

HR 364

Common Sense Health Reform Americans Actually Want Act

Congress: 112 (2011–2013, Ended)

Chamber: House

Policy Area: Health

Introduced: Jan 20, 2011

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Feb 28, 2011)

Official Text: <https://www.congress.gov/bill/112th-congress/house-bill/364>

Sponsor

Name: Rep. Latham, Tom [R-IA-4]

Party: Republican • **State:** IA • **Chamber:** House

Cosponsors

No cosponsors are listed for this bill.

Committee Activity

Committee	Chamber	Activity	Date
Appropriations Committee	House	Referred To	Jan 20, 2011
Committee on House Administration	House	Referred To	Jan 20, 2011
Education and Workforce Committee	House	Referred To	Jan 20, 2011
Energy and Commerce Committee	House	Referred to	Feb 28, 2011
Judiciary Committee	House	Referred To	Jan 20, 2011
Natural Resources Committee	House	Referred to	Jan 26, 2011
Rules Committee	House	Referred To	Jan 20, 2011
Ways and Means Committee	House	Referred To	Jan 20, 2011

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Common Sense Health Reform Americans Actually Want Act - Repeals the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, effective as of their enactment. Restores provisions of law amended by such Acts.

Requires each state to operate a qualifying high risk pool to provide health coverage to certain individuals with a preexisting condition.

Prohibits a health insurance issuer from applying an annual or lifetime aggregate spending cap on any health insurance coverage or plan.

Amends the Employee Retirement Income Security Act of 1974 (ERISA) to provide for the establishment and governance of small business health plans, which are group health plans sponsored by trade, industry, professional, chamber of commerce, or similar business associations that meet ERISA certification requirements.

Amends ERISA, the Public Health Service Act (PHSA) and the Internal Revenue Code (IRC) to: (1) continue in effect for group (not individual) health plans dependent coverage until the beneficiary turns 26 years of age, (2) continue in effect the prohibition on imposition of preexisting condition exclusions on a participant or beneficiary under 19 years of age, and (3) permit a health plan to vary premiums and cost-sharing by up to 50% of the benefits based on participation in a wellness program.

Amends PHSA to provide that the laws of the state designated by a health insurance issuer (primary state) shall apply to individual health insurance coverage offered by that issuer in the primary state and in any other state (secondary state), but only if the coverage and issuer comply with the conditions of this Act.

Amends IRC to: (1) revise provisions related to health savings accounts (HSAs), including to allow the payment of premiums for high deductible health plans from such accounts; (2) allow self-employed individuals to deduct health insurance costs in computing the tax on self-employment income; and (3) allow a tax deduction from gross income for the cost of health insurance coverage for individual taxpayers, their spouses, and dependents.

Sets forth provisions regulating civil actions for an injury or death as the result of health care.

Declares that nothing in this Act shall be construed to interfere with the doctor-patient relationship or the practice of medicine.

Repeals provisions of the American Recovery and Reinvestment Act (ARRA) that establish the Federal Coordinating Council for Comparative Effectiveness Research.

Prohibits the expenditure of funds authorized or appropriated by federal law or funds in any trust fund to which funds are authorized or appropriated by federal law for any abortion. Prohibits federal funds from being used for any health benefits coverage that includes coverage of abortion. (Currently, federal funds cannot be used for abortion services and plans receiving federal funds must keep federal funds segregated from any funds for abortion services.) Sets forth certain exceptions, including for rape and a life-endangering physical condition.

Requires the Secretary of Health and Human Services (HHS) to address: (1) enforcement of Medicare secondary payer

provisions; (2) screening of providers and suppliers under the Medicare program; and (3) tracking of providers that have been excluded from Medicare, including by permitting data matching between Medicare, Medicaid, and Social Security.

Actions Timeline

- **Feb 28, 2011:** Referred to the Subcommittee on Health.
- **Jan 26, 2011:** Referred to the Subcommittee Indian and Alaska Native Affairs.
- **Jan 20, 2011:** Introduced in House
- **Jan 20, 2011:** Referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and the Workforce, Ways and Means, the Judiciary, House Administration, Natural Resources, Rules, and Appropriations, 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.