

111TH CONGRESS
1ST SESSION

H. R. 4230

To limit access of Members of Congress to Government-administered health care benefits so long as comprehensive health reform legislation has not become law.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 8, 2009

Mr. BLUMENAUER introduced the following bill; which was referred to the Committee on House Administration, and in addition to the Committees on Oversight and Government Reform, Ways and Means, Energy and Commerce, and Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To limit access of Members of Congress to Government-administered health care benefits so long as comprehensive health reform legislation has not become law.

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 Reality
5 Check Act”.

1 **SEC. 2. LIMITING ACCESS OF MEMBERS OF CONGRESS TO**
2 **GOVERNMENT-ADMINISTERED HEALTH CARE**
3 **BENEFITS SO LONG AS COMPREHENSIVE**
4 **HEALTH REFORM LEGISLATION HAS NOT BE-**
5 **COME LAW.**

6 (a) IN GENERAL.—Effective for months beginning
7 after the date of the enactment of this Act, no Member
8 of or delegate to the United States House of Representa-
9 tives and no Member of the United States Senate shall
10 be eligible for any Government-administered health care
11 benefit until the first day of the first month following the
12 date on which comprehensive health reform legislation is
13 signed into law.

14 (b) DEFINITIONS.—In this section:

15 (1) GOVERNMENT-ADMINISTERED HEALTH
16 CARE BENEFIT.—The term “Government-adminis-
17 tered health care benefit” includes health care bene-
18 fits or services under or through any of the fol-
19 lowing:

20 (A) FEHBP.—Chapter 89 of title 5,
21 United States Code (relating to the Federal
22 Employees Health Benefits Program or
23 FEHBP).

24 (B) MEDICARE.—The Medicare program
25 under title XVIII of the Social Security Act.

1 (C) VA.—The Department of Veterans Af-
2 fairs.

3 (D) OAP.—The Office of the Attending
4 Physician in the United States Capitol.

5 (E) FSA.—Payment through a flexible
6 spending account program.

7 (2) COMPREHENSIVE HEALTH REFORM LEGIS-
8 LATION.—The term “comprehensive health reform
9 legislation” means an Act of Congress that includes
10 at least all of the following:

11 (A) Establishment of an inclusive and ac-
12 cessible health insurance marketplace which in-
13 cludes a public health insurance option.

14 (B) A prohibition of discrimination in
15 health benefits coverage based on pre-existing
16 conditions and a prohibition on the imposition
17 of lifetime limits on coverage.

18 (C) A limit on the ability of health insur-
19 ance issuers to charge higher premiums due to
20 health status, age, or gender.

21 (D) A requirement that health insurance
22 issuers expend a minimum medical loss ratio of
23 at least 85 percent of premium dollars on med-
24 ical care, rather than on administration, mar-
25 keting, and profit, and refund to consumers or

1 subsequently adjust premiums insofar as it fails
2 to meet such loss ratio.

3 (E) Establishment of an essential health
4 benefits requirement for all health insurance
5 coverage that includes coverage of hospitaliza-
6 tion, physician services, prescription drugs, pre-
7 ventive services with no cost-sharing, mental
8 health services, and oral health and vision for
9 children.

10 (F) Preserving individual choice of doctors
11 and health providers.

12 (G) Providing a sliding scale of afford-
13 ability credit to low- and moderate- income indi-
14 viduals and families and limiting annual out-of-
15 pocket spending for all income levels to prevent
16 bankruptcies from medical expenses.

17 (H) Creating shared responsibility among
18 individuals, employers, and government to en-
19 sure that all Americans have affordable cov-
20 erage of essential health benefits.

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