

111TH CONGRESS
1ST SESSION

H. R. 3478

To amend the Internal Revenue Code of 1986 to modify rules relating to health savings accounts, to provide payments for a health savings account and for a high deductible health plan instead of entitlement to benefits under Medicare, Medicaid, and SCHIP, to give more control and coverage to patients, to lower health care costs through increased price transparency, and to require immigrants to have a health savings account and high deductible health coverage at time of admission.

IN THE HOUSE OF REPRESENTATIVES

JULY 31, 2009

Mr. GOHMERT introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committees on Energy and Commerce and the Judiciary, 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

A BILL

To amend the Internal Revenue Code of 1986 to modify rules relating to health savings accounts, to provide payments for a health savings account and for a high deductible health plan instead of entitlement to benefits under Medicare, Medicaid, and SCHIP, to give more control and coverage to patients, to lower health care costs through increased price transparency, and to require immigrants to have a health savings account and high deductible health coverage at time of admission.

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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
 5 “Patient-Controlled Healthcare Protection Act of 2009”.

6 (b) TABLE OF CONTENTS.—The table of contents for
 7 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—HEALTH SAVINGS ACCOUNT REFORM

- Sec. 101. Advantage HSA.
- Sec. 102. Health Savings Account reform.
- Sec. 103. Advantage HSA grant program.
- Sec. 104. Health Savings Account debit card.
- Sec. 105. HSA Healthcare Panel.

TITLE II—TRANSPARENCY RELATED TO HEALTH CARE
 PROVIDER CHARGES

- Sec. 201. Transparency requirements related to health care provider charges.

TITLE III—IMMIGRATION-RELATED PROVISIONS

- Sec. 301. Requirement for immigrant to be covered under high deductible health plan and HSA.
- Sec. 302. Reentry of removed alien who received emergency medical assistance.

8 **TITLE I—HEALTH SAVINGS**
 9 **ACCOUNT REFORM**

10 **SEC. 101. ADVANTAGE HSA.**

11 (a) IN GENERAL.—Part III of subchapter B of chap-
 12 ter 1 of the Internal Revenue Code of 1986 is amended
 13 by inserting after section 138 the following new section:

14 **“SEC. 138A. ADVANTAGE HSA.**

15 “(a) IN GENERAL.—Gross income shall not include
 16 any payment to the Advantage HSA of an individual by
 17 the Secretary of the Treasury under section 103 of Pa-

1 tient-Controlled Healthcare Protection Act of 2009 or any
2 premium payment under such section for the high deduct-
3 ible health plan with respect to which such Advantage
4 HSA relates.

5 “(b) ADVANTAGE HSA.—For purposes of this sec-
6 tion, the term ‘Advantage HSA’ means a health savings
7 account (as defined in section 223(d))—

8 “(1) which is designated as an Advantage HSA,
9 “(2) with respect to which no contribution may
10 be made other than—

11 “(A) a contribution described in subsection
12 (a),

13 “(B) a contribution in cash without limita-
14 tion as to amount, or

15 “(C) a trustee-to-trustee transfer described
16 in subsection (d), and

17 “(3) the governing instrument of which pro-
18 vides that trustee-to-trustee transfers described in
19 subsection (d) may be made to and from such ac-
20 count.

21 “(c) TEN PERCENT BONUS DISTRIBUTION.—

22 “(1) IN GENERAL.—Section 223(f)(2) shall not
23 apply to any bonus distribution from a health sav-
24 ings account.

1 “(2) DISTRIBUTIONS.—An eligible Advantage
2 HSA participant may receive 10 percent of excess
3 funds that have been contributed to the individual or
4 household HSA over the deductible in a calendar
5 year. The funds will be directly deposited into the
6 desired account of the participant.

7 “(3) BONUS DISTRIBUTION.—For purposes of
8 this subsection, the term ‘bonus distribution’ means
9 any distribution which is made during the 30-day
10 period beginning on the first day of the calendar
11 year to the extent such distribution does not exceed
12 an amount equal to the excess (if any) of—

13 “(A) the fair market value of the assets in
14 such health savings account as of the close of
15 the preceding calendar year, over

16 “(B) the sum of the annual deductible re-
17 quired to be paid under the plan for covered
18 benefits for the calendar year.

19 “(d) STATE CERTIFICATION FOR HIGH DEDUCTIBLE
20 HEALTH PLANS.—For purposes of this section—

21 “(1) IN GENERAL.—For purposes of deter-
22 mining whether or not an individual is an eligible in-
23 dividual, a health plan shall not be treated as a high
24 deductible health plan (as defined under section
25 223(c)(2)) unless such plan is certified by the State

1 within which the individual's principal place of abode
2 is located.

3 “(2) INSURANCE BIDDING.—If an insurance
4 company is based in the United States, they may
5 offer and sell policies in all States and they may bid
6 on other policies across State lines.

7 “(e) TRUSTEE-TO-TRUSTEE TRANSFER.—Section
8 223(f)(2) shall not apply to any trustee-to-trustee transfer
9 from an Advantage HSA of an account holder to another
10 Advantage HSA or health savings account of such account
11 holder.

12 “(f) ASSOCIATIONS.—Employers who choose to par-
13 ticipate in the Advantage HSA Program may join together
14 in associations in an effort to purchase less expensive in-
15 surance for their employees.”.

16 (b) CONFORMING AMENDMENT.—The table of sec-
17 tions for part III of subchapter B of chapter 1 of such
18 Code is amended by inserting after the item relating to
19 section 138 the following new item:

“138A. Advantage HSA.”.

20 (c) EFFECTIVE DATE.—The amendments made by
21 this section shall apply to taxable years beginning after
22 December 31, 2009.

23 **SEC. 102. HEALTH SAVINGS ACCOUNT REFORM.**

24 (a) ACCOUNT-TO-ACCOUNT TRANSFERS.—

1 (1) IN GENERAL.—Subparagraph (A) of section
2 223(f)(5) of the Internal Revenue Code of 1986 is
3 amended by striking “a health savings account for
4 the benefit of such beneficiary” and inserting “any
5 health savings account”.

6 (2) LIMITATION.—Subparagraph (B) of section
7 223(f)(5) of such Code is amended—

8 (A) by striking “LIMITATION.—This para-
9 graph” and inserting the following:

10 “(B) LIMITATIONS.—

11 “(i) IN GENERAL.—This paragraph”,

12 and

13 (B) by adding at the end of subparagraph
14 (B), as so amended, the following new clause:

15 “(ii) TRANSFERS TO OTHER ACCOUNT
16 BENEFICIARIES.—This paragraph shall not
17 apply to any amount described in subpara-
18 graph (A) to the extent that immediately
19 after such distribution the fair market
20 value of the account is less than the an-
21 nual deductible required to be paid under
22 the plan for the calendar year within which
23 the distribution is made.”.

1 (b) MIGRANT WORKER HSA.—Section 223 of such
2 Code is amended by adding at the end the following new
3 subsection:

4 “(i) MIGRANT WORKER HSA.—

5 “(1) IN GENERAL.—An employer may establish
6 for the benefit of any eligible employee a health sav-
7 ings account.

8 “(2) ELIGIBLE EMPLOYEE.—For purposes of
9 this subsection, the term ‘eligible employee’ means
10 any individual (other than a citizen or resident of
11 the United States)—

12 “(A) with respect to whom the employee
13 provides remuneration for employment, and

14 “(B) who is lawfully present in the United
15 States and has been granted authorization to
16 engage in employment in the United States.”.

17 (c) OTHER REFORMS.—Section 223 of such Code is
18 amended as follows:

19 (1) By striking paragraphs (1) through (4) and
20 (6) through (8) of subsection (b) and by redesign-
21 ating paragraph (5) as paragraph (1).

22 (2) By inserting after paragraph (1), as so re-
23 designated, the following new paragraph:

24 “(2) HOUSEHOLD HSA.—In the case of health
25 savings accounts with respect to which individuals

1 who are members of the same household are the ac-
2 count beneficiaries, upon filing the return of tax for
3 any taxable year, each such individual shall include
4 on the return each social security number of all par-
5 ticipating members of such individual's household.”.

6 (3) By amending paragraph (1) of subsection
7 (c) to read as follows:

8 “(1) ELIGIBLE INDIVIDUAL.—The term ‘eligible
9 individual’ means any individual.”.

10 (4) By amending subsection (c)(2)(A) to read
11 as follows:

12 “(A) IN GENERAL.—The term ‘high de-
13 ductible health plan’ means a health plan which
14 has an annual deductible which is not less
15 than—

16 “(i) \$2,500 for self-only coverage, and

17 “(ii) \$3,500 for family or household
18 coverage.”.

19 (5) By striking subparagraph (B) of subsection
20 (c)(2) and redesignating subparagraphs (C) and (D)
21 thereof as subparagraphs (B) and (C), respectively.

22 (6) By adding at the end of subsection (c)(2),
23 as so amended, the following new subparagraph:

1 “(D) OTHER REQUIREMENTS.—An Advan-
2 tage HSA plan will offer the following to the in-
3 dividual or household participants—

4 “(i) the plan shall not require that an
5 individual see a general physician prior to
6 a seeing specialist, and

7 “(ii) coverage may not be denied
8 based on a pre-existing condition of an in-
9 dividual.”.

10 (7) By adding at the end of subparagraph (A)
11 of subsection (d)(2) the following: “Such term shall
12 include any expense which is on the list of eligible
13 healthcare expenses most recently submitted by the
14 HSA Healthcare Panel under section 105(b)(2) of
15 the Patient-Controlled Healthcare Protection Act of
16 2009.”.

17 (8) By striking “the individual” in subsection
18 (d)(3) and inserting “an individual”.

19 (9) By adding at the end of subsection (e) the
20 following new paragraph:

21 “(3) EXCEPTION.—In the case of a termination
22 occurring after the date of the enactment of the Pa-
23 tient-Controlled Healthcare Protection Act of 2009,
24 in lieu of being treated as a distribution not used to
25 pay qualified medical expenses, such amounts shall

1 be transferred by the account beneficiaries to an-
2 other health savings account.”.

3 (10) In subsection (f), by striking paragraphs
4 (2), (3), (5), and (8) of and redesignating para-
5 graphs (4), (6), and (7) as paragraphs (2), (3), and
6 (4), respectively.

7 (11) By amending paragraph (2) of subsection
8 (f), as so redesignated, to read as follows:

9 “(2) AMOUNTS NOT USED FOR QUALIFIED MED-
10 ICAL EXPENSES.—Any amount paid or distributed
11 out of a health savings account which is not used ex-
12 clusively to pay the qualified medical expenses of an
13 account beneficiary shall be recontributed by the
14 beneficiary to such health savings account.”.

15 (12) By adding at the end (as amended by this
16 Act) the following new subsection:

17 “(j) OTHER SPECIAL RULES.—For purposes of this
18 section—

19 “(1) INVESTMENT OF HSA FUNDS.—Account
20 beneficiaries may invest any amount in their health
21 savings account in excess of their deductible in infla-
22 tion-proof United States bonds.

23 “(2) TERMINATION OF HOUSEHOLD.—Any ac-
24 count beneficiaries of a household HSA shall sign an
25 agreement as to distribution of amounts from such

1 HSA prior to termination of the HSA, which will be
2 kept on file with the entity in which the HSA funds
3 are being held.

4 “(3) PORTABILITY.—An individual or household
5 participant owns their HSA and insurance policy (if
6 they choose to have one) and therefore the policies
7 are portable.”.

8 (d) EFFECTIVE DATE.—The amendments made by
9 this section shall apply to taxable years beginning after
10 December 31, 2009.

11 **SEC. 103. ADVANTAGE HSA PAYMENT PROGRAM.**

12 (a) IN GENERAL.—The Advantage HSA payment
13 program provided under this section shall be in lieu of en-
14 titlement to, and eligibility for, benefits and assistance de-
15 scribed in subsection (d)(2). Effective on the date the Ad-
16 vantage HSA payment program is established, titles
17 XVIII, XIX, and XXI of the Social Security Act are re-
18 pealed, except for purposes of determining whether an in-
19 dividual is an Advantage eligible individual under this sec-
20 tion.

21 (b) HSA CONTRIBUTIONS.—In the case of an indi-
22 vidual or household who is eligible for an Advantage HSA,
23 the Secretary of Treasury, in consultation with the Sec-
24 retary of Health and Human Services, shall pay an annual

1 amount to the Advantage HSA of the individual or house-
2 hold.

3 (c) HSA PREMIUM ASSISTANCE.—The Secretary of
4 the Treasury, in consultation with the Secretary of Health
5 and Human Services, shall establish a program under
6 which the Secretary of the Treasury shall pay the pre-
7 miums for the high deductible health plan with respect to
8 the Advantage HSA of such individual. Such program
9 shall provide for prorated payment of such premiums in
10 the case that such individual is not an Advantage eligible
11 individual for a full calendar year.

12 (d) ADVANTAGE ELIGIBLE INDIVIDUAL.—For pur-
13 poses of this section—

14 (1) IN GENERAL.—The term “Advantage eligi-
15 ble individual” means, with respect to any month,
16 any individual—

17 (A) who is an eligible individual (as de-
18 fined in section 223(c) of the Internal Revenue
19 Code of 1986); and

20 (B)(i) who is Advantage eligible; or

21 (ii) whose dependent (within the meaning
22 of section 152 of the Internal Revenue Code of
23 1986) or spouse is Advantage eligible (but only
24 if an election under this section is in effect with
25 respect to such spouse or dependent).

1 (2) ADVANTAGE ELIGIBLE.—The term “Advantage eligible” means, with respect to any month—

2 (A) entitled, as of the 1st day of such
3 month, to benefits under part A of title XVIII
4 of the Social Security Act or to enroll under
5 part B of such title, or
6

7 (B) eligible, as of the 1st day of such
8 month, for medical or child health assistance
9 under title XIX or XXI of such Act (other than
10 under section 1928 of such Act).

11 (e) APPLICABLE ANNUAL AMOUNT.—For purposes of
12 this section—

13 (1) IN GENERAL.—The term “applicable annual
14 amount” means \$2,500.

15 (2) ADDITIONAL AMOUNT.—In the case of an
16 Advantage HSA eligible household, \$3,500.

17 (f) DEFINITIONS.—Except as otherwise provided,
18 terms used in this section shall have the same respective
19 meanings as when used in sections 138A and 223 of the
20 Internal Revenue Code of 1986.

21 (g) REGULATIONS.—The Secretary of the Treasury
22 shall prescribe such regulations as may be necessary or
23 appropriate to carry out the purposes of this section, in-
24 cluding regulations providing for the following:

1 (1) Recapture of amounts paid under sub-
2 section (a) (and any earnings attributable thereto)
3 which are distributed out of an Advantage HSA and
4 not used exclusively to pay qualified medical ex-
5 penses of the account beneficiary.

6 (2) Ensuring that not more than the applicable
7 annual amount under paragraph (1) of subsection
8 (d) (and any additional amount under paragraph (2)
9 of such subsection) shall be paid with respect to any
10 individual, the spouse of such individual, and all de-
11 pendents with respect to such individual.

12 (3) Ensuring that all individuals with respect to
13 whom an election has been made under this section
14 are covered under the high deductible plan to which
15 the applicable Advantage HSA relates.

16 **SEC. 104. HEALTH SAVINGS ACCOUNT DEBIT CARD.**

17 (a) IN GENERAL.—The Secretary of the Treasury, in
18 consultation with the Secretary of Health and Human
19 Services, shall establish a program under which trustees
20 of health savings accounts can issue debit cards with
21 which account beneficiaries may pay for qualified medical
22 expenses (as defined in section 223 of the Internal Rev-
23 enue Code of 1986). Such program shall provide for the
24 following:

1 (1) Participation from health care providers
2 and vendors of products the purchase of which quali-
3 fies as a qualified medical expense (as so defined).

4 (2) A uniform coding system implemented by
5 such providers and vendors such that such debit
6 cards may not be used to purchase services or prod-
7 ucts which are not qualified medical expenses (as so
8 defined).

9 (3) That prior to payment with such card such
10 providers and vendors require presentation an identi-
11 fication card that matches the individual identified
12 on the debit card and provides a photograph and is
13 issued by a State or the Federal Government, or a
14 document that, with respect to identification of the
15 individual identified on the debit card, is considered
16 acceptable for purposes of sections
17 274a.2(b)(1)(v)(A) and 274a.2(b)(1)(v)(B) of title 8,
18 Code of Federal Regulations (as in effect on or after
19 the date of the enactment of this Act).

20 (4) That the individual presenting such debit
21 card for payment sign a statement that affirms pay-
22 ment is for a qualified medical expense with respect
23 to such individual and which acknowledges that use
24 of such debit card for any other expense constitutes
25 a false statements or misrepresentations which may

1 subject the purchaser to criminal penalties under
2 section 1001 of title 18, United States Code, which
3 notice specifies the maximum fine and term of im-
4 prisonment under such section.

5 (b) SUBMISSION OF INFORMATION.—Each trustee of
6 a health savings account shall submit to the HSA
7 Healthcare Panel (established under section 105) a report
8 detailing all purchases made with debit cards from health
9 savings accounts of the trustee. Such report shall not con-
10 tain any personal information of the account beneficiaries
11 of such health savings accounts.

12 (c) HEALTH SAVINGS ACCOUNT; QUALIFIED MED-
13 ICAL EXPENSES.—For purposes of this section, the terms
14 “health savings account” and “qualified medical ex-
15 penses” shall have the respective meanings given such
16 terms by section 223 of the Internal Revenue Code of
17 1986.

18 **SEC. 105. HSA HEALTHCARE PANEL.**

19 (a) ESTABLISHMENT.—There is established a Panel
20 to be known as the “HSA Healthcare Panel” (in this sec-
21 tion referred to as the “Panel”).

22 (b) DUTIES.—

23 (1) REVIEW OF QUALIFIED MEDICAL EX-
24 PENSES.—The Panel shall review the reports and
25 other information submitted to the Panel under sec-

1 tion 104 or requested by the Panel and review ap-
2 propriate information regarding the healthcare treat-
3 ments, services, and products that are potentially
4 treatable as qualified medical expenses for purposes
5 of section 223 of the Internal Revenue Code of
6 1986.

7 (2) REPORT.—The Panel shall, not later than
8 1 year after the date of enactment of this Act and
9 annually thereafter submit a report to Congress pro-
10 viding a new list of eligible healthcare expenses.

11 (c) MEMBERSHIP.—

12 (1) IN GENERAL.—The Panel shall be com-
13 prised of 101 members.

14 (2) APPOINTMENTS.—

15 (A) VOTING MEMBER AND CHAIR.—The
16 Surgeon General of the United States shall be
17 a voting member of the Panel, and shall be the
18 chairperson.

19 (B) OTHER VOTING MEMBERS.—The Gov-
20 ernor of each State shall appoint 2 voting mem-
21 bers to the Panel, one of whom shall be a
22 health care specialist and one of whom shall not
23 be a health care specialist.

24 (3) DATE OF APPOINTMENTS.—The appoint-
25 ment of a members of the Panel shall be made not

1 later than 60 days after the date of the enactment
2 of this Act.

3 (4) TERM.—Members shall be appointed for 1-
4 year terms.

5 (5) VACANCIES.—A vacancy in the Panel shall
6 be filled not later than 60 days after such vacancy
7 occurs and in the manner in which the original ap-
8 pointment was made.

9 (d) POWERS OF PANEL.—

10 (1) MEETINGS AND HEARINGS.—

11 (A) IN GENERAL.—The Panel shall meet
12 upon the call of the chairperson or a majority
13 of its voting members. Such meetings, to the
14 extent practicable, may be conducted over the
15 internet or in person.

16 (B) HEARINGS.—The Panel may, for the
17 purpose of carrying out this section, hold hear-
18 ings, sit and act at times and places, take testi-
19 mony, and receive evidence to carry out its du-
20 ties under this section. The Panel may admin-
21 ister oaths or affirmations to witnesses appear-
22 ing before it.

23 (2) OBTAINING OFFICIAL INFORMATION.—

24 (A) REQUIREMENT TO FURNISH.—Except
25 as provided in subparagraph (B), if the Panel

1 submits a request to a Federal department or
2 agency for information necessary to enable the
3 Panel to carry out this section, the head of that
4 department or agency shall furnish that infor-
5 mation to the Panel.

6 (B) EXCEPTION FOR NATIONAL SECUR-
7 RITY.—If the head of a Federal department or
8 agency determines that it is necessary to with-
9 hold requested information from disclosure to
10 protect the national security interests of the
11 United States, the department or agency head
12 shall not furnish that information to the Panel.

13 (3) MAILS.—The Panel may use the United
14 States mails in the same manner and under the
15 same conditions as other departments and agencies
16 of the United States.

17 (4) CONTRACTS.—The Panel may contract with
18 and compensate persons and government agencies
19 for supplies and services, without regard to section
20 3709 of the Revised Statutes (41 U.S.C. 5).

21 (e) PAY AND REIMBURSEMENT.—

22 (1) NO COMPENSATION FOR MEMBERS OF
23 PANEL.—Except as provided in paragraph (2), a
24 member of the Panel may not receive pay, allow-

1 ances, or benefits by reason of the member's service
2 on the Panel.

3 (2) TRAVEL EXPENSES.—Each member shall
4 receive travel expenses, including per diem in lieu of
5 subsistence under subchapter I of chapter 57 of title
6 5, United States Code.

7 (f) QUORUM.—Thirty members of the Panel shall
8 constitute a quorum, but a lesser number may hold hear-
9 ings.

10 **TITLE II—TRANSPARENCY RE-**
11 **LATED TO HEALTH CARE**
12 **PROVIDER CHARGES**

13 **SEC. 201. TRANSPARENCY REQUIREMENTS RELATED TO**
14 **HEALTH CARE PROVIDER CHARGES.**

15 (a) IN GENERAL.—Notwithstanding any other provi-
16 sion of law, a health care provider shall provide to an indi-
17 vidual who is scheduled to receive a service or treatment
18 the following:

19 (1) ACTUAL PRICES TO BE CHARGED.—The ac-
20 tual price that the health care provider will charge
21 for the service or treatment.

22 (2) PAYMENT RATES APPLICABLE TO OTHER
23 ENTITIES.—In the case such charge amount for the
24 service or treatment is different from—

1 (A) the rate of payment for the service or
2 treatment to the health care provider that has
3 been negotiated by or on behalf of the provider
4 with a network plan or managed care plan;

5 (B) the rate of payment for the service or
6 treatment applicable to the provider under the
7 Medicare program under title XVIII; or

8 (C) such charge amount or payment rate
9 that is applicable with respect to any other enti-
10 ty;

11 the amount of such different rate of payment or
12 charge amount and a description of the type of enti-
13 ty to which such rate or charge applies (without
14 naming such entity).

15 (b) APPLICATION OF REQUIREMENT ON REQUEST.—

16 A health care provider is required to provide the applicable
17 information under subsection (a) for a service or treat-
18 ment when requested by anyone in person, or by phone,
19 fax, or email.

20 (c) CLARIFICATION.—Nothing in this section shall be
21 construed as preventing a health care provider from pro-
22 viding a service or treatment free of charge as a charitable
23 gesture without publicly disclosing the individual to whom
24 such charitable service or treatment has been provided.

1 (d) EFFECTIVE DATE.—The requirement under sub-
2 section (a) shall apply with respect to services and treat-
3 ments provided on or after the date that is 60 days after
4 the date of the enactment of this Act.

5 **TITLE III—IMMIGRATION-**
6 **RELATED PROVISIONS**

7 **SEC. 301. REQUIREMENT FOR IMMIGRANT TO BE COVERED**
8 **UNDER HIGH DEDUCTIBLE HEALTH PLAN**
9 **AND HSA.**

10 Notwithstanding any other provision of law, a con-
11 sular officer (as defined in section 101(a) of the Immigra-
12 tion and Nationality Act (8 U.S.C. 1101(a)) may not issue
13 or renew an immigrant visa to an alien unless the alien
14 presents evidence (which may be in the form of an attesta-
15 tion by a sponsoring employer or individual United States
16 citizen in whose household the alien intends to reside who
17 will be responsible for providing the requisite coverage)
18 that the alien (and the alien’s spouse and children who
19 are accompanying or following to join the alien) will be
20 covered under a high deductible health plan (as defined
21 in section 223 of the Internal Revenue Code of 1986) and
22 will be an account beneficiary of a health savings account
23 under such section after the alien’s admission to the
24 United States as an immigrant and for the duration of

1 the alien's residence in the United States, or be subject
2 to removal.

3 **SEC. 302. REENTRY OF REMOVED ALIEN WHO RECEIVED**
4 **EMERGENCY MEDICAL ASSISTANCE.**

5 Section 276(b) of the Immigration and Nationality
6 Act (8 U.S.C. 1326(b)) is amended—

7 (1) in paragraph (3), by striking “. or” at the
8 end;

9 (2) in paragraph (4), by striking the period at
10 the end and inserting “; or”; and

11 (3) by adding at the end the following:

12 “(5) whose removal was subsequent to the pro-
13 vision of medical assistance pursuant to section
14 401(b)(1)(A) of the Personal Responsibility and
15 Work Opportunity Act of 1996 (8 U.S.C.
16 1611(b)(1)(A)), such alien shall be fined under title
17 18, United States Code, imprisoned not more than
18 10 years, or both.”.

○