H. Res. __

H.R. 2192 - To amend the Public Health Service Act to eliminate the non-application of certain State waiver provisions to Members of Congress and congressional staff.

H.R. 1628 - American Health Care Act of 2017

2. Provides one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce.
3. Waives all points of order against consideration of the bill.
4. Provides that the bill shall be considered as read.
5. Waives all points of order against provisions in the bill.
6. Provides one motion to recommit.
7. Section 2 provides for further consideration of H.R. 1628, the American Health Care Act of 2017.
8. Provides that the further amendments printed in the Rules Committee Report shall be considered as adopted.

RESOLUTION

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 2192) to amend the Public Health Service Act to eliminate the non-application of certain State waiver provisions to Members of Congress and congressional staff. All points of order against consideration of the bill are waived. The bill shall be considered as read. All points of order against provisions in the bill are waived. The previous question shall be considered as ordered on the bill and on any amendment thereto to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the
Committee on Energy and Commerce; and (2) one motion to recommit.

Sec. 2. During further consideration of the bill (H.R. 1628) to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, as amended, pursuant to House Resolution 228, the further amendments printed in the report of the Committee on Rules accompanying this resolution shall be considered as adopted.

SUMMARY OF FURTHER AMENDMENTS TO H.R. 1628 PROPOSED TO BE CONSIDERED AS ADOPTED

<table>
<thead>
<tr>
<th>Sponsor</th>
<th># Description</th>
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<tr>
<td>1. Palmer (AL), Schweikert (AZ)</td>
<td>#32 Creates a $15 billion risk sharing program to help states lower premiums for health coverage offered in the individual market.</td>
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<td>2. MacArthur (NJ)</td>
<td>#33 Allows states to waive essential health benefits, age rating, and community rating. Health insurers would not be allowed to deny coverage, discriminate based on gender or limit access based on preexisting conditions. States must explain how the waiver will reduce average premiums for patients, increase enrollment for residents, stabilize the state's health insurance market, stabilize premiums for individuals living with preexisting conditions, or increase patients' health care plan options.</td>
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<td>3. Upton (MI), Long (MO), Young, David (IA), Valadao (CA), Knight (CA), Denham (CA), McMorris Rodgers (WA), McSally (AZ)</td>
<td>#34 Increases the Patient and State Stability Fund by $8 billion from 2018 to 2023 to States with an approved community rating waiver, as established by the MacArthur Amendment, for providing assistance to reduce premiums or other out-of-pocket costs to individuals who may who may be subject to an increase in their monthly premium rates as a result of the States waiver. The amendment also resolves two minor technical drafting amendments, including the correction of an inaccurate cross-reference and to ensure proper labeling of subsections.</td>
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