

113TH CONGRESS
1ST SESSION

H. R. 1076

To amend the Patient Protection and Affordable Care Act to provide for savings to the Federal Government by permitting pass-through funding for State authorized public entity health benefits pools.

IN THE HOUSE OF REPRESENTATIVES

MARCH 12, 2013

Mr. HALL (for himself and Mr. THORNBERRY) 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

A BILL

To amend the Patient Protection and Affordable Care Act to provide for savings to the Federal Government by permitting pass-through funding for State authorized public entity health benefits pools.

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

3 **SECTION 1. SAVINGS FROM STATE AUTHORIZED PUBLIC**
4 **ENTITY HEALTH BENEFITS POOLS.**

5 The Patient Protection and Affordable Care Act
6 (Public Law 111–148) is amended by inserting after sec-
7 tion 1332 (42 U.S.C. 18052) the following new section

1 (and inserting a corresponding item in the table of con-
2 tents of the Act):

3 **“SEC. 1332A. SAVINGS FROM STATE AUTHORIZED PUBLIC**
4 **ENTITY BENEFITS POOLS.**

5 “(a) APPLICATION.—

6 “(1) IN GENERAL.—A State authorized public
7 entity health benefits pool (in this section referred to
8 as a ‘pool’) may apply to the Secretary for a pass
9 through of funding described in subsection (b) with
10 respect to health care benefits provided through that
11 pool for coverage years beginning on or after Janu-
12 ary 1, 2014.

13 “(2) APPROVAL OF APPLICATION.—The Sec-
14 retary shall approve such an application of a pool if
15 the Secretary determines that health care benefits
16 provided through the pool—

17 “(A) will provide coverage that is at least
18 as comprehensive as the coverage defined in
19 section 1302(b);

20 “(B) will provide coverage and cost sharing
21 protections against excessive out-of-pocket
22 spending that are at least as affordable as the
23 provisions of this title would provide; and

24 “(C) will result in cost savings to the Fed-
25 eral Government because the cost of providing

1 health care benefits to individuals through the
2 pool will be less than the cost of providing
3 health care benefits to such individuals had
4 they become participants in a qualified health
5 plan offered through an Exchange, and so the
6 payment amount under subsection (b) will be
7 less than the total of premium tax credits, cost-
8 sharing reductions, or small business credits
9 that would otherwise be required if individuals
10 and small employers in the pool were instead
11 participants in an Exchange.

12 “(3) CONSIDERATION.—Not later than 90 days
13 after the date of the enactment of this section, the
14 Secretary shall promulgate regulations relating to
15 pass through of funding under this section. The Sec-
16 retary shall begin accepting applications under this
17 section no later than 180 days after such date of en-
18 actment.

19 “(4) ADDITIONAL CONSEQUENCES OF AP-
20 PROVAL.—An individual receiving health care bene-
21 fits through such a pool for which such an applica-
22 tion is approved under this section shall be treated,
23 for purposes of section 5000A of the Internal Rev-
24 enue Code of 1986, as being covered under min-

1 imum essential coverage described in subsection
2 (f)(1)(E) of such section.

3 “(b) PASS THROUGH OF FUNDING.—

4 “(1) IN GENERAL.—With respect to a pool ap-
5 plication under subsection (a)(1), under which indi-
6 viduals and small employers in the pool would not
7 qualify for the premium tax credits, cost-sharing re-
8 ductions, or small business credits under sections
9 36B or 45R of the Internal Revenue Code of 1986
10 for which they would otherwise be eligible if they
11 had entered an Exchange, the Secretary shall pro-
12 vide for an alternative means by which an aggregate
13 amount determined under paragraph (2) shall be
14 paid to the pool for purposes of implementing the
15 application.

16 “(2) PAYMENT DETERMINATION.—The amount
17 to be paid under paragraph (1) shall be deter-
18 mined—

19 “(A) based on the sum of premium tax
20 credits, cost-sharing reductions, and small busi-
21 ness credits under sections 36B or 45R of the
22 Internal Revenue Code of 1986 that would have
23 been provided with respect to individuals in the
24 pool had the health care benefits provided by
25 the pool been a qualified health plan offered in

1 an Exchange, but taking into account the lower
2 cost of providing health care benefits to individ-
3 uals through the pool; and

4 “(B) annually by the Secretary, taking into
5 consideration the experience of individuals and
6 small employers participating in Exchanges.

7 “(c) TIMELY DETERMINATION BY SECRETARY.—The
8 Secretary shall make a determination under subsection
9 (a)(1) with respect to the application of a pool not later
10 than 180 days after the date of receipt of such application,
11 and shall notify the pool involved of such determination.

12 “(d) DEFINITIONS.—In this section:

13 “(1) The term ‘public entity’ means a county,
14 municipality, special district, school district, junior
15 college district, housing authority, or other political
16 subdivision or public entity defined under State law.

17 “(2) The term ‘State authorized public entity
18 health benefits pool’ means a risk pool authorized or
19 permitted by State statute or otherwise regulated by
20 a State agency under which—

21 “(A) a public entity or group of public en-
22 tities, directly or through a pool, provide health
23 care benefits primarily for public entity offi-
24 cials, employees, and retirees and their depend-
25 ents; and officials, employees, and retirees and

1 dependents of affiliated service contractors of
2 such public entities; and

3 “(B) such pool may provide health care
4 benefits from the assets of the pool or its mem-
5 ber public entities through any combination of
6 self-funded arrangements or fully insured prod-
7 ucts.

8 “(3) The term ‘affiliated service contractor’
9 means an organization that provides governmental
10 or quasi-governmental services on behalf of a public
11 entity when such contractor is eligible to obtain
12 health care benefits through a state authorized pub-
13 lic entity health benefits pool for its officials, em-
14 ployees, retirees and their dependents.”.

○