

119TH CONGRESS  
1ST SESSION

# H. R. 3911

To provide for the establishment of Medicare part E public health plans,  
and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 11, 2025

Mr. GOMEZ (for himself, Mr. BEYER, Mr. HUFFMAN, Mrs. McIVER, and Ms. NORTON) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and Workforce, 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

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## A BILL

To provide for the establishment of Medicare part E public  
health plans, 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 “Choose Medicare Act”.

5 **SEC. 2. PUBLIC HEALTH PLAN.**

6 (a) IN GENERAL.—The Social Security Act is amend-  
7 ed by adding at the end the following:

1 “TITLE XXII—MEDICARE PART E PUBLIC HEALTH PLANS

2 “SEC. 2201. PUBLIC HEALTH PLANS.—

3 “(a) ESTABLISHMENT.—The Secretary shall estab-  
4 lish public health plans (to be known as ‘Medicare part  
5 E plans’) that are available in the individual market, small  
6 group market, and large group market.

7 “(b) BENEFITS.—

8 “(1) IN GENERAL.—Each Medicare part E  
9 plan, regardless of whether the plan is offered in the  
10 individual market, small group market, or large  
11 group market, shall be a qualified health plan within  
12 the meaning of section 1301(a) of the Patient Pro-  
13 tection and Affordable Care Act (42 U.S.C.  
14 18021(a)) that—

15 “(A) meets all requirements applicable to  
16 qualified health plans under subtitle D of title  
17 I of the Patient Protection and Affordable Care  
18 Act (42 U.S.C. 18021 et seq.) (other than the  
19 requirement under section 1301(a)(1)(C)(ii) of  
20 such Act) and title XXVII of the Public Health  
21 Service Act (42 U.S.C. 300gg et seq.);

22 “(B) provides coverage of—

23 “(i) the essential health benefits de-  
24 scribed in section 1302(b) of the Patient

1 Protection and Affordable Care Act (42  
2 U.S.C. 18022(b)); and

3 “(ii) all items and services for which  
4 benefits are available under title XVIII;

5 “(C) provides gold-level coverage described  
6 in section 1302(d)(1)(C) of the Patient Protec-  
7 tion and Affordable Care Act (42 U.S.C.  
8 18022(d)(1)(C)); and

9 “(D) provides coverage of abortions and all  
10 other reproductive services.

11 “(2) PREEMPTION.—Notwithstanding section  
12 1303(a)(1) of the Patient Protection and Affordable  
13 Care Act (42 U.S.C. 18023(a)(1))—

14 “(A) a State may not prohibit a Medicare  
15 part E plan from offering the coverage de-  
16 scribed in paragraph (1)(D); and

17 “(B) no provision of State law that would  
18 prohibit such a plan from offering such cov-  
19 erage shall apply to such plan.

20 “(c) ELIGIBILITY; ENROLLMENT.—

21 “(1) AVAILABILITY ON THE EXCHANGES.—The  
22 Medicare part E plans offered in the individual and  
23 small group markets shall be offered through the  
24 Federal and State Exchanges, including the Small

1 Business Health Options Program Exchanges (com-  
2 monly referred to as the ‘SHOP Exchanges’).

3 “(2) ELIGIBILITY.—

4 “(A) IN GENERAL.—Any individual who is  
5 a resident of the United States, as determined  
6 by the Secretary under subparagraph (C), and  
7 who is not an individual described in subpara-  
8 graph (B), is eligible to enroll in a Medicare  
9 part E plan.

10 “(B) EXCLUSIONS.—An individual de-  
11 scribed in this subparagraph is any individual  
12 who is—

13 “(i) entitled to, or enrolled for, bene-  
14 fits under title XVIII;

15 “(ii) eligible for medical assistance  
16 under a State plan under title XIX; or

17 “(iii) enrolled for child health assist-  
18 ance or pregnancy-related assistance under  
19 a State plan under title XXI.

20 “(C) REGULATIONS.—The Secretary shall  
21 promulgate a rule for determining residency for  
22 purposes of subparagraph (A).

23 “(3) EMPLOYER-SPONSORED PLANS.—

24 “(A) EMPLOYER ENROLLMENT.—Effective  
25 with respect to the first plan year that begins

1           1 year after the date of enactment of the  
2           Choose Medicare Act and each plan year there-  
3           after, the Secretary shall provide options for  
4           Medicare part E plans in the small group mar-  
5           ket and large group market that are voluntary,  
6           and available to all employers.

7           “(B) GROUP HEALTH PLANS.—The Sec-  
8           retary, acting through the Administrator for the  
9           Centers for Medicare & Medicaid Services, at  
10          the request of a plan sponsor, shall serve as a  
11          third party administrator of a group health  
12          plan that is a Medicare part E plan offered by  
13          such sponsor.

14          “(C) PORTABILITY FOR EMPLOYER-SPON-  
15          SORED PLANS.—The Secretary shall develop a  
16          process for allowing individuals enrolled in a  
17          Medicare part E plan offered in the small group  
18          market or large group market to maintain  
19          health insurance coverage through a Medicare  
20          part E plan if the individual subsequently loses  
21          eligibility for enrollment in such a plan based  
22          on termination of the employment relationship.  
23          The ability to maintain such coverage shall  
24          exist regardless of whether the individual has  
25          the option to enroll in other health insurance

1 coverage, including coverage offered in the indi-  
2 vidual market or through a subsequent em-  
3 ployer.

4 “(d) PREMIUMS.—The Secretary shall establish pre-  
5 mium rates for the Medicare part E plans that—

6 “(1) are adjusted based on—

7 “(A) whether the plan is offered in the in-  
8 dividual market, small group market, or large  
9 group market; and

10 “(B) the applicable rating area;

11 “(2) are at a level sufficient to fully finance—

12 “(A) the costs of health benefits provided  
13 by such plans; and

14 “(B) administrative costs related to oper-  
15 ating the plans; and

16 “(3) comply with the requirements under sec-  
17 tion 2701 of the Public Health Service Act (42  
18 U.S.C. 300gg), including for such plans that are of-  
19 fered in the large group market.

20 “(e) PROVIDERS AND REIMBURSEMENT RATES.—

21 “(1) IN GENERAL.—The Secretary shall estab-  
22 lish a rate schedule for reimbursing types of health  
23 care providers furnishing items and services under  
24 the Medicare part E plans at rates that are con-

1       sistent with the negotiations described in paragraph  
2       (2) and are necessary to maintain network adequacy.

3           “(2) MANNER OF NEGOTIATION.—The Sec-  
4       retary shall negotiate the rates described in para-  
5       graph (1) in a manner that results in payment rates  
6       that are not lower, in the aggregate, than rates  
7       under title XVIII, and not higher, in the aggregate,  
8       than the average rates paid by other health insur-  
9       ance issuers offering health insurance coverage  
10      through an Exchange.

11           “(3) PARTICIPATING PROVIDERS.—

12           “(A) IN GENERAL.—A health care provider  
13       that is a participating provider of services or  
14       supplier under the Medicare program under  
15       title XVIII on the date of enactment of the  
16       Choose Medicare Act shall be a participating  
17       provider for Medicare part E plans.

18           “(B) ADDITIONAL PROVIDERS.—The Sec-  
19       retary shall establish a process to allow health  
20       care providers not described in subparagraph  
21       (A) to become participating providers for Medi-  
22       care part E plans.

23           “(4) LIMITATIONS ON BALANCE BILLING.—The  
24       limitations on balance billing pursuant to the provi-  
25       sions of section 1866(a)(1)(A) shall apply to partici-

1       pating providers for Medicare part E plans in the  
2       same manner as such provisions apply to partici-  
3       pating providers under the Medicare program.

4       “(f) ENCOURAGING USE OF ALTERNATIVE PAYMENT  
5       MODELS.—The Secretary shall, as applicable, utilize alter-  
6       native payment models, including those described in sec-  
7       tion 1833(z)(3)(C), in making payments for items and  
8       services (including prescription drugs) furnished under  
9       Medicare part E plans. The payment rates under such al-  
10      ternative payment models shall comply with the require-  
11      ment for negotiated rates under subsection (e)(2).

12      “(g) PRESCRIPTION DRUGS.—The Secretary shall  
13      apply the provisions of part E of title XI to prescription  
14      drugs under Medicare part E plans in the same manner  
15      as such provisions apply with respect to selected drugs  
16      under part E of title XI.

17      “(h) APPROPRIATIONS.—

18              “(1) START UP FUNDING.—For purposes of es-  
19      tablishing the Medicare part E plans, there is appro-  
20      priated to the Secretary, out of any funds in the  
21      Treasury not otherwise obligated, \$2,000,000,000,  
22      for fiscal year 2026.

23              “(2) INITIAL RESERVES.—There is appro-  
24      priated to the Secretary, out of any funds in the  
25      Treasury not otherwise obligated, such sums as may

1 be necessary, based on projected enrollment in the  
2 Medicare part E plans in the first plan year in  
3 which such plans are offered, to provide reserves for  
4 the purpose of paying claims filed during the initial  
5 90-day period of such plan year.

6 “(3) CLARIFICATION.—Any provision of law re-  
7 stricting the use of Federal funds with respect to  
8 any reproductive health service shall not apply to  
9 funds appropriated under paragraph (1) or (2).

10 “(i) HEALTH INSURANCE ISSUER.—With respect to  
11 any Medicare part E plan, the Secretary shall be consid-  
12 ered a health insurance issuer, within the meaning of sec-  
13 tion 2791(b) of the Public Health Service Act (42 U.S.C.  
14 300gg–91(b)).”.

15 (b) APPLICATION OF EXCISE TAX FOR NONCOMPLI-  
16 ANCE WITH NEGOTIATION REQUIREMENTS.—Section  
17 5000D(e)(1) of the Internal Revenue Code of 1986 is  
18 amended by adding at the end the following new sentence:  
19 “Such term shall apply to any drug treated in the same  
20 manner as a drug described in the preceding sentence by  
21 reason of section 2201(g) of the Social Security Act.”.

1 **SEC. 3. NOTICE AND NAVIGATOR REFERRAL FOR EMPLOY-**  
2 **EES UNDER THE FAIR LABOR STANDARDS**  
3 **ACT OF 1938.**

4 (a) IN GENERAL.—Section 18B of the Fair Labor  
5 Standards Act of 1938 (29 U.S.C. 218b) is amended—

6 (1) in the heading, by striking “**TO**” and insert-  
7 ing “**AND NAVIGATOR REFERRAL FOR**”;

8 (2) by redesignating subsection (b) as sub-  
9 section (c);

10 (3) by inserting after subsection (a) the fol-  
11 lowing:

12 “(b) NAVIGATOR REFERRAL.—

13 “(1) IN GENERAL.—An employer described in  
14 paragraph (3) shall refer each employee who is a  
15 full-time employee (as defined in section 4980H(c)  
16 of the Internal Revenue Code of 1986) to—

17 “(A) an entity that serves as a navigator  
18 under section 1311(i) of the Patient Protection  
19 and Affordable Care Act (42 U.S.C. 18031(i))  
20 for the Exchange operating in the State of the  
21 employer; or

22 “(B) if the Exchange operating in the  
23 State of the employer does not have an entity  
24 serving as such a navigator, another entity that  
25 shall carry out equivalent activities as such a  
26 navigator.

1           “(2) REFERRAL.—The referral described in  
2 paragraph (1) shall occur—

3           “(A) at the time the employer hires the  
4 employee; or

5           “(B) on the effective date described in sub-  
6 section (c)(2) with respect to an employee who  
7 is currently employed by the employer on such  
8 date.

9           “(3) EMPLOYER.—An employer described in  
10 this paragraph is any employer that—

11           “(A) does not provide an eligible employer-  
12 sponsored plan as defined in section  
13 5000A(f)(2) of the Internal Revenue Code of  
14 1986; or

15           “(B) provides such an eligible employer-  
16 sponsored plan, but the plan is determined—

17           “(i) to be unaffordable to the em-  
18 ployee under clause (i) of section  
19 36B(c)(2)(C) of such Code; or

20           “(ii) to not provide the required min-  
21 imum value under clause (ii) of such sec-  
22 tion.”; and

23           (4) in subsection (c), as so redesignated—

1 (A) in the heading, by striking “EFFECTIVE  
2 TIVE DATE” and inserting “EFFECTIVE  
3 DATES”;

4 (B) by striking “Subsection (a)” and in-  
5 serting the following:

6 “(1) NOTICE.—Subsection (a)”;

7 (C) by adding at the end the following:

8 “(2) NAVIGATOR REFERRAL.—Subsection (b)  
9 shall take effect with respect to employers in a State  
10 beginning on the date that is 2 years after the date  
11 of enactment of the Choose Medicare Act.”.

12 (b) STUDY.—Not later than January 1, 2030, the  
13 Comptroller General of the United States shall conduct  
14 a study on the impact of the requirements under section  
15 18B of the Fair Labor Standards Act of 1938 (29 U.S.C.  
16 218b), including the amendments made by subsection (a),  
17 on the rate of individuals without minimum essential cov-  
18 erage as defined in section 5000A(f) of the Internal Rev-  
19 enue Code of 1986 in the United States and in each State.

20 (c) FUNDING FOR NAVIGATOR PROGRAM.—Section  
21 1311(i)(6) of the Patient Protection and Affordable Care  
22 Act (42 U.S.C. 18031(i)(6)) is amended—

23 (1) by striking “Grants” and inserting the fol-  
24 lowing:

25 “(A) IN GENERAL.—Grants”; and

1 (2) by adding at the end the following:

2 “(B) AUTHORIZATION OF APPROPRIA-  
3 TIONS.—There is authorized to be appropriated  
4 such sums as may be necessary to address ca-  
5 pacity limitations of entities serving as naviga-  
6 tors through a grant under this subsection.”.

7 **SEC. 4. PROTECTING AGAINST HIGH OUT-OF-POCKET EX-**  
8 **PENDITURES FOR MEDICARE FEE-FOR-SERV-**  
9 **ICE BENEFITS.**

10 Title XVIII of the Social Security Act (42 U.S.C.  
11 1395 et seq.) is amended by adding at the end the fol-  
12 lowing new section:

13 “PROTECTION AGAINST HIGH OUT-OF-POCKET  
14 EXPENDITURES

15 “SEC. 1899C. (a) IN GENERAL.—Notwithstanding  
16 any other provision of this title, in the case of an indi-  
17 vidual entitled to, or enrolled for, benefits under part A  
18 or enrolled in part B, if the amount of the out-of-pocket  
19 cost-sharing of such individual for a year (beginning with  
20 2027) equals or exceeds the annual out-of-pocket limit  
21 under subsection (b) for that year, the individual shall not  
22 be responsible for additional out-of-pocket cost-sharing in-  
23 curred during that year.

24 “(b) ANNUAL OUT-OF-POCKET LIMIT.—

25 “(1) IN GENERAL.—The amount of the annual  
26 out-of-pocket limit under this subsection shall be—

1 “(A) for 2027, \$6,700; or

2 “(B) for a subsequent year, the amount  
3 specified in this subsection for the preceding  
4 year increased or decreased by the percentage  
5 change in the medical care component of the  
6 Consumer Price Index for All Urban Con-  
7 sumers for the 12-month period ending with  
8 June of such preceding year.

9 “(2) ROUNDING.—If any amount determined  
10 under paragraph (1)(B) is not a multiple of \$5, such  
11 amount shall be rounded to the nearest multiple of  
12 \$5.

13 “(c) OUT-OF-POCKET COST-SHARING DEFINED.—

14 “(1) IN GENERAL.—Subject to paragraphs (2)  
15 and (3), in this section, the term ‘out-of-pocket cost-  
16 sharing’ means, with respect to an individual, the  
17 amount of the expenses incurred by the individual  
18 that are attributable to—

19 “(A) deductibles, coinsurance, and copay-  
20 ments applicable under part A or B; or

21 “(B) for items and services that would  
22 have otherwise been covered under part A or B  
23 but for the exhaustion of those benefits.

24 “(2) CERTAIN COSTS NOT INCLUDED.—

1           “(A) NON-COVERED ITEMS AND SERV-  
2           ICES.—Expenses incurred for items and serv-  
3           ices which are not covered under part A or B  
4           shall not be considered incurred expenses for  
5           purposes of determining out-of-pocket cost-  
6           sharing under paragraph (1).

7           “(B) ITEMS AND SERVICES NOT FUR-  
8           NISHED ON AN ASSIGNMENT-RELATED BASIS.—  
9           If an item or service is furnished to an indi-  
10          vidual under this title and is not furnished on  
11          an assignment-related basis, any additional ex-  
12          penses the individual incurs above the amount  
13          the individual would have incurred if the item  
14          or service was furnished on an assignment-re-  
15          lated basis shall not be considered incurred ex-  
16          penses for purposes of determining out-of-pock-  
17          et cost-sharing under paragraph (1).

18          “(3) SOURCE OF PAYMENT.—For purposes of  
19          paragraph (1), the Secretary shall consider expenses  
20          to be incurred by the individual without regard to  
21          whether the individual or another person, including  
22          a State program, an employer, a medicare supple-  
23          mental policy, or other third-party coverage, has  
24          paid for such expenses.

1       “(d) ANNOUNCEMENT OF THE ANNUAL OUT-OF-  
2 POCKET LIMIT.—The Secretary shall (beginning in 2026)  
3 announce (in a manner intended to provide notice to all  
4 interested parties) the annual out-of-pocket limit under  
5 this section that will be applicable for the succeeding  
6 year.”.

7 **SEC. 5. ENHANCEMENT OF PREMIUM ASSISTANCE CREDIT.**

8       (a) USE OF GOLD LEVEL PLAN FOR BENCHMARK.—

9           (1) IN GENERAL.—Clause (i) of section  
10       36B(b)(2)(B) of the Internal Revenue Code of 1986  
11       is amended by striking “applicable second lowest  
12       cost silver plan” and inserting “applicable second  
13       lowest cost gold plan”.

14           (2) CONFORMING AMENDMENT RELATED TO  
15       AFFORDABILITY.—Section 36B(c)(4)(C)(i)(I) of  
16       such Code is amended by striking “second lowest  
17       cost silver plan” and inserting “second lowest cost  
18       gold plan”.

19           (3) OTHER CONFORMING AMENDMENTS.—Sub-  
20       paragraphs (B) and (C) of section 36B(b)(3) of such  
21       Code are each amended by striking “silver plan”  
22       each place it appears in the text and the heading  
23       and inserting “gold plan”.

24       (b) PERMANENT EXTENSION OF ELIGIBILITY  
25 RULES.—

1           (1) IN GENERAL.—Section 36B(c)(1) of the In-  
2           ternal Revenue Code of 1986 is amended—

3                   (A) in subparagraph (A), by striking “but  
4                   does not exceed 400 percent”, and

5                   (B) by striking subparagraph (E).

6           (2) DETERMINATION OF APPLICABLE PERCENT-  
7           AGE.—Subparagraph (A) of section 36B(b)(3) of  
8           such Code is amended by striking all that precedes  
9           the table in clause (iii)(II) and inserting the fol-  
10          lowing:

11                   “(A) APPLICABLE PERCENTAGE.—For  
12                   purposes of paragraph (2), except as provided  
13                   in clause (ii), the applicable percentage for any  
14                   taxable year shall be the percentage such that  
15                   the applicable percentage for any taxpayer  
16                   whose household income is within an income  
17                   tier specified in the following table shall in-  
18                   crease, on a sliding scale in a linear manner,  
19                   from the initial premium percentage to the final  
20                   premium percentage specified in such table for  
21                   such income tier:”.

22          (c) EFFECTIVE DATE.—The amendments made by  
23          this section shall apply to taxable years beginning after  
24          December 31, 2025.

1 **SEC. 6. ENHANCEMENTS FOR REDUCED COST SHARING.**

2 (a) DEFINITION OF ELIGIBLE INDIVIDUAL.—Section  
3 1402(b)(1) of the Patient Protection and Affordable Care  
4 Act (42 U.S.C. 18071(b)(1)) is amended by striking “sil-  
5 ver level” and inserting “gold level”.

6 (b) MODIFICATION OF AMOUNT.—

7 (1) IN GENERAL.—Section 1402(c)(2) of the  
8 Patient Protection and Affordable Care Act is  
9 amended to read as follows:

10 “(2) ADDITIONAL REDUCTION.—The Secretary  
11 shall establish procedures under which the issuer of  
12 a qualified health plan to which this section applies  
13 shall further reduce cost-sharing under the plan in  
14 a manner sufficient to—

15 “(A) in the case of an eligible insured  
16 whose household income is not less than 100  
17 percent but not more than 133 percent of the  
18 poverty line for a family of the size involved, in-  
19 crease the plan’s share of the total allowed  
20 costs of benefits provided under the plan to 94  
21 percent of such costs;

22 “(B) in the case of an eligible insured  
23 whose household income is more than 133 per-  
24 cent but not more than 150 percent of the pov-  
25 erty line for a family of the size involved, in-  
26 crease the plan’s share of the total allowed

1 costs of benefits provided under the plan to 92  
2 percent of such costs;

3 “(C) in the case of an eligible insured  
4 whose household income is more than 150 per-  
5 cent but not more than 200 percent of the pov-  
6 erty line for a family of the size involved, in-  
7 crease the plan’s share of the total allowed  
8 costs of benefits provided under the plan to 90  
9 percent of such costs;

10 “(D) in the case of an eligible insured  
11 whose household income is more than 200 per-  
12 cent but not more than 300 percent of the pov-  
13 erty line for a family of the size involved, in-  
14 crease the plan’s share of the total allowed  
15 costs of benefits provided under the plan to 85  
16 percent of such costs; and

17 “(E) in the case of an eligible insured  
18 whose household income is more than 300 per-  
19 cent but not more than 400 percent of the pov-  
20 erty line for a family of the size involved, in-  
21 crease the plan’s share of the total allowed  
22 costs of benefits provided under the plan to 80  
23 percent of such costs.”.

1           (2) CONFORMING AMENDMENT.—Clause (i) of  
2 section 1402(c)(1)(B) of such Act is amended to  
3 read as follows:

4                   “(i) IN GENERAL.—The Secretary  
5 shall ensure the reduction under this para-  
6 graph shall not result in an increase in the  
7 plan’s share of the total allowed costs of  
8 benefits provided under the plan above—

9                           “(I) 94 percent in the case of an  
10 eligible insured described in para-  
11 graph (2)(A);

12                           “(II) 92 percent in the case of an  
13 eligible insured described in para-  
14 graph (2)(B);

15                           “(III) 90 percent in the case of  
16 an eligible insured described in para-  
17 graph (2)(C);

18                           “(IV) 85 percent in the case of  
19 an eligible insured described in para-  
20 graph (2)(D); and

21                           “(V) 80 percent in the case of an  
22 eligible insured described in para-  
23 graph (2)(E).”.

1 (c) EFFECTIVE DATE.—The amendments made by  
2 this section shall apply to plan years beginning after De-  
3 cember 31, 2025.

4 **SEC. 7. REINSURANCE AND AFFORDABILITY FUND.**

5 Part 5 of subtitle D of title I of the Patient Protec-  
6 tion and Affordable Care Act is amended by inserting  
7 after section 1341 (42 U.S.C. 18061) the following:

8 **“SEC. 1341A. REINSURANCE AND AFFORDABILITY FUND**  
9 **FOR THE INDIVIDUAL MARKET IN EACH**  
10 **STATE.**

11 “(a) IN GENERAL.—The Secretary, in consultation  
12 with the National Association of Insurance Commis-  
13 sioners, shall establish a program to enable each State,  
14 for any plan year beginning in the 3-year period beginning  
15 January 1, 2026, to—

16 “(1) provide reinsurance payments to health in-  
17 surance issuers with respect to individuals enrolled  
18 under individual health insurance coverage offered  
19 by such issuers; or

20 “(2) provide assistance (other than through  
21 payments described in paragraph (1)) to reduce out-  
22 of-pocket costs, such as copayments, coinsurance,  
23 premiums, and deductibles, of individuals enrolled  
24 under qualified health plans offered in the individual  
25 market through an Exchange.



1       “(e) PROTECTION FROM EXCESSIVE, UNJUSTIFIED,  
2 OR UNFAIRLY DISCRIMINATORY RATES.—

3           “(1) AUTHORITY OF STATES.—Nothing in this  
4 section shall be construed to prohibit a State from  
5 imposing requirements (including requirements re-  
6 lating to rate review standards and procedures and  
7 information reporting) on health insurance issuers  
8 with respect to rates that are in addition to the re-  
9 quirements of this section and are more protective of  
10 consumers than such requirements.

11          “(2) CONSULTATION IN RATE REVIEW PROC-  
12 ESS.—In carrying out this section, the Secretary  
13 shall consult with the National Association of Insur-  
14 ance Commissioners and consumer groups.

15          “(3) DETERMINATION OF WHO CONDUCTS RE-  
16 VIEWS FOR EACH STATE.—The Secretary shall de-  
17 termine, after the date of enactment of this sub-  
18 section and periodically thereafter, the following:

19           “(A) In which markets in each State the  
20 State insurance commissioner or relevant State  
21 regulator shall undertake the corrective actions  
22 under paragraph (4), based on the Secretary’s  
23 determination that the State insurance commis-  
24 sioner or relevant State regulator is adequately

1           undertaking and utilizing such actions in that  
2           market.

3           “(B) In which markets in each State the  
4           Secretary shall undertake the corrective actions  
5           under paragraph (4), in cooperation with the  
6           relevant State insurance commissioner or State  
7           regulator, based on the Secretary’s determina-  
8           tion that the State is not adequately under-  
9           taking and utilizing such actions in that mar-  
10          ket.

11          “(4) CORRECTIVE ACTION FOR EXCESSIVE, UN-  
12          JUSTIFIED, OR UNFAIRLY DISCRIMINATORY  
13          RATES.—In accordance with the process established  
14          under this section, the Secretary or the relevant  
15          State insurance commissioner or State regulator  
16          shall take corrective actions to ensure that any ex-  
17          cessive, unjustified, or unfairly discriminatory rates  
18          are corrected prior to implementation, or as soon as  
19          possible thereafter, through mechanisms such as—

20                  “(A) denying rates;

21                  “(B) modifying rates; or

22                  “(C) requiring rebates to consumers.

23          “(5) NONCOMPLIANCE.—

24                  “(A) IN GENERAL.—Failure to comply  
25          with any corrective action taken by the Sec-

1           retary under this subsection may result in the  
2           application of civil monetary penalties described  
3           in subparagraph (B) and, if the Secretary de-  
4           termines appropriate, make the plan involved  
5           ineligible for classification as a qualified health  
6           plan.

7           “(B) CIVIL MONETARY PENALTIES.—

8                   “(i) IN GENERAL.—The provisions of  
9                   section 1128A of the Social Security Act,  
10                  other than subsection (a) and (b) and the  
11                  first sentence of subsection (c)(1) of such  
12                  section, shall apply to civil monetary pen-  
13                  alties under this paragraph in the same  
14                  manner as such provisions apply to a pen-  
15                  alty or proceeding under section 1128A of  
16                  the Social Security Act.

17                  “(ii) AMOUNT.—The provisions of  
18                  subparagraph (C) of section 2723(b)(2)  
19                  shall apply to civil monetary penalties  
20                  under this paragraph in the same manner  
21                  as such provisions apply to a penalty under  
22                  such section.”.

23           (b) CLARIFICATION OF REGULATORY AUTHORITY.—

24   Section 2794 of the Public Health Service Act (42 U.S.C.  
25   300gg–94) is further amended—

1 (1) in subsection (a)—

2 (A) in the subsection heading, by striking  
3 “PREMIUM” and inserting “RATE”;

4 (B) in paragraph (1), by striking “unrea-  
5 sonable increases in premiums” and inserting  
6 “potentially excessive, unjustified, or unfairly  
7 discriminatory rates, including premiums,”; and

8 (C) in paragraph (2)—

9 (i) by striking “an unreasonable pre-  
10 mium increase” and inserting “a poten-  
11 tially excessive, unjustified, or unfairly dis-  
12 criminatory rate”;

13 (ii) by striking “the increase” and in-  
14 serting “the rate”; and

15 (iii) by striking “such increases” and  
16 inserting “such rates”; and

17 (2) in subsection (b)—

18 (A) in the subsection heading, by striking  
19 “PREMIUM” and inserting “RATE”;

20 (B) by striking “premium increases” each  
21 place it appears and inserting “rates”;

22 (C) in paragraph (1)—

23 (i) in the paragraph heading, by strik-  
24 ing “PREMIUM INCREASE” and inserting  
25 “RATE”; and

1 (ii) in subparagraph (B), by striking  
2 “excessive or unjustified” and inserting  
3 “excessive, unjustified, or unfairly discrimi-  
4 natory”; and

5 (D) in paragraph (2)—

6 (i) in the paragraph heading, by strik-  
7 ing “PREMIUM INCREASES” and inserting  
8 “RATES”; and

9 (ii) in subparagraph (B), by striking  
10 “premium” and inserting “rate”.

11 (c) CONFORMING AMENDMENT.—Section 1311(e)(2)  
12 of the Patient Protection and Affordable Care Act (42  
13 U.S.C. 18031(e)(2)) is amended by striking “excessive or  
14 unjustified premium increases” and inserting “excessive,  
15 unjustified, or unfairly discriminatory rates”.

16 (d) APPLICABILITY TO GRANDFATHERED HEALTH  
17 PLANS.—Section 1251(a)(5) of the Patient Protection  
18 and Affordable Care Act (42 U.S.C. 18011(a)(5)) is  
19 amended—

20 (1) by striking “Sections 2799A–1” and insert-  
21 ing the following:

22 “(A) IN GENERAL.—Sections 2799A–1”;

23 and

24 (2) by adding at the end the following:

1           “(B) ENSURING THAT CONSUMERS GET  
2           VALUE FOR THEIR DOLLARS.—Section 2794 of  
3           the Public Health Service Act shall apply to  
4           grandfathered health plans for plan years be-  
5           ginning on or after January 1, 2026.”.

6           (e) EFFECTIVE DATE.—The amendments made by  
7           this section shall take effect on the date of enactment of  
8           this Act and shall be implemented with respect to health  
9           plans beginning not later than January 1, 2026.

10 **SEC. 10. SENSE OF CONGRESS.**

11           It is the sense of the Congress that—

12           (1) the Federal Government, acting in its ca-  
13           pacity as an insurer, employer, or health care pro-  
14           vider, should serve as a model for the Nation to en-  
15           sure coverage of all reproductive services; and

16           (2) all restrictions on coverage of reproductive  
17           services in the private insurance market should end.

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