

S 2196

Congressional Health Care for Seniors Act of 2012

Congress: 112 (2011–2013, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Mar 15, 2012

Current Status: Read twice and referred to the Committee on Finance.

Latest Action: Read twice and referred to the Committee on Finance. (Mar 15, 2012)

Official Text: <https://www.congress.gov/bill/112th-congress/senate-bill/2196>

Sponsor

Name: Sen. Paul, Rand [R-KY]

Party: Republican • **State:** KY • **Chamber:** Senate

Cosponsors (3 total)

Cosponsor	Party / State	Role	Date Joined
Sen. DeMint, Jim [R-SC]	R · SC		Mar 15, 2012
Sen. Graham, Lindsey [R-SC]	R · SC		Mar 15, 2012
Sen. Lee, Mike [R-UT]	R · UT		Mar 15, 2012

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Mar 15, 2012

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Congressional Health Care for Seniors Act of 2012 - Allows access to the Federal Employees Health Benefits Program (FEHBP) beginning in 2014 for persons who would have been entitled to, or could have enrolled in part A (Hospital Insurance) Medicare benefits, or who could have enrolled in part B (Supplementary Medical Insurance) Medicare.

States that a covered individual who elects to enroll in such program shall enroll as an individual and not as self and family.

Bases monthly premiums on adjusted gross income.

Requires the Office of Personnel Management (OPM) to establish procedures to ensure that health benefits plans coordinate with state Medicaid programs regarding cost-sharing and other medical assistance for covered individuals enrolled in health benefit plans who are also eligible for medical assistance and enrolled in a state Medicaid program.

Requires OPM, at the end of each contract year, to identify high risk individuals and pay to a carrier contracting to provide a health benefits plan to a high risk individual 90% of the benefits paid by the carrier for such individual.

Defines "high risk individual" as an enrolled individual who, of all individuals enrolled in a health benefits plan for the contract year, is in the highest 5% in terms of benefits paid by a carrier for the contract year.

Exempts health benefits plans from specified insurance requirements of the Patient Protection and Affordable Care Act.

Amends the Social Security Act to incrementally increase the Medicare qualifying age from 65 years to 70 years, by 2034, plus the number of months in a specified age increase factor.

Sunsets Medicare, on January 1, 2014, with a transition to FEHBP coverage. Directs the Secretary of Health and Human Services (HHS) to make available to states recommendations with respect to specified requirements for health care entities and individuals under Medicare that will no longer apply but that should be considered on the state level.

Actions Timeline

- **Mar 15, 2012:** Introduced in Senate
- **Mar 15, 2012:** Read twice and referred to the Committee on Finance.

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