
PROVIDING FOR CONSIDERATION OF 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, AND PROVIDING FOR 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

May 3, 2017.—Referred to the House Calendar and ordered to be printed.

MR. COLLINS OF GEORGIA, from the Committee on Rules, submitted the following

R E P O R T

[To accompany H. Res. __]

The Committee on Rules, having had under consideration House Resolution____, by record vote of 8 to 3, report the same to the House with the recommendation that the resolution be adopted.

SUMMARY OF PROVISIONS OF THE RESOLUTION

The resolution provides for consideration of 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, under a closed rule. The resolution provides one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce. The resolution waives all points of order against consideration of the bill. The resolution provides that the bill shall be considered as read. The resolution waives all points of order against provisions in the bill. The resolution provides one motion to recommit.

Section 2 of the resolution provides for further consideration of H.R. 1628, the American Health Care Act of 2017. The resolution provides that the further amendments printed in this report shall be considered as adopted.

EXPLANATION OF WAIVERS

Although the resolution waives all points of order against consideration of H.R. 2192, the Committee is not aware of any points of order. The waiver is prophylactic in nature.

Although the resolution waives all points of order against provisions in H.R. 2192, the Committee is not aware of any points of order. The waiver is prophylactic in nature.

COMMITTEE VOTES

The results of each record vote on an amendment or motion to report, together with the names of those voting for and against, are printed below:

Rules Committee Record Vote No. 54

Motion by Mr. Hastings to make in order and provide the appropriate waivers for every amendment submitted to H.R. 1628 to the Rules Committee and provide 10 minutes of debate on each amendment. Defeated: 3-8

Majority Members	Vote	Minority Members	Vote
Mr. Cole.....	Nay	Ms. Slaughter.....	
Mr. Woodall.....	Nay	Mr. McGovern.....	Yea
Mr. Burgess.....	Nay	Mr. Hastings of Florida.....	Yea
Mr. Collins.....	Nay	Mr. Polis.....	Yea
Mr. Byrne.....	Nay		
Mr. Newhouse.....			
Mr. Buck.....	Nay		
Ms. Cheney.....	Nay		
Mr. Sessions, Chairman.....	Nay		

Rules Committee Record Vote No. 55

Motion by Mr. Cole to report the rule. Adopted: 8-3

Majority Members	Vote	Minority Members	Vote
Mr. Cole.....	Yea	Ms. Slaughter.....	
Mr. Woodall.....	Yea	Mr. McGovern.....	Nay
Mr. Burgess.....	Yea	Mr. Hastings of Florida.....	Nay
Mr. Collins.....	Yea	Mr. Polis.....	Nay
Mr. Byrne.....	Yea		
Mr. Newhouse.....			
Mr. Buck.....	Yea		
Ms. Cheney.....	Yea		
Mr. Sessions, Chairman.....	Yea		

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

1. Palmer (AL), Schweikert (AZ): Creates a \$15 billion risk sharing program to help states lower premiums for health coverage offered in the individual market.
2. MacArthur (NJ): 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.
3. Upton (MI), Long (MO), Young, David (IA), Valadao (CA), Knight (CA), Denham (CA), McMorris Rodgers (WA), McSally (AZ): 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 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.

TEXT OF FURTHER AMENDMENTS TO H.R. 1628 CONSIDERED AS
ADOPTED

AMENDMENT TO H.R. 1628, AS REPORTED

OFFERED BY M . *Palma*

In the section 2204(c)(2)(B) proposed to be added to the Social Security Act by section 132, strike “to carry out the purpose described in section 2202(2) in such States by providing payments to appropriate entities described in such section with respect to claims that exceed \$1,000,000” and insert “to carry out the Federal Invisible Risk Sharing Program in such States under section 2205”.

In title XXII of the Social Security Act, as added by section 132, add at the end the following:

1 “SEC. 2205. FEDERAL INVISIBLE RISK SHARING PROGRAM.

2 “(a) IN GENERAL.—There is established within the
3 Patient and State Stability Fund a Federal Invisible Risk
4 Sharing Program (in this section referred to as the ‘Pro-
5 gram’), to be administered by the Secretary of Health and
6 Human Services, acting through the Administrator of the
7 Centers for Medicare & Medicaid Services (in this section
8 referred to as the ‘Administrator’), to provide payments
9 to health insurance issuers with respect to claims for eligi-

1 ble individuals for the purpose of lowering premiums for
2 health insurance coverage offered in the individual market.

3 “(b) FUNDING.—

4 “(1) APPROPRIATION.—For the purpose of pro-
5 viding funding for the Program there is appro-
6 priated, out of any money in the Treasury not other-
7 wise appropriated, \$15,000,000,000 for the period
8 beginning on January 1, 2018, and ending on De-
9 cember 31, 2026.

10 “(2) USE OF UNALLOCATED FUNDS.—Funds
11 provided under section 2204(c)(2)(B) to carry out
12 this section are in addition to the amount appro-
13 priated under paragraph (1).

14 “(c) OPERATION OF PROGRAM.—

15 “(1) IN GENERAL.—The Administrator shall es-
16 tablish, after consultation with health care con-
17 sumers, health insurance issuers, State insurance
18 commissioners, and other stakeholders and after tak-
19 ing into consideration high cost health conditions
20 and other health trends that generate high cost, pa-
21 rameters for the operation of the Program consistent
22 with this section and consistent with the same limi-
23 tation on payment with respect to health insurance
24 coverage that applies to payment with respect health
25 benefits coverage under section 2105(c)(7).

1 “(2) DEADLINE FOR INITIAL OPERATION.—Not
2 later than 60 days after the date of the enactment
3 of this title, the Administrator shall establish suffi-
4 cient parameters to specify how the Program will op-
5 erate for plan year 2018.

6 “(3) STATE OPERATION OF PROGRAM.—The
7 Administrator shall establish a process for a State to
8 operate the Program in such State beginning with
9 plan year 2020.

10 “(d) DETAILS OF PROGRAM.—The parameters for
11 the Program shall include the following:

12 “(1) ELIGIBLE INDIVIDUALS.—A definition for
13 eligible individuals.

14 “(2) HEALTH STATUS STATEMENTS.—The de-
15 velopment and use of health status statements with
16 respect to such individuals.

17 “(3) STANDARDS FOR QUALIFICATION.—

18 “(A) AUTOMATIC QUALIFICATION.—The
19 identification of health conditions that auto-
20 matically qualify individuals as eligible individ-
21 uals at the time of application for health insur-
22 ance coverage.

23 “(B) VOLUNTARY QUALIFICATION.—A
24 process under which health insurance issuers
25 may voluntarily qualify individuals, who do not

1 automatically qualify under subparagraph (A),
2 as eligible individuals at the time of application
3 for such coverage.

4 “(4) PERCENTAGE OF INSURANCE PREMIUMS
5 TO BE APPLIED.—The percentage of the premiums
6 paid, to health insurance issuers for health insur-
7 ance coverage by eligible individuals, that shall be
8 collected and deposited to the credit (and available
9 for the use) of the Program.

10 “(5) ATTACHMENT DOLLAR AMOUNT AND PAY-
11 MENT PROPORTION.—The dollar amount of claims
12 for eligible individuals after which the Program will
13 provide payments to health insurance issuers and
14 the proportion of such claims above such dollar
15 amount that the Program will pay.”.



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AMENDMENT TO _____
OFFERED BY MR. MACARTHUR OF NEW JERSEY

[Amendment drafted to H.R. 1628, as amended by self-executing amendments adopted by Rules Committee]

Strike section 136 and insert the following:

1 **SEC. 136. PERMITTING STATES TO WAIVE CERTAIN ACA RE-**
2 **QUIREMENTS TO ENCOURAGE FAIR HEALTH**
3 **INSURANCE PREMIUMS.**

4 (a) IN GENERAL.—Section 2701 of the Public Health
5 Service Act (42 U.S.C. 300gg) is amended by adding at
6 the end the following new subsection:

7 “(b) PERMISSIBLE STATE WAIVER TO ENCOURAGE
8 FAIR HEALTH INSURANCE PREMIUMS.—

9 “(1) IN GENERAL.—A State may submit an ap-
10 plication to the Secretary for one or more of the fol-
11 lowing purposes:

12 “(A) In the case of plan years beginning
13 on or after January 1, 2018, to apply, subject
14 to paragraph (5), under subsection
15 (a)(1)(A)(iii), instead of the ratio specified in
16 such subsection, a higher ratio specified by the
17 State (consistent with section 2707(e)).

1 “(B) In the case of plan years beginning
2 on or after January 1, 2020, for health insur-
3 ance coverage offered in the individual or small
4 group market in such State, to apply, subject to
5 paragraph (5), instead of the essential health
6 benefits specified under subsection (b) of sec-
7 tion 1302 of the Patient Protection and Afford-
8 able Care Act, essential health benefits as speci-
9 fied by the State.

10 “(C) In the case of a State that has in
11 place a program that carries out the purpose
12 described in paragraph (1) or (2) of section
13 2202(a) of the Social Security Act or partici-
14 pates in the program established under section
15 2205 of such Act, for health insurance offered
16 in the individual market in such State, with re-
17 spect to an individual who is an applicable pol-
18 icyholder of such coverage with respect to an
19 enforcement period (as defined in section
20 2710A(b)) applicable to enrollments for a plan
21 year beginning with plan year 2019 (or, in the
22 case of enrollments during a special enrollment
23 period, beginning with plan year 2018), to—

24 “(i) subject to paragraph (5), not
25 apply any increase to the monthly premium

1 rate that would otherwise apply under sec-
2 tion 2710A to such individual for such cov-
3 erage; and

4 “(ii) instead, subject to paragraph
5 (5)—

6 “(I) apply subsection (a)(1) as if
7 health status were included as a fac-
8 tor described in subparagraph (A) of
9 such subsection; and

10 “(II) not apply section 2705(b).

11 “(2) DEFAULT APPROVAL.—An application sub-
12 mitted under paragraph (1) is approved unless the
13 Secretary notifies the State submitting the applica-
14 tion, not later than 60 days after the date of the
15 submission of such application, that the application
16 has been denied for not being in compliance with
17 any requirement of paragraph (3) and of the reason
18 for such denial.

19 “(3) REQUIREMENTS.—The requirements of
20 this paragraph, with respect to an application sub-
21 mitted under paragraph (1), are the following:

22 “(A) The application is submitted at such
23 time, and in such manner, as the Secretary may
24 require.

1 “(B) The application specifies how the ap-
2 proval of such application will provide for one
3 or more of the following:

4 “(i) Reducing average premiums for
5 health insurance coverage in the State.

6 “(ii) Increasing enrollment in health
7 insurance coverage in the State.

8 “(iii) Stabilizing the market for health
9 insurance coverage in the State.

10 “(iv) Stabilizing premiums for individ-
11 uals with pre-existing conditions.

12 “(v) Increasing the choice of health
13 plans in the State.

14 “(C) The application specifies the period
15 for which the waiver is to be effective, con-
16 sistent with paragraph (4).

17 “(D) In the case of an application for pur-
18 poses of paragraph (1)(A), the application
19 specifies the higher ratio to be applied pursuant
20 to such paragraph.

21 “(E) In the case of an application for pur-
22 poses of paragraph (1)(B), the application
23 specifies the essential health benefits to be ap-
24 plied pursuant to such paragraph.

1 “(F) In the case of an application for pur-
2 poses of paragraph (1)(C), the application dem-
3 onstrates that the State has in place a program
4 that carries out the purpose described in para-
5 graph (1) or (2) of section 2202(a) of the So-
6 cial Security Act or participates in the program
7 established under section 2205 of such Act.

8 “(4) TERM OF WAIVER.—

9 “(A) IN GENERAL.—No waiver for a State
10 under this subsection may extend over a period
11 of longer than 10 years unless the State re-
12 quests continuation of such waiver, and such re-
13 quest shall be deemed granted unless the Sec-
14 retary, within 90 days after the date of its sub-
15 mission to the Secretary, either denies such re-
16 quest in writing or informs the State in writing
17 with respect to any additional information
18 which is needed in order to make a final deter-
19 mination with respect to the request.

20 “(B) SPECIAL RULE.—A waiver applied for
21 by a State under paragraph (1)(C) may only be
22 effective for a period during which the State—

23 “(i) has in place a program that car-
24 ries out the purpose described in para-

1 graph (1) or (2) of section 2202(a) of the
2 Social Security Act; or

3 “(ii) participates in the program es-
4 tablished under section 2205 of such Act.

5 “(5) NON-APPLICATION RULES.—

6 “(A) SPECIFIED NON-APPLICATION PROVI-
7 SIONS.—In no case may a waiver for purposes
8 of paragraph (1) apply with respect to any of
9 the following provisions:

10 “(i) Section 1301 of the Patient Pro-
11 tection and Affordable Care Act, to the ex-
12 tent that such section applies to qualified
13 health plans offered through the CO-OP
14 program under section 1322 of such Act or
15 multi-State plans under section 1334 of
16 such Act.

17 “(ii) Sections 1312(d)(3)(D), 1331,
18 1332, 1333, and 1334 of such Act.

19 “(B) HOLD HARMLESS.—Any standard or
20 requirement adopted by a State pursuant to the
21 terms of a waiver approved under this sub-
22 section shall be deemed to comply with section
23 1252 of the Patient Protection and Affordable
24 Care Act and subsection (a) of section 1324 of
25 such Act, insofar as such standard or require-

1 ment relates to a Federal or State law de-
2 scribed in subsection (b)(2) of such section (re-
3 lating to rating).”.

4 (b) APPLICATION TO ESSENTIAL HEALTH BENE-
5 FITS.—Section 1302(a)(1) of the Patient Protection and
6 Affordable Care Act (42 U.S.C. 18022(a)(1)) is amended
7 by inserting “(or, in the case of health insurance coverage
8 offered in the individual or small group market in a State
9 for which there is an applicable waiver in effect under sec-
10 tion 2701(b) of the Public Health Service Act for a plan
11 year, the essential health benefits applicable under such
12 waiver)” after “subsection (b)”.

13 **SEC. 137. CONSTRUCTIONS.**

14 (a) NO GENDER RATING.—Nothing in this Act shall
15 be construed as permitting health insurance issuers to dis-
16 criminate in rates for health insurance coverage by gender.

17 (b) NO LIMITING ACCESS TO COVERAGE FOR INDIV-
18 VIDUALS WITH PREEXISTING CONDITIONS.—Nothing in
19 this Act shall be construed as permitting health insurance
20 issuers to limit access to health coverage for individuals
21 with preexisting conditions.

 In the section 2710A(a)(1) proposed to be added to
the Public Health Service Act by section 133, strike
“Notwithstanding section 2701, subject” and insert
“Subject”.

In the amendment proposed to be inserted into section 2701(a)(1)(A)(iii) of the Public Health Service Act by section 135, insert after “or such other ratio for adults (consistent with section 2707(c)) as the State involved may provide” the following: “(or, in the case of a State with a waiver under subsection (b) in effect for such a plan year, the ratio applied for such plan year in accordance with such waiver)”.



AMENDMENT TO H.R. 1628

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OFFERED BY MR. UPTON OF MICHIGAN, MR. LONG OF MISSOURI, MR. YOUNG OF IOWA, MR. VALADAO OF CALIFORNIA, MR. KNIGHT OF CALIFORNIA, MR. DENHAM OF CALIFORNIA, AND MRS. McMORRIS RODGERS OF WASHINGTON

Amendment drafted to H.R. 1628, as amended by self-executing amendments adopted by Rules Committee and Amendment offered by Mr. MacArthur

In the section 2202(a) proposed to be added to the Social Security Act by section 132, strike “Subject to subsection (b)” and insert “Subject to subsections (b) and (c)”.

Add at the end of the section 2202 proposed to be added to the Social Security Act by section 132, the following:

1 “(c) REQUIRED USE OF ADDITIONAL INCREASE TO
2 CERTAIN WAIVER STATES TO PROVIDE FINANCIAL
3 HARDSHIP ASSISTANCE.—A State shall use the additional
4 allocation provided to the State from the funds appro-
5 priated under the last sentence of section 2204(a) only
6 in accordance with such last sentence.

Insert at the end of the section 2204(a) proposed to be added to the Social Security Act by section 132, the following:

1 “The amount otherwise appropriated under this sub-
2 section shall be increased by \$8,000,000,000 for the pe-
3 riod beginning with 2018 and ending with 2023, to be allo-
4 cated to States with a waiver in effect under section
5 2701(b) of the Public Health Service Act with respect to
6 the purpose described in paragraph (1)(C) of such section,
7 in accordance with an allocation methodology specified by
8 the Secretary that takes into account the relative alloca-
9 tion of other amounts appropriated under this subsection
10 among such States, and to be used by (and made available
11 under subsection (d), for any year during such period that
12 such waiver is in effect, to) such States for the purpose
13 of providing assistance to reduce premiums or other out-
14 of-pocket costs of individuals who are subject to an in-
15 crease in the monthly premium rate for health insurance
16 coverage as a result of such waiver.

In the section 2202(b) proposed to be added to the Social Security Act by section 132, strike “section 2204(b)” and insert “section 2204(a)”.

In section 214(b), strike “Section 1412 of the Patient Protection and Affordable Care Act is amended by

adding at the end the following new subsection:” and insert “Section 1412(f) of the Patient Protection and Affordable Care Act, as added by section 202, is amended to read as follows:”

