

HR 1092

No Discrimination in Health Insurance Act of 2009

Congress: 111 (2009–2011, Ended)

Chamber: House

Policy Area: Health

Introduced: Feb 13, 2009

Current Status: Referred to the Subcommittee on Health, Employment, Labor, and Pensions.

Latest Action: Referred to the Subcommittee on Health, Employment, Labor, and Pensions. (Mar 30, 2009)

Official Text: <https://www.congress.gov/bill/111th-congress/house-bill/1092>

Sponsor

Name: Rep. Kagen, Steve [D-WI-8]

Party: Democratic • **State:** WI • **Chamber:** House

Cosponsors (6 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Nadler, Jerrold [D-NY-8]	D · NY		Mar 12, 2009
Rep. Shea-Porter, Carol [D-NH-1]	D · NH		Mar 12, 2009
Rep. Jackson, Jesse L., Jr. [D-IL-2]	D · IL		Mar 19, 2009
Rep. Sutton, Betty [D-OH-13]	D · OH		Mar 19, 2009
Rep. Braley, Bruce L. [D-IA-1]	D · IA		Apr 30, 2009
Rep. Lee, Barbara [D-CA-9]	D · CA		Apr 30, 2009

Committee Activity

Committee	Chamber	Activity	Date
Education and Workforce Committee	House	Referred to	Mar 30, 2009
Energy and Commerce Committee	House	Referred to	Feb 23, 2009
Ways and Means Committee	House	Referred To	Feb 13, 2009

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

No Discrimination in Health Insurance Act of 2009 - Amends the Employee Retirement Income Security Act (ERISA), the Internal Revenue Code, and the Public Health Service Act to prohibit a group health plan from imposing any preexisting conditions exclusion.

Requires each health insurance issuer that offers health insurance coverage in the group market in a state to: (1) accept every employer in the state that applies for such coverage; (2) accept enrollment for every eligible individual who applies during the enrollment period; (3) charge the same premium price for the same coverage; and (4) openly disclose such premium price.

Eliminates provisions allowing nonfederal governmental plans to opt out of certain group health plan requirements.

Prohibits health insurance issuers that offer coverage in the individual market to individuals residing in an area from: (1) declining to offer such coverage to, or denying enrollment of, eligible individuals in the area who desire to enroll; or (2) imposing any preexisting conditions exclusion. Defines "eligible individual" to mean: (1) a U.S. citizen or national; (2) an alien lawfully admitted to the United States for permanent residence; or (3) an alien who is otherwise lawfully residing in the United States. Requires such issuers to: (1) charge the same premium price for the same coverage, including coverage offered in the group market; and (2) openly disclose such premium price.

Authorizes the Secretary of Health and Human Services to establish rules to deter individuals from: (1) enrolling in individual health insurance coverage only after they develop an illness or injury; or (2) disenrolling for periods in which they are unlikely to require such coverage.

Actions Timeline

- **Mar 30, 2009:** Referred to the Subcommittee on Health, Employment, Labor, and Pensions.
- **Feb 23, 2009:** Referred to the Subcommittee on Health.
- **Feb 13, 2009:** Introduced in House
- **Feb 13, 2009:** Referred to House Energy and Commerce
- **Feb 13, 2009:** Referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and Labor, 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.
- **Feb 13, 2009:** Referred to House Education and Labor
- **Feb 13, 2009:** Referred to House Ways and Means