

## HR 2463

Choose Medicare Act

**Congress:** 116 (2019–2021, Ended)

**Chamber:** House

**Policy Area:** Health

**Introduced:** May 1, 2019

**Current Status:** Subcommittee Hearings Held.

**Latest Action:** Subcommittee Hearings Held. (Dec 10, 2019)

**Official Text:** <https://www.congress.gov/bill/116th-congress/house-bill/2463>

### Sponsor

**Name:** Rep. Richmond, Cedric L. [D-LA-2]

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

### Cosponsors (7 total)

Cosponsor	Party / State	Role	Date Joined
Del. Norton, Eleanor Holmes [D-DC-At Large]	D · DC		May 1, 2019
Rep. Huffman, Jared [D-CA-2]	D · CA		May 1, 2019
Rep. Khanna, Ro [D-CA-17]	D · CA		May 9, 2019
Rep. Rouda, Harley [D-CA-48]	D · CA		May 9, 2019
Rep. Kuster, Ann M. [D-NH-2]	D · NH		May 16, 2019
Rep. Pappas, Chris [D-NH-1]	D · NH		Dec 10, 2019
Rep. Schakowsky, Janice D. [D-IL-9]	D · IL		Dec 10, 2019

### Committee Activity

Committee	Chamber	Activity	Date
Education and Workforce Committee	House	Referred To	May 1, 2019
Energy and Commerce Committee	House	Hearings By (subcommittee)	Dec 10, 2019
Ways and Means Committee	House	Referred To	May 1, 2019

### Subjects & Policy Tags

**Policy Area:**

Health

### Related Bills

Bill	Relationship	Last Action
116 HR 6136	Related bill	Mar 9, 2020: Referred to the House Committee on Energy and Commerce.
116 S 1261	Identical bill	May 1, 2019: Read twice and referred to the Committee on Finance.
116 S 964	Related bill	Apr 1, 2019: Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

## Choose Medicare Act

This bill requires the Department of Health and Human Services (HHS) to establish public health insurance plans and addresses health insurance costs. Such public plans must be offered on health insurance exchanges and (1) meet the requirements of a qualified health plan; (2) cover benefits at the gold plan level; and (3) cover reproductive services, including abortions.

Additionally, the bill makes a series of changes related to health insurance costs, including

- requiring employers to refer employees to health care navigators to assist with enrollment,
- establishing an annual limit on out-of-pocket costs for services under Medicare,
- providing HHS with the authority to negotiate prices under the Medicare prescription drug benefit program,
- expanding the premium-assistance credit by benchmarking the credit amount to the second-lowest cost gold plan and increasing the income threshold for eligibility,
- requiring qualified health plans to reduce cost sharing for low-income plan holders,
- providing funding for states to provide reinsurance to health insurance issuers and to assist individuals with out-of-pocket costs for plans offered through health insurance exchanges,
- applying the premium rate-setting requirements to large group health plans, and
- requiring HHS or states to take corrective actions to address unreasonable premium rates set by insurance issuers.

## Actions Timeline

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- **Dec 10, 2019:** Subcommittee Hearings Held.
- **May 2, 2019:** Referred to the Subcommittee on Health.
- **May 1, 2019:** Introduced in House
- **May 1, 2019:** Referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.