

116TH CONGRESS  
1ST SESSION

# S. RES. \_\_\_\_\_

Expressing the sense of the Senate with respect to health care rights.

IN THE SENATE OF THE UNITED STATES

\_\_\_\_\_ submitted the following resolution; which was referred  
to the Committee on \_\_\_\_\_

## RESOLUTION

Expressing the sense of the Senate with respect to health  
care rights.

1       *Resolved*, That it is the sense of the Senate that all  
2 people of the United States have the right—

3           (1) to affordable health insurance coverage, in-  
4 cluding—

5           (A) the right to coverage of essential  
6 health benefits with no annual or lifetime lim-  
7 its;

8           (B) the right to stay on a parent's policy  
9 until age 26 for young adults who meet certain  
10 requirements;

1 (C) the right to keep health coverage after  
2 getting sick, even if the individual made an  
3 honest mistake on his or her insurance applica-  
4 tion; and

5 (D) the right to use an individual's own re-  
6 sources to purchase and pay for treatment or  
7 services;

8 (2) to coverage and access to health care serv-  
9 ices, including—

10 (A) the right to health insurance coverage  
11 in spite of pre-existing medical conditions or  
12 health status;

13 (B) the right to certain preventive  
14 screenings without paying extra fees or copay-  
15 ments;

16 (C) the right to value on health insurance;

17 (D) the right to be held harmless from sur-  
18 prise medical bills;

19 (E) the right to expect larger insurance  
20 companies to spend 80 percent to 85 percent of  
21 premiums collected on health care and improve-  
22 ment of care rather than on salaries, overhead,  
23 and marketing;

24 (F) the right to coverage of mental health  
25 and substance abuse services with no annual or

1 lifetime limits (including behavioral health  
2 treatment, mental and behavioral health inpa-  
3 tient services, substance use disorder treat-  
4 ment);

5 (G) the right to mental health and sub-  
6 stance abuse benefits without financial, treat-  
7 ment, or care management limitations that only  
8 apply to such benefits;

9 (H) the right to access all smoking ces-  
10 sation medications that are approved by the  
11 Food and Drug Administration;

12 (I) the right to choose a provider, and a  
13 list of all participating providers;

14 (J) the right to access doctors, specialists,  
15 and hospitals;

16 (K) the right to emergency medical serv-  
17 ices without—

18 (i) preauthorization for emergency  
19 services;

20 (ii) extra administrative hurdles for  
21 out-of-network emergency services; or

22 (iii) higher copayments or coinsurance  
23 for out-of-network emergency services than  
24 in-network emergency services;

25 (L) the right to affordable medications;

1 (M) the right to physical, mental, and oral  
2 care;

3 (N) the right to a treatment plan from  
4 provider for a complex or serious medical condi-  
5 tion;

6 (O) the right to go directly to a women's  
7 health care specialist (including obstetricians  
8 and gynecologists) without a referral for routine  
9 and preventive health care services;

10 (P) the right to a full scope of reproductive  
11 and contraceptive health services, including  
12 pregnancy-related care, including prenatal care,  
13 miscarriage management, family planning serv-  
14 ices, abortion care, labor and delivery services,  
15 and postnatal care;

16 (Q) the right to breastfeeding support,  
17 counseling, and equipment (including manual  
18 and electric pumping equipment); and

19 (R) the right to gender transition-related  
20 medical and surgical services;

21 (S) the right to try investigational drugs;

22 (T) the right to a second medical opinion;

23 (U) the right to home care services;

24 (V) the right to a full scope of hospice and  
25 palliative care, and end-of-life options; and

1 (W) the right of pediatric patients to a full  
2 scope of services offered to adult patients;

3 (3) to health information and records privacy;

4 (4) to explanations of coverage decisions, in-  
5 cluding—

6 (A) the right to an explanation and appeal  
7 if a plan denies payment for a medical treat-  
8 ment or service;

9 (B) the right to an internal appeal of pay-  
10 ment decisions of private health plans if the  
11 health plan refuses to make a payment;

12 (C) the right to a review by an outside re-  
13 view, by an independent organization; and

14 (D) the right to complain, through griev-  
15 ances processes;

16 (5) to transparency, including—

17 (A) the right to an easy-to-understand  
18 summary of benefits and coverage;

19 (B) the right to at least 30 days' notice if  
20 an insurer cancels coverage;

21 (C) the right to clear justification and ex-  
22 planation for premium increases that are great-  
23 er than 10 percent per year;

24 (D) the right to know how an enrollee's  
25 plan pays its providers;

1           (E) the right to informed consent about  
2           medical conditions, risks and benefits of treat-  
3           ment, and appropriate alternatives;

4           (F) the right to know how drug companies  
5           set drug prices; and

6           (G) the right to know the amount of  
7           money pharmacy benefit managers keep and  
8           the amount of savings from pharmacy benefits  
9           managers that reach patients and consumers;

10          (6) to protection from discrimination, including  
11          on the basis of race, color, national origin, sex (in-  
12          cluding sexual orientation and gender identity), age,  
13          disability, or documentation status; and

14          (7) to culturally appropriate care, including  
15          health care services in a language that the patient  
16          understands and that is culturally sensitive.