

HR 635

CHOICE Act

Congress: 115 (2017–2019, Ended)

Chamber: House

Policy Area: Health

Introduced: Jan 24, 2017

Current Status: Referred to the House Committee on Energy and Commerce.

Latest Action: Referred to the House Committee on Energy and Commerce. (Jan 24, 2017)

Official Text: <https://www.congress.gov/bill/115th-congress/house-bill/635>

Sponsor

Name: Rep. Schakowsky, Janice D. [D-IL-9]

Party: Democratic • **State:** IL • **Chamber:** House

Cosponsors (40 total)

Cosponsor	Party / State	Role	Date Joined
Del. Norton, Eleanor Holmes [D-DC-At Large]	D · DC		Jan 24, 2017
Rep. Deutch, Theodore E. [D-FL-22]	D · FL		Jan 24, 2017
Rep. Ellison, Keith [D-MN-5]	D · MN		Jan 24, 2017
Rep. Engel, Eliot L. [D-NY-16]	D · NY		Jan 24, 2017
Rep. Lewis, John [D-GA-5]	D · GA		Jan 24, 2017
Rep. Matsui, Doris O. [D-CA-6]	D · CA		Jan 24, 2017
Rep. McCollum, Betty [D-MN-4]	D · MN		Jan 24, 2017
Rep. Moore, Gwen [D-WI-4]	D · WI		Jan 24, 2017
Rep. Pingree, Chellie [D-ME-1]	D · ME		Jan 24, 2017
Rep. Pocan, Mark [D-WI-2]	D · WI		Jan 24, 2017
Rep. Polis, Jared [D-CO-2]	D · CO		Jan 24, 2017
Rep. Sarbanes, John P. [D-MD-3]	D · MD		Jan 24, 2017
Rep. Scott, Robert C. "Bobby" [D-VA-3]	D · VA		Jan 24, 2017
Rep. Takano, Mark [D-CA-41]	D · CA		Jan 24, 2017
Rep. Chu, Judy [D-CA-27]	D · CA		Jan 31, 2017
Rep. Conyers, John, Jr. [D-MI-13]	D · MI		Jan 31, 2017
Rep. DeLauro, Rosa L. [D-CT-3]	D · CT		Jan 31, 2017
Rep. Garamendi, John [D-CA-3]	D · CA		Jan 31, 2017
Rep. Cohen, Steve [D-TN-9]	D · TN		Feb 2, 2017
Rep. Yarmuth, John A. [D-KY-3]	D · KY		Feb 27, 2017
Rep. Cicilline, David N. [D-RI-1]	D · RI		Apr 3, 2017
Rep. Huffman, Jared [D-CA-2]	D · CA		Apr 5, 2017
Rep. Krishnamoorthi, Raja [D-IL-8]	D · IL		Apr 6, 2017
Rep. Schiff, Adam B. [D-CA-28]	D · CA		Apr 25, 2017
Rep. Sherman, Brad [D-CA-30]	D · CA		Apr 25, 2017
Rep. Blumenauer, Earl [D-OR-3]	D · OR		May 2, 2017
Rep. Wasserman Schultz, Debbie [D-FL-23]	D · FL		May 2, 2017
Rep. Quigley, Mike [D-IL-5]	D · IL		May 19, 2017
Rep. Doyle, Michael F. [D-PA-14]	D · PA		Jun 6, 2017
Rep. Grijalva, Raúl M. [D-AZ-3]	D · AZ		Jun 6, 2017
Rep. Napolitano, Grace F. [D-CA-32]	D · CA		Jun 6, 2017
Rep. Tonko, Paul [D-NY-20]	D · NY		Jun 6, 2017
Rep. Clark, Katherine M. [D-MA-5]	D · MA		Jun 8, 2017
Rep. Lowenthal, Alan S. [D-CA-47]	D · CA		Jun 8, 2017
Rep. Frankel, Lois [D-FL-21]	D · FL		Jun 15, 2017
Rep. Kihuen, Ruben J. [D-NV-4]	D · NV		Jul 20, 2017
Rep. Rosen, Jacky [D-NV-3]	D · NV		Jul 24, 2017
Rep. DeGette, Diana [D-CO-1]	D · CO		Sep 25, 2017
Rep. Langevin, James R. [D-RI-2]	D · RI		Oct 23, 2017
Rep. Pascrell, Bill, Jr. [D-NJ-9]	D · NJ		Dec 5, 2017

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred To	Jan 24, 2017

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
115 S 194	Related bill	Jan 23, 2017: Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

Summary (as of Jan 24, 2017)

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.)

HHS must establish an office of the ombudsman for the public health insurance option.

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

- **Jan 24, 2017:** Introduced in House
- **Jan 24, 2017:** Referred to the House Committee on Energy and Commerce.