

S 1033

CHOICE Act

Congress: 116 (2019–2021, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Apr 4, 2019

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. (Apr 4, 2019)

Official Text: <https://www.congress.gov/bill/116th-congress/senate-bill/1033>

Sponsor

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

Party: Democratic • **State:** RI • **Chamber:** Senate

Cosponsors (8 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Baldwin, Tammy [D-WI]	D · WI		Apr 4, 2019
Sen. Brown, Sherrod [D-OH]	D · OH		Apr 4, 2019
Sen. Durbin, Richard J. [D-IL]	D · IL		Apr 4, 2019
Sen. Harris, Kamala D. [D-CA]	D · CA		Apr 4, 2019
Sen. Menendez, Robert [D-NJ]	D · NJ		Apr 4, 2019
Sen. Duckworth, Tammy [D-IL]	D · IL		Apr 8, 2019
Sen. Markey, Edward J. [D-MA]	D · MA		Apr 10, 2019
Sen. Booker, Cory A. [D-NJ]	D · NJ		Apr 29, 2019

Committee Activity

Committee	Chamber	Activity	Date
Health, Education, Labor, and Pensions Committee	Senate	Referred To	Apr 4, 2019

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
116 HR 2085	Identical bill	Apr 5, 2019: Referred to the Subcommittee on Health.

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

This bill requires the Centers for Medicare and Medicaid Services (CMS) to develop a public health insurance option that meets all federal plan requirements and is available on state and federal health insurance exchanges. Specifically, the CMS must offer silver and gold plans, may offer bronze plans, and must include all essential benefits, consumer protections, and cost-sharing limitations in each plan.

The CMS may contract with a third party to administer the public option plans and states may establish advisory councils to make recommendations to the CMS about the operation and policies of such plans. Further, the CMS must establish geographically adjusted premiums and negotiate provider payment rates for services and prescription drugs covered the plans. If a payment rate cannot be negotiated, the CMS must pay the amount for such service as required under traditional Medicare.

Medicare and Medicaid providers are automatically participants in public option plans unless they opt out, and providers not participating in Medicare or Medicaid may opt in.

Actions Timeline

- **Apr 4, 2019:** Introduced in Senate
- **Apr 4, 2019:** Read twice and referred to the Committee on Health, Education, Labor, and Pensions.