

**AMENDMENT TO RULES COMMITTEE PRINT 115-**

**10**

**OFFERED BY MR. BARR OF KENTUCKY**

Page 10, beginning on line 18, strike “brought in a State or Federal court” and insert “brought in a Federal court or removed to a Federal court pursuant to section 11”.

Add, at the end of the bill, the following (and conform the table of contents accordingly):

**1 SEC. 11. RIGHT OF REMOVAL.**

2 (a) IN GENERAL.—A health care liability action  
3 brought in a State court against a health care provider  
4 or health care organization may be removed by any de-  
5 fendant or the defendants to the district court of the  
6 United States for the district and division embracing the  
7 place where such action is pending.

8 (b) DEFINITIONS.—In this section—

9 (1) the term “health care liability action”  
10 means a civil action against a health care provider  
11 or a health care organization, regardless of the the-  
12 ory of liability on which the claim is based, or the  
13 number of plaintiffs, defendants, or other parties, or

1 the number of causes of action, in which the claim-  
2 ant alleges a claim against a health care provider or  
3 a health care organization which is based upon the  
4 provision of, use of, or payment for (or the failure  
5 to provide, use, or pay for) health care goods or  
6 services for which at least partial payment was made  
7 by a Federal payor or which was mandated by Fed-  
8 eral law, regardless of the theory of liability on  
9 which the claim is based;

10 (2) the term “health care organization” means  
11 any person or entity which is obligated to provide or  
12 pay for health benefits under any health plan, in-  
13 cluding any person or entity acting under a contract  
14 or arrangement with a health care organization to  
15 provide or administer any health benefit;

16 (3) the term “health care provider” means any  
17 person or entity required by State or Federal laws  
18 or regulations to be licensed, registered, or certified  
19 to provide health care services, and being either so  
20 licensed, registered, or certified, or exempted from  
21 such requirement by other statute or regulation, as  
22 well as any other individual or entity defined as a  
23 health care provider, health care professional, or  
24 health care institution under state law; and

1           (4) the term “Federal payor” includes reim-  
2           bursements made under the Medicare program  
3           under title XVIII of the Social Security Act or the  
4           Medicaid program under title XIX of the Social Se-  
5           curity Act, premium tax credits under section 36B  
6           of the Internal Revenue Code of 1986 or cost-shar-  
7           ing reductions under section 1402 of the Patient  
8           Protection and Affordable Care Act, or medical  
9           screenings, treatments, or transfer services provided  
10          pursuant to section 1867 of the Social Security Act.

