

HR 2650

Patient Protection Act of 2005

Congress: 109 (2005–2007, Ended)

Chamber: House

Policy Area: Health

Introduced: May 26, 2005

Current Status: Referred to the Subcommittee on Employer-Employee Relations.

Latest Action: Referred to the Subcommittee on Employer-Employee Relations. (Jul 11, 2005)

Official Text: <https://www.congress.gov/bill/109th-congress/house-bill/2650>

Sponsor

Name: Rep. Norwood, Charles W. [R-GA-9]

Party: Republican • State: GA • Chamber: House

Cosponsors (2 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Jackson-Lee, Sheila [D-TX-18]	D · TX		Jun 13, 2005
Rep. McHugh, John M. [R-NY-23]	R · NY		Jun 13, 2005

Committee Activity

Committee	Chamber	Activity	Date
Education and Workforce Committee	House	Referred to	Jul 11, 2005
Energy and Commerce Committee	House	Referred to	Jun 17, 2005
Ways and Means Committee	House	Referred to	Jun 15, 2005

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
109 HR 2259	Related bill	May 31, 2005: Referred to the Subcommittee on Employer-Employee Relations.
109 S 1012	Related bill	May 12, 2005: Read twice and referred to the Committee on Finance. (text of measure as introduced: CR S5075-5099)

Patient Protection Act of 2005 - Amends the Public Health Service Act, the Employee Retirement Income Security Act of 1974 (ERISA), and the Internal Revenue Code to set forth requirements for health plans or issuers of health insurance coverage, including requirements for: (1) utilization review activities; (2) procedures for claims benefits processing, prior authorization determinations, appeals, and internal reviews; and (3) access for an independent, external review.

Requires the Secretary of Health and Human Services to establish the Health Care Consumer Assistance Fund to award grants to States for consumer assistance activities designed to provide information, assistance, and referrals to consumers of health insurance products.

Sets forth requirements for managed care programs and their access to care, including requiring such programs to: (1) offer coverage that allows for non-network coverage through another plan or issuer; (2) provide access to out-of-network emergency care without prior authorization; and (3) provide timely access to specialists.

Requires certain annual disclosures from health plans or issuers, including disclosures of covered benefits, cost-sharing requirements, and participating providers.

Prohibits a plan or issuer from: (1) restricting a health care professional's ability to advise a patient on the health of an individual or on medical care or treatment for the individual's condition or disease; and (2) operating any physician incentive plan.

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### **Actions Timeline**

- **Jul 11, 2005:** Referred to the Subcommittee on Employer-Employee Relations.
- **Jun 17, 2005:** Referred to the Subcommittee on Health.
- **Jun 15, 2005:** Referred to the Subcommittee on Health.
- **May 26, 2005:** Introduced in House
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- **May 26, 2005:** Referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and the Workforce, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.
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