

S 191

Patient Freedom Act of 2017

Congress: 115 (2017–2019, Ended)

Chamber: Senate
Policy Area: Health
Introduced: Jan 23, 2017

Current Status: Read twice and referred to the Committee on Finance. (Sponsor introductory remarks on measure: CR

S4

Latest Action: Read twice and referred to the Committee on Finance. (Sponsor introductory remarks on measure: CR

S400-402) (Jan 23, 2017)

Official Text: https://www.congress.gov/bill/115th-congress/senate-bill/191

Sponsor

Name: Sen. Cassidy, Bill [R-LA]

Party: Republican • State: LA • Chamber: Senate

Cosponsors (5 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Capito, Shelley Moore [R-WV]	$R \cdot WV$		Jan 23, 2017
Sen. Collins, Susan M. [R-ME]	$R \cdot ME$		Jan 23, 2017
Sen. Isakson, Johnny [R-GA]	$R \cdot GA$		Jan 23, 2017
Sen. Graham, Lindsey [R-SC]	$R \cdot SC$		Jan 30, 2017
Sen. Rounds, Mike [R-SD]	$R \cdot SD$		Feb 27, 2017

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Jan 23, 2017

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Patient Freedom Act of 2017

This bill provides states with three options regarding title I (provisions on health insurance reform, exchanges, and subsidies) of the Patient Protection and Affordable Care Act (PPACA): (1) continue implementing PPACA, with a limit on total premium and cost sharing subsidies provided in the state; (2) waive the requirements of title I of PPACA, with specified exceptions; or (3) the second option plus implementation of a Roth health savings account (HSA) deposit system. Only residents of states continuing to implement PPACA are eligible for PPACA premium subsidies.

The bill amends the Internal Revenue Code to set forth provisions regarding Roth HSAs, which have annual contribution limits and are not subject to taxes. Contributions to Roth HSAs are not tax deductible.

In states implementing a Roth HSA deposit system, residents who are enrolled in health insurance coverage that meets state standards receive monthly deposits in their Roth HSAs. States that administer deposits are entitled to payments from the Department of Health and Human Services for population health initiatives.

States with a Roth HSA deposit system must penalize residents who have a break in health coverage and may enroll residents in a default high deductible health plan that is continually available for enrollment.

Contributions may no longer be made to non-Roth HSAs.

HSAs and Roth HSAs may be used to pay monthly or prepaid amounts for physician services. These services are not considered to be health insurance.

This bill amends SSAct title XVIII (Medicare) to require participating hospitals to limit costs to individuals for uncovered emergency medical care.

Persons providing medical care must post prices.

Actions Timeline

- Jan 23, 2017: Introduced in Senate
- Jan 23, 2017: Read twice and referred to the Committee on Finance. (Sponsor introductory remarks on measure: CR \$400-402)