

113TH CONGRESS  
1ST SESSION

# S. 764

To amend title XXVII of the Public Health Service Act to require the disclosure of information regarding how certain taxes and fees impact the amount of premiums, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

APRIL 18, 2013

Mr. CORNYN 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 amend title XXVII of the Public Health Service Act to require the disclosure of 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. DISCLOSURE OF HEALTH INSURANCE INFORMA-**  
2                         **TION TO CONSUMERS.**

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) DISCLOSURE OF HEALTH INSURANCE INFORMA-**  
7                         **TION TO CONSUMERS.—**

8                 “(1) IN GENERAL.—A health insurance issuer  
9 or sponsor of a group health plan, through its an-  
10 nual summary of benefits and coverage explanation  
11 provided under subsection (d), through an Internet  
12 website, or through some other written means of  
13 communication with the consumer such as a printed  
14 mailing—

15                 “(A) shall include the disclosure (effective  
16 for plan years beginning on or after January 1,  
17 2016, and in addition to the information re-  
18 quired to be disclosed under this section) of—

19                 “(i) the applicable additional informa-  
20 tion relating to fees described in paragraph  
21 (2); and

22                 “(ii) the applicable additional infor-  
23 mation included under paragraph (3)(D);  
24 and

25                 “(B) shall not be subject to any adminis-  
26 trative action by the Secretary or by a State

1 authority with respect to any disclosure made  
2 on or after the date of the enactment of this  
3 subsection of such applicable additional infor-  
4 mation if the disclosure is made based upon a  
5 good faith estimates of such information and is  
6 in accordance with such standards as the Sec-  
7 retary may establish to carry out this sub-  
8 section.

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

15 “(A) FEE ON HEALTH INSURANCE PRO-  
16 VIDERS.—The annual fee on health insurance  
17 providers under section 9010 of the Patient  
18 Protection and Affordable Care Act (26 U.S.C.  
19 4001 note).

20 “(B) PCORI TAX.—Fees imposed under  
21 subchapter B of chapter 34 of the Internal Rev-  
22 enue Code of 1986 (relating to funding the Pa-  
23 tient-Centered Outcome Research Institute).

24 “(C) REINSURANCE CONTRIBUTIONS.—Re-  
25 insurance contributions required under section

1           1341(b) of the Patient Protection and Affordable Care Act (42 U.S.C. 18061(b)).

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

9           “(E) RISK CORRIDOR PAYMENTS.—Risk  
10          corridor payments required under section  
11          1342(b)(2) of the Patient Protection and Affordable Care Act (42 U.S.C. 18062(b)(2)).

13          “(F) RISK ADJUSTMENT CHARGES.—Risk  
14          adjustment charges imposed under section  
15          1343(a)(1) of the Patient Protection and Affordable Care Act (42 U.S.C. 18063(a)(1)).

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

22          “(3) OTHER INFORMATION.—

23          “(A) STUDY.—The Comptroller General of  
24          the United States shall conduct a study of  
25          methods of calculating the impact on average

1 premium costs associated with each of the fol-  
2 lowing:

3 “(i) MARKET IMPACT OF GUARAN-  
4 TEED ISSUE AND COMMUNITY RATING.—

5 The requirement for guaranteed issuance  
6 of coverage under section 2702 and com-  
7 munity rated premiums under section  
8 2701.

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

12 “(iii) PREVENTIVE SERVICES.—The  
13 requirement for coverage of preventive  
14 services under section 2713.

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

22 “(B) CONSULTATION.—In conducting such  
23 study, the Comptroller General shall consult  
24 with health insurance issuers and State health  
25 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.

19                “(5) DISCLOSURE TO THE GENERAL PUBLIC.—  
20                The Secretary shall make the information provided  
21                by a health insurance issuer or sponsor of a group  
22                health plan as specified in paragraph (2) and addi-  
23                tional information included under paragraph (3)(D)  
24                available to the general public through an Internet  
25                website. In addition, such website shall include infor-

1 mation provided in the report submitted under para-  
2 graph (3)(A).”.

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