

Affordable Care Act Reform Legislation Tracker

Newly Included Legislation and Procedural Updates

- Introduction of new bills:
 - May 18: Rep. David Young (R-IA) introduced Freedom from ACA Tax Penalty Act ([H.R. 2516](#)).
 - May 22: Sen. Claire McCaskill (D-MO) introduced the Health Care Options for All Act ([S.1201](#)).
 - May 22: Rep. Lou Barletta (R-PA) introduced the Verify First Act ([H.R. 2581](#)).
 - May 25: Rep. Gene Green (D-TX) introduced the Incentivizing Medicaid Expansion Act of 2017 ([H.R. 2688](#)).
 - June 2: Rep. David Loebsack (D-IA) introduced a bill to exempt individuals with no qualified health plans in exchange from individual mandate provisions ([H.R. 2769](#)).
 - June 2: Rep. David Loebsack (D-IA) introduced the Health Care Options for All Act ([H.R. 2770](#)).

I. Introduced Comprehensive Health Care Reform Legislation (115th Congress)

	Employee Pre-Tax Treatment of Group Plan Premiums	HSAs, HRAs, etc.	Wellness Programs	Tax Treatment of Health Insurance	Self-Insurance	Interstate Health Insurance Market	Coverage Purchase Options (e.g., private exchanges, pooling, etc.)	Popular ACA Market Reforms (and other market reforms)	Other
<p>The American Health Care Act H.R. 1628*</p> <p><i>March 8 – Reported favorably out</i></p>	<p>Does <u>not</u> cap the employee tax deduction for employer-sponsored coverage; retains the obligation that the employer report coverage</p>	<p>Telemedicine N/A</p> <p>On-Site Clinics N/A</p> <p>OTC Medications Eliminates the prohibition on over</p>		<p>Eliminates individual and employer mandates by making penalties \$0 for tax years starting after December 31, 2015.</p>				<p>Repeals several of the ACA taxes and fees beginning in 2017:</p> <ul style="list-style-type: none"> • Annual provider fee; • Medicare tax increase; 	

* Note: The House Energy and Commerce Committee has also released legislation. The issues of greatest importance to The Council are included in the House Ways and Means Committee bill. For further information on the House Energy and Commerce Committee Print, please click [here](#). *On March 8, the legislation was reported favorably out of the House Energy and Commerce Committee—as amended—by a vote of 31-23. On March 16, the bill, packaged with the bill reported out of the House Ways and Means Committee, was reported favorably out of the House Budget Committee by a vote of 19-17. To see the combined House Budget Committee Print, please click [here](#).*

	Employee Pre-Tax Treatment of Group Plan Premiums	HSAs, HRAs, etc.	Wellness Programs	Tax Treatment of Health Insurance	Self-Insurance	Interstate Health Insurance Market	Coverage Purchase Options (e.g., private exchanges, pooling, etc.)	Popular ACA Market Reforms (and other market reforms)	Other
<p><i>of the Ways and Means Committee— as amended— by a vote of 23-16.</i></p> <p><i>March 16 – Reported favorably out of the Budget Committee by a vote of 19-17.</i></p>	<p>amounts on Form W-2, and an additional W-2 field is added: each month with respect to which an employee is eligible for a group health plan.</p>	<p>the counter drugs as qualified medical expenses.</p> <p>Contribution Amount Raises the contribution limit to the out-of-pocket cost for high deductible health plans.</p> <p>Medicare Enrollment N/A</p>		<p>Replaces individual subsidies with a tax credit that is tiered by age –</p> <ul style="list-style-type: none"> • \$2k per year for anyone under 30 • \$2.5k per year for 30-39 • \$3k per year for 40-49 • \$3.5k for 50-59 • \$4k for over 60. 				<ul style="list-style-type: none"> • ACA net investment income tax; • Prescription drug tax; and • Medical device tax. <p>Eliminates the Cadillac tax for years 2020 through 2025 (leaving the possibility that the tax could be imposed beginning in 2026).</p>	

	Employee Pre-Tax Treatment of Group Plan Premiums	HSAs, HRAs, etc.	Wellness Programs	Tax Treatment of Health Insurance	Self-Insurance	Interstate Health Insurance Market	Coverage Purchase Options (e.g., private exchanges, pooling, etc.)	Popular ACA Market Reforms (and other market reforms)	Other
<p><i>March 20 – Released manager’s amendments.</i></p> <p><i>March 24 – Pulled from the House floor in advance of a vote.</i></p> <p><i>May 4 – Passed the House by a vote of 217-213.*</i></p> <p><i>June 7– Received in the Senate; placed on the Senate Legislative Calendar.</i></p>		<p>Other Allows spouses to make catch-up contributions to the same HSA.</p>		<p>Reduces the credit amount for individuals with income over \$75k, or \$150k for joint filers, by 10% of gross income over those threshold amounts; includes an annual subsidy cap for any taxpayer of \$14k, and would deny eligibility for the credit if coverage includes abortions or if married couples file individually.</p> <p>Limits the tax credit to individual market plans and unsubsidized COBRA coverage. Credits are not available to individuals who are eligible for a group health plan (including</p>				<p>Promotes continuous coverage by allowing a penalty of 30% of otherwise-applicable premium rates (subject to state waivers that permit health status underwriting in some circumstances). Regarding preexisting conditions - states may apply for waivers that allow health status underwriting, in certain circumstances, for individuals who do not maintain continuous coverage (in lieu of 30% surcharge).</p>	

* Passed concurrently with H.R. 1628 was [H.R. 2192](#), a bill introduced by Representative Martha McSally to ensure continued application of healthcare-related provisions of the Public Health Service Act to Members of Congress and their staff. It passed the house unanimously, by a vote of 429-0. This provision could not be included in H.R. 1628 due to constraints in the reconciliation process. The bill was received in the Senate on June 7 and referred to the Committee on Homeland Security and Government Affairs.

	Employee Pre-Tax Treatment of Group Plan Premiums	HSAs, HRAs, etc.	Wellness Programs	Tax Treatment of Health Insurance	Self-Insurance	Interstate Health Insurance Market	Coverage Purchase Options (e.g., private exchanges, pooling, etc.)	Popular ACA Market Reforms (and other market reforms)	Other
				<p>employer plans), Medicare, Medicaid or other government coverage. They also are not available for ACA grandfathered or grandmothered (i.e., grandfathered plans that received transition relief from CCIIO) plans.</p> <p>Directs HHS and other federal agencies to establish an advance payment program under which credit payments can be made directly to health care providers on behalf of eligible tax payers.</p>				Increases the ACA ratio, allowing insurers to charge elderly customers up to 5 times what they charge young adults. State waivers also available to further increase the age rating ratio.	
<u>Discussion Draft</u>	Caps the employee tax deduction for employer-sponsored coverage; includes a formula that	<p>Telemedicine N/A</p> <p>On-Site Clinics N/A</p>		Replaces individual subsidies with a tax credit that is tiered by age –				<p>Repeals several of the ACA taxes and fees:</p> <ul style="list-style-type: none"> • Cadillac tax as of 2020 	

	Employee Pre-Tax Treatment of Group Plan Premiums	HSAs, HRAs, etc.	Wellness Programs	Tax Treatment of Health Insurance	Self-Insurance	Interstate Health Insurance Market	Coverage Purchase Options (e.g., private exchanges, pooling, etc.)	Popular ACA Market Reforms (and other market reforms)	Other
	gives the Treasury Secretary authority to set the cap at an amount equal to the 90 th percentile for plan cost—that amount would be set for 2019 and then adjusted by a COLA adjustment thereafter, meaning that if growth in medical care costs exceeds the COLA, this number will be insufficient in later years.	<p>OTC Medications N/A</p> <p>Contribution Amount Raises the contribution limit to the out-of-pocket cost for high deductible health plans.</p> <p>Medicare Enrollment N/A</p> <p>Other Allows spouses to make catch-up contributions to the same HSA.</p>		<ul style="list-style-type: none"> • \$2k per year for anyone under 30 • \$2.5k per year for 30-40 • \$3k per year for 40-50 • \$3.5k for 50-60 • \$4k for over 60. <p>Limits the tax credit to individual market plans and to those individuals who are not eligible for a group health plan (including employer plans), Medicare, Medicaid or other government coverage.</p>				<ul style="list-style-type: none"> • PCORI fee as of 2020 • Annual provider fee (immediate) • Medicare tax (immediate) • ACA net investment income tax (immediate) • Prescription drug tax (immediate) • Medical device tax (immediate). <p>Allows ACA subsidies for individuals through 2018, but between now and then: modifies some qualification requirements, eliminates the requirement that coverage be purchased through an exchange, and provides that purchases of individual grandfathered</p>	

	Employee Pre-Tax Treatment of Group Plan Premiums	HSAs, HRAs, etc.	Wellness Programs	Tax Treatment of Health Insurance	Self-Insurance	Interstate Health Insurance Market	Coverage Purchase Options (e.g., private exchanges, pooling, etc.)	Popular ACA Market Reforms (and other market reforms)	Other
								plans and plans that cover abortions would not be subsidy-eligible.	
The Patient CARE Act Sen. Orrin Hatch (R-UT)	Caps the tax exclusion for an employee's health coverage at \$12,000 for individuals and \$30,000 for families.	Telemedicine N/A		Provides for a targeted tax credit solely for purchase of health care (employees of small employers + those with no offer of employer coverage would be eligible); renders 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.		Allows states to enter into interstate compacts to offer plans across state lines.	Gives states the 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.	
		On-Site Clinics N/A							
		OTC Medications Reinstates OTC drugs as qualified medical expenses for HSAs, FSAs, HRAs and Archer MSAs.							
		Contribution Amount N/A							
		Medicare Enrollment N/A							
Other Expands eligibility for and use of HSAs; HSA funds may be used for COBRA coverage; spouses may make									

	Employee Pre-Tax Treatment of Group Plan Premiums	HSAs, HRAs, etc.	Wellness Programs	Tax Treatment of Health Insurance	Self-Insurance	Interstate Health Insurance Market	Coverage Purchase Options (e.g., private exchanges, pooling, etc.)	Popular ACA Market Reforms (and other market reforms)	Other
		catch-up contributions to the same HSA account.							
American Health Care Reform Act of 2017 H.R. 277 Rep. Phil Roe (R-TN)		Telemedicine N/A	Raises wellness benefit/penalty cap to 50% of value of benefits under the plan (does not address EEOC issues).	Creates a standard deduction for health insurance (“SDHI”)—a tax deduction applied to both income and payroll taxes of \$7,500 for an individual and \$20,500 for a family (after the first year, these dollar amounts will be increased by an amount equal to the original dollar amount multiplied by the COLA for the calendar year in which the taxable		Allows sales across state lines; issuers exempt from “secondary state’s” laws (except consumer protections and taxes).	Expands support for state high-risk pools; requires HHS to provide \$5 million to each state that has not created a qualified high-risk pool for the state’s costs of creation/initial operation; allows small businesses to pool together in “AHPs.”		Antitrust Amends McCarran-Ferguson to restore the application of antitrust and unfair trade practices laws to the health insurance sector.
		On-Site Clinics N/A							
		OTC Medications Includes within the definition of “preventive care” prescription and OTC drugs.							
		Contribution Amount Increases maximum contribution limit.							

	Employee Pre-Tax Treatment of Group Plan Premiums	HSAs, HRAs, etc.	Wellness Programs	Tax Treatment of Health Insurance	Self-Insurance	Interstate Health Insurance Market	Coverage Purchase Options (e.g., private exchanges, pooling, etc.)	Popular ACA Market Reforms (and other market reforms)	Other
		<p>Medicare Enrollment Allows Medicare beneficiaries enrolled only in Part A to continue to contribute to HSAs after turning 65 if otherwise eligible.</p>		<p>year begins); applies to any individual who is covered under a qualified health plan; taxpayers can elect not to have the SDHI apply; the amount allowed as a deduction is reduced by the amount paid into an Archer MSA or an HSA.</p>					
		<p>Other Allows for an additional contribution amount between spouses; allows HSAs to be used to pay premiums for long-term care insurance, COBRA coverage, and HSA-qualified policies; simplifies limitations on FSA and HSA rollovers; eliminates tax for failure to maintain HDHP coverage; renames HDHP to HSA “qualified plans.”</p>							

	Employee Pre-Tax Treatment of Group Plan Premiums	HSAs, HRAs, etc.	Wellness Programs	Tax Treatment of Health Insurance	Self-Insurance	Interstate Health Insurance Market	Coverage Purchase Options (e.g., private exchanges, pooling, etc.)	Popular ACA Market Reforms (and other market reforms)	Other
<p>Patient Freedom Act of 2017 S. 191</p> <p>Sen. Susan Collins (R-ME) & Sen. Bill Cassidy (R-LA)</p>		Telemedicine N/A		<p>States <i>elect</i>: (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).</p>			<p>States may auto enroll uninsured individuals in default coverage and establish Roth HSAs for such residents, unless the individual affirmatively opts out.</p>	<p>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.).</p>	
		On-Site Clinics N/A							
		OTC Prescription N/A							
		Contribution Amount N/A							
		Medicare Enrollment N/A							
		Other 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							

	Employee Pre-Tax Treatment of Group Plan Premiums	HSAs, HRAs, etc.	Wellness Programs	Tax Treatment of Health Insurance	Self-Insurance	Interstate Health Insurance Market	Coverage Purchase Options (e.g., private exchanges, pooling, etc.)	Popular ACA Market Reforms (and other market reforms)	Other
		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.							
Obamacare Replacement Act S. 222/H.R. 1072 Sen. Rand Paul (R-KY)/ Rep. Mark Sanford (R-SC)	Permits individuals who receive employer coverage to exclude premium amount from taxable income.	Telemedicine N/A		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.	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.”	Provides a 2-year open enrollment for pre-ex individuals	Antitrust Amends McCarran-Ferguson to restore the application of antitrust and unfair trade practices laws to the health insurance sector. Non-Discrimination (Highly-Compensated Employees) Repeals section 2716 of the ACA governing the prohibition on
		On-Site Clinics N/A							
		OTC Medications N/A							
		Contribution Amount Allows unlimited HSA contributions.							
		Medicare Enrollment N/A							

	Employee Pre-Tax Treatment of Group Plan Premiums	HSAs, HRAs, etc.	Wellness Programs	Tax Treatment of Health Insurance	Self-Insurance	Interstate Health Insurance Market	Coverage Purchase Options (e.g., private exchanges, pooling, etc.)	Popular ACA Market Reforms (and other market reforms)	Other
		<p>Other Provides an optional individual tax credit up to \$5,000 for HSA contributions (additional HSA contributions still tax-preferred); no HDHP enrollment requirement; HSA funds may be used for premiums; allows HSA rollovers to family members.</p>							discrimination in favor of highly-compensated individuals.
<p>The World's Greatest Healthcare Plan of 2017 H.R. 1275</p> <p>Rep. Pete Sessions (R-TX)</p>	<p>Eliminates employer mandate and other tax requirements imposed under the ACA; clarifies that an employer health care arrangement under which an employer reimburses an employee for the premiums for the purchase of individual health insurance (e.g., an HRA) does not</p>	<p>Telemedicine N/A</p>		<p>Establishes an advanceable, refundable health insurance tax credit for taxpayers enrolled in coverage (does not cover abortion services).</p>			<p>States may elect to provide for the enrollment of uninsured individuals in default insurance coverage and establish Roth HSAs for such residents, unless the individual affirmatively opts out.</p>	<p>Continues to apply some of the ACA's consumer protections, including: no lifetime or annual limits; dependent coverage through 26; guaranteed renewability; prohibiting pre-ex exclusions; prohibiting discrimination based on health status.</p>	
		<p>On-Site Clinics N/A</p>							
		<p>OTC Medications N/A</p>							
		<p>Contribution Amount N/A</p>							
		<p>Medicare Enrollment N/A</p>							
		<p>Other Creates a new tax-exempt category for Roth HSAs</p>							

	Employee Pre-Tax Treatment of Group Plan Premiums	HSAs, HRAs, etc.	Wellness Programs	Tax Treatment of Health Insurance	Self-Insurance	Interstate Health Insurance Market	Coverage Purchase Options (e.g., private exchanges, pooling, etc.)	Popular ACA Market Reforms (and other market reforms)	Other
	constitute a group health plan.	(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.						Repeals the Cadillac tax; and eliminates the tax deduction for medical expenses.	

II. Single-Issue Legislation (115th Congress)

Antitrust

<p>Competitive Health Insurance Reform Act of 2017 H.R. 372 Rep. Paul Gosar (R-AZ)</p>	<p>Amends McCarran-Ferguson to restore the application of antitrust and unfair trade practices laws to the health insurance sector.</p> <p><i>Feb. 28 – Reported favorably out of the Judiciary Committee—as <u>amended</u>—by voice vote.</i></p> <p><i>March 22 – Passed the House by a vote of 416-7.</i></p>
<p>Health Insurance Industry Antitrust Enforcement Act of 2017 H.R. 143 Rep. John Conyers (D-MI)</p>	<p>Prohibits McCarran-Ferguson from being construed to permit health insurance or medical malpractice insurance issuers to engage in price fixing, bid rigging, or market allocations in connection with providing health insurance or medical malpractice coverage; amends McCarran-Ferguson to provide that nothing in that Act modifies, impairs, or supersedes the operation of antitrust laws with respect to the business of health insurance.</p>

Health Savings Accounts

<p>Health Savings Act of 2017 S. 403/H.R. 1175 Sen. Orrin Hatch (R-UT)/Rep. Erik Paulsen (R-MN)</p>	<p>On-Site Clinics Creates a special rule for individuals eligible for on-site medical clinic coverage (eligibility to receive health care benefits from an on-site medical clinic of an employer does not qualify as coverage under a health plan if such health care benefits are not significant benefits). Examples of such benefits include:</p> <ul style="list-style-type: none"> • Physicals and immunizations • Injecting antigens provided by employees • Medications available without a prescription (pain relievers, antihistamines, etc.) • Treatment for injuries occurring at the employer’s place of employment or otherwise in the course of employment • Tests for infectious diseases and conditions • Monitoring of chronic conditions • Drug testing • Hearing or vision screenings and related services • Other services and treatments of a similar nature <p>OTC Medications Includes an amount paid for any prescription or OTC medicine or drug within the definition of a “qualified medical expense;” includes within the definition of “preventive care” prescription and OTC drugs.</p> <p>Contribution Amount Increases maximum contribution limit.</p>
--	--

	<p>Medicare Enrollment Allows Medicare beneficiaries enrolled only in Part A to continue to contribute to HSAs after turning 65 if otherwise eligible.</p> <p>Other Renames HDHP as “HSA-qualified health plan;” allows both spouses to make catch up contributions to the same HSA account; simplifies limitations on FSA and HSA rollovers; eliminates tax for failure to maintain HDHP coverage.</p>
<p>Health Savings Act of 2017 H.R. 35 Rep. Michael Burgess (R-TX)</p>	<p>Contribution Amount Increases the maximum HSA contribution limit to match the amount of the deductible and out-of-pocket expenses under a high deductible health plan.</p> <p>Other Allows an additional tax deduction for amounts paid to the HSA of a taxpayer’s child or grandchild; allows a rollover of HSA funds to the child, parent, or grandparent of an account holder; expands the definition of an HSA compatible plan to include bronze, silver, and catastrophic plans on an insurance exchange; amends the federal bankruptcy code to treat HSAs in the same manner as individual retirement accounts for purposes of determining exemptions from the bankruptcy estate.</p>
<p>Health Savings Account Expansion Act of 2017 S. 28/H.R. 247 Sen. Jeff Flake (R-AZ)/Rep. David Brat (R-VA)</p>	<p>OTC Medications Repeals the restriction on using HSAs for OTC medications.</p> <p>Contribution Amount Increase the maximum contribution amounts.</p> <p>Other Permits the use of HSAs to pay health insurance premiums and direct primary care expenses; eliminates the requirement that a participant in an HSA be enrolled in an HDHP; decreases the additional tax for HSA distributions not used for qualified medical expenses.</p>
<p>The Health Savings Account Act H.R. 1280 Rep. Jeff Fortenberry (R-NE)</p>	<p>Contribution Amount Increases the maximum contribution limit to HSAs.</p> <p>Other Defines direct primary care service arrangements and clarify that they are not treated as a “health plan” or as “insurance;” provides that “medical care”—expenses for which a deduction is allowed by the Internal Revenue Code—would include certain periodic provider fees (e.g., “periodic fees paid to a primary physician for a defined set of medical services or the right to receive medical services on an as-needed basis;” and “pre-paid primary care services designed to screen for, diagnose, cure, mitigate, treat, or prevent disease and promote wellness”); permits fitness center memberships to qualify as an allowable HSA expense.</p>
<p>Restoring Access to Medication Act of 2017 S. 85/H.R. 394 Sen. Pat Roberts (R-KS)/Rep. Lynn Jenkins (R-KS)</p>	<p>OTC Medications Amends the Internal Revenue Code to repeal amendments made by the ACA which disqualify expenses for OTC drugs under HSAs and FSAs.</p>

Interstate Sale of Insurance

<p>Health Care Choice Act of 2017 H.R. 314 Rep. Marsha Blackburn (R-TN)</p>	<p>Repeals the ACA; allows consumers to shop for insurance across state lines.</p>
<p>Local and Municipal Health Care Choice Act of 2017 H.R. 1319 Rep. Kenny Marchant (R-TX)</p>	<p>Facilitates multistate sales by authorizing a local government in a “secondary state” or provide group health coverage to its officers, employees, or retirees (and their dependents) through a local government employee health benefits pool or program authorized under the laws of a “primary state.”</p>

Medicare/Medicaid

<p>Protecting Seniors’ Access to Medicare Act of 2017 S. 260/H.R. 849 Sen. John Cornyn (R-TX); Rep. Phil Roe (R-TN)</p>	<p>Repeals sections 3403 and 10320 of the ACA, creating an independent Medicare Advisory Board.</p>
<p>Patient Access to Higher Quality Health Care Act of 2017 S.1133/H.R. 1156 Sen. James Lankford (R-OK); Rep. Sam Johnson (R-TX)</p>	<p>Repeals sections 6001-10601 of the ACA and section 1106 of HCERA, limiting the Medicare exception to the prohibition on certain physician referrals for hospitals.</p>
<p>Medicaid Expansion Incentive Act of 2017 H.R. 1826 Rep. Gerald Connelly (D-VA)</p>	<p>Allows funds designated for states that have opted out of Medicaid expansion to be transferred to states that are participating in the expansion effort.</p>
<p>Repeal of the Obamacare Bay State Boondoggle Act H.R. 2224 Rep. Adrian Smith (R-NE)</p>	<p>Converts any changes to Medicare hospital wage index floors back to a state-specific budget neutrality calculation.</p>
<p>Improving the Treatment of the U.S. Territories Under Federal Health Programs Act of 2017 H.R. 2404 Rep. Stacey Plaskett (D-VI)</p>	<p>Removes existing statutory cap on federal funding for Medicare and Medicaid programs in U.S. territories.</p>

<p>Incentivizing Medicaid Expansion Act of 2017 H.R. 2688 Rep. Gene Green (D-TX)</p>	<p>Amends Social Security Act to provide three years of federal funding to states that expand Medicaid under the ACA.</p>
---	---

Minimum Essential Coverage/Essential Health Benefits

<p>Obamacare Regressive Tax Relief Act H.R. 562 Rep. Luke Messer (R-IN)</p>	<p>Amends the Internal Revenue Code to reduce penalties for individuals who fail to meet MEC requirements.</p>
<p>Unaffordable Care Act H.R. 562 Rep. Luke Messer (R-IN)</p>	<p>Amends the Internal Revenue Code to exempt from the requirement to maintain minimum essential health coverage an individual who: (1) resides in a location with fewer than two qualified health plans offered through an exchange established under the ACA, or (2) was covered under MEC for the last month of the preceding year and the premium is at least 125% percent of the premium for that month.</p>
<p>Budget Process Accountability Act H.R. 537 Rep. Andy Biggs (R-AZ)</p>	<p>Amends the Internal Revenue Code to exempt individuals from the MEC requirement if they reside in a county with fewer than two health insurers offering coverage on the exchange; amends the ACA to extend the requirement for participation in the exchanges to the President, Vice President, political appointees, and employees of congressional committees and leadership offices.</p>
<p>Employee Fairness and Relief Act of 2017 H.R. 661 Rep. Brett Guthrie</p>	<p>Allows health insurance issuers to sell previously available health insurance coverage in the small group market in satisfaction of the MEC requirement.</p>
<p>Ensuring Health Care Opportunities Act H.R. 208 Rep. Don Young (R-AK)</p>	<p>Waives the essential health benefits requirements for certain states that request such a waiver.</p>
<p>Healthcare Tax Relief and Mandate Repeal Act H.R. 285 Rep. Michael Turner (R-OH)</p>	<p>Amends the Internal Revenue Code to repeal the ACA’s requirements that: (1) individuals purchase and maintain MEC, and (2) employers who have a workforce of 50 or more full-time employees provide health insurance coverage for their employees.</p>
<p>Patient Fairness and Relief Act of 2017 H.R. 633 Rep. Gregg Harper (R-MS)</p>	<p>Allows health insurance issuers to sell previously available health insurance coverage in the small group market in satisfaction of the MEC requirement.</p>

<p>No Coverage, No Penalty Act H.R. 2086 Rep. Marsha Blackburn (R-TN)</p>	<p>Redefines who may be an “applicable individual” for the purposes of minimum essential coverage to exclude “individuals residing in exempted areas” (i.e., those who reside in a rating area or country where the HHS Secretary certifies that no qualified health plans are offered through an exchange).</p>
<p>Health Care Options Act of 2017 H.R. 1933/S. 761 Rep. John Duncan (R-TN)/Sen. Lamar Alexander (R-TN)</p>	<p>Permits plans authorized by a state and not done through an exchange to be treated as a qualified health plan; crafts new reporting requirement for plans that qualify as “coverage not enrolled in through an exchange,” and eliminates the individual mandate penalty.</p>
<p>Broader Options for Americans Act H.R. 2579 Rep. Patrick Tiberi (R-OH)</p>	<p>Amends the Internal Revenue Code to allow individuals under COBRA to receive premium tax credits for individual insurance markets.</p> <p><i>May 24 – The House Ways and Means Committee is scheduled to mark up the bill.</i></p> <p><i>June 2 – Reported favorably out of the Ways and Means Committee—as <u>amended</u>—by a vote of 23-15.</i></p> <p><i>June 14– Full House is scheduled to vote on bill</i></p>
<p>Freedom from the ACA Tax Penalty Act H.R. 2516 Rep. David Young (R-IA)</p>	<p>Amends the Internal Revenue Code by waiving the individual mandate for individuals who live in “exempted areas” (i.e., those in which no qualified health plans are offered through an exchange, as certified by HHS).</p>
<p>Health Care Options for All Act S. 1201/ H.R. 2770 Sen. Claire McCaskill (D-MO)/ Rep. David Loebsack (D-IA)</p>	<p>Requires HHS, Treasury, and the Office of Personnel Management to establish a mechanism that ensures that individuals without access to exchange plans can enroll in the small group market through the D.C. exchange.</p>
<p>H.R. 2769 Rep. David Loebsack (D-IA)</p>	<p>Amends the Internal Revenue Code to mandate that individuals in areas with no qualified health plans are exempt from individual mandate provisions.</p>

Pre-Existing Conditions

<p>Pre-Existing Conditions Protection Act of 2017 H.R. 1121 Rep. Greg Walden (R-OR)</p>	<p>Prohibits application of pre-existing condition exclusions; guarantees availability of health insurance coverage in the individual and group markets. Application of the bill is contingent on the repeal of the ACA.</p>
<p>Guaranteed Health Coverage for Pre-Existing Conditions Act of 2017 H.R. 628 Rep. Rodney Davis (R-IL)</p>	<p>Maintains the following requirements from the ACA and HCERA upon repeal: (1) health insurance includes coverage for preexisting conditions, and (2) health insurers accept every employer and every individual in a group that applies for coverage in the group market and every individual that applies for coverage in the individual market.</p>

Blanket Repeal

<p>H.R. 370 Rep. Bill Flores (R-TX)</p>	Repeals the ACA and the health care-related provisions in HCERA, effective 2020. Provisions of law amended by repealed provisions are restored.
<p>ObamaCare Repeal Act H.R. 175 Rep. Steve King (R-IA)</p>	Repeals the ACA and HCERA, effective upon enactment. Provisions of law amended by repealed provisions are restored.
<p>ObamaCare Repeal Act S. 106 Sen. Ted Cruz (R-TX)</p>	Repeals the ACA and HCERA, effective January 1, 2018. Provisions of law amended by repealed provisions are restored.
<p>State Health Flexibility Act H.R. 352 Rep. Todd Rokita (R-IN)</p>	In addition to other legislative changes, repeals the ACA and HCERA, effective upon enactment. Provisions of law amended by repealed provisions are restored.
<p>ObamaCare Repeal Act H.R. 1718 Rep. Mo Brooks (R-AL)</p>	Repeals the ACA and HCERA, effective December 31, 2017. Provisions of law amended by repealed provisions are restored.

Stop Loss Insurance

<p>The Self-Insurance Protection Act H.R. 1304 Rep. Phil Roe (R-TN)</p>	<p>Clarifies that a stop loss policy is not included within the definition of “health insurance coverage” as defined by ERISA, the Public Health Service Act, and the Internal Revenue Code—in each of these code sections, the following statement follows the definition of “health insurance coverage:” “Such term shall not include a stop loss policy obtained by a self-insured health plan or a plan sponsor of a group health plan that self-insures the risks of its plan participants to reimburse the plan or sponsor for losses that the plan or sponsor incurs in providing health or medical benefits to such plan participants in excess of a predetermined level set forth in the stop loss policy obtained by such plan or sponsor.”</p> <p><i>March 8 – Reported favorably out of the Education and the Workforce Committee—as amended—by voice vote (amendments are technical in nature).</i></p> <p><i>April 5 – Passed the House by a vote of 400-16.</i></p>
--	--

Wellness

<p>The Preserving Employee Wellness Programs Act H.R. 1313 Rep. Virginia Foxx (R-NC)</p>	<p>Contains provisions governing specific subsets of workplace wellness programs: (1) programs offered in conjunction with an employer-sponsored health plan, (2) programs offering more favorable treatment for adverse health factors, and (3) programs not offered in conjunction with an employer sponsored health plan—each of these sections is deemed to comply with certain sections of the ADA, GINA, and the Public Health Service Act; provides that the collection of information about “the manifested disease or disorder of a family member” will not be considered an unlawful acquisition of genetic information with respect to another family member participating in workplace a wellness program, and it does not violate GINA; and allows employers</p>
---	---

	<p>offering a wellness program to establish a deadline of up to 45 days for employees to request and complete an alternative program if it is unreasonably difficult or medically inadvisable for the employee to participate in the original wellness program.</p> <p><i>March 8 – Reported favorably out of the Education and the Workforce Committee—as amended—by a vote of 22-17 (amendments are technical in nature).</i></p>
--	---

Miscellaneous

<p>The ROSIE Act H.R. 32 Rep. Richard Hudson (R-NC)</p>	<p>Amends the Internal Revenue Code to exempt the spouses of active duty members of the Armed Forces from the determination of whether an employer is subject to the employer health insurance mandate.</p>
<p>Care for All Act of 2017 H.R. 551 Rep. Jeff Fortenberry (R-NE)</p>	<p>Amends the ACA to allow catastrophic plans to be offered as qualified health plans to any individual in the individual or group markets.</p>
<p>Protecting Access to Care Act H.R. 1215 Rep. Steve King (R-IA)</p>	<p>Enacts measures governing (1) the speedy resolution of claims (including enacting a statute of limitations for the commencement of a health care lawsuit), (2) compensation of patient injury, and (3) maximizing patient recovery.</p> <p><i>Feb. 28 – Reported favorably out of the Judiciary Committee—as amended—by a vote of 18-17.</i></p> <p><i>March 21 – Rules Committee announced probable meeting to grant a rule for floor consideration.</i></p>
<p>Consumer Health Options and Insurance Competition Enhancement Act S. 194/H.R. 635 Sen. Sheldon Whitehouse (D-RI)/Rep. Janice Schakowsky (D-IL)</p>	<p>Provides a public health insurance option that can be offered on the exchanges; plans must comply with the ACA’s applicable provisions to health plans offered through exchanges (benefits, benefit levels, provider networks, notices, consumer protections, cost-sharing, etc.).</p>
<p>Small Business Health Fairness Act of 2017 H.R. 1101 Rep. Sam Johnson (R-TX)</p>	<p>Allows small employers to band together and offer coverage through association health plans (AHPs). The bill, which is identical to Subtitle F in Rep. Roe’s comprehensive ACA package, puts forth the requirements to establish the AHPs (certification requirements, application requirements, enforcement, etc.).</p> <p><i>March 8 – Reported favorably out of the Education and the Workforce Committee—as amended—by a vote of 22-17 (amendments are technical in nature).</i></p> <p><i>March 22 – Passed the House by a vote of 236-175.</i></p>

<p>Holding Health Insurers Harmless Act H.R. 1592 Rep. Ted Yoho (R-FL)</p>	<p>Provides a safe harbor for private sector health insurance providers (including sponsors of group health plans), pursuant to some exceptions.</p>
<p>Medical Practice Freedom Act of 2017 H.R. 1766 Rep. Phil Roe (R-TN)</p>	<p>Prohibits the Secretary of Health and Human Services from requiring health care providers to participate in any health plan or comply with any requirements relating to the “meaningful use of electronic health records” as a condition of licensure.</p>
<p>Access to Federal Employees Health Benefits Program H.R. 2400 Rep. Darrell Issa (R-CA)</p>	<p>Allows individuals, who are not Federal employees, to enroll in the Federal Employees Health Benefits Program.</p>
<p>Verify First Act H.R. 2581 Rep. Lou Barletta (R-PA)</p>	<p>Mandates that individuals have a verified social security number before receiving the ACA health insurance premium tax credit.</p> <p><i>June 2 – Reported favorably out of the Ways and Means Committee—as amended—by a vote of 22-16.</i></p> <p><i>June 13 – Full House is scheduled to vote on bill.</i></p>

III. Proposals (115th Congress)

	Employee Pre-Tax Treatment of Group Plan Premiums	HSAs, HRAs, etc.	Wellness Programs	Tax Treatment of Health Insurance	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).	Telemedicine N/A	Retains ACA limits on wellness program rewards/surcharges; clarifies wellness programs within those ACA limits do not violate ADA or GINA.	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).	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.
		On-Site Clinics N/A						
		OTC Medications N/A						
		Contribution Amount Sets maximum HSA contribution at the maximum combined allowable deductible and out-of-pocket expense limits.						
		Medicare Enrollment N/A						
Other N/A								
House Health Care Policy Brief		Telemedicine N/A		Creates an advanceable, portable, refundable tax credit to assist with the purchase of health insurance on the			Offers "State Innovation Grants" (the next generation of high risk pools).	
		On-Site Clinics N/A						

	Employee Pre-Tax Treatment of Group Plan Premiums	HSAs, HRAs, etc.	Wellness Programs	Tax Treatment of Health Insurance	Self-Insurance	Interstate Health Insurance Market	Coverage Purchase Options (e.g., private exchanges, pooling, etc.)	Popular ACA Market Reforms (and other market reforms)
		<p>OTC Medications N/A</p> <p>Contribution Amount Sets maximum HSA contribution at the maximum combined allowable deductible and out-of-pocket expense limits.</p> <p>Medicare Enrollment N/A</p> <p>Other Allows spouse catch-up contributions to HSA accounts.</p>		individual market for those not offered other qualifying insurance; if the individual does not use the full value of the credit, then the excess can be deposited into an HSA.				
President Trump's Joint Session Address		Expands use of health savings accounts.		Endorses new tax credits to help individuals purchase coverage.		Promotes freedom to buy health coverage across state lines, a move he said would create "a truly competitive national marketplace that will bring cost way down and provide far better care."		Maintains protections for pre-existing conditions.

IV. Introduced Legislation (114th Congress)

	Employee Pre-Tax Treatment of Group Plan Premiums	HSAs, HRAs, etc.	Wellness Programs	Tax Treatment of Health Insurance	Self-Insurance	Interstate Health Insurance Market	Coverage Purchase Options (e.g., private exchanges, pooling, etc.)	Popular ACA Market Reforms (and other market reforms)
<p>Empowering Patients First Act of 2015</p> <p>Rep. Tom Price (R-GA)</p>	<p>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).</p>	<p>Telemedicine N/A</p>	<p>Raises wellness benefit/penalty cap to 50% of value of benefits under the plan (does not address EEOC issues).</p>	<p>Provides for universal, refundable, age-adjusted tax credit for coverage purchased in the individual market (and for HSA contributions).</p>		<p>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).</p>	<p>Provides for establishment and governance of AHPs.</p>	<p>Allows pre-ex exclusions from coverage under certain conditions.</p>
		<p>On-Site Clinics N/A</p>						
		<p>OTC Medications N/A</p>						
		<p>Contribution Amount Expands annual HSA contribution limit.</p>						
		<p>Medicare Enrollment N/A</p>						
		<p>Other 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."</p>						