

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

April 6, 2017.—Referred to the House Calendar and ordered to be printed.

MR. SESSIONS, 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 a record vote of 9 to 2, report the same to the House with
the recommendation that the resolution be adopted.

SUMMARY OF PROVISIONS OF THE RESOLUTION

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

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. 46

Motion by Mr. Cole to report the rule. Adopted: 9-2

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.....	
Mr. Byrne.....	Yea		
Mr. Newhouse.....	Yea		
Mr. Buck.....	Yea		
Ms. Cheney.....	Yea		
Mr. Sessions, Chairman.....	Yea		

SUMMARY OF THE AMENDMENT 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.**

TEXT OF AMENDMENT CONSIDERED AS ADOPTED

#32

**AMENDMENT TO H.R. 1628, AS REPORTED
OFFERED BY M . _____**

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.”.

