

Comparison of ACA Replacement Proposals

	Employer-Based Health Insurance	Tax Treatment of Health Insurance	HSAs, HRAs, etc.	Wellness Programs	Self-Insurance	Interstate Health Insurance Market	Coverage Purchase Options (e.g., private exchanges, pooling, etc.)	Popular ACA Market Reforms (and other market reforms)
House Health Care Blueprint	Caps employer-based coverage tax exclusion for individuals (level not specified, but "majority of plans" would not be impacted)	For those without access to employer-sponsored coverage, provides a fixed, age-adjusted, portable credit (available at the start of each month); excess credit not used to purchase coverage deposited in an HSA-type account to cover other medical expenses (e.g., dental, vision, OTC drugs)	Allows spouse catch-up contributions to HSA accounts; sets maximum HSA contribution at the maximum combined allowable deductible and out-of-pocket expense limits	Retains ACA limits on wellness program rewards/surcharges; clarifies wellness programs within those ACA limits do not violate ADA or GINA	Clarifies that stop-loss insurance is not group health insurance	Allows for purchase across state lines	Promotes expansion of private exchanges; allows small businesses to pool in Association Health Plans ("AHPs") (with some nondiscrimination requirements); allows individuals to pool in Individual Health Pools ("IHPs")	Retains ACA pre-exclusion prohibition; dependent coverage up to age 26; expansion of HIPAA continuous coverage protections (e.g., standard rates apply if someone switches between markets but maintains coverage, despite any potential illnesses); 5-to-1 age rating ratio
Empowering Patients First Act of 2015 (Rep. Price)	Limits amount of employer's contribution to health coverage that can be excluded from employee's taxable income (\$8,000 for individuals; \$20,000 for a family); allows employees enrolled in an employer plan to opt out and receive a tax credit instead; encourages employer auto-enrollment (limits on state restrictions and credits for small employer auto-enrollment)	Universal, refundable, age-adjusted tax credit for coverage purchased in the individual market (and for HSA contributions)	Expands annual HSA contribution limit; allows HSAs to pay some primary care fees; allows for HSA rollovers to family; allows spouse catch-up contributions to the same HSA account; HDHPs become "HSA qualified plans"	Raises wellness benefit/penalty cap to 50% of value of benefits under the plan (does not address EEOC issues)		Allows for interstate sales in the individual market; issuer designates the "primary state" for regulatory/oversight purposes, but primary state must meet "federal floor" (e.g., risk-based capital formula for issuer capital and surplus requirements, independent external appeals processes)	Provides for establishment and governance of AHPs	Allows pre-exclusions from coverage under certain conditions
Patient Freedom Act of 2017 (Sens. Cassidy & Collins)		States elect: (1) keep the ACA, including cost-sharing, (2) "state alternative option," or (3) reject the ACA and federal assistance; for "state alternative option," qualifying low-income state residents receive federally-supported deposits (included in gross income) into Roth HSAs for premiums and other coverage cost-sharing (deposit amounts are reduced when the individual has employer-sponsored coverage by the amount of the income tax deduction for that coverage)	Creates a new tax-exempt category for Roth HSAs (trusts created exclusively for paying qualified medical expenses--medical care and/or insurance that constitutes creditable coverage under the PHSA), subject to annual contribution limits (\$5,000 for each person covered by creditable coverage); no tax deductions are allowed for Roth HSA contributions, but distributions from Roth HSAs for qualifying expenses are not included in gross income; no contributions to HSAs are allowed after date of enactment				States may auto enroll uninsured individuals in default coverage and establish Roth HSAs for such residents, unless the individual affirmatively opts out	No lifetime or annual limits; dependent coverage until 26; no pre-ex exclusions; preventive services and mental health coverage; federal exchanges remain operational; for "state alternative option," states must have: appropriate annual and open enrollment periods in the individual market, a "default coverage" option that meets certain minimum requirements (i.e., HDHP, adequate provider network, etc.), and consequences for lacking continuous coverage (i.e., underwriting, penalties, etc.)
The Patient CARE Act (Sen. Hatch)	Caps the tax exclusion for an employee's health coverage at \$12,000 for individuals and \$30,000 for families	Targeted tax credit solely for purchase of health care (employees of small employers + those with no offer of employer coverage would be eligible); individuals with annual income up to 300% of FPL eligible to receive an age-adjusted, advanceable, refundable tax credit to buy coverage or "health care services;" creates Health Financing Office at Treasury to administer credits	Reinstates OTC drugs as qualified medical expenses for HSAs, FSAs, HRAs and Archer MSAs; expands eligibility for and use of HSAs; HSA funds may be used for COBRA coverage; spouses may make catch-up contributions to the same HSA account			Allows states to enter into interstate compacts to offer plans across state lines	States have authority to utilize default enrollment (with state-selected default plan options) for individuals who have a health tax credit but do not choose a plan within a certain timeframe (but individuals have option to switch plans or opt out completely); small businesses may pool together to negotiate with plans	No lifetime limits; 5-to-1 age rating ratio (with flexibility for states to alter); dependent coverage up to age 26 (but states may opt out); guaranteed issue/renewability; no pre-ex exclusions and standard rates apply if the individual has had continuous coverage
Obamacare Replacement Act (Sen. Paul)	Individuals who receive employer coverage may exclude premium amount from taxable income	Equalizes tax treatment of insurance purchases for individuals and employers via a universal deduction on both income and payroll taxes, regardless of where/how coverage is purchased	Optional individual tax credit up to \$5,000 for HSA contributions (additional HSA contributions still tax-preferred); allows unlimited HSA contributions; no HDHP enrollment requirement; HSA funds may be used for premiums; allows HSA rollovers to family members		Clarifies that stop-loss insurance is not group health insurance	Allows sales across state lines; issuers exempt from "secondary state's" laws (except consumer protections and taxes)	Allows individuals to pool together in IHPs; allows small businesses to pool together across state lines in "AHPs"	Allows individuals to pool together in IHPs; allows small businesses to pool together across state lines in "AHPs"