

114TH CONGRESS
1ST SESSION

H. R. 265

To amend the Patient Protection and Affordable Care Act to establish a public health insurance option.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 9, 2015

Ms. SCHAKOWSKY (for herself, Mr. JOHNSON of Georgia, Mr. TAKANO, Mr. CUMMINGS, Mr. LEVIN, Mr. HONDA, Ms. SLAUGHTER, Ms. PINGREE, Mr. DEUTCH, Ms. CHU of California, Ms. DELAURO, Mr. MCDERMOTT, Mr. HASTINGS, Ms. LEE, Ms. NORTON, Mr. LEWIS, Mr. ELLISON, Mr. COHEN, Mr. POCAN, Mr. HUFFMAN, Mr. YARMUTH, Mr. NADLER, Mr. FARR, Mr. ENGEL, Mr. SARBANES, Ms. MOORE, Mr. MCGOVERN, and Mr. POLIS) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Patient Protection and Affordable Care Act to establish a public health insurance option.

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 “Public Option Deficit
5 Reduction Act”.

1 **SEC. 2. PUBLIC HEALTH INSURANCE OPTION.**

2 (a) IN GENERAL.—Part 3 of subtitle D of title I of
3 the Patient Protection and Affordable Care Act (Public
4 Law 111–148) is amended by adding at the end the fol-
5 lowing new section:

6 **“SEC. 1325. PUBLIC HEALTH INSURANCE OPTION.**

7 “(a) ESTABLISHMENT AND ADMINISTRATION OF A
8 PUBLIC HEALTH INSURANCE OPTION.—

9 “(1) ESTABLISHMENT.—For years beginning
10 with 2015, the Secretary of Health and Human
11 Services (in this subtitle referred to as the ‘Sec-
12 retary’) shall provide for the offering through Ex-
13 changes established under this title of a health bene-
14 fits plan (in this Act referred to as the ‘public health
15 insurance option’) that ensures choice, competition,
16 and stability of affordable, high-quality coverage
17 throughout the United States in accordance with
18 this section. In designing the option, the Secretary’s
19 primary responsibility is to create a low-cost plan
20 without compromising quality or access to care.

21 “(2) OFFERING THROUGH EXCHANGES.—

22 “(A) EXCLUSIVE TO EXCHANGES.—The
23 public health insurance option shall only be
24 made available through Exchanges established
25 under this title.

1 “(B) ENSURING A LEVEL PLAYING
2 FIELD.—Consistent with this section, the public
3 health insurance option shall comply with re-
4 quirements that are applicable under this title
5 to health benefits plans offered through such
6 Exchanges, including requirements related to
7 benefits, benefit levels, provider networks, no-
8 tices, consumer protections, and cost sharing.

9 “(C) PROVISION OF BENEFIT LEVELS.—
10 The public health insurance option—

11 “(i) shall offer bronze, silver, and gold
12 plans; and

13 “(ii) may offer platinum plans.

14 “(3) ADMINISTRATIVE CONTRACTING.—The
15 Secretary may enter into contracts for the purpose
16 of performing administrative functions (including
17 functions described in subsection (a)(4) of section
18 1874A of the Social Security Act) with respect to
19 the public health insurance option in the same man-
20 ner as the Secretary may enter into contracts under
21 subsection (a)(1) of such section. The Secretary has
22 the same authority with respect to the public health
23 insurance option as the Secretary has under sub-
24 sections (a)(1) and (b) of section 1874A of the So-
25 cial Security Act with respect to title XVIII of such

1 Act. Contracts under this subsection shall not in-
2 volve the transfer of insurance risk to such entity.

3 “(4) OMBUDSMAN.—The Secretary shall estab-
4 lish an office of the ombudsman for the public
5 health insurance option which shall have duties with
6 respect to the public health insurance option similar
7 to the duties of the Medicare Beneficiary Ombuds-
8 man under section 1808(c)(2) of the Social Security
9 Act. In addition, such office shall work with States
10 to ensure that information and notice is provided
11 that the public health insurance option is one of the
12 health plans available through an Exchange.

13 “(5) DATA COLLECTION.—The Secretary shall
14 collect such data as may be required to establish
15 premiums and payment rates for the public health
16 insurance option and for other purposes under this
17 section, including to improve quality and to reduce
18 racial, ethnic, and other disparities in health and
19 health care.

20 “(6) ACCESS TO FEDERAL COURTS.—The provi-
21 sions of Medicare (and related provisions of title II
22 of the Social Security Act) relating to access of
23 Medicare beneficiaries to Federal courts for the en-
24 forcement of rights under Medicare, including with
25 respect to amounts in controversy, shall apply to the

1 public health insurance option and individuals en-
2 rolled under such option under this title in the same
3 manner as such provisions apply to Medicare and
4 Medicare beneficiaries.

5 “(b) PREMIUMS AND FINANCING.—

6 “(1) ESTABLISHMENT OF PREMIUMS.—

7 “(A) IN GENERAL.—The Secretary shall
8 establish geographically adjusted premium rates
9 for the public health insurance option—

10 “(i) in a manner that complies with
11 the premium rules under paragraph (3);
12 and

13 “(ii) at a level sufficient to fully fi-
14 nance the costs of—

15 “(I) health benefits provided by
16 the public health insurance option;
17 and

18 “(II) administrative costs related
19 to operating the public health insur-
20 ance option.

21 “(B) CONTINGENCY MARGIN.—In estab-
22 lishing premium rates under subparagraph (A),
23 the Secretary shall include an appropriate
24 amount for a contingency margin.

25 “(2) ACCOUNT.—

1 “(A) ESTABLISHMENT.—There is estab-
2 lished in the Treasury of the United States an
3 account for the receipts and disbursements at-
4 tributable to the operation of the public health
5 insurance option, including the start-up funding
6 under subparagraph (B). Section 1854(g) of
7 the Social Security Act shall apply to receipts
8 described in the previous sentence in the same
9 manner as such section applies to payments or
10 premiums described in such section.

11 “(B) START-UP FUNDING.—

12 “(i) IN GENERAL.—In order to pro-
13 vide for the establishment of the public
14 health insurance option there is hereby ap-
15 propriated to the Secretary, out of any
16 funds in the Treasury not otherwise appro-
17 priated, \$2,000,000,000. In order to pro-
18 vide for initial claims reserves before the
19 collection of premiums, there is hereby ap-
20 propriated to the Secretary, out of any
21 funds in the Treasury not otherwise appro-
22 priated, such sums as necessary to cover
23 90 days worth of claims reserves based on
24 projected enrollment.

1 “(ii) AMORTIZATION OF START-UP
2 FUNDING.—The Secretary shall provide for
3 the repayment of the startup funding pro-
4 vided under clause (i) to the Treasury in
5 an amortized manner over the 10-year pe-
6 riod beginning with 2015.

7 “(iii) LIMITATION ON FUNDING.—
8 Nothing in this subsection shall be con-
9 strued as authorizing any additional appro-
10 priations to the account, other than such
11 amounts as are otherwise provided with re-
12 spect to other health benefits plans partici-
13 pating under the Exchange involved.

14 “(3) INSURANCE RATING RULES.—The pre-
15 mium rate charged for the public health insurance
16 option may not vary except as provided under sec-
17 tion 2701 of the Public Health Service Act.

18 “(c) PAYMENT RATES FOR ITEMS AND SERVICES.—

19 “(1) RATES ESTABLISHED BY SECRETARY.—

20 “(A) IN GENERAL.—The Secretary shall
21 establish payment rates for the public health in-
22 surance option for services and health care pro-
23 viders consistent with this subsection and may
24 change such payment rates in accordance with
25 subsection (d).

1 “(B) INITIAL PAYMENT RULES.—

2 “(i) IN GENERAL.—During 2015,
3 2016, and 2017, the Secretary shall set
4 the payment rates under this subsection
5 for services and providers described in sub-
6 paragraph (A) equal to the payment rates
7 for equivalent services and providers under
8 parts A and B of Medicare, subject to
9 clause (ii), paragraphs (2)(A) and (4), and
10 subsection (d).

11 “(ii) EXCEPTIONS.—

12 “(I) PRACTITIONERS’ SERV-
13 ICES.—Payment rates for practi-
14 tioners’ services otherwise established
15 under the fee schedule under section
16 1848 of the Social Security Act shall
17 be applied without regard to the pro-
18 visions under subsection (f) of such
19 section and the update under sub-
20 section (d)(4) under such section for a
21 year as applied under this paragraph
22 shall be not less than 1 percent.

23 “(II) ADJUSTMENTS.—The Sec-
24 retary may determine the extent to
25 which Medicare adjustments applica-

1 ble to base payment rates under parts
2 A and B of Medicare for graduate
3 medical education and dispropor-
4 tionate share hospitals shall apply
5 under this section.

6 “(C) FOR NEW SERVICES.—The Secretary
7 shall modify payment rates described in sub-
8 paragraph (B) in order to accommodate pay-
9 ments for services, such as well-child visits, that
10 are not otherwise covered under Medicare.

11 “(D) PRESCRIPTION DRUGS.—Payment
12 rates under this subsection for prescription
13 drugs that are not paid for under part A or
14 part B of Medicare shall be at rates negotiated
15 by the Secretary.

16 “(2) INCENTIVES FOR PARTICIPATING PRO-
17 VIDERS.—

18 “(A) INITIAL INCENTIVE PERIOD.—

19 “(i) IN GENERAL.—The Secretary
20 shall provide, in the case of services de-
21 scribed in clause (ii) furnished during
22 2015, 2016, and 2017, for payment rates
23 that are 5 percent greater than the rates
24 established under paragraph (1).

1 “(ii) SERVICES DESCRIBED.—The
2 services described in this clause are items
3 and professional services, under the public
4 health insurance option by a physician or
5 other health care practitioner who partici-
6 pates in both Medicare and the public
7 health insurance option.

8 “(iii) SPECIAL RULES.—A pediatrician
9 and any other health care practitioner who
10 is a type of practitioner that does not typi-
11 cally participate in Medicare (as deter-
12 mined by the Secretary) shall also be eligi-
13 ble for the increased payment rates under
14 clause (i).

15 “(B) SUBSEQUENT PERIODS.—Beginning
16 with 2018 and for subsequent years, the Sec-
17 retary shall continue to use an administrative
18 process to set such rates in order to promote
19 payment accuracy, to ensure adequate bene-
20 ficiary access to providers, and to promote af-
21 fordability and the efficient delivery of medical
22 care consistent with subsection (a)(1). Such
23 rates shall not be set at levels expected to in-
24 crease average medical costs per enrollee cov-
25 ered under the public health insurance option

1 beyond what would be expected if the process
2 under paragraph (1)(B) and subparagraph (A)
3 were continued, as certified by the Office of the
4 Actuary of the Centers for Medicare & Medicaid
5 Services.

6 “(C) ESTABLISHMENT OF A PROVIDER
7 NETWORK.—Health care providers participating
8 under Medicare are participating providers in
9 the public health insurance option unless they
10 opt out in a process established by the Sec-
11 retary.

12 “(3) ADMINISTRATIVE PROCESS FOR SETTING
13 RATES.—Chapter 5 of title 5, United States Code
14 shall apply to the process for the initial establish-
15 ment of payment rates under this subsection but not
16 to the specific methodology for establishing such
17 rates or the calculation of such rates.

18 “(4) CONSTRUCTION.—Nothing in this section
19 shall be construed as limiting the Secretary’s author-
20 ity to correct for payments that are excessive or defi-
21 cient, taking into account the provisions of sub-
22 section (a)(1) and any appropriate adjustments
23 based on the demographic characteristics of enrollees
24 covered under the public health insurance option,
25 but in no case shall the correction of payments

1 under this paragraph result in a level of expendi-
2 tures per enrollee that exceeds the level of expendi-
3 tures that would have occurred under paragraphs
4 (1)(B) and (2)(A), as certified by the Office of the
5 Actuary of the Centers for Medicare & Medicaid
6 Services.

7 “(5) CONSTRUCTION.—Nothing in this section
8 shall be construed as affecting the authority of the
9 Secretary to establish payment rates, including pay-
10 ments to provide for the more efficient delivery of
11 services, such as the initiatives provided for under
12 subsection (d).

13 “(6) LIMITATIONS ON REVIEW.—There shall be
14 no administrative or judicial review of a payment
15 rate or methodology established under this sub-
16 section or under subsection (d).

17 “(d) MODERNIZED PAYMENT INITIATIVES AND DE-
18 LIVERY SYSTEM REFORM.—

19 “(1) IN GENERAL.—For plan years beginning
20 with 2015, the Secretary may utilize innovative pay-
21 ment mechanisms and policies to determine pay-
22 ments for items and services under the public health
23 insurance option. The payment mechanisms and
24 policies under this subsection may include patient-
25 centered medical home and other care management

1 payments, accountable care organizations, value-
2 based purchasing, bundling of services, differential
3 payment rates, performance or utilization based pay-
4 ments, partial capitation, and direct contracting with
5 providers. Payment rates under such payment mech-
6 anisms and policies shall not be set at levels ex-
7 pected to increase average medical costs per enrollee
8 covered under the public health insurance option be-
9 yond what would be expected if the process under
10 paragraphs (1)(B) and (2)(A) of subsection (c) were
11 continued, as certified by the Office of the Actuary
12 of the Centers for Medicare & Medicaid Services.

13 “(2) REQUIREMENTS FOR INNOVATIVE PAY-
14 MENTS.—The Secretary shall design and implement
15 the payment mechanisms and policies under this
16 subsection in a manner that—

17 “(A) seeks to—

18 “(i) improve health outcomes;

19 “(ii) reduce health disparities (includ-
20 ing racial, ethnic, and other disparities);

21 “(iii) provide efficient and affordable
22 care;

23 “(iv) address geographic variation in
24 the provision of health services; or

1 “(v) prevent or manage chronic ill-
2 ness; and

3 “(B) promotes care that is integrated, pa-
4 tient-centered, high-quality, and efficient.

5 “(3) ENCOURAGING THE USE OF HIGH VALUE
6 SERVICES.—To the extent allowed by the benefit
7 standards applied to all health benefits plans partici-
8 pating under the Exchange involved, the public
9 health insurance option may modify cost sharing and
10 payment rates to encourage the use of services that
11 promote health and value.

12 “(4) NON-UNIFORMITY PERMITTED.—Nothing
13 in this subtitle shall prevent the Secretary from
14 varying payments based on different payment struc-
15 ture models (such as accountable care organizations
16 and medical homes) under the public health insur-
17 ance option for different geographic areas.

18 “(e) PROVIDER PARTICIPATION.—

19 “(1) IN GENERAL.—The Secretary shall estab-
20 lish conditions of participation for health care pro-
21 viders under the public health insurance option.

22 “(2) LICENSURE OR CERTIFICATION.—The Sec-
23 retary shall not allow a health care provider to par-
24 ticipate in the public health insurance option unless

1 such provider is appropriately licensed or certified
2 under State law.

3 “(3) PAYMENT TERMS FOR PROVIDERS.—

4 “(A) PHYSICIANS.—The Secretary shall
5 provide for the annual participation of physi-
6 cians under the public health insurance option,
7 for which payment may be made for services
8 furnished during the year, in one of 2 classes:

9 “(i) PREFERRED PHYSICIANS.—Those
10 physicians who agree to accept the pay-
11 ment rate established under this section
12 (without regard to cost-sharing) as the
13 payment in full.

14 “(ii) PARTICIPATING, NON-PRE-
15 FERRED PHYSICIANS.—Those physicians
16 who agree not to impose charges (in rela-
17 tion to the payment rate described in sub-
18 section (c) for such physicians) that exceed
19 the ratio permitted under section
20 1848(g)(2)(C) of the Social Security Act.

21 “(B) OTHER PROVIDERS.—The Secretary
22 shall provide for the participation (on an annual
23 or other basis specified by the Secretary) of
24 health care providers (other than physicians)
25 under the public health insurance option under

1 which payment shall only be available if the
2 provider agrees to accept the payment rate es-
3 tablished under subsection (c) (without regard
4 to cost-sharing) as the payment in full.

5 “(4) EXCLUSION OF CERTAIN PROVIDERS.—

6 The Secretary shall exclude from participation under
7 the public health insurance option a health care pro-
8 vider that is excluded from participation in a Fed-
9 eral health care program (as defined in section
10 1128B(f) of the Social Security Act).

11 “(f) APPLICATION OF FRAUD AND ABUSE PROVI-

12 SIONS.—Provisions of law (other than criminal law provi-
13 sions) identified by the Secretary by regulation, in con-
14 sultation with the Inspector General of the Department
15 of Health and Human Services, that impose sanctions
16 with respect to waste, fraud, and abuse under Medicare,
17 such as the False Claims Act (31 U.S.C. 3729 et seq.),
18 shall also apply to the public health insurance option.

19 “(g) MEDICARE DEFINED.—For purposes of this sec-

20 tion, the term ‘Medicare’ means the health insurance pro-
21 grams under title XVIII of the Social Security Act.”.

22 (b) CONFORMING AMENDMENTS.—

23 (1) TREATMENT AS QUALIFIED HEALTH

24 PLAN.—Section 1301(a)(2) of the Patient Protection

1 and Affordable Care Act, as amended by section
2 10104(a) of such Act, is amended—

3 (A) in the heading, by inserting “, THE
4 PUBLIC HEALTH INSURANCE OPTION,” before
5 “AND”; and

6 (B) by inserting “the public health insur-
7 ance option under section 1325,” before “and a
8 multi-State plan”.

9 (2) LEVEL PLAYING FIELD.—Section 1324(a)
10 of such Act, as amended by section 10104(n) of such
11 Act, is amended by inserting “the public health in-
12 surance option under section 1325,” before “or a
13 multi-State qualified health plan”.

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