



# The Conservative Response to Our Health Care Crisis: 37 Bills, No Solutions

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CAP Action's scrutiny of the 37 bills that Republicans waved at President Barack Obama during his recent speech on health care reform to the joint session of the Congress show that Republicans are being disingenuous about both the scope of these so-called solutions and the fact that they have not been considered by the Democratic leadership. These bills were put together by the Republican Study Committee under the title "Health Care Solutions by RSC Members."

Our analysis of these bills shows:

- There is a paucity of new ideas and solutions for health care reform in the Republican camp. Many of these bills echo only a few themes—medical liability and tax cuts, for example—and five of them are reworkings of McCain election proposals, which were rejected by the majority of American voters.
- A small number of smart ideas proposed by Republicans (eight) have been incorporated into the House and Senate bills.
- Some of these bills (five) lie outside of the jurisdiction of committees that have reported bills, and since no bill has yet come to the House floor there has been no opportunity for their consideration or inclusion in the reform legislation. In these cases, claiming that House Speaker Nancy Pelosi and the Democratic majority have not considered these bills in committee or on the House floor fails to recognize the procedural rules of the House.
- Only five amendments relating to these bills were offered during markup of the bills that do lie within the jurisdiction of the House committees that have reported out H.R. 3200. The obvious explanation is that Republicans don't really care whether these bills are enacted or not.
- In 18 cases there were opportunities for these legislative provisions to be included in other more appropriate legislative vehicles that have moved through the House, and Republicans have not worked to make this happen.

- A number of these bills (five) have been around since the 106th Congress—over a decade ago—so claiming that Speaker Pelosi is responsible for failure to ensure their consideration ignores the fact that the House was controlled by Republicans for the major part of that time.
- Nine bills were introduced after July 1, so it's unreasonable to expect their inclusion in legislative packages that were already being written at that time.
- Thirteen bills have no or only one cosponsor, so we assume they have little Republican support.

All in all it's a bit rich for Republicans to claim they have solutions and that these solutions have been ignored by the Democrats. It takes more than a few sentences of legislative language on paper waved rudely at the president to tackle health care reform.

The chart below gives more information on the Republicans' bills, action on these bills to date, and what they would mean for health reform.

### Analysis of the 37 Republican Study Committee health bills

Bill	Action to date	What it means for health care reform
H.R. 77 – The Health Care Incentive Act (Rep. Darrell Issa, R-CA)	Referred to House Committee on Education and Labor, Subcommittees on Health, Employment, Labor and Pensions, and Workforce Protections.  This bill has no cosponsors.  Similar legislation was offered in the 109th and 110th Congress.	Would allow employers to include certain employer-provided health care benefits when calculating wages for compliance with federal or state minimum wage law.  This bill was not offered as an amendment by Republicans in Education and Labor committee markup.
H.R. 109 – America's Affordable Health Care Act of 2009 (Rep. Jeff Fortenberry, R-NE)	Referred to House Committee on Energy and Commerce.  This bill has one cosponsor.  A similar bill was offered in the 110th Congress.	Would permit insurance companies to offer policies with limited benefit packages, called "health benefit plans," in the individual market.  Also provides more funding for high-risk pools to offer insurance coverage to individuals with pre-existing medical conditions who are unable to individually obtain or afford insurance.  This bill was not offered as an amendment by Republicans in the Energy and Commerce Committee's markup.  The latter provision is in Senate Finance Chairman Max Baucus' markup.
H.R. 198 – Health Care Tax Deduction Act of 2009 (Rep. Cliff Stearns, R-FL)	Referred to House Ways and Means Committee.  This bill has no cosponsors.  This bill was introduced in the 106th Congress and every Congress since.	Amends the Internal Revenue Code to allow individuals a new tax deduction for health insurance premiums and unreimbursed prescription drug expenses paid for the benefit of the taxpayer, the taxpayer's spouse, and dependents.  This bill was not offered as an amendment by Republicans in the Ways and Means Committee's markup.
H.R. 270 – TRICARE Continuity of Coverage for National Guard and Reserve Families Act of 2009 (Rep. Bob Latta, R-OH)	Referred to House Armed Services Committee, Subcommittee on Military Personnel.  The bill has 67 cosponsors and a similar bill was offered in the 110th Congress.	Makes a member of the Retired Reserve who is qualified for a nonregular (reserve) retirement at age 60—but is not yet 60—eligible for health benefits under the TRICARE standard. TRICARE is military health coverage and the standard is one of three coverage options under TRICARE. This also includes immediate family members under such coverage.  To date there has been no opportunity for the House or the Senate to consider this bill in the context of health care reform, for jurisdictional reasons.

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H.R. 321 – SCHIP Plus Act of 2009 (Rep. Jeff Fortenberry, R-NE)	Referred to House Energy and Commerce, Ways and Means, and Education and Labor Committees.  The bill has eight cosponsors and was previously introduced in 110th Congress.	Requires states to pay private insurance premiums on behalf of State Children's Health Insurance Program-eligible children.  Requires states to establish mechanisms for enrolling SCHIP-eligible children into group health insurance.  President Obama signed the reauthorization of expanded CHIP into law in February.
H.R. 464 – More Children, More Choice Act of 2009 (Rep. Tom Price, R-GA)	Referred to House Energy and Commerce, Ways and Means, and Rules Committees.  The bill has 27 cosponsors and was previously introduced in the House and the Senate in 110th Congress.	Reauthorizes the SCHIP program for five years, with significant changes to enrollment, eligibility, and coverage options such as: - Limiting coverage to children below 250 percent of poverty - Extending citizenship documentation requirements to SCHIP - Requiring states to have enrolled 90 percent of eligible children with incomes below 200 percent of poverty before expanding eligibility above this threshold - Requiring states to establish mechanisms for enrolling SCHIP-eligible children into group health insurance.  President Obama signed the reauthorization of expanded CHIP into law in February.
H.R. 502 – Health Care Freedom of Choice Act (Rep. Michelle Bachmann, R-MN)	Referred to House Ways and Means Committee.  The bill has 28 cosponsors and was previously introduced in 106th Congress and every Congress since.	Makes medical expenses not covered by insurance or other payor 100 percent tax deductible.  This bill was not offered as an amendment by Republicans in the Ways and Means Committee's markup.
H.R. 504 – Medicare Hearing Enhancement and Auditory Rehabilitation (HEAR) Act of 2009 (Rep. Gus Bilirakis, R-FL)	Referred to House Energy and Commerce and Ways and Means Committees.  The bill has four cosponsors and was previously introduced in the 110th Congress.	Adds coverage of hearing aids and auditory rehabilitation services to Medicare.  This bill was not offered as an amendment by Republicans in the Energy and Commerce or Ways and Means Committees' markups.
H.R. 544 – Flexible Health Savings Act of 2009 (Rep. Ed Royce, R-CA)	Referred to House Ways and Means Committee.  The bill has one cosponsor and was introduced in 108th Congress and every Congress since.	Allows up to \$500 of unused money in money in Health Flexible Benefits Plans to be carried forward to subsequent plan years or rolled into certain other savings plans, including health savings accounts or qualified retirement plans.  This bill was not offered as an amendment by Republicans in the Ways and Means Committee's markup.
H.R. 643 – Care for Life Act of 2009 (Rep. Jeff Fortenberry, R-NE)	Referred to House Energy and Commerce, Ways and Means, and Education and Labor Committees.  The bill has one co-sponsor and was previously introduced in the 110th Congress.	Would require the Health and Human Services secretary to establish an Office of Pregnancy Support Services to encourage and assist pregnant women to carry their children to live birth by providing services that will alleviate the financial, social, emotional, and other difficulties that may otherwise lead to an abortion.  Prohibits insurers from denying coverage or discriminating in premiums by treating pregnancy as a pre-existing condition for pregnant women with 12 months of creditable coverage.  This bill was not offered as an amendment by Republicans during markup in any of the relevant committees
H.R. 917 – To Increase the Health Benefits of Dependents of Members of the Armed Forces Who Die Because of Combat-Related Injury (Rep. Brett Guthrie, R-KY)	Referred to House Armed Services Committee, Subcommittee on Military Personnel.  The bill has one cosponsor.	Requires that when a member of the Armed Forces dies on or after September 11, 2001 because of a combat-related injury incurred while on active duty for a period of more than 30 days, the member's dependents will continue to be eligible for benefits under TRICARE Prime.  To date, for jurisdictional reasons, there has been no opportunity for the House or the Senate to consider this legislation in the context of health care reform.
H.R. 1075 – Restoring Essential Care for Our Veterans for Effective Recovery (RECOVER) Act (Rep. Steve Scalise, R-LA)	Referred to House Veterans' Affairs Committee, Subcommittee on Health.  The bill has 19 cosponsors and was previously introduced in the 110th Congress.	Ensures that when a Veterans Affairs facility is unable to provide services because of a natural disaster, the VA will contract with non-VA facilities to provide these services.

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H.R. 1086 – Help Efficient, Accessible, Low-cost, Timely Healthcare (HEALTH) Act of 2009. (Rep. Phil Gringey, R-GA)	Referred to House Judiciary and Energy and Commerce Committees. The bill has 52 cosponsors. A number of similar bills have been introduced.	Medical liability reform, including: - Time limits on filing - Limits on noneconomic and punitive damages - Safe harbors tied to Food and Drug Administration approvals of drugs and devices Rep. Michael Burgess (R-TX) offered a similar amendment in Energy and Commerce Committee markup, which was defeated.
H.R. 1441 – Ryan Dant Health Care Opportunity Act of 2009 (Rep. Kenny Marchant, R-TX)	Referred to House Energy and Commerce Committee. The bill has 48 cosponsors.	Gives states the option to disregard certain income in providing continued Medicaid coverage for certain individuals with extremely high annual lifelong orphan drug costs. Orphan drugs are developed specifically to treat a rare medical condition. Equivalent bills have been introduced by Democrats in the Senate (S. 442) and House (H.R. 1085).
H.R. 1458 – Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2009 (Rep. Dave Camp, R-MI)	Referred to House Energy and Commerce Committee. The bill has 76 cosponsors and was previously introduced in House and Senate in the 110th Congress	Provides for Medicare coverage beyond 36 months for immunosuppressive drugs to beneficiaries who have received a kidney transplant , contingent on payment of Part B premiums. This provision is included in the House and both Senate health care reform bills.
H.R. 1468 – Medical Justice Act of 2009 (Rep. Michael Burgess, R-TX)	Referred to House Judiciary Committee. The bill has six cosponsors and was previously introduced in 110th Congress.	Medical liability reform, including: - Limits on noneconomic and punitive damages - Time limits on filing To date, for jurisdictional reasons, there has been no opportunity to consider this bill in committee. Rep Burgess offered a medical liability reform amendment in Energy and Commerce Committee markup that did not pass.
H.R. 1658 – Veterans Health-care Commitment Act of 2009 (Rep. Todd Tiahrt, R-KS)	Referred to House Veterans' Affairs Committee, Subcommittee on Health. The bill has no cosponsors.	Prohibits the Department of Veterans Affairs from recovering or collecting any charges from any third party for care or services furnished to a veteran for a service-connected disability. Rep. Tiahrt was a co-sponsor of the Veterans Health Care Budget Reform and Transparency Act (H.R. 1016) that was passed by the House in June, which would have been the vehicle for the proposed legislative changes. The House is currently in conference with the Senate on this bill.
H.R. 1891 – Sunset of Life Protection Act of 2009 (Rep. Rodney Alexander, R-LA)	Referred to House Ways and Means Committee. The bill has three cosponsors.	Amends the Internal Revenue Code to allow an above-the-line deduction for 50 percent of long-term care premiums without regard to the 7.5 percent adjusted gross income limitation. This bill was not offered as an amendment by Republicans during markup in the Ways and Means Committee.
H.R. 2051 – To Amend Title 10, USC, to Authorize Extended Benefits for Certain Autistic Dependents of Certain Retirees (Rep. Jeff Miller, R-FL)	Referred to House Armed Services Committee. The bill has one cosponsor and was previously introduced in 110th Congress.	Provides extended TRICARE health care services and treatment for dependent autism-diagnosed children of military retirees. To date, for jurisdictional reasons, there has been no opportunity for the House or the Senate to consider this legislation in the context of health care reform.
H.R. 2373 – Home Oxygen Patient Protection Act of 2009 (Rep. Tom Price, R-GA)	Referred to House Energy and Commerce and Ways and Means Committees. The bill has 76 cosponsors and was previously introduced in House and Senate in 109th and 110th Congress.	Repeals the limitation of 36 months on Medicare payments to the suppliers for rental of oxygen and oxygen equipment. Current law requires transfer of ownership to Medicare beneficiaries after 36 months. This bill was not offered as an amendment by Republicans during markup in either the Energy and Commerce or Ways and Means Committees.

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H.R. 2520 – Patients’ Choice Act (Rep. Paul Ryan, R-WI)	Referred to House Energy and Commerce and Ways and Means Committees.  The bill has 10 cosponsors and several similar bills have been introduced in the 110th and current Congress.	This bill would make significant changes to health coverage including:  - Establishing a refundable tax credit (\$2,290 per individual, \$5,710 per family) to finance the purchase of health coverage or to offset new tax liability related to employer-provided health coverage.  - Repealing the exclusion of employer-provided health coverage from taxable income.  - Converting the Medicaid program to a two-part benefit: a) acute care services for people with disabilities, children in foster care, low-income women needing breast and cervical cancer treatment, and tuberculosis-infected individuals; and b) a block grant to help states provide long-term services and supports for people with disabilities and low-income elders.  - Creating state-based health care exchanges to facilitate the purchase of health coverage in a reformed health care market.  This bill was not offered as an amendment by Republicans during mark-up in the Energy and Commerce or Ways and Means Committees.
H.R. 2607 – The Small Business Health Fairness Act (Rep. Sam Johnson, R-TX)	Referred to House Committee on Education and Labor.  The bill has 49 cosponsors and a number of similar bills have been introduced in every Congress since the 106th.	Enables Association Health Plans to sell health insurance coverage to small employers without complying with state benefit requirements and other state insurance standards.
H.R. 2692 – Critical Access Hospitals Designation Waiver Authority Act of 2009 (Rep. William Thornberry, R-TX)	Referred to House Ways and Means Committee  The bill has 27 cosponsors and was previously introduced in 110th Congress.	Restores state authority to designate Medicare critical access hospitals even if they do not comply with the requirement that it be located more than a 35-mile drive from another hospital.  This bill was not offered as an amendment by Republicans during markup in Ways and Means.
H.R. 2784 – Partnership to Improve Seniors Access to Medicare Act (Rep. William Thornberry, R-TX)	Referred to House Committee on Energy and Commerce.  The bill has one cosponsor.  Note: bill introduced June 10.	Creates a program that would provide \$20,000 a year in student loan repayments to medical professionals who agree to fill up to 30 percent of their practice for the year with Medicare patients.  House and Senate bills have incentives to encourage more health professionals to work in primary care.  This bill was not offered as an amendment by Republicans during markup in Energy and Commerce.
H.R. 2785 – Health Care Paperwork Reduction and Fraud Prevention Act (Rep. William Thornberry, R-TX)	Referred to House Energy and Commerce and Ways and Means Committees.  The bill has two cosponsors and similar bills were introduced in 106th, 107th, and 110th Congress.  Note: Bill introduced June 10.	Establishes a Commission on Health Care Billing Codes and Forms Simplification to standardize forms, simplify codes, and protect providers from penalties related to inadvertent billing errors. Requires a minimum of four pilot projects in at least four different regions to test Medicare evaluation and management guidelines.  This bill was not offered as an amendment by Republicans during markup in Energy and Commerce or Ways and Means.
H.R. 2786 – Patient Fairness and Indigent Care Promotion Act of 2009 (Rep. William Thornberry, R-TX)	Referred to House Ways and Means Committee.  The bill has four cosponsors.  Similar bills were introduced in 106th and 110th Congress.  Note: Bill introduced June 10.	Allows certain medical care providers a tax deduction for uncompensated medical care provided to individuals with incomes below 135 percent of the poverty line.  Rep. Dean Heller (R-NV) offered a tax write-off amendment in the Ways and Means markup that did not pass.
H.R. 2787 – Medical Liability Procedural Reform Act of 2009 (Rep. William Thornberry, R-TX)	Referred to House Judiciary Committee.  The bill has one cosponsor.  A similar bill was introduced in 109th Congress.  Note: Bill introduced June 10.	Would enable the attorney general to make grants to up to seven states to establish health care tribunals, an alternative resolution mechanism to malpractice issues.  To date, for jurisdictional reasons, there has been no opportunity to consider this bill in the House or the Senate in the context of health care reform.

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H.R. 3141 – Strengthening the Health Care Safety Net Act of 2009. (Rep. John Sullivan, R-OK)	Referred to House Energy and Commerce Committee. The bill has six cosponsors and was previously introduced in 110th Congress. Note: Bill introduced July 9.	Provides for a disproportionate share hospital redistribution pool from unexpended Medicaid DSH allotments in order to increase funds to low DSH states and to provide grants for health access networks serving the uninsured. Disproportionate share hospitals are government-funded hospitals serving low-income populations.  This bill was not offered as an amendment by Republicans during markup in Energy and Commerce.
H.R. 3217 – Health Care Choice Act (Rep. John Shadegg, R-AZ)	Referred to House Energy and Commerce Committee. The bill has 12 cosponsors. Since the 108th Congress, a number of similar bills have been introduced. Note: Bill introduced in July 14	Enables insurers to sell health insurance across state lines without regard to insurance regulations and benefit requirements of the enrollee's state of residence.  The bill was not offered as an amendment by Republicans during Energy and Commerce markup.
H.R. 3218 – Improving Health Care for All Americans Act (Rep. John Shadegg, R-AZ)	Referred to House Committees on Energy and Commerce and Ways and Means. The bill has 25 cosponsors. Note: Bill introduced July 14.	Provides for a refundable tax credit for medical costs, which cannot exceed \$2,500 for an individual and \$5,000 for families. Would enable individual membership associations to sell coverage without regard to beneficiary protections, benefit standards, and other state insurance laws and regulations, and it assists in the establishment of high risk pools.  This bill was not offered as an amendment by Republicans during markup in Energy and Commerce or Ways and Means.
H.R. 3356 – Medicare Beneficiary Freedom to Choose Act (Rep. Sam Johnson, R-TX)	Referred to House Energy and Commerce and Ways and Means Committees. The bill has 16 cosponsors. Note: Bill introduced July 28.	Enables Medicare beneficiaries to enter into private contracts with health care professionals. The beneficiary would pay these professionals directly, and these providers would not be eligible for Medicare payment for services provided under the contract.  This bill was not offered as an amendment by Republicans during markup in Energy and Commerce or Ways and Means.
H.R. 3372 – Health Care Over Use Reform Today (HEALTH-COURT) Act of 2009 (Rep. Tom Price, R-GA)	Referred to House Energy and Commerce and Ways and Means Committees. The bill has no cosponsors. Note: Bill introduced July 29.	Establishes Medicare performance-based quality measures, establishes a safe harbor from medical liability for providers who comply with best practice guidelines, and provides grants to states for administrative health care tribunals.

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H.R. 3400 – Empowering Patients First Act (Rep. Tom Price, R-GA)	<p>Referred to House Committees on Energy and Commerce, Ways and Means, Education and Labor, Oversight and Government Reform, Judiciary, Rules, Budget, and Appropriations.</p> <p>The bill has 42 cosponsors.</p> <p>Similar bills have been introduced in the 107th Congress and every Congress since.</p> <p>This bill is similar to H.R. 1086 and H.R. 2607.</p> <p>Note: Bill introduced July 30.</p>	<p>Provides a tax deduction and an income-related refundable tax credit for health insurance purchased by individuals (outside the group insurance market).</p> <p>The tax credit is only available to individuals living in states operating a high-risk health insurance pool, and federal grant funding would be provided to states for such pools.</p> <p>Incentives would be given for employers to offer employees the option of a contribution toward other health insurance coverage in lieu of the employer plan.</p> <p>State insurance laws would be overridden to permit the sale of individual health insurance across state lines.</p> <p>Permits individual membership organizations to sell coverage without regard to beneficiary protections, benefit standards established in state law, and regulations.</p> <p>Prohibits expansion of the State Children's Health Insurance Program for children in families with incomes above 300 percent of the federal poverty level and prevents states from expanding eligibility to children with incomes between 200 percent and 300 percent of the federal poverty level until 90 percent of eligible children under 200 percent of the federal poverty level have been enrolled.</p> <p>States would be required to offer group coverage and other private coverage options under Medicaid and CHIP.</p> <p>Federal limits on medical liability claims would be established.</p> <p>The bill would be financed through reduced discretionary spending, repeal of stimulus bill provisions, and other provisions.</p> <p>This bill was introduced too late to be considered during mark-up by House Committees, but elements of it were introduced in three separate amendments.</p>
H.R. 3438 – Access to Insurance for All Americans Act (Rep. Darrell Issa, R-CA)	<p>Referred to House Oversight and Government Reform and Ways and Means Committees.</p> <p>The bill has one cosponsor.</p> <p>Note: Bill introduced July 31.</p>	<p>Allows nonfederal employees to enroll in Federal Employee Health Benefit Program.</p> <p>This provision was offered as an amendment during markup in Energy and Commerce and failed.</p>
H.R. 3454 – Medicare Hospice Reform and Savings Act of 2009 (Rep. John Sullivan, R-OK)	<p>Referred to House Ways and Means and Energy and Commerce Committees.</p> <p>The bill has four cosponsors.</p> <p>Note: Bill introduced July 31.</p>	<p>Makes targeted changes to Medicare hospice payment.</p> <p>Provides relief to those hospices which have back payments for 2006, 2007, and 2008 audit years.</p> <p>Repeals Budget Neutrality Adjustment Factor.</p> <p>Under current law the Budget Neutrality Adjustment Factor will be phased out over seven years. This more gradual phase out provides opportunity for the Centers for Medicare and Medicaid Services to consider the effects of a reduction in payments in the context of hospice payment reform, which is already under consideration.</p> <p>This bill was introduced too late to be considered during markup by House committees.</p>
HR 3478 – Patient-Controlled Healthcare Protection Act of 2009 (Rep. Louie Gohmert, R-TX)	<p>Referred to House Ways and Means, Energy and Commerce, and Judiciary Committees.</p> <p>The bill has no cosponsors.</p> <p>Note: Bill introduced July 31.</p>	<p>Calls for provision of coverage to all Americans through purchase of high-deductible insurance through health savings accounts.</p> <p>Repeals entitlement to Medicare, Medicaid, and CHIP.</p> <p>Requires a 101-member panel made up of political appointees that will be able to decide what health care options are to be covered using health savings accounts.</p> <p>Makes mandatory the deportation of any illegal immigrant who received free medical care in the United States.</p> <p>Legal immigrants are required to have a HSA and high-deductible health coverage at time of admission.</p> <p>This bill was introduced too late to be considered during markup by House committees.</p>

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