

S 1945

Bipartisan Patient Protection Act

Congress: 108 (2003–2005, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Nov 24, 2003

Current Status: Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

Latest Action: Read twice and referred to the Committee on Health, Education, Labor, and Pensions. (Nov 24, 2003)

Official Text: <https://www.congress.gov/bill/108th-congress/senate-bill/1945>

Sponsor

Name: Sen. McCain, John [R-AZ]

Party: Republican • State: AZ • Chamber: Senate

Cosponsors (10 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Edwards, John [D-NC]	D · NC		Nov 24, 2003
Sen. Kennedy, Edward M. [D-MA]	D · MA		Nov 24, 2003
Sen. Graham, Bob [D-FL]	D · FL		Nov 25, 2003
Sen. Boxer, Barbara [D-CA]	D · CA		Jun 22, 2004
Sen. Corzine, Jon S. [D-NJ]	D · NJ		Jun 22, 2004
Sen. Stabenow, Debbie [D-MI]	D · MI		Jun 22, 2004
Sen. Bingaman, Jeff [D-NM]	D · NM		Jun 23, 2004
Sen. Sarbanes, Paul S. [D-MD]	D · MD		Jun 24, 2004
Sen. Lautenberg, Frank R. [D-NJ]	D · NJ		Sep 22, 2004
Sen. Cantwell, Maria [D-WA]	D · WA		Oct 5, 2004

Committee Activity

Committee	Chamber	Activity	Date
Health, Education, Labor, and Pensions Committee	Senate	Referred To	Nov 24, 2003

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
108 S 2083	Related bill	Feb 12, 2004: Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

Bipartisan Patient Protection Act - Amends the Public Health Service Act (PHSA) and the Employee Retirement Income Security Act of 1974 (ERISA) with respect to health care coverage. Provides for patient protection and quality care standards for individual and group health plans under PHSA and ERISA. Applies such standards, as well, to: (1) all Federal health care programs, as defined under the Social Security Act; and (2) the Federal employee health benefits program.

Requires group health plans and health insurance issuers providing health insurance coverage to have approved utilization review programs, claims procedures, and appeal procedures concerning claims denials.

Sets forth provisions concerning group health plans and health insurers and the provision of certain advice and care, including: (1) emergency care; (2) obstetric and gynecological care; (3) specialists care; (4) prescription drugs; (5) participation in approved clinical trials; and (6) health plan information.

Restricts interference by health plans and insurers with the doctor-patient relationship.

Prohibits health plans and insurers from discriminating against a licensed health care professional with respect to participation or indemnification.

Sets forth limitations on certain class action litigation and other actions. Makes certain civil remedies available. Declares that courts should consider the loss of a nonwage earning spouse or parent as an economic loss to be fully compensated in certain ERISA cases.

Expresses the sense of the Senate that: (1) men and women battling life-threatening, deadly diseases, including advanced breast or ovarian cancer, should have the opportunity to participate in a federally approved or funded clinical trial; (2) a child battling a rare cancer should be allowed to go to a cancer center capable of providing high quality care for that disease; and (3) every patient who is denied care by a health maintenance organization or other health insurance company should have a fair, speedy, and impartial appeal to a review organization that has not been selected by the health plan.

Actions Timeline

- **Nov 24, 2003:** Introduced in Senate
- **Nov 24, 2003:** Read twice and referred to the Committee on Health, Education, Labor, and Pensions.