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(Original Signature of Member)

113TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

To amend title XXVII of the Public Health Service Act to require health insurance issuers and group health plans to disclose information regarding how certain taxes and fees impact the amount of premiums, and for other purposes.

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IN THE HOUSE OF REPRESENTATIVES

Mr. WALDEN introduced the following bill; which was referred to the Committee on \_\_\_\_\_

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**A BILL**

To amend title XXVII of the Public Health Service Act to require health insurance issuers and group health plans to disclose information regarding how certain taxes and fees impact the amount of premiums, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Patients Right to  
5 Know Act of 2013”.

1 **SEC. 2. DISCLOSURE OF HEALTH INSURANCE INFORMA-**  
2 **TION TO CONSUMERS.**

3 (a) IN GENERAL.—Section 2715 of the Public Health  
4 Service Act (42 U.S.C. 300gg–15) is amended by adding  
5 at the end the following new subsection:

6 “(h) DISCLOSURE OF HEALTH INSURANCE INFORMA-  
7 TION TO CONSUMERS.—

8 “(1) IN GENERAL.—A health insurance issuer  
9 or sponsor of a group health plan, with respect to  
10 its annual summary of benefits and coverage expla-  
11 nation provided under subsection (d)—

12 “(A) shall include (effective for plan years  
13 beginning on or after January 1, 2016, and in  
14 addition to the information required to be dis-  
15 closed under this section)—

16 “(i) the applicable additional informa-  
17 tion relating to fees described in paragraph  
18 (2); and

19 “(ii) the applicable additional infor-  
20 mation included under paragraph (3)(D);  
21 and

22 “(B) shall not be subject to any adminis-  
23 trative action by the Secretary or by a State  
24 authority with respect to any disclosure made  
25 on or after the date of the enactment of this  
26 subsection of such applicable additional infor-

1           mation if the disclosure is made based upon a  
2           good faith estimates of the such information  
3           and is in accordance with such standards as the  
4           Secretary may establish to carry out this sub-  
5           section.

6           “(2) **FREE INFORMATION.**—The additional infor-  
7           mation described in this paragraph, with respect to  
8           a health insurance issuer issuing health insurance  
9           coverage in the individual, small, or large group  
10          market and with respect to the sponsor of a group  
11          health plan, is as follows:

12                 “(A) **FEE ON HEALTH INSURANCE PRO-**  
13                 **VIDERS.**—The annual fee on health insurance  
14                 providers under section 9010 of the Patient  
15                 Protection and Affordable Care Act (26 U.S.C.  
16                 4001 note).

17                 “(B) **PCORI TAX.**—Fees imposed under  
18                 subchapter B of chapter 34 of the Internal Rev-  
19                 enue Code of 1986 (relating to funding the Pa-  
20                 tient-Centers Outcome Research Institute).

21                 “(C) **REINSURANCE CONTRIBUTIONS.**—Re-  
22                 insurance contributions required under section  
23                 1341(b) of the Patient Protection and Afford-  
24                 able Care Act (42 U.S.C. 18061(b)).

1           “(D) PROPOSED HEALTH INSURANCE EX-  
2 CHANGE USER FEE.—Fees imposed on health  
3 plans relating to participation in an Exchange  
4 under subtitle D of title I of the Patient Protec-  
5 tion and Affordable Care Act (42 U.S.C. 18021  
6 et seq.).

7           “(E) RISK CORRIDOR PAYMENTS.—Risk  
8 corridor payments required under section  
9 1342(b)(2) of the Patient Protection and Af-  
10 fordable Care Act (42 U.S.C. 18062(b)(2)).

11           “(F) RISK ADJUSTMENT CHARGES.—Risk  
12 adjustment charges imposed under section  
13 1343(a)(1) of the Patient Protection and Af-  
14 fordable Care Act (42 U.S.C. 18063(a)(1)).

15           In the case of health insurance coverage, such costs  
16 may be calculated separately for such coverage in  
17 the individual market, in the small group market,  
18 and in the large group market for the health insur-  
19 ance issuer involved.

20           “(3) OTHER INFORMATION.—

21           “(A) STUDY.—The Comptroller General of  
22 the United States shall conduct a study of  
23 methods of calculating the impact on average  
24 premium costs associated with each of the fol-  
25 lowing:

1           “(i) MARKET IMPACT OF GUARAN-  
2           TEED ISSUE AND COMMUNITY RATING.—  
3           The requirement for guaranteed issuance  
4           of coverage under section 2702 and com-  
5           munity rated premiums under section  
6           2701.

7           “(ii) AGE RATING IMPACT.—The re-  
8           quirement of section 2701(a)(1)(A)(iii) (re-  
9           lating to limitations on age rating).

10          “(iii) WOMEN’S PREVENTIVE SERV-  
11          ICES.—The requirement for coverage of  
12          women’s preventive services under section  
13          2713.

14          “(iv) MINIMUM ESSENTIAL HEALTH  
15          BENEFITS COVERAGE.—The requirement  
16          that coverage provide for at least 60 per-  
17          cent of the actuarial value of essential  
18          health benefits under section 1302(d) of  
19          the Patient Protection and Affordable Care  
20          Act. (42 U.S.C. 18022(d)).

21          “(B) CONSULTATION.—In conducting such  
22          study, the Comptroller General shall consult  
23          with health insurance issuers and State health  
24          insurance commissioners.

1           “(C) REPORT.—Not later than October 1,  
2           2014, the Comptroller General shall submit to  
3           each House of Congress and the Secretary a re-  
4           port on the study conducted under subpara-  
5           graph (A).

6           “(D) INCLUSION OF ADDITIONAL INFOR-  
7           MATION.—After submission of such report, the  
8           Secretary may also include in the information  
9           required to be disclosed under paragraph  
10          (1)(A)(ii) information on the impact on pre-  
11          miums of each of the requirements described in  
12          subparagraph (A).

13          “(4) RETENTION OF STATE RATE SETTING AU-  
14          THORITY.—Nothing in this subsection shall be con-  
15          strued to preempt State authority to regulate, reject,  
16          alter, or require additional information in support of  
17          rates for health insurance coverage or oversight au-  
18          thority of the Secretary.”.