

111TH CONGRESS  
1ST SESSION

# S. 1165

To promote the development of health care cooperatives that will help businesses to pool the health care purchasing power of employers, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

JUNE 2, 2009

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

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## A BILL

To promote the development of health care cooperatives that will help businesses to pool the health care purchasing power of employers, and for other purposes.

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 “Promoting Health  
5       Care Purchasing Cooperatives Act”.

6       **SEC. 2. FINDINGS AND PURPOSE.**

7       (a) FINDINGS.—Congress makes the following find-  
8       ings:

1           (1) Health care spending in the United States  
2           has reached 16.2 percent of the Gross Domestic  
3           Product of the United States, yet over 46,000,000  
4           people remain uninsured.

5           (2) After nearly a decade of manageable in-  
6           creases in commercial insurance premiums, many  
7           employers are now faced with consecutive years of  
8           double-digit premium increases.

9           (3) Purchasing cooperatives owned by partici-  
10          pating businesses are a proven method of achieving  
11          the bargaining power necessary to manage the cost  
12          and quality of employer-sponsored health plans and  
13          other employee benefits.

14          (4) The Employer Health Care Alliance Cooper-  
15          ative has provided its members with health care pur-  
16          chasing power through provider contracting, data  
17          collection, activities to enhance quality improvements  
18          in the health care community, and activities to pro-  
19          mote employee health care consumerism.

20          (5) According to the National Business Coali-  
21          tion on Health, there are nearly 60 employer-led  
22          coalitions across the United States that collectively  
23          purchase health care, proactively challenge high  
24          costs and the inefficient delivery of health care, and  
25          share information on quality. These coalitions rep-



1           (2) NO TRANSFER OF RISK.—Individual em-  
2           ployers who are members of an eligible group may  
3           not transfer insurance risk to such group.

4           (c) APPLICATION.—To be eligible to receive a grant  
5           under this section, an eligible group shall submit to the  
6           Secretary an application at such time, in such manner,  
7           and accompanied by such information as the Secretary  
8           may require.

9           (d) CRITERIA.—

10           (1) FEASIBILITY STUDY GRANTS.—

11           (A) IN GENERAL.—An eligible group may  
12           submit an application under subsection (c) for  
13           a grant to conduct a feasibility study con-  
14           cerning the establishment of a health insurance  
15           purchasing cooperative. The Secretary shall ap-  
16           prove applications submitted under the pre-  
17           ceding sentence if the study will consider the  
18           criteria described in paragraph (2).

19           (B) REPORT.—After the completion of a  
20           feasibility study under a grant under this sec-  
21           tion, an eligible group shall submit to the Sec-  
22           retary a report describing the results of such  
23           study.

1           (2) GRANT CRITERIA.—The criteria described  
2           in this paragraph include the following with respect  
3           to the eligible group involved:

4                   (A) The ability of the group to effectively  
5                   pool the health care purchasing power of em-  
6                   ployers.

7                   (B) The ability of the group to provide  
8                   data to employers to enable such employers to  
9                   make data-based decisions regarding their  
10                  health plans.

11                  (C) The ability of the group to drive qual-  
12                  ity improvement in the health care community.

13                  (D) The ability of the group to promote  
14                  health care consumerism through employee edu-  
15                  cation, self-care, and comparative provider per-  
16                  formance information.

17                  (E) The ability of the group to meet any  
18                  other criteria determined appropriate by the  
19                  Secretary.

20           (e) COOPERATIVE GRANTS.—After the submission of  
21           a report by an eligible group under subsection (d)(1)(B),  
22           the Secretary shall determine whether to award the group  
23           a grant for the establishment of a cooperative under sub-  
24           section (a). In making a determination under the pre-

1 ceding sentence, the Secretary shall consider the criteria  
2 described in subsection (d)(2) with respect to the group.

3 (f) COOPERATIVES.—

4 (1) IN GENERAL.—An eligible group awarded a  
5 grant under subsection (a) shall establish or expand  
6 a health insurance purchasing cooperative that  
7 shall—

8 (A) be a nonprofit organization;

9 (B) be wholly owned, and democratically  
10 governed by its member-employers;

11 (C) exist solely to serve the membership  
12 base;

13 (D) be governed by a board of directors  
14 that is democratically elected by the cooperative  
15 membership using a 1-member, 1-vote standard;  
16 and

17 (E) accept any new member in accordance  
18 with specific criteria, including a limitation on  
19 the number of members, determined by the Sec-  
20 retary.

21 (2) AUTHORIZED COOPERATIVE ACTIVITIES.—A  
22 cooperative established under paragraph (1) shall—

23 (A) assist the members of the cooperative  
24 in pooling their health care insurance pur-  
25 chasing power;

1 (B) provide data to improve the ability of  
2 the members of the cooperative to make data-  
3 based decisions regarding their health plans;

4 (C) conduct activities to enhance quality  
5 improvement in the health care community;

6 (D) work to promote health care con-  
7 sumerism through employee education, self-  
8 care, and comparative provider performance in-  
9 formation; and

10 (E) conduct any other activities deter-  
11 mined appropriate by the Secretary.

12 (g) REVIEW.—

13 (1) IN GENERAL.—Not later than 1 year after  
14 the date on which grants are awarded under this  
15 section, and every 2 years thereafter, the Secretary  
16 shall study the programs funded under the grants  
17 and submit to the appropriate committees of Con-  
18 gress a report on the progress of such programs in  
19 improving the access of employees to quality, afford-  
20 able health insurance.

21 (2) SLIDING SCALE FUNDING.—The Secretary  
22 shall use the information included in the report sub-  
23 mitted under paragraph (1) to establish a schedule  
24 for scaling back payments under this section with  
25 the goal of ensuring that programs funded with

1 grants under this section are self sufficient within  
2 10 years.

3 **SEC. 4. GRANTS TO SMALL BUSINESSES TO FORM HEALTH**  
4 **CARE COOPERATIVES.**

5 The Secretary shall carry out a grant program that  
6 is identical to the grant program provided for in section  
7 3, except that an eligible group for purposes of a grant  
8 under this section shall be a consortium of 2 or more em-  
9 ployers, including agricultural producers, each of which—

10 (1) have 99 employees or less; and

11 (2) are purchasers of health insurance (are not  
12 self-insured) for their employees.

13 **SEC. 5. AUTHORIZATION OF APPROPRIATIONS.**

14 From the administrative funds provided to the Sec-  
15 retary for each fiscal year, the Secretary may use not to  
16 exceed a total of \$60,000,000 for fiscal years 2009  
17 through 2018 to carry out this Act.

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