

S 1851

Empowering Patients First Act of 2013

Congress: 113 (2013–2015, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Dec 18, 2013

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

Latest Action: Read twice and referred to the Committee on Finance. (Dec 18, 2013)

Official Text: <https://www.congress.gov/bill/113th-congress/senate-bill/1851>

Sponsor

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

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

Cosponsors

No cosponsors are listed for this bill.

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Dec 18, 2013

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
113 HR 4077	Related bill	Mar 20, 2014: Referred to the Subcommittee on Regulatory Reform, Commercial And Antitrust Law.
113 HR 3121	Related bill	Jan 22, 2014: Referred to the Subcommittee on Health, Employment, Labor, and Pensions.
113 HR 2300	Identical bill	Jul 15, 2013: Referred to the Subcommittee on the Constitution and Civil Justice.

Empowering Patients First Act of 2013 - Repeals the Patient Protection and Affordable Care Act and the health care provisions of the Health Care and Education and Reconciliation Act of 2010, effective as of their enactment. Restores or revives provisions amended or repealed by such Act or such health care provisions.

Amends the Internal Revenue Code to allow a refundable tax credit for the cost of qualified health insurance costs for low-income taxpayers and a tax deduction for such costs for other taxpayers.

Amends the Public Health Service Act to provide for the establishment and governance of individual and small employer membership associations (IMAs) to make health benefits coverage available to IMA members and their dependents.

Small Business Health Fairness Act of 2013 - Amends the Employee Retirement Income Security Act of 1974 (ERISA) to provide for establishment and governance of association health plans, which are group health plans whose sponsors are trade, industry, professional, chamber of commerce, or similar business associations and which meet certain ERISA certification requirements.

Directs 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 conditions of this Act.

Amends title XXI (Children's Health Insurance) (CHIP) of the Social Security Act (SSA) to: (1) require a state CHIP plan to specify how it will achieve coverage for 90% of targeted low-income children; and (2) prohibit CHIP payments for children with family income above 300% of the applicable poverty line.

Directs the Secretary of Health and Human Services (HHS) to issue best practice guidelines for the treatment of medical conditions. Sets forth how such guidelines may be used in a health care lawsuit.

Permits a group health plan to vary premiums and cost-sharing by up to 50% of the benefits based on participation (or lack of participation) in a wellness program.

Requires a health insurance issuer to provide claims information, on request, to a plan, plan sponsor, or plan administrator.

Prohibits the Secretary from using comparative effectiveness research or patient-centered outcomes research to deny coverage of an item or service under a federal health care program.

Authorizes a state to establish a Health Plan and Provider Portal website to standardize information on health insurance plans available in the state.

Amends title XVIII (Medicare) of SSA to permit Medicare beneficiaries to contract with a physician or practitioner for health care items or services. Prohibits states from imposing limits on the amount of charges for health care services furnished by an eligible professional.

Sets forth provisions regarding students loans and loan repayment for health care professionals.

Exempts health care professionals from federal and state antitrust laws in connection with negotiations with a health plan regarding contract terms under which the professionals provide health care items or services for which plan benefits are

provided.

Establishes discretionary spending limits for FY2022-FY2023 for new budget authority in the nondefense category and revises sequestration discretionary spending limits for FY2014-FY2021.

Actions Timeline

- **Dec 18, 2013:** Introduced in Senate
- **Dec 18, 2013:** Sponsor introductory remarks on measure. (CR S8978-8980)
- **Dec 18, 2013:** Read twice and referred to the Committee on Finance.