

## S 1860

STAR Act of 2013

**Congress:** 113 (2013–2015, Ended)

**Chamber:** Senate

**Policy Area:** Health

**Introduced:** Dec 19, 2013

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

**Latest Action:** Read twice and referred to the Committee on Finance. (Dec 19, 2013)

**Official Text:** <https://www.congress.gov/bill/113th-congress/senate-bill/1860>

### Sponsor

**Name:** Sen. Heller, Dean [R-NV]

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

### Cosponsors

*No cosponsors are listed for this bill.*

### Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Dec 19, 2013

### Subjects & Policy Tags

**Policy Area:**

Health

### Related Bills

Bill	Relationship	Last Action
113 HR 3622	Related bill	<b>Jan 27, 2014:</b> Referred to the Subcommittee on the Constitution and Civil Justice.
113 HR 3121	Related bill	<b>Jan 22, 2014:</b> Referred to the Subcommittee on Health, Employment, Labor, and Pensions.
113 HR 762	Related bill	<b>Apr 23, 2013:</b> Referred to the Subcommittee on Health, Employment, Labor, and Pensions.
113 S 44	Related bill	<b>Jan 22, 2013:</b> Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

Steps Toward Access and Reform Act of 2013 or STAR Act of 2013 - Limits the commencement of a health care lawsuit, except in certain cases including fraud or intentional concealment, to three years after the date of manifestation of injury or one year after the claimant discovers, or through the use of reasonable diligence should have discovered, the injury, whichever occurs first.

Limits to \$250,000 the amount of noneconomic damages in such a lawsuit, but allows a claim for the full amount of any economic damages.

Requires the court, in any health care lawsuit, to supervise the arrangements for payment of damages to protect against conflicts of interest that may have the effect of reducing the amount of damages awarded that are actually paid to claimants.

Allows any party in any health care lawsuit involving injury or wrongful death to introduce evidence of collateral source benefits.

Specifies criteria for the award of punitive damages, limited to the greater of \$250,000 or double the amount of economic damages.

Preempts state law with respect to health care lawsuits, but subjects to otherwise applicable state or federal law any issue not governed by this Act or any law (including state standards of negligence) established by or under it.

Declares the sense of Congress that a health insurer should be liable for damages for harm caused when it makes a decision as to what care is medically necessary and appropriate.

Directs the Secretary of Health and Human Services (HHS) to contract with eligible health professionals to serve for a period of at least four years as a primary care provider in a medically underserved community, in consideration for which the Secretary shall pay up to \$100,000 on the principal and interest on the individual's graduate medical, osteopathic, or other health professional educational loans.

Amends the Internal Revenue Code to allow a bad debt deduction from gross income for worthless qualified medical care debt of at least 75% of a tax-paying medical care provider's charge for such care.

Prohibits the Food and Drug Administration (FDA) from taking action to prevent an individual not in the business of importing a prescription drug from importing one from Canada that complies with the Federal Food, Drug, and Cosmetic Act.

Amends the Public Health Service Act to declare 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.

Prohibits a health insurance issuer from offering, selling, or issuing individual health insurance coverage in a secondary state if its insurance commissioner does not use a risk-based capital formula for determining capital and surplus requirements for all health insurance issuers.

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## **Actions Timeline**

- **Dec 19, 2013:** Introduced in Senate
- **Dec 19, 2013:** Read twice and referred to the Committee on Finance.

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