

113TH CONGRESS
2^D SESSION

H. R. 4796

To direct the Secretary of Health and Human Services to conduct outreach efforts to provide certain health insurance information to individuals enrolled in qualified health plans offered through an Exchange established under title I of the Patient Protection and Affordable Care Act or State plans under the Medicaid program under title XIX of the Social Security Act, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 2, 2014

Ms. JACKSON LEE (for herself, Ms. CLARKE of New York, Ms. BROWN of Florida, Mr. CLAY, Mr. RANGEL, and Ms. NORTON) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To direct the Secretary of Health and Human Services to conduct outreach efforts to provide certain health insurance information to individuals enrolled in qualified health plans offered through an Exchange established under title I of the Patient Protection and Affordable Care Act or State plans under the Medicaid program under title XIX of the Social Security Act, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Keeping Well by Using
3 Your Patient Protection and Affordable Care Act Plan”.

4 **SEC. 2. OUTREACH TO CERTAIN INDIVIDUALS ON CERTAIN**
5 **HEALTH INSURANCE INFORMATION.**

6 (a) **IN GENERAL.**—Beginning not later than 90 days
7 after the date of the enactment of this Act, the Secretary
8 of Health and Human Services shall conduct outreach ef-
9 forts to provide, using the most effective means (as deter-
10 mined by the Secretary), the health insurance information
11 described in subsection (b) to—

12 (1) individuals enrolled in qualified health plans
13 offered through an Exchange established under title
14 I of the Patient Protection and Affordable Care Act
15 (Public Law 111–148); and

16 (2) individuals enrolled in State plans (or under
17 a waiver of such a plan) under the Medicaid pro-
18 gram under title XIX of the Social Security Act.

19 (b) **INFORMATION DESCRIBED.**—For purposes of
20 subsection (a), the information described in this sub-
21 section is any information, the availability of which the
22 Secretary of Health and Human Services determines will
23 encourage the utilization of primary care or preventive
24 services by the individuals described in such subsection,
25 including the following:

1 (1) Information on the extent to which the es-
2 sential health benefits specified in section
3 1302(b)(1) of the Patient Protection and Affordable
4 Care Act (42 U.S.C. 18022(b)(1)) are provided by
5 a plan described in subsection (a).

6 (2) Information on which preventive health
7 services are covered under such a plan without the
8 application of any cost-sharing (such as a copayment
9 or coinsurance), including screenings for certain con-
10 ditions such as diabetes and high blood pressure,
11 vaccinations for adults against influenza, measles,
12 mumps, rubella, and other infectious diseases, and
13 well-woman visits.

14 (3) With respect to qualified health plans de-
15 scribed in subsection (a)(1), the following informa-
16 tion presented in a manner that allows for compari-
17 son of plans within each State:

18 (A) Information on the rates of reimburse-
19 ment recognized under each such qualified
20 health plan with respect to items and services
21 (as specified by the Secretary) that are fur-
22 nished to individuals enrolled in such plan by
23 health care providers participating in the net-
24 work of the plan, such as rates of reimburse-
25 ment applicable to emergency care services, lab-

1 oratory tests, diagnostic tests, and physician
2 services.

3 (B) Information on any cost-sharing re-
4 quired under each such plan with respect to
5 such items and services furnished to such indi-
6 viduals by such providers and an explanation on
7 the extent to which such cost-sharing is based
8 on such recognized rates of reimbursement.

9 (C) A statement that—

10 (i) the rates of reimbursement that
11 are collectable by health care providers not
12 participating in the network of such a plan
13 for furnishing such items and services to
14 such individuals may be more than the
15 rates of reimbursement recognized under
16 such plan for such items and services fur-
17 nished to such individuals by health care
18 providers participating in the network of
19 such plan; and

20 (ii) any cost-sharing required under
21 such a plan with respect to such items and
22 services furnished to such individuals by
23 health care providers not participating in
24 the network of such plan may be more
25 than such cost-sharing with respect to such

1 items and services furnished to such indi-
2 viduals by health care providers partici-
3 pating in the network of such plan.

4 (4) An explanation of basic health insurance
5 terms (as determined by the Secretary), including
6 deductibles, cost-sharing, copayment, and coinsur-
7 ance, and the application of such terms to an indi-
8 vidual enrolled in a plan described in subsection (a),
9 illustrated with examples of the application of such
10 terms with respect to such individuals under dif-
11 ferent circumstances and in different health care
12 settings.

13 (c) REPORT ON OUT-OF-POCKET COSTS.—Not later
14 than 180 days after the date of the enactment of this Act,
15 with respect to the most recent plan year for which infor-
16 mation is available, the Secretary of Health and Human
17 Services shall submit to the Committee on Energy and
18 Commerce of the House of Representatives and the Com-
19 mittee on Health, Education, Labor, and Pensions of the
20 Senate a report that—

21 (1) contains information, for each State (includ-
22 ing the District of Columbia), on the median cost-
23 sharing responsibility, with respect to qualified
24 health plans offered through an Exchange in such
25 State, of health care services—

1 (A) the number of which and types of
2 which are determined appropriate by the Sec-
3 retary to be included in the report; and

4 (B) that have been identified by the Sec-
5 retary as services—

6 (i) for which, with respect to such
7 plan year, payment may only be made
8 under such a plan after satisfaction of the
9 deductible applicable under such plan; and

10 (ii) for which reimbursement under
11 such plan is made most frequently during
12 such plan year; and

13 (2) describes the best method for making the
14 information referred to in paragraph (1) available to
15 the public.

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