

S 194

CHOICE Act

Congress: 115 (2017–2019, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Jan 23, 2017

Current Status: Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

Latest Action: Read twice and referred to the Committee on Health, Education, Labor, and Pensions. (Jan 23, 2017)

Official Text: https://www.congress.gov/bill/115th-congress/senate-bill/194

Sponsor

Name: Sen. Whitehouse, Sheldon [D-RI]

Party: Democratic • State: RI • Chamber: Senate

Cosponsors (13 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Brown, Sherrod [D-OH]	D · OH		Jan 23, 2017
Sen. Franken, Al [D-MN]	D · MN		Jan 23, 2017
Sen. Van Hollen, Chris [D-MD]	D · MD		Apr 4, 2017
Sen. Cardin, Benjamin L. [D-MD]	D · MD		Jul 12, 2017
Sen. Hirono, Mazie K. [D-HI]	D · HI		Aug 1, 2017
Sen. Markey, Edward J. [D-MA]	D · MA		Aug 3, 2017
Sen. Booker, Cory A. [D-NJ]	D · NJ		Sep 11, 2017
Sen. Durbin, Richard J. [D-IL]	D · IL		Sep 14, 2017
Sen. Warren, Elizabeth [D-MA]	D · MA		Sep 27, 2017
Sen. Duckworth, Tammy [D-IL]	D · IL		Oct 18, 2017
Sen. Baldwin, Tammy [D-WI]	D · WI		Oct 25, 2017
Sen. Menendez, Robert [D-NJ]	D · NJ		Jul 12, 2018
Sen. Harris, Kamala D. [D-CA]	D · CA		Nov 15, 2018

Committee Activity

Committee	Chamber	Activity	Date
Health, Education, Labor, and Pensions Committee	Senate	Referred To	Jan 24, 2017

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
115 HR 635	Related bill	Jan 24, 2017: Referred to the House Committee on Energy and Commerce.

## **Consumer Health Options and Insurance Competition Enhancement Act or the CHOICE Act**

This bill amends the Public Health Service Act to require the Department of Health and Human Services (HHS) to offer, throughout the United States, a public health insurance option that provides value, choice, competition, and the stability of affordable, high-quality coverage. Plans under the public health insurance option must be qualified health plans and must include plans with bronze, silver, and gold tier benefits. (Qualified health plans are sold on health insurance exchanges, are the only plans eligible for premium subsidies, and fulfill an individual's requirement to maintain minimum essential coverage.)

States may establish advisory councils to provide recommendations to HHS on the operations and policies of the public health insurance option.

HHS must collect data to establish rates for premiums and health care provider reimbursement and for other purposes.

Premium rates for public health insurance option plans must: (1) fully finance administrative costs and provided health benefits, and (2) include a contingency margin.

HHS must negotiate rates for health care providers and prescription drugs under the public health insurance option. If HHS is unable to reach a negotiated agreement on rates, HHS must use Medicare rates.

States may not tax federal receipts or disbursements attributable to the operation of the public health insurance option. HHS must establish conditions for participation by health care providers in the public health insurance option. A provider participating in Medicare or Medicaid is a participant in the public health insurance option unless the provider opts out.

### **Actions Timeline**

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- **Jan 23, 2017:** Introduced in Senate
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