

115TH CONGRESS  
2D SESSION

# H. R. 6311

To amend the Internal Revenue Code of 1986 and the Patient Protection and Affordable Care Act to modify the definition of qualified health plan for purposes of the health insurance premium tax credit and to allow individuals purchasing health insurance in the individual market to purchase a lower premium copper plan.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 6, 2018

Mr. ROSKAM (for himself and Mr. BURGESS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend the Internal Revenue Code of 1986 and the Patient Protection and Affordable Care Act to modify the definition of qualified health plan for purposes of the health insurance premium tax credit and to allow individuals purchasing health insurance in the individual market to purchase a lower premium copper plan.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. MODIFICATION OF DEFINITION OF QUALIFIED**  
2 **HEALTH PLAN.**

3 (a) IN GENERAL.—Section 36B(c)(3)(A) of the In-  
4 ternal Revenue Code of 1986 is amended—

5 (1) by inserting “(determined without regard to  
6 subparagraphs (A), (C)(ii), and (C)(iv) of paragraph  
7 (1) thereof and without regard to whether the plan  
8 is offered on an Exchange)” after “1301(a) of the  
9 Patient Protection and Affordable Care Act”, and

10 (2) by striking “shall not include” and all that  
11 follows and inserting “shall not include any health  
12 plan that—

13 “(i) is a grandfathered health plan or  
14 a grandmothered health plan, or

15 “(ii) includes coverage for abortions  
16 (other than any abortion necessary to save  
17 the life of the mother or any abortion with  
18 respect to a pregnancy that is the result of  
19 an act of rape or incest).”.

20 (b) DEFINITION OF GRANDMOTHERED HEALTH  
21 PLAN.—Section 36B(c)(3) of such Code is amended by  
22 adding at the end the following new subparagraph:

23 “(C) GRANDMOTHERED HEALTH PLAN.—

24 “(i) IN GENERAL.—The term  
25 ‘grandmothered health plan’ means health  
26 insurance coverage which is offered in the

1 individual health insurance market as of  
2 October 1, 2013, and is permitted to be of-  
3 fered in such market after January 1,  
4 2014, as a result of CCIIO guidance.

5 “(ii) CCIIO GUIDANCE DEFINED.—  
6 The term ‘CCIIO guidance’ means the let-  
7 ter issued by the Centers for Medicare &  
8 Medicaid Services on November 14, 2013,  
9 to the State Insurance Commissioners out-  
10 lining a transitional policy for non-grand-  
11 fathered coverage in the individual health  
12 insurance market, as subsequently ex-  
13 tended and modified (including by a com-  
14 munication entitled ‘Insurance Standards  
15 Bulletin Series—INFORMATION—Ex-  
16 tension of Transitional Policy through  
17 2019’ issued on April 9, 2018, by the Di-  
18 rector of the Center for Consumer Infor-  
19 mation and Insurance Oversight of such  
20 Centers).

21 “(iii) INDIVIDUAL HEALTH INSUR-  
22 ANCE MARKET.—The term ‘individual  
23 health insurance market’ means the mar-  
24 ket for health insurance coverage (as de-  
25 fined in section 9832(b)) offered to individ-

1 uals other than in connection with a group  
2 health plan (within the meaning of section  
3 5000(b)(1)).”.

4 (c) CONFORMING AMENDMENT RELATED TO ABOR-  
5 TION COVERAGE.—Section 36B(c)(3) of such Code, as  
6 amended by paragraph (2), is amended by adding at the  
7 end the following new subparagraph:

8 “(D) CERTAIN RULES RELATED TO ABOR-  
9 TION.—

10 “(i) OPTION TO PURCHASE SEPARATE  
11 COVERAGE OR PLAN.—Nothing in subpara-  
12 graph (A) shall be construed as prohibiting  
13 any individual from purchasing separate  
14 coverage for abortions described in such  
15 subparagraph, or a health plan that in-  
16 cludes such abortions, so long as no credit  
17 is allowed under this section with respect  
18 to the premiums for such coverage or plan.

19 “(ii) OPTION TO OFFER COVERAGE OR  
20 PLAN.—Nothing in subparagraph (A) shall  
21 restrict any health insurance issuer offer-  
22 ing a health plan from offering separate  
23 coverage for abortions described in such  
24 subparagraph, or a plan that includes such  
25 abortions, so long as premiums for such

1 separate coverage or plan are not paid for  
2 with any amount attributable to the credit  
3 allowed under this section (or the amount  
4 of any advance payment of the credit  
5 under section 1412 of the Patient Protec-  
6 tion and Affordable Care Act).

7 “(iii) OTHER TREATMENTS.—The  
8 treatment of any infection, injury, disease,  
9 or disorder that has been caused by or ex-  
10 acerbated by the performance of an abor-  
11 tion shall not be treated as an abortion for  
12 purposes of subparagraph (A).”.

13 (d) CONFORMING AMENDMENTS RELATED TO OFF-  
14 EXCHANGE COVERAGE.—

15 (1) ADVANCE PAYMENT NOT APPLICABLE.—

16 Section 1412 of the Patient Protection and Afford-  
17 able Care Act is amended by adding at the end the  
18 following new subsection:

19 “(f) EXCLUSION OF OFF-EXCHANGE COVERAGE.—  
20 Advance payments under this section, and advance deter-  
21 minations under section 1411, with respect to any credit  
22 allowed under section 36B shall not be made with respect  
23 to any health plan which is not enrolled in through an  
24 Exchange.”.

1           (2) REPORTING.—Section 6055(b) of the Inter-  
2           nal Revenue Code of 1986 is amended by adding at  
3           the end the following new paragraph:

4           “(3) INFORMATION RELATING TO OFF-EX-  
5           CHANGE PREMIUM CREDIT ELIGIBLE COVERAGE.—If  
6           minimum essential coverage provided to an indi-  
7           vidual under subsection (a) consists of a qualified  
8           health plan (as defined in section 36B(c)(3)) which  
9           is not enrolled in through an Exchange established  
10          under title I of the Patient Protection and Afford-  
11          able Care Act, a return described in this subsection  
12          shall include—

13                 “(A) a statement that such plan is a quali-  
14                 fied health plan (as defined in section  
15                 36B(c)(3)),

16                 “(B) the premiums paid with respect to  
17                 such coverage,

18                 “(C) the months during which such cov-  
19                 erage is provided to the individual,

20                 “(D) the adjusted monthly premium for  
21                 the applicable second lowest cost silver plan (as  
22                 defined in section 36B(b)(3)) for each such  
23                 month with respect to such individual, and

24                 “(E) such other information as the Sec-  
25                 retary may prescribe.”.

1 (3) OTHER CONFORMING AMENDMENTS.—

2 (A) Section 36B(b)(2)(A) of such Code is  
3 amended by striking “and which were enrolled”  
4 and all that follows and inserting “, or”.

5 (B) Section 36B(b)(3)(B)(i) of such Code  
6 is amended by striking “the same Exchange”  
7 and all that follows and inserting “the Ex-  
8 change through which such taxpayer is per-  
9 mitted to obtain coverage, and”.

10 (C) Section 36B(c)(2)(A)(i) of such Code  
11 is amended by striking “that was enrolled in  
12 through an Exchange established by the State  
13 under section 1311 of the Patient Protection  
14 and Affordable Care Act”.

15 (e) EFFECTIVE DATE.—

16 (1) IN GENERAL.—Except as otherwise pro-  
17 vided in this subsection, the amendments made by  
18 this subsection shall apply to taxable years begin-  
19 ning after December 31, 2018.

20 (2) ADVANCE PAYMENT NOT APPLICABLE TO  
21 OFF-EXCHANGE COVERAGE.—The amendment made  
22 by subsection (d)(1) shall take effect on January 1,  
23 2019.

1           (3) REPORTING.—The amendment made by  
2           subsection (d)(2) shall apply to coverage provided  
3           for months beginning after December 31, 2018.

4 **SEC. 2. ALLOWING ALL INDIVIDUALS PURCHASING HEALTH**  
5 **INSURANCE IN THE INDIVIDUAL MARKET**  
6 **THE OPTION TO PURCHASE A LOWER PRE-**  
7 **MIUM COPPER PLAN.**

8           (a) IN GENERAL.—Section 1302(e) of the Patient  
9 Protection and Affordable Care Act (42 U.S.C. 18022(e))  
10 is amended—

11           (1) in paragraph (1)—

12                   (A) by redesignating clauses (i) and (ii) of  
13 subparagraph (B) as subparagraphs (A) and  
14 (B), respectively, and adjusting the margins ac-  
15 cordingly;

16                   (B) by striking “plan year if—” and all  
17 that follows through “the plan provides—” and  
18 inserting “plan year if the plan provides—”;  
19 and

20                   (C) in subparagraph (A), as redesignated  
21 by paragraph (1), by striking “clause (ii)” and  
22 inserting “subparagraph (B)”;

23           (2) by striking paragraph (2); and

24           (3) by redesignating paragraph (3) as para-  
25 graph (2).



1           (b) RISK POOLS.—Section 1312(c)(1) of the Patient  
2 Protection and Affordable Care Act (42 U.S.C.  
3 18032(c)(1)) is amended by inserting “and enrollees in  
4 catastrophic plans described in section 1302(e)” after  
5 “Exchange”.

6           (c) CONFORMING AMENDMENT.—Section  
7 1312(d)(3)(C) of the Patient Protection and Affordable  
8 Care Act (42 U.S.C. 18032(d)(3)(C)) is amended by strik-  
9 ing “, except that in the case of a catastrophic plan de-  
10 scribed in section 1302(e), a qualified individual may en-  
11 roll in the plan only if the individual is eligible to enroll  
12 in the plan under section 1302(e)(2)”.

13           (d) EFFECTIVE DATE.—The amendments made by  
14 this section shall apply to plan years beginning after De-  
15 cember 31, 2018.

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