

107TH CONGRESS
2D SESSION

S. 3063

To establish a Citizens Health Care Working Group to facilitate public debate about how to improve the health care system for Americans and to provide for a vote by Congress on the recommendations that are derived from this debate.

IN THE SENATE OF THE UNITED STATES

OCTOBER 7, 2002

Mr. WYDEN (for himself and Mr. HATCH) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To establish a Citizens Health Care Working Group to facilitate public debate about how to improve the health care system for Americans and to provide for a vote by Congress on the recommendations that are derived from this debate.

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 “Health Care That
5 Works for All Americans Act of 2002”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) In order to improve the health care system,
2 the American public must engage in an informed na-
3 tional public debate to make choices about the serv-
4 ices they want covered, what health care coverage
5 they want, and how they are willing to pay for cov-
6 erage.

7 (2) More than a trillion dollars annually is
8 spent on the health care system, yet—

9 (A) 41,000,000 Americans are uninsured;

10 (B) insured individuals do not always have
11 access to essential, effective services to improve
12 and maintain their health; and

13 (C) employers, who cover over 170,000,000
14 Americans, find providing coverage increasingly
15 difficult because of rising costs and double digit
16 premium increases.

17 (3) Despite increases in medical care spending
18 that are greater than the rate of inflation, popu-
19 lation growth, and Gross Domestic Product growth,
20 there has not been a commensurate improvement in
21 our health status as a nation.

22 (4) Health care costs for even just 1 member
23 of a family can be catastrophic, resulting in medical
24 bills potentially harming the economic stability of
25 the entire family.

1 (5) Common life occurrences can jeopardize the
2 ability of a family to retain private coverage or jeop-
3 ardize access to public coverage.

4 (6) Innovations in health care access, coverage,
5 and quality of care, including the use of technology,
6 have often come from States, local communities, and
7 private sector organizations, but more creative poli-
8 cies could tap this potential.

9 (7) Despite our Nation’s wealth, the health care
10 system does not provide coverage to all Americans
11 who want it.

12 **SEC. 3. PURPOSES.**

13 The purposes of this Act are—

14 (1) to provide for a nationwide public debate
15 about improving the health care system to provide
16 every American with the ability to obtain quality, af-
17 fordable health care coverage; and

18 (2) to provide for a vote by Congress on the
19 recommendations that result from the debate.

20 **SEC. 4. CITIZENS’ HEALTH CARE WORKING GROUP.**

21 (a) ESTABLISHMENT.—The Secretary, acting
22 through the Agency for Healthcare Research and Quality,
23 shall establish an entity to be known as the Citizens’
24 Health Care Working Group (referred to in this Act as
25 the “Working Group”).

1 (b) APPOINTMENT.—Not later than 45 days after the
 2 date of enactment of this Act, the Speaker and Minority
 3 Leader of the House of Representatives and the Majority
 4 Leader and Minority Leader of the Senate (in this section
 5 referred to as the “leadership”) shall each appoint individ-
 6 uals to serve as members of the Working Group in accord-
 7 ance with subsections (c), (d), and (e).

8 (c) MEMBERSHIP CRITERIA.—

9 (1) APPOINTED MEMBERS.—

10 (A) SEPARATE APPOINTMENTS.—The
 11 Speaker of the House of Representatives jointly
 12 with the Minority Leader of the House of Rep-
 13 resentatives, and the Majority Leader of the
 14 Senate jointly with the Minority Leader of the
 15 Senate, shall each appoint 1 member of the
 16 Working Group described in subparagraphs
 17 (A), (G), (J), (K), and (M) of paragraph (2).

18 (B) JOINT APPOINTMENTS.—Members of
 19 the Working Group described in subparagraphs
 20 (B), (C), (D), (E), (F), and (N) of paragraph
 21 (2) shall be appointed jointly by the leadership.

22 (C) COMBINED APPOINTMENTS.—Members
 23 of the Working Group described in subpara-
 24 graphs (H) and (L) shall be appointed in the
 25 following manner:

1 (i) One member of the Working
2 Group in each of such subparagraphs shall
3 be appointed jointly by the leadership.

4 (ii) The remaining appointments of
5 the members in each of such subpara-
6 graphs shall be divided equally such that
7 the Speaker of the House of Representa-
8 tives jointly with the Minority Leader of
9 the House of Representatives, and the Ma-
10 jority Leader of the Senate jointly with the
11 Minority Leader of the Senate each ap-
12 point an equal number of members.

13 (2) CATEGORIES OF APPOINTED MEMBERS.—
14 Members of the Working Group shall be appointed
15 as follows:

16 (A) 2 members shall be patients or family
17 members of patients who, at least 1 year prior
18 to the date of enactment of this Act, have had
19 no health insurance.

20 (B) 1 member shall be a representative of
21 children.

22 (C) 1 member shall be a representative of
23 the mentally ill.

24 (D) 1 member shall be a representative of
25 the disabled.

1 (E) 1 member shall be over the age of 65
2 and a beneficiary under the medicare program
3 established under title XVIII of the Social Se-
4 curity Act (42 U.S.C. 1395 et seq.).

5 (F) 1 member shall be a recipient of bene-
6 fits under the medicaid program under title
7 XIX of the Social Security Act (42 U.S.C. 1396
8 et seq.).

9 (G) 2 members shall be State health offi-
10 cials.

11 (H) 3 members shall be employers, includ-
12 ing—

13 (i) 1 large employer (an employer who
14 employed 50 or more employees on busi-
15 ness days during the preceding calendar
16 year and who employed at least 50 employ-
17 ees on the first of the year);

18 (ii) 1 small employer (an employer
19 who employed an average of at least 2 em-
20 ployees but less than 50 employees on
21 business days in the preceding calendar
22 year and who employs at least 2 employees
23 on the first of the year); and

24 (iii) 1 multi-state employer.

1 (I) 1 member shall be a representative of
2 labor.

3 (J) 2 members shall be health insurance
4 issuers.

5 (K) 2 members shall be health care pro-
6 viders.

7 (L) 5 members shall be appointed as fol-
8 lows:

9 (i) 1 economist.

10 (ii) 1 academician.

11 (iii) 1 health policy researcher.

12 (iv) 1 individual with expertise in
13 pharmacoeconomics.

14 (v) 1 health technology expert.

15 (M) 2 members shall be representatives of
16 community leaders who have developed State or
17 local community solutions to the problems ad-
18 dressed by the Working Group.

19 (N) 1 member shall be a representative of
20 a medical school.

21 (3) SECRETARY.—The Secretary of Health and
22 Human Services or the designee of the Secretary of
23 Health and Human Services shall be a member of
24 the Working Group.

1 (d) PROHIBITED APPOINTMENTS.—Members of the
 2 Working Group shall not include members of Congress or
 3 other elected government officials (Federal, State, or
 4 local) other than those individuals specified in subsection
 5 (c). To the extent possible, individuals appointed to the
 6 Working Group shall have used the health care system
 7 within the previous 2 years and shall not be paid employ-
 8 ees or representatives of associations or advocacy organi-
 9 zations involved in the health care system.

10 (e) APPOINTMENT CRITERIA.—

11 (1) HOUSE OF REPRESENTATIVES.—The
 12 Speaker and Minority Leader of the House of Rep-
 13 resentatives shall make the appointments described
 14 in subsection (b) in consultation with the chair-
 15 person and ranking member of the following commit-
 16 tees of the House of Representatives:

17 (A) The Committee on Ways and Means.

18 (B) The Committee on Energy and Com-
 19 merce.

20 (C) The Committee on Education and the
 21 Workforce.

22 (2) SENATE.—The Majority Leader and Minor-
 23 ity Leader of the Senate shall make the appoint-
 24 ments described in subsection (b) in consultation

1 with the chairperson and ranking member of the fol-
2 lowing committees of the Senate:

3 (A) The Committee on Finance.

4 (B) The Committee on Health, Education,
5 Labor, and Pensions.

6 (f) PERIOD OF APPOINTMENT.—Members of the
7 Working Group shall be appointed for a term of 2 years.
8 Such term is renewable and any vacancies shall not affect
9 the power and duties of the Working Group but shall be
10 filled in the same manner as the original appointment.

11 (g) APPOINTMENT OF THE CHAIRPERSON.—Not
12 later than 15 days after the date on which all members
13 of the Working Group have been appointed under sub-
14 section (b), the leadership shall make a joint designation
15 of the chairperson of the Working Group. If the leadership
16 fails to make such designation within such time period,
17 the Working Group Members shall, not later than 10 days
18 after the end of such time period, designate a chairperson
19 by majority vote.

20 (h) SUBCOMMITTEES.—The Working Group may es-
21 tablish subcommittees if doing so increases the efficiency
22 of the Working Group in completing its tasks.

23 (i) DUTIES.—

24 (1) HEARINGS.—Not later than 90 days after
25 the date of appointment of the chairperson under

1 subsection (g), the Working Group shall hold hear-
2 ings to examine—

3 (A) the capacity of the public and private
4 health care systems to expand coverage options;

5 (B) the cost of health care and the effec-
6 tiveness of care provided at all stages of dis-
7 ease, but in particular the cost of services at
8 the end of life;

9 (C) innovative State strategies used to ex-
10 pand health care coverage and lower health care
11 costs;

12 (D) local community solutions to accessing
13 health care coverage;

14 (E) efforts to enroll individuals currently
15 eligible for public or private health care cov-
16 erage;

17 (F) the role of evidence-based medical
18 practices that can be documented as restoring,
19 maintaining, or improving a patient's health,
20 and the use of technology in supporting pro-
21 viders in improving quality of care and lowering
22 costs; and

23 (G) strategies to assist purchasers of
24 health care, including consumers, to become

1 more aware of the impact of costs, and to lower
2 the costs of health care.

3 (2) ADDITIONAL HEARINGS.—The Working
4 Group may hold additional hearings on subjects
5 other than those listed in paragraph (1) so long as
6 such hearings are determined to be necessary by the
7 Working Group in carrying out the purposes of this
8 Act. Such additional hearings do not have to be
9 completed within the time period specified in para-
10 graph (1) but shall not delay the other activities of
11 the Working Group under this section.

12 (3) THE HEALTH REPORT TO THE AMERICAN
13 PEOPLE.—Not later than 90 days after the hearings
14 described in paragraphs (1) and (2) are completed,
15 the Working Group shall prepare and make available
16 to health care consumers through the Internet and
17 other appropriate public channels, a report to be en-
18 titled, “The Health Report to the American People”.
19 Such report shall be understandable to the general
20 public and include—

21 (A) a summary of—

22 (i) health care and related services
23 that may be used by individuals through-
24 out their life span;

1 (ii) the cost of health care services
2 and their medical effectiveness in providing
3 better quality of care for different age
4 groups;

5 (iii) the source of coverage and pay-
6 ment, including reimbursement, for health
7 care services;

8 (iv) the reasons people are uninsured
9 or underinsured and the cost to taxpayers,
10 purchasers of health services, and commu-
11 nities when Americans are uninsured or
12 underinsured;

13 (v) the impact on health care out-
14 comes and costs when individuals are
15 treated in later stages of disease;

16 (vi) health care cost containment
17 strategies; and

18 (vii) information on health care needs
19 that need to be addressed;

20 (B) examples of community strategies to
21 provide health care coverage or access;

22 (C) information on geographic-specific
23 issues relating to health care;

24 (D) information concerning the cost of
25 care in different settings, including institu-

1 tional-based care and home and community-
2 based care;

3 (E) a summary of ways to finance health
4 care coverage; and

5 (F) the role of technology in providing fu-
6 ture health care including ways to support the
7 information needs of patients and providers.

8 (4) COMMUNITY MEETINGS.—

9 (A) IN GENERAL.—Not later than 1 year
10 after the date of enactment of this Act, the
11 Working Group shall initiate health care com-
12 munity meetings throughout the United States
13 (in this section referred to as “community
14 meetings”). Such community meetings may be
15 geographically or regionally based and shall be
16 completed within 180 days after the initiation
17 of the first meeting.

18 (B) NUMBER OF MEETINGS.—The Work-
19 ing Group shall hold a sufficient number of
20 community meetings in order to receive infor-
21 mation that reflects—

22 (i) the geographic differences through-
23 out the United States;

24 (ii) diverse populations; and

1 (iii) a balance among urban and rural
2 populations.

3 (C) MEETING REQUIREMENTS.—

4 (i) FACILITATOR.—A State health of-
5 ficer may be the facilitator at the commu-
6 nity meetings.

7 (ii) ATTENDANCE.—At least 1 mem-
8 ber of the Working Group shall attend and
9 serve as chair of each community meeting.
10 Other members may participate through
11 interactive technology.

12 (iii) TOPICS.—The community meet-
13 ings shall, at a minimum, address the fol-
14 lowing issues:

15 (I) The optimum way to balance
16 costs and benefits so that affordable
17 health coverage is available to as
18 many people as possible.

19 (II) The identification of services
20 that provide cost-effective, essential
21 health care services to maintain and
22 improve health and which should be
23 included in health care coverage.

24 (III) The cost of providing in-
25 creased benefits.

1 (IV) The mechanisms to finance
2 health care coverage, including defin-
3 ing the appropriate financial role for
4 individuals, businesses, and govern-
5 ment.

6 (iv) INTERACTIVE TECHNOLOGY.—
7 The Working Group may encourage public
8 participation in community meetings
9 through interactive technology and other
10 means as determined appropriate by the
11 Working Group.

12 (D) INTERIM REQUIREMENTS.—Not later
13 than 180 days after the date of completion of
14 the community meetings, the Working Group
15 shall prepare and make available to the public
16 through the Internet and other appropriate
17 public channels, an interim set of recommenda-
18 tions on health care coverage and ways to im-
19 prove and strengthen the health care system
20 based on the information and preferences ex-
21 pressed at the community meetings. There shall
22 be a 90-day public comment period on such rec-
23 ommendations.

24 (j) RECOMMENDATIONS.—Not later than 120 days
25 after the expiration of the public comment period de-

1 scribed in subsection (h)(3)(D), the Working Group shall
2 submit to Congress and the President a final set of rec-
3 ommendations, including any proposed legislative lan-
4 guage to implement such recommendations.

5 (k) ADMINISTRATION.—

6 (1) EXECUTIVE DIRECTOR.—There shall be an
7 Executive Director of the Working Group who shall
8 be appointed by the chairperson of the Working
9 Group in consultation with the members of the
10 Working Group.

11 (2) COMPENSATION.—While serving on the
12 business of the Working Group (including travel
13 time), a member of the Working Group shall be enti-
14 tled to compensation at the per diem equivalent of
15 the rate provided for level IV of the Executive
16 Schedule under section 5315 of title 5, United
17 States Code, and while so serving away from home
18 and the member's regular place of business, a mem-
19 ber may be allowed travel expenses, as authorized by
20 the chairperson of the Working Group. For purposes
21 of pay and employment benefits, rights, and privi-
22 leges, all personnel of the Working Group shall be
23 treated as if they were employees of the Senate.

24 (3) INFORMATION FROM FEDERAL AGENCIES.—

25 The Working Group may secure directly from any

1 Federal department or agency such information as
2 the Working Group considers necessary to carry out
3 this Act. Upon request of the Working Group, the
4 head of such department or agency shall furnish
5 such information.

6 (4) POSTAL SERVICES.—The Working Group
7 may use the United States mails in the same man-
8 ner and under the same conditions as other depart-
9 ments and agencies of the Federal Government.

10 (l) DETAIL.—Not more than 10 Federal Government
11 employees employed by the Department of Labor and 10
12 Federal Government employees employed by the Depart-
13 ment of Health and Human Services may be detailed to
14 the Working Group under this section without further re-
15 imbursement. Any detail of an employee shall be without
16 interruption or loss of civil service status or privilege.

17 (m) TEMPORARY AND INTERMITTENT SERVICES.—
18 The chairperson of the Working Group may procure tem-
19 porary and intermittent services under section 3109(b) of
20 title 5, United States Code, at rates for individuals which
21 do not exceed the daily equivalent of the annual rate of
22 basic pay prescribed for level V of the Executive Schedule
23 under section 5316 of such title.

24 (n) ANNUAL REPORT.—Not later than 1 year after
25 the date of enactment of this Act, and annually thereafter

1 during the existence of the Working Group, the Working
 2 Group shall report to Congress and make public a detailed
 3 description of the expenditures of the Working Group used
 4 to carry out its duties under this section.

5 (o) SUNSET OF WORKING GROUP.—The Working
 6 Group shall terminate when the report described in sub-
 7 section (j) is submitted to Congress.

8 **SEC. 5. CONGRESSIONAL ACTION.**

9 (a) DRAFTING.—If the Working Group does not pro-
 10 vide legislative language in the report under section 4(j)
 11 then the committees described in paragraphs (1) and (2)
 12 of section 4(e) may draft legislative language based on the
 13 recommendations of the Working Group.

14 (b) BILL INTRODUCTION.—

15 (1) IN GENERAL.—Any legislative language de-
 16 scribed in subsection (a) may be introduced as a bill
 17 by request in the following manner:

18 (A) HOUSE OF REPRESENTATIVES.—In the
 19 House of Representatives, by the Majority
 20 Leader and the Minority Leader not later than
 21 10 days after receipt of the legislative language.

22 (B) SENATE.—In the Senate, by the Ma-
 23 jority Leader and the Minority Leader not later
 24 than 10 days after receipt of the legislative lan-
 25 guage.

1 (2) ALTERNATIVE BY ADMINISTRATION.—The
2 President may submit legislative language based on
3 the recommendations of the Working Group and
4 such legislative language may be introduced in the
5 manner described in paragraph (1).

6 (c) COMMITTEE CONSIDERATION.—

7 (1) IN GENERAL.—Any legislative language
8 submitted pursuant to paragraph (1) or (2) of sub-
9 section (b) (in this section referred to as “imple-
10 menting legislation”) shall be referred to the appro-
11 priate committees of the House of Representatives
12 and the Senate.

13 (2) REPORTING.—

14 (A) COMMITTEE ACTION.—If, not later
15 than 150 days after the date on which the im-
16 plementing legislation is referred to a com-
17 mittee under paragraph (1), the committee has
18 reported the implementing legislation or has re-
19 ported an original bill whose subject is related
20 to reforming the health care system, or to pro-
21 viding access to affordable health care coverage
22 for Americans, the regular rules of the applica-
23 ble House of Congress shall apply to such legis-
24 lation.

25 (B) DISCHARGE FROM COMMITTEES.—

1 (i) SENATE.—

2 (I) IN GENERAL.—If the imple-
3 menting legislation or an original bill
4 described in subparagraph (A) has not
5 been reported by a committee of the
6 Senate within 180 days after the date
7 on which such legislation was referred
8 to committee under paragraph (1), it
9 shall be in order for any Senator to
10 move to discharge the committee from
11 further consideration of such imple-
12 menting legislation.

13 (II) SEQUENTIAL REFERRALS.—
14 Should a sequential referral of the im-
15 plementing legislation be made, the
16 additional committee has 30 days for
17 consideration of implementing legisla-
18 tion before the discharge motion de-
19 scribed in subclause (I) would be in
20 order.

21 (III) PROCEDURE.—The motion
22 described in subclause (I) shall not be
23 in order after the implementing legis-
24 lation has been placed on the cal-
25 endar. While the motion described in

1 subclause (I) is pending, no other mo-
2 tions related to the motion described
3 in subclause (I) shall be in order. De-
4 bate on a motion to discharge shall be
5 limited to not more than 10 hours,
6 equally divided and controlled by the
7 majority leader and the minority lead-
8 er, or their designees. An amendment
9 to the motion shall not be in order,
10 nor shall it be in order to move to re-
11 consider the vote by which the motion
12 is agreed or disagreed to.

13 (IV) EXCEPTION.—If imple-
14 menting language is submitted on a
15 date later than May 1 of the second
16 session of a Congress, the committee
17 shall have 90 days to consider the im-
18 plementing legislation before a motion
19 to discharge under this clause would
20 be in order.

21 (ii) HOUSE OF REPRESENTATIVES.—
22 If the implementing legislation or an origi-
23 nal bill described in subparagraph (A) has
24 not been reported out of a committee of
25 the House of Representatives within 180

1 days after the date on which such legisla-
2 tion was referred to committee under para-
3 graph (1), then on any day on which the
4 call of the calendar for motions to dis-
5 charge committees is in order, any member
6 of the House of Representatives may move
7 that the committee be discharged from
8 consideration of the implementing legisla-
9 tion, and this motion shall be considered
10 under the same terms and conditions, and
11 if adopted the House of Representatives
12 shall follow the procedure described in sub-
13 section (d)(1).

14 (d) FLOOR CONSIDERATION.—

15 (1) MOTION TO PROCEED.—If a motion to dis-
16 charge made pursuant to subsection (c)(2)(B)(i) or
17 (c)(2)(B)(ii) is adopted, then, not earlier than 5 leg-
18 islative days after the date on which the motion to
19 discharge is adopted, a motion may be made to pro-
20 ceed to the bill.

21 (2) FAILURE OF MOTION.—If the motion to dis-
22 charge made pursuant to subsection (c)(2)(B)(i) or
23 (c)(2)(B)(ii) fails, such motion may be made not
24 more than 2 additional times, but in no case more
25 frequently than within 30 days of the previous mo-

1 tion. Debate on each of such motions shall be limited
2 to 5 hours, equally divided.

3 (3) APPLICABLE RULES.—Once the Senate is
4 debating the implementing legislation the regular
5 rules of the Senate shall apply.

6 **SEC. 6. AUTHORIZATION OF APPROPRIATIONS.**

7 (a) IN GENERAL.—There are authorized to be appro-
8 priated to carry out this Act, other than section 4(i)(3),
9 \$3,000,000 for each of fiscal years 2003, 2004, 2005.

10 (b) HEALTH REPORT TO THE AMERICAN PEOPLE.—
11 There are authorized to be appropriated for the prepara-
12 tion and dissemination of the Health Report to the Amer-
13 ican People described in section 4(i)(3), such sums as may
14 be necessary for the fiscal year in which the report is re-
15 quired to be submitted.

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