medical experts and attorneys appointed by the state who review health care claims and make a determination as to the liability of the parties involved. Parties may reject the determination and file a claim relating to the injury in a state court. Any party filing in state court forfeits awards from panel determination. Qualifying health care tribunals are composed of judges with explicit expertise in health care litigation who review cases at the request of individuals who have a health care claim. After review of the case, the tribunal would make a determination as to the liability of the parties involved. Parties may reject the determination and file a claim relating to the injury in a state court. The third option allows states to utilize a combination of the review panel and health care tribunal.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 2607 - The Small Business Health Fairness Act
(Sam Johnson, R-TX)

Introduced: May 21, 2009

Summary: The rising cost of health insurance premiums is the biggest factor contributing to the decline of insured Americans, and the number one problem facing small businesses in this country. Estimates indicate 60 percent or more of the working uninsured work for or depend on small employers who lack the ability to provide health benefits for their workers. Working families should not have to face the struggles of everyday life without health insurance. This legislation would expand access to health coverage for uninsured families by creating Small Business Health Plans. These plans would allow small businesses to band together through associations and purchase quality health care for workers and their families at a lower cost. This pooling would increase small businesses' bargaining power with health care providers, give them freedom from costly state-mandated benefit packages, and lower their existing health care costs by as much as 30 percent.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 2692 – CAH Designation Waiver Authority Act of 2009
(Thornberry, R-TX)

Introduced: June 3, 2009

Summary: Every year, more and more of our rural community hospitals close due to higher costs and the inability to make ends meet. The loss of a hospital to a small rural community is often a serious blow to the whole community. The Critical Access Hospital designation is one way to equalize the playing field for these small community hospitals and to give them a chance at survival. H.R. 2692 would once again allow States the authority to waive the 35 mile requirement for Critical Access designation as long as a hospital meets all the other requirements for designation.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 2784 – Partnership to Improve Seniors Access to Medicare Act (Thornberry, R-TX)

Introduced: June 10, 2009

Summary: The Partnership to Improve Seniors Access to Medicare Act would create a program that would provide $20,000 a year in student loan repayment to medical professionals who agree to fill up to 30% of their practice for the year with Medicare patients. The goal of this bill is to provide an additional incentive for doctors, nurses, and other medical professionals to accept Medicare patients into their practice. As many of you know, it is becoming increasingly difficult to find a doctor who accepts Medicare in many areas of the country. Often, seniors are forced to drive great distances to find a doctor who accepts Medicare.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 2785 – Health Care Paperwork Reduction and Fraud Prevention Act (Thornberry, R-TX)

Introduced: June 10, 2009

Summary: The Health Care Paperwork Reduction and Fraud Prevention Act establishes a Commission on Billing Codes and Forms Simplification that is tasked with working with Medicare and the medical community to standardize and simplify billing practices while protecting patient privacy. The Commission would also study electronic forms and billing practices with the same goals in mind. This measure takes a practical approach by establishing pilot programs to work out the details with doctors, insurance companies, and government agencies before system-wide changes are implemented.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 2786 – Patient Fairness and Indigent Care Promotion Act of 2009 (Thornberry, R-TX)

Introduced: June 10, 2009

Summary: The Patient Fairness and Indigent Care Promotion Act would help doctors treat low-income patients by allowing them to deduct the costs of treatment as a bad debt write-off from their federal taxes. This measure will help provide incentives to doctors to treat more non-paying patients. The bill will also save the health care industry money because it is almost always more expensive to treat individuals in emergency rooms than in doctors' offices. As you know, the median cost of an emergency room visit is nearly five times the cost of a typical office visit, so the more people out of the emergency room, the more money saved throughout the entire health care system.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 2787 – Medical Liability Procedural Reform Act of 2009 (Thornberry, R-TX)

Introduced: June 10, 2009

Summary: The Medical Liability Procedural Reform Act will authorize the Attorney General to give grants to states that establish health care tribunals that provide alternatives to current tort litigation. The data collected in these projects will be used to improve patient care and decrease medical errors. With $60 to $108 billion being spent on defensive medicine every year, clearly change is needed. These tribunals will not only provide a more fair and predictable liability process for doctors, they will encourage the sharing of best practices among medical professionals in all states, leading to a safer, and more uniform medical system for all Americans.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 3141 – Strengthening the Health Care Safety Net Act of 2009 (Sullivan, R-OK)

Introduced: July 9, 2009

Summary: The Strengthening the Health Care Safety Net Act seeks to restore funding to Medicaid's Low Disproportionate Share Hospital (DSH) States for FY 2009. Since FY 2009, low DSH states are receiving limited consumer price index inflation adjustments to reimburse for uncompensated care costs for the indigent and uninsured. This legislation is intended to continue the increases to low DSH states and to create a grant program for local health care organizations willing to create a coordinated program to serve their low income and uninsured constituents.

A redistribution fund will be created for unused federal Medicaid DSH funds to strengthen the nation's health care safety net. Half of the funds will be redistributed to increase the availability of DSH funds to states currently receiving low or less than average DSH allotments, and the other half will be used to provide grant funds to integrated "health access networks" of community health centers, public hospitals, federally qualified health care centers, and other safety net providers.

This legislation will also keep funds allocated to the safety net with their providers, provide grant money to test implementation of high quality integrated networks of safety net providers, and update the grandfather clause of OB/GYN mandated services for low DSH states. It will also require that CMS create a DSH reporting document for allocations and expenditures and that all states' expenditures be recorded on the document, even if DSH money is being spent through a waiver.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 3217 - Health Care Choice Act (Shadegg, R-AZ)

Introduced: July 14, 2009

Summary: The Health Care Choice Act empowers consumers by giving them the ability to purchase an affordable health insurance policy with a range of options. It will allow consumers to purchase health insurance licensed in other states – expanding choice and increasing affordability. Interstate shopping is vital to bringing prices down through free enterprise. The National Center for Policy Analysis notes that a healthy 25-year-old male could purchase a basic health insurance policy in Kentucky for $960 a year. That same policy in New Jersey, however, would cost $5,880 a year. The Health Care Choice Act would enable the market to mitigate such enormous price differentials.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 3218 - Improving Health Care for All Americans Act (Shadegg, R-AZ)

Introduced: July 14, 2009

Summary: The bill allows Americans who do not have employer-sponsored care or those not satisfied with their employer-sponsored plan to buy their own plan on the same tax-advantaged basis their employer enjoys. Americans who pay income taxes get a dollar-for-dollar reduction in their tax bill up to $2500 for individuals and $5000 per family. Americans who don't pay income taxes get the same amount from the government to buy a policy of their choice; $2500 for individuals and $5000 per family. This credit is allowed only to citizens, nationals, and those who are lawfully present in the U.S.

This legislation creates expanded options for the purchase of low-cost health care from new pooling mechanisms. Insurance pools that Americans can select to join will be dramatically expanded by allowing churches, alumni associations, trade associations, and other civic groups to set up new insurance pools and offer affordable health care packages to their members. Instead of having only one group policy to choose from, under this bill, every American will be able to choose from a number of "group plans."

The Improving Health Care for All Americans Act takes a radically different approach in contrast to what has been discussed by President Obama, as well as Democrats in both chambers. It gives people choices and places American families back in control of their plans and their health care. This legislation will reduce the cost and improve the quality of health care while expanding access and portability.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 3356 – Medicare Beneficiary Freedom to Choose Act (Johnson, R-TX)

Introduced: July 28, 2009

Summary: Currently, seniors can opt out, or delay enrollment, in Medicare Parts B and D, but not Part A. That's due in large part to agency regulations that require a senior who receives their monthly Social Security benefit and is 65 to be automatically enrolled in Medicare Part A. This bill allows individuals to voluntarily opt out of Medicare Part A when they become eligible for the benefit. There are seniors who can afford to pay for and would prefer private health coverage who should be able to opt out of the Medicare program. There are other seniors who like the type of coverage they have, either through their retiree benefits or through their employer, that would like to opt out of Medicare Part A so they can keep their current coverage.

Estimates show that if 1% of seniors chose to opt out of Medicare, it could save up to $1.5 billion per year. Due to the increasing number of retirees, in 2017 that number increases to $3.4 billion per year. This bill would give individuals the ability to opt out of the Medicare Part A program once they become eligible.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 3372 – Health Care Over Use Reform Today Act (HEALTHCOURT Act) of 2009 (Price, R-GA)

Introduced: July 29, 2009

Summary: The Health Care Over Use Reform Today Act is a medical liability reform bill that develops performance-based quality measures established by the Physician Consortium for Performance Improvement (PCIP) and physician specialty organizations. It will establish a best-practices affirmative defense set by a qualified physician consensus-building organizations and physician specialty organizations. It will also allow for grants for State Health Courts for the resolution of disputes concerning injuries allegedly caused by health care providers.

The Secretary of Health and Human Services shall issue best-practice guidelines that have been endorsed by the qualified physician-based consensus entity and physician specialty organizations. If a physician has followed best practice guidelines then no non-economic damages will be awarded in trial. There will also be no punitive damages awarded against health care practitioners based on a claim that such treatment caused harm where that treatment was subject to review by the PCIP, that treatment was approved by the PCIP, or that treatment is generally recognized among qualified experts as safe, effective, and appropriate. There will be no presumption of negligence if a participating physician does not adhere to the guidelines, and states may build-upon these provisions in addition to this Act.

This Act will give grants to states to create administrative health care tribunals. Each case must first be reviewed by a panel of experts made up of no less than 3 and no more than 7 members (half must be physicians), selected by a state agency with clearly defined expertise. This panel will make a recommendation about liability and compensation. The parties my settle or may proceed to the tribunal. At the tribunal state, parties may be represented by counsel. The tribunal must be presided over by a special judge with health care expertise. The judge will have the authority to make binding rulings on standards or care, causation, compensation, and related issues. The legal standard for the tribunal will be gross negligence. If either party is displeased with the tribunal's decision, that party may appeal the decision to a state court, to preserve a trial by jury. Any determinations made by the panel and the tribunal will be admissible in court. Once one party appeals to a state court, any previous determinations are void. If the party that appeals to state court is unhappy with the court's decision, the party may not receive the compensation that the tribunal determined to be appropriate.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 3400 – Empowering Patients First Act
(Price, R-GA)

Introduced: July 30, 2009

Summary: The Empowering Patients First Act aims to increase patients' control over their health care decisions by offering more choices and the highest quality available. This legislation is centered on granting access to patient-controlled health insurance coverage for all Americans, while improving the health care delivery structure and reining in out-of control costs. There are limitations on federal funds being used for abortions, and this legislation only applies to legal permanent residents or citizens of the United States.

The purchase of health care will be made financially feasible using a hybrid tax structure. The income tax deduction on health care premiums will be extended to those who purchase coverage in the non-group/individual market. This deduction will be above the line, and will be capped to allow for a deduction up to the average value of the national health exclusion for employer sponsored insurance indexed for inflation. A low income tax credit will be provided for premiums on a sliding scale, phased out as income increases. The credit will be based on the average health care insurance costs across the U.S., offered at $2,000 for an individual, $4,000 for a couple, and $5,000 for a family. This credit will be advanceable and refundable for individuals and families up to 200% of the federal poverty level. It will be a phased out credit from 200% to 300% of the federal poverty level.

The Empowering Patients First Act will also allow individuals the choice to opt out of federal benefits, the Federal Employees Health Benefit Program (FEHBP), and employer subsidized group health plans. For example, an individual will be allowed to opt out of Medicare with the ability to retain their Social Security benefits.

This legislation protects employer-sponsored insurance by allowing for an employer to auto-enroll employees with an opt-out. Small businesses will receive tax incentives for this adoption. Employers will be required to disclose on their W2 Form the annual amount the employer spends on the employee's premium.

Improvements will also be made in the individual market by incorporating pooling mechanisms for small businesses (from H.R. 2607 by Congressman Johnson) and for individual membership accounts (from H.R. 3218 by Congressman Shadegg). Also incorporated will is H.R. 3217 by Congressman Shadegg, which will allow individuals to shop for insurance across state lines. An individual in a state may only shop across state lines if their state premium exceeds 10% above the national average. Those with pre-existing conditions or high health care needs will also be ensured coverage by an increased federal block grant for functioning, qualified high risk pools. States will not receive credits unless they establish a pool meeting certain criteria.

A key way to rein in on out-of-control costs is through medical liability reform. Caps on non-economic damages will be established by incorporating Congressman Gingrey's HEALTH Act of 2009 (H.R. 1086). Affirmative defense measures will be put into place through provider-established best-practice measures. There will be no presumption of negligence if a participating physician does not adhere to the guidelines.

This legislation will reform Medicare physician payments. It will rebase SGR and establish two separate conversion factors, one for primary care and one for all other services.

There will also be incentives for physicians. Primary care physicians will receive help with loan repayment, up to $50,000 after 5 years of practice. There will be a Health Professional Student Loan (HPSL) program created for medical schools which allow the deferment of payments until after full residency and any fellowship training programs are completed. Also, Emergency Room physicians will be allowed to receive a deduction for uncompensated care.

Also incorporated in this legislation are portions of H.R. 3176 from Congressman Barton in the 110th Congress. States will be required to cover 90% of SCHIP eligible individuals below 200% of the federal poverty level first before they can expand current eligibility levels. There will be vouchers to purchase Medicaid & SCHIP, and any unspent money will be refunded based on the state/federal share unless the enrollee has an Health Savings Account (HSA). The State will be required to include pathways for premium assistance for employer sponsored insurance as part of the State plan.

This legislation will also allow for employers to offer discounts for healthy habits. There will also be HSA clarification for the treatment of capitated primary care payments as amounts paid for medical care. This provision is also found in H.R. 2520 by Congressman Ryan.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 3438 – Access to Insurance for All Americans Act
(Issa, R-CA)

Introduced: July 31, 2009

Summary: The Access to Insurance for All Americans Act allows for non-federal employees to enroll in the same health care plan that is currently enjoyed by Members of Congress and federal employees through the Federal Employee Health Benefit Program. Individuals may enroll in a health benefits plan, unless the individual is enrolled or is eligible to enroll for coverage under a public health insurance program, like Medicare or Medicaid. Uniformed service members and those enrolled or eligible to enroll in a plan under Chapter 89 are not eligible.

This legislation would allow for a tax deduction equal to the amount paid for premiums during the taxable year for coverage for the taxpayer, spouse, and dependents. This legislation also allows the insurance plans to be portable, so employees can take their coverage with them when they change jobs.

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 3454 – Medicare Hospice Reform and Savings Act of 2009
(Sullivan, R-OK)

Introduced: July 31, 2009

Summary: The Medicare Hospice Reform and Savings Act directs the Centers for Medicare and Medicaid Services (CMS) to reform the hospice payment system, and provide relief to those hospices that have received demands from CMS for back payments for the 2006, 2007, and 2008 audit years. The legislation also repeals the Budget Neutrality Adjustment Factor (BNAF).

Status: Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

H.R. 3478 – Patient-Controlled Healthcare Protection Act of 2009 (Gohmert, R-TX)

Introduced: July 31, 2009

Summary: The Plan would provide incentives for employers, employees and the self-employed to purchase private insurance with a high deductible, while paying into a Health Savings Account (HSA). There is no limit on the amount that may be placed in the HSA**,** and any amount not used rolls over. It can also be gifted to other individuals' HSA, inherited by the HSA of heirs, and accessed by a debit card coded for healthcare purchases only.

Anyone eligible for Medicare, Medicaid, SCHIP or any combination has the option each year of having the federal government purchase private insurance with a high deductible, while also funding cash into a Health Savings Account that covers the deductible. This plan would put the country on a correction course to actually save money on healthcare each year, all while giving patients the control and coverage we have long desired.

This plan provides patients both choices and security, allowing the selection of the doctor you choose without interference from an insurance company or government bureaucrat. The legislation further provides for complete transparency in the cost of healthcare by requiring healthcare providers to produce a list of charges for procedures, treatments, or expenses to any potential patient, as well as the prices that are charged to other entities. Also, anyone seeking to travel or immigrate to the United States must provide proof that they will have full healthcare coverage while here. Such coverage may be through a sponsoring employer or a resident in whose household the immigrant intends to reside. Otherwise, a visa will not be granted. If healthcare coverage ceases while the migrant is here, then the visa expires. If someone who is illegally in the U.S. requires free healthcare, that alien will get it as the law requires, then be deported. Anyone who has been deported following the receipt of free healthcare, and is found again illegally in the U.S., will be guilty of committing a felony. The bill sponsor notes, **"**We simply cannot allow immigrants coming here illegally to bankrupt this nation so immigrants have no United States to come to legally. This will also protect the free market principles on which our nation was founded. This plan gives patients complete control and complete coverage that is affordable and accessible. Medicine will once again be about the patient's needs and the doctor's diagnosis, with true competition like we haven't had in a very long time, if ever."

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