

113TH CONGRESS
1ST SESSION

H. R. 1205

To amend title XXVII of the Public Health Service Act to require health insurance issuers and group health plans to disclose information regarding how certain taxes and fees impact the amount of premiums, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 14, 2013

Mr. WALDEN introduced the following bill; which was referred to the
Committee on Energy and Commerce

A BILL

To amend title XXVII of the Public Health Service Act to require health insurance issuers and group health plans to disclose information regarding how certain taxes and fees impact the amount of premiums, 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 “Patients Right to
5 Know Act of 2013”.

1 **SEC. 2. PROTECTION OF CERTAIN HEALTH INSURANCE DIS-**
2 **CLOSURES.**

3 (a) IN GENERAL.—Section 2715 of the Public Health
4 Service Act (42 U.S.C. 300gg–15) is amended by adding
5 at the end the following new subsection:

6 “(h) PROTECTION OF DISCLOSURE OF FEE AND
7 OTHER ADDITIONAL INFORMATION.—

8 “(1) IN GENERAL.—A health insurance issuer
9 or sponsor of a group health plan, with respect to
10 its annual summary of benefits and coverage expla-
11 nation provided under subsection (d)—

12 “(A) shall include (effective for plan years
13 beginning on or after January 1, 2016, and in
14 addition to the information required to be dis-
15 closed under this section)—

16 “(i) the applicable additional informa-
17 tion relating to fees described in paragraph
18 (2); and

19 “(ii) the applicable additional infor-
20 mation included under paragraph (3)(D);
21 and

22 “(B) shall not be subject to any adminis-
23 trative action by the Secretary or by a State
24 authority with respect to any disclosure made
25 on or after the date of the enactment of this
26 subsection of such applicable additional infor-

1 mation if the disclosure is made based upon a
2 good faith estimate of such information and is
3 in accordance with such standards as the Sec-
4 retary may establish to carry out this sub-
5 section.

6 “(2) FEE INFORMATION.—The additional infor-
7 mation described in this paragraph, with respect to
8 a health insurance issuer issuing health insurance
9 coverage in the individual, small, or large group
10 market and with respect to the sponsor of a group
11 health plan, is as follows:

12 “(A) FEE ON HEALTH INSURANCE PRO-
13 VIDERS.—The annual fee on health insurance
14 providers under section 9010 of the Patient
15 Protection and Affordable Care Act (26 U.S.C.
16 4001 note).

17 “(B) PCORI TAX.—Fees imposed under
18 subchapter B of chapter 34 of the Internal Rev-
19 enue Code of 1986 (relating to funding the Pa-
20 tient-Centers Outcome Research Institute).

21 “(C) REINSURANCE CONTRIBUTIONS.—Re-
22 insurance contributions required under section
23 1341(b) of the Patient Protection and Afford-
24 able Care Act (42 U.S.C. 18061(b)).

1 “(D) PROPOSED HEALTH INSURANCE EX-
2 CHANGE USER FEE.—Fees imposed on health
3 plans relating to participation in an Exchange
4 under subtitle D of title I of the Patient Protec-
5 tion and Affordable Care Act (42 U.S.C. 18021
6 et seq.).

7 “(E) RISK CORRIDOR PAYMENTS.—Risk
8 corridor payments required under section
9 1342(b)(2) of the Patient Protection and Af-
10 fordable Care Act (42 U.S.C. 18062(b)(2)).

11 “(F) RISK ADJUSTMENT CHARGES.—Risk
12 adjustment charges imposed under section
13 1343(a)(1) of the Patient Protection and Af-
14 fordable Care Act (42 U.S.C. 18063(a)(1)).

15 In the case of health insurance coverage, such costs
16 may be calculated separately for such coverage in
17 the individual market, in the small group market,
18 and in the large group market for the health insur-
19 ance issuer involved.

20 “(3) OTHER INFORMATION.—

21 “(A) STUDY.—The Comptroller General of
22 the United States shall conduct a study of
23 methods of calculating the impact on average
24 premium costs associated with each of the fol-
25 lowing:

1 “(i) MARKET IMPACT OF GUARAN-
2 TEED ISSUE AND COMMUNITY RATING.—
3 The requirement for guaranteed issuance
4 of coverage under section 2702 and com-
5 munity rated premiums under section
6 2701.

7 “(ii) AGE RATING IMPACT.—The re-
8 quirement of section 2701(a)(1)(A)(iii) (re-
9 lating to limitations on age rating).

10 “(iii) WOMEN’S PREVENTIVE SERV-
11 ICES.—The requirement for coverage of
12 women’s preventive services under section
13 2713.

14 “(iv) MINIMUM ESSENTIAL HEALTH
15 BENEFITS COVERAGE.—The requirement
16 that coverage provide for at least 60 per-
17 cent of the actuarial value of essential
18 health benefits under section 1302(d) of
19 the Patient Protection and Affordable Care
20 Act. (42 U.S.C. 18022(d)).

21 “(B) CONSULTATION.—In conducting such
22 study, the Comptroller General shall consult
23 with health insurance issuers and State health
24 insurance commissioners.

1 “(C) REPORT.—Not later than October 1,
2 2014, the Comptroller General shall submit to
3 each House of Congress and the Secretary a re-
4 port on the study conducted under subpara-
5 graph (A).

6 “(D) INCLUSION OF ADDITIONAL INFOR-
7 MATION.—After submission of such report, the
8 Secretary may also include in the information
9 required to be disclosed under paragraph
10 (1)(A)(ii) information on the impact on pre-
11 miums of each of the requirements described in
12 subparagraph (A).

13 “(4) RETENTION OF STATE RATE SETTING AU-
14 THORITY.—Nothing in this subsection shall be con-
15 strued to preempt State authority to regulate, reject,
16 alter, or require additional information in support of
17 rates for health insurance coverage or oversight au-
18 thority of the Secretary.”.

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