

116TH CONGRESS  
1ST SESSION

# S. RES. 273

Expressing the sense of the Senate with respect to health care rights.

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## IN THE SENATE OF THE UNITED STATES

JULY 9, 2019

Mr. MERKLEY (for himself, Mr. MENENDEZ, Mr. SCHATZ, Ms. BALDWIN, Mrs. SHAHEEN, Mr. MURPHY, Mr. SANDERS, Ms. HASSAN, Mr. CARDIN, Mr. DURBIN, Mr. BLUMENTHAL, Mrs. GILLIBRAND, Ms. DUCKWORTH, Mr. BROWN, Ms. KLOBUCHAR, Ms. WARREN, Mr. MARKEY, and Mrs. FEINSTEIN) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions

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## RESOLUTION

Expressing the sense of the Senate with respect to health care rights.

- 1       *Resolved*, That it is the sense of the Senate that all  
2 people of the United States have the right—  
3           (1) to affordable health insurance coverage, in-  
4       cluding—  
5           (A) the right of individuals with pre-exist-  
6       ing conditions to secure health insurance with  
7       the same terms, benefits, and price as individ-  
8       uals who do not have pre-existing conditions;

1 (B) the right to a comprehensive set of es-  
2 sential health benefits in the individual and  
3 small group markets;

4 (C) the right to stay on a parent's policy  
5 until age 26 for young adults who meet certain  
6 requirements;

7 (D) the right to keep health coverage after  
8 getting sick, even if the individual made an  
9 honest mistake on his or her insurance applica-  
10 tion;

11 (E) the right to use an individual's own re-  
12 sources to purchase and pay for treatment or  
13 services; and

14 (F) the right to a cap on the yearly  
15 deductibles and other out-of-pocket costs an in-  
16 dividual is required to pay for covered services  
17 under a health insurance plan;

18 (2) to coverage and access to health care serv-  
19 ices, including—

20 (A) the right to health insurance coverage  
21 regardless of an individual's pre-existing med-  
22 ical conditions or health status;

23 (B) the right to certain preventive  
24 screenings without paying out-of-pocket fees or  
25 copayments;

1           (C) the right to health insurance that pro-  
2           vides value relative to the premium cost;

3           (D) the right to be held harmless from sur-  
4           prise medical bills;

5           (E) the right to coverage of mental health  
6           and substance abuse services with no annual or  
7           lifetime limits (including behavioral health  
8           treatment, mental and behavioral health inpa-  
9           tient services, substance use disorder treat-  
10          ment);

11          (F) the right to mental health and sub-  
12          stance abuse benefits without financial, treat-  
13          ment, or care management limitations that only  
14          apply to such benefits;

15          (G) the right to access all smoking ces-  
16          sation medications that are approved by the  
17          Food and Drug Administration;

18          (H) the right to choose a provider, and to  
19          receive an accurate list of all participating pro-  
20          viders;

21          (I) the right to access doctors, specialists,  
22          and hospitals;

23          (J) the right to emergency medical services  
24          without—

1 (i) preauthorization for emergency  
2 services;

3 (ii) extra administrative hurdles for  
4 out-of-network emergency services; or

5 (iii) higher cost-sharing for out-of-net-  
6 work emergency services than in-network  
7 emergency services;

8 (K) the right to affordable medications;

9 (L) the right to physical, mental, and oral  
10 care;

11 (M) the right to a treatment plan from  
12 provider for a complex or serious medical condi-  
13 tion;

14 (N) the right to go directly to a women's  
15 health care specialist (including obstetricians  
16 and gynecologists) without a referral for routine  
17 and preventive health care services;

18 (O) the right to a full scope of reproduc-  
19 tive health services, including contraceptive  
20 care, pregnancy-related care, prenatal care, mis-  
21 carriage management, family planning services,  
22 abortion care, labor and delivery services, and  
23 postnatal care;

1 (P) the right to breastfeeding support,  
2 counseling, and equipment (including manual  
3 and electric pumping equipment);

4 (Q) the right to prescription medications  
5 and medical and surgical services related to  
6 gender transition;

7 (R) the right to try investigational drugs;

8 (S) the right to a second medical opinion;

9 (T) the right to home care services;

10 (U) the right to a full scope of hospice and  
11 palliative care, and end-of-life options; and

12 (V) the right of pediatric patients to a full  
13 scope of services offered to adult patients;

14 (3) to health information and records privacy;

15 (4) to explanations of coverage decisions, in-  
16 cluding—

17 (A) the right to an explanation and appeal  
18 if a plan denies payment for a medical treat-  
19 ment or service;

20 (B) the right to an internal appeal of pay-  
21 ment decisions of private health plans if the  
22 health plan refuses to make a payment;

23 (C) the right to a review by an outside re-  
24 view, by an independent organization; and

1 (D) the right to complain, through grievance  
2 ances processes;

3 (5) to transparency, including—

4 (A) the right to an easy-to-understand  
5 summary of benefits and coverage;

6 (B) the right to at least 30 days' notice if  
7 an insurer cancels coverage;

8 (C) the right to clear justification and ex-  
9 planation for premium increases that are unrea-  
10 sonable;

11 (D) the right to know how an enrollee's  
12 plan pays its providers;

13 (E) the right to give informed consent and  
14 understanding about medical conditions, risks  
15 and benefits of treatment, and appropriate al-  
16 ternatives;

17 (F) the right to know how drug companies  
18 set drug prices; and

19 (G) the right to know the amount of  
20 money pharmacy benefit managers keep and  
21 the amount of savings from pharmacy benefits  
22 managers that reach patients and consumers;

23 (6) to protection from discrimination, including  
24 on the basis of race, color, national origin, sex (in-

1 cluding sexual orientation and gender identity), age,  
2 disability, or documentation status; and  
3 (7) to culturally appropriate care, including  
4 health care services in a language that the patient  
5 understands and that is culturally sensitive.

