

Proposal		Affordable Care Act (ACA)	American Health Care Act (analysis of bill as of 3/7/2017; 1:00pm ET)
Bill Number (if applicable)		(Current; enacted in 2010; Public Law 111-148)	N/A [Republican FAQs]
Date Introduced			3/6/2017 draft released
Main Sponsor(s)			Speaker Paul Ryan, House E&C/W&Ms Committees
Indian-Specific Provisions	Cost-Sharing Protections	--Eligibility for either a zero or limited cost-sharing Marketplace plan, depending on their income level (under both plan variations, AI/AN enrollees have no cost-sharing when receiving health care services) -- Ability for AI/ANs to enroll in bronze plan and still receive cost-sharing protections -- Ban on Marketplace plans reducing payments to Indian health care providers by the amount of any cost-sharing that AI/AN enrollees would have otherwise owed for health care services	-- No Indian-specific cost-sharing protections (as of 2020) -- No cost-sharing protections for general population (as of 2020)
	M-SEPs	Monthly special enrollment periods (M-SEPs) for AI/ANs and their dependents	-- No M-SEPs for AI/ANs (as of 2020) -- Enrollees charged up to 30% more if have gap in coverage of 63+ days (effective in 2018 for enrollees under SEPs; otherwise 2019)
	Other Provisions	--Exemption from individual shared responsibility payments (individual mandate); --Expansion and permanent reauthorization of the Indian Health Care Improvement Act (IHCA)	-- No individual mandate (as of 2017) -- IHCA: No changes in this legislation but see bill (H.R. 1369) introduced by Rep. Cole
Market Stability Mechanisms		Three risk adjustment mechanisms: Risk corridors; Reinsurance; Risk adjustment [Subsequently, Congress eliminated majority of funding for 2 of 3]	Establishes a "Patient and State Stability Fund", which includes a default federal reinsurance program ("Market Stabilization") for issuers. \$100 billion in funding over 10 years.
State Insurance Market Operations		-- Requirement for each state to establish a Marketplace that allows individuals to: Learn about their health insurance options; Compare health plans based on costs, standardized benefits (EHBs), and other important features; Obtain information on insurance affordability programs designed to help individuals with low-to-moderate incomes pay for coverage; Select a health plan and enroll in coverage	-- No government organized "Marketplace" for comparison of health plan offerings. -- As part of Patient and State Stability Fund, allows funding to: Provide financial assistance to help uninsured high-risk individuals enroll in individual market coverage; Promote participation/options in the individual market; Promote access to preventive/dental/vision services, including payments to providers; Provide cost-sharing assistance to individuals -- EHB standards dropped as of 2020
	ESI Excise Tax/Tax Exclusion Cap	-- Beginning in 2020, 40% tax (Cadillac tax) imposed on cost of employer-sponsored insurance (ESI) exceeding the following amounts, with amounts adjusted annually for CPI: --For individuals, \$10,200 times health cost adjustment percentage; ¹ --For families, \$27,500 times health cost adjustment percentage ¹	--Delay of the ACA Cadillac tax until 2025 ESI exclusion cap set at the 90th percentile of premiums in 2019 (2020), with amounts adjusted annually for CPI plus 2 percentage points (deleted)

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Funding Provisions	Employer Mandate	Employers required to offer insurance to full-time (FT) employees and pay a portion of premium if employee enrolls, or make an annual per FT employee payment (approx. \$2,000) to federal government	Repeal of employer mandate retroactive to January 1, 2016
	Individual Mandate	Requires individuals to secure health insurance coverage or make a payment to federal government (exemption from requirement for AI/ANs).	Repeal of individual mandate, retroactive to January 1, 2016
	Net Investment Income Tax	3.8% tax on individuals, estates, and trusts that have certain investment income exceeding certain thresholds	Repeal of tax effective for years after 2017
	Additional Medicare Tax	0.9% tax on wages and self-employment income that exceeds the following thresholds: --\$250,000 for married taxpayers filing jointly; --\$125,000 for married taxpayers filing separately; --\$200,000 for all other taxpayers	Repeal of tax effective for years after 2017
	Health Insurance Provider Fee	Fee on each covered entity engaged in the business of providing health insurance for U.S. health risks (moratorium instituted for 2017)	Repeal of fee effective for years after 2017
	Medical Device Excise Tax	2.3% tax on manufacturers and importers for sales of certain medical devices (moratorium instituted for 2016 and 2017)	Repeal of tax effective for years after 2017
	PCORI Fee	Fee on issuers of specified health insurance policies and plan sponsors of applicable self-insured health plans to fund the Patient-Centered Outcomes Research Institute	Repeal of fee effective for years after 2017
	Excise Tax on Tanning Services	10% tax on indoor UV tanning services	Repeal of tax effective for years after 2017
Insurance Market Provisions (Affordability)	Tax Credits/Deductions	Refundable tax credits for individuals and families with incomes of 100-400% FPL, with amounts adjusted for income and the cost of available health insurance.	-- ACA PTCs reduced in 2019 for individuals 50 - 64 years with household income 200% - 400% FPL -- Starting in 2020, new, refundable, age-adjusted tax credits, with amounts initially set at the below levels (2020): \$2,000 for 0-29 year-olds; \$2,500 for 30-39; \$3,000 for 40-49; \$3,500 for 50-59; \$4,000 for 60+; \$14,000 per family max tax credits -- PTCs begin phase out for single filers at \$75,000 (to \$95,000/\$105,000 range) and joint filers at \$150,000 (to \$170,000/190,000 range).
	Repayment of Overpayments	Limits repayment of excess premium tax credits advanced, based on income of tax filer	Requires 100% repayment of any excess premium tax credits advanced (effective for 2018 and 2019)
	HSA's	Permitted (HAS contribution of approx. \$3,350 (self-only coverage) and \$6,750 (family coverage)	--Allows contribution of excess tax credits to HSAs; --Allowable tax-deductible contribution increased to amount of deductible/out-of-pocket maximum (approx. \$6,750 (single coverage); \$13,500 (family coverage)); --Other provisions to promote the use of HSAs

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Insurance Market Regulations	Individual Market Rules/ Protections	<ul style="list-style-type: none"> --Ban on annual and lifetime coverage limits; --Ban on rescissions (withdrawal of coverage); --Required coverage of preventive services; --Dependent coverage through age 26; --Required Summary of Benefits and Coverage; --Required internal claims/appeals/external review; --Ban on pre-existing condition exclusions; --Ban on discriminatory premium rates; --Guaranteed availability/renewability of coverage; --Ban on discrimination based on health status; <li style="padding-left: 20px;">--Nondiscrimination in health care; --Required comprehensive health insurance; --Ban on excessive waiting periods; --Required coverage of mental health services/parity 	<ul style="list-style-type: none"> --Penalty equal to 30% of the premium allowed for 12 months for enrollees who do not maintain continuous coverage (no exclusion for AI/ANs) --Essential health benefits (EHBs) determined by states; --Increases allowable age rating of premiums to 5:1; --Varification requirement for enrollment during SEPs; --Option to continue offering ACA Marketplace plans outside of Marketplace
	Abortion Coverage	<ul style="list-style-type: none"> --Ban on use of federal funding to pay for abortions (with certain exceptions); --Marketplace plans not required to cover abortions; --Marketplace plans covering abortions (if allowed by state law) must take steps to ensure no use of federal funding to pay for abortions 	<ul style="list-style-type: none"> -- Ban on use of federal funding to pay for abortions (with certain exceptions) -- Prohibits using premium tax credits on health plan that covers abortion services <li style="padding-left: 20px;">-- Bars Medicaid funding for Planned Parenthood
	Interstate Insurance Market	Permits states to enter into cross-state compacts	[TBD]
Medicaid Program Changes	ACA's Medicaid Expansion (to 138% FPL)	<ul style="list-style-type: none"> --Optional Medicaid expansion under which states can extend eligibility to all non-elderly residents with incomes up to 138% FPL; --Availability of federal financial assistance covering 100% of Medicaid spending on health care services for the expansion population through 2016, with the rate gradually decreasing to a fixed level of 90% in 2020 	<ul style="list-style-type: none"> <li style="text-align: center;">-- Repeal of ACA Medicaid expansion for years after 2019. -- Starting in 2020, 90% FMAP applies only to persons enrolled as of January 1, 2020, with no break in coverage greater than 30 days. States can continue existing eligibility expansion but at regular FMAP rates.
	Base Medicaid Program	Various	<ul style="list-style-type: none"> <li style="text-align: center;">-- Per capita cap on federal financial assistance for Medicaid spending on health care services; IHS Active Users and CHIP enrollees are excluded from the per capita cap on funding; --Repeal of Essential Health Benefits (EHBs) requirement for benchmark plans; --For non-expansion states, repeal of Medicaid DSH allotment reductions and provides increased federal assistance for safety net providers; --Provisions to reduce state Medicaid costs (allow states to disenroll high-dollar lottery winners; repeal 3-month retroactive eligibility; ensure states do not have to pay for ineligible individuals; update allowable home equity limits; require states to conduct income eligibility redeterminations at least every six months)
Medicare Program Changes		<ul style="list-style-type: none"> --Phase-out of the Part D coverage gap; --Increased financial assistance for individuals in the Part D coverage gap; --Elimination of copays for certain preventive services; <li style="padding-left: 20px;">--Changes in payment rates; --Provisions designed to improve efficiency/quality/program integrity 	<ul style="list-style-type: none"> -- Retain phase-out of the Part D coverage gap <p style="text-align: center;">[Other: TBD]</p>

ACA REPLACEMENT PROPOSALS: Tracking ACA, Administration, and Congressional Actions / Plans

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Notes and Articles:	<p>¹ Health cost adjustment percentage equals 100% plus the excess (if any) of the percentage over 55% by which the per employee cost for providing coverage under the BC BS standard benefit option under FEHBP for plan year 2018 (determined by using the benefit package for such coverage in 2010) exceeds such cost for plan year 2010</p>	<p>https://www.nytimes.com/interactive/2017/03/06/us/politics/republican-obamacare-replacement.html?WT.nav=top-news&action=click&clickSource=story-heading&emc=edit_nn_20170307&hp=&module=a-lede-package-region&nl=morning-briefing&nid=69595147&pgtype=Homepage&region=top-news&te=1</p> <p>http://www.msn.com/en-us/news/politics/house-republicans-unveil-plan-to-replace-health-law/ar-AAAnV0qh?ii=BBnb7Kz&ocid=wispr</p> <p>http://www.modernhealthcare.com/article/20170306/NEWS/170309925?utm_source=modernhealthcare&utm_medium=email&utm_content=20170306-NEWS-170309925&utm_campaign=mh-alert</p> <p>http://www.politico.com/story/2017/02/house-republicans-obamacare-repeal-package-235343</p> <p>http://www.politico.com/story/2017/03/house-obamacare-repeal-bill-what-does-it-say-235648</p>