H.R. _____

To eliminate the inpatient-only service list.

IN THE HOUSE OF REPRESENTATIVES

Mrs. SPARTEZ introduced the following bill; which was referred to the Committee on __________

A BILL

To eliminate the inpatient-only service list.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Consumer Choice of Care Act”.

SEC. 2. ELIMINATION OF INPATIENT-ONLY SERVICE LIST.

Beginning January 1, 2023, the Secretary of Health and Human Services may not refuse to designate an outpatient hospital service pursuant to section 1833(t)(1)(B)(i) of the Social Security Act (42 U.S.C.
1 1395l(t)(1)(B)(i)) based solely on a determination by the
2 Secretary that such service may only be safely furnished
3 in an inpatient setting.
A BILL

To direct the Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services to conduct an annual study on health care competition and consolidation at the State level.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Competition in State Healthcare Markets Act".
SEC. 2. ANNUAL STUDY ON HEALTH CARE COMPETITION
AND CONSOLIDATION AT STATE LEVEL.

(a) In general.—Over each of the 10 years following the date of enactment of this Act, the Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services (in this section referred to as the “Assistant Secretary”) shall conduct a study on health care competition and consolidation at the State level.

(b) Consultation.—In conducting the study under this section, the Assistant Secretary shall consult with the Chair of the Federal Trade Commission and the Assistant Attorney General in charge of the Antitrust Division of the Department of Justice.

(c) Obtaining data.—The Assistant Secretary may secure from the Federal Trade Commission information necessary to enable the Assistant Secretary to carry out subsection (d)(2). Upon request of the Assistant Secretary, the Chair of the Federal Trade Commission shall furnish that information to the Assistant Secretary.

(d) Metrics.—The study under this section shall include data collection on each of the following:

(1) Licensing requirements for doctors, nurses, and other health care practitioners, including requirements with respect to—

(A) initial licensure;
(B) ongoing maintenance of licensure;

(C) specific training and postgraduate and continuing medical education;

(D) residency supervisory requirements;

and

(E) board certification.

(2) Mergers and acquisitions (both vertical and horizontal), involving—

(A) hospitals;

(B) ambulatory or outpatient practices;

(C) ambulatory surgical centers;

(D) health insurance providers;

(E) habilitative service providers (such as providers of physical therapy or occupational therapy); and

(F) telehealth.

(3) The number of—

(A) State laws establishing a legal mechanism by which a State approves mergers between or among two or more hospitals (commonly referred to as "certificates of public advantage"); and

(B) State laws establishing a legal mechanism for regulating the growth of construction
of new health care facilities (commonly referred
to as "certificates of need").

(4) The availability of alternative forms of
health insurance coverage, including—

(A) short-term limited duration insurance
(as defined for purposes of section 2791(b)(5)
of the Public Health Service Act (42 U.S.C.
300gg–91(b)(5)); and

(B) association health plans (including
plans offered through the American Farm Bu-
reau Federation).

(5) The number of each of the following in op-
eration at the start and the end of each year covered
by the 10-year study period:

(A) Hospitals.

(B) Medical practices.

(C) Ambulatory or outpatient practices.

(D) Ambulatory surgical centers.

(E) Health insurance providers.

(F) Habilitative service providers.

(6) The Herfindahl–Hirschman Index, within
geographic areas defined by the Assistant Secretary
in consultation with the Bureau of Competition of
the Federal Trade Commission, for the following
health care services:
(A) General acute care hospital services.

(B) Ambulatory or outpatient medical services, disaggregated by medical specialty.

(C) Habilitative services.

5  
(c) ANNUAL REPORTS.—

(1) IN GENERAL.—Not later than the end of each of the 10 years referred to in subsection (a), the Assistant Secretary shall submit to the Committee on Energy and Commerce and the Committee on Ways and Means of the House of Representatives and the Committee on Finance and the Committee on Health, Education, Labor, and Pensions of the Senate a report on the status and results of the study under this section.

(2) PUBLICATION; PUBLICLY ACCESSIBLE DATASETS.—Not later than the end of each of the 10 years referred to in subsection (a), the Assistant Secretary shall—

(A) publish on the website of the Office of the Assistant Secretary the report submitted under paragraph (1) for the respective year; and

(B) make the data collected through the study under this section available to the public
on such website in a manner that is publicly accessible and interactive.
117th Congress
2d Session

H. R. _____

To require the Government Accountability Office to evaluate the effects of anticompetitive contracting clauses in contracts between health insurers and health care providers and to determine actions taken by the Federal Trade Commission and the Department of Justice relating to the use of such clauses in such contracts and to assess their ability to effectively enforce the Federal antitrust laws with respect to such use.

IN THE HOUSE OF REPRESENTATIVES

Mrs. SPARZI introduced the following bill; which was referred to the Committee on ______________________

A BILL

To require the Government Accountability Office to evaluate the effects of anticompetitive contracting clauses in contracts between health insurers and health care providers and to determine actions taken by the Federal Trade Commission and the Department of Justice relating to the use of such clauses in such contracts and to assess their ability to effectively enforce the Federal antitrust laws with respect to such use.

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

This Act may be cited as the “Addressing Anti-Competitive Contracting Clauses Act”.

SEC. 2. GAO STUDY.

(a) STUDY.—Not later than 18 months after the date of the enactment of this Act, the Comptroller General of the United States, in coordination with the Federal Trade Commission and the Assistant Attorney General of the Antitrust Division of the Department of Justice, shall carry out a study that—

(1) evaluates the effect of anticompetitive contract clauses known as anti-steering clauses, anti-tiering clauses, all-or-nothing clauses, and gag clauses in contracts between health insurers and health care providers, including the effects such contracts have on consolidation in the health care industry, prices paid by consumers for medical services, and consumer access to health care,

(2) contains a list of all actions the Federal Trade Commission and the Department of Justice have taken directly or indirectly related to use of such contract clauses in contracts between health insurers and health care providers,

(3) contains an assessment of whether the Federal Trade Commission and the Department of Justice have the resources and the capability to effec-
tively enforce the Federal antitrust laws as applied
to such the use of such clauses in such contracts,
and
(4) includes recommendations for legislative or
administrative actions if necessary to increase such
resources.
(b) REPORT.—The report containing the results of
the study carried out under subsection (a) shall be sub-
mitted timely by the Comptroller General as follows:
(1) To—
(A) the Committee on Energy and Com-
merce,
(B) the Committee on Ways and Means,
(C) the Committee on Education and
Labor, and
(D) the Committee on the Judiciary,
of the House of Representatives.
(2) To—
(A) The Committee on Health, Education,
Labor, and Pensions, and
(B) The Committee on the Judiciary,
of the Senate.
SEC. 3. DEFINITIONS.
For purposes of this Act:
(1) ALL-OR-NOTHING CLAUSE.—The term “all-or-nothing clause” means a provision of a health care contract that requires—

(A) a health insurance carrier or health plan administrator to include all members of a health care provider in a network plan; or

(B) a health insurance carrier or health plan administrator to enter into an additional contract with an affiliate of the health care provider as a condition of entering into a contract with such health care provider.

(2) ANTI-STEERING CLAUSE.—The term “anti-steering clause” means a provision of a health care contract that restricts the ability of a health insurance carrier or a health plan administrator from encouraging an enrollee to obtain a health care service from a competitor of the hospital or health system, including offering incentives to encourage enrollees to utilize specific health care providers.

(3) ANTI-TIERING CLAUSE.—The term “anti-tiering clause” means a provision in a health care contract that—

(A) restricts the ability of a health insurance carrier or a health plan administrator to
introduce or modify a tiered network plan or assign health care providers into tiers; or

(B) requires the health insurance carrier or health plan administrator to place all members of a health care provider in the same tier of a tiered network plan.

(4) GAG CLAUSE.—the term "gag clause" means a provision of a health care contract that—

(A) restricts the ability of a health insurance carrier, a health plan administrator, or a health care provider to disclose a price or quality information, including the allowed amount, negotiated rates or discounts, a fees for services, or any other claim-related financial obligations included in the provider contract to—

(i) a governmental entity as authorized by law,

(ii) its contractors or agents,

(iii) an enrollee,

(iv) a treating health care provider of an enrollee,

(v) a plan sponsor, or

(vi) a potential eligible enrollees and plan sponsors; or
(B) restricts the ability of a health insurance carrier, a health plan administrator, or a health care provider to disclose out-of-pocket costs to an enrollee.

(5) **Tiered Network Plan.**—The term "tiered network plan" means a health benefit plan that sorts some or all types of health care providers into specific groups to which different provider reimbursement, enrollee cost sharing, health care provider access requirements, or a combination thereof, are applied for the same services.
117th Congress  
2d Session  

H.R. ______

To amend the Pension Funding Equity Act of 2004 to repeal the antitrust exemption applicable to graduate medical resident matching programs.

IN THE HOUSE OF REPRESENTATIVES

MRS. SPARTZ introduced the following bill; which was referred to the Committee on __________________

A BILL

To amend the Pension Funding Equity Act of 2004 to repeal the antitrust exemption applicable to graduate medical resident matching programs.

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 "Increasing Competition
5 for Medical Residency Act".
6 SEC. 2. REPEALER.
7 Section 207 of the Pension Funding Equity Act of
8 2004 (15 U.S.C. 37B) is repealed.
SEC. 3. EFFECTIVE DATE.

This Act shall take effect on the March 18 that 1st occurs after the date of the enactment of this Act.