

113TH CONGRESS
1ST SESSION

H. R. 3450

To amend the Patient Protection and Affordable Care Act to allow individuals to opt out of the minimum required health benefits by permitting health insurance issuers to offer qualified health plans that offer alternative benefits to the minimum essential health benefits otherwise required, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 12, 2013

Mrs. ELLMERS 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 allow individuals to opt out of the minimum required health benefits by permitting health insurance issuers to offer qualified health plans that offer alternative benefits to the minimum essential health benefits otherwise required, and for other purposes.

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. SHORT TITLE.**

2 This Act may be cited as the “Health Insurance
3 Freedom Act of 2013”.

4 **SEC. 2. PERMITTING HEALTH INSURANCE ISSUERS TO**
5 **OFFER QUALIFIED HEALTH PLANS WITH AL-**
6 **TERNATIVE HEALTH BENEFITS SO INDIVID-**
7 **UALS CAN OPT OUT OF MINIMUM ESSENTIAL**
8 **HEALTH BENEFITS.**

9 (a) IN GENERAL.—Section 1301 of the Patient Pro-
10 tection and Affordable Care Act (42 U.S.C. 18021) is
11 amended—

12 (1) in subsection (a)(1)(B), by inserting “sub-
13 ject to paragraph (3),” after “(B)”; and

14 (2) by adding at the end the following new
15 paragraph:

16 “(3) PERMITTING ALTERNATIVE BENEFITS.—

17 “(A) IN GENERAL.—Notwithstanding sub-
18 section (a)(1)(B) or any other provision of this
19 Act, a health insurance issuer may offer, both
20 through an Exchange and outside of an Ex-
21 change, health insurance coverage that—

22 “(i) provides the essential health bene-
23 fits package described in subsection (a) of
24 section 1302, other than the minimum
25 benefits required under subsection (b) of
26 such section and the level of coverage re-

quired under subsection (c) of such section; and

“(ii) meets such Federal and State benefit requirements as otherwise applied as of October 1, 2013, in the State in which the coverage is offered.

“(B) TREATMENT.—

“(i) IN GENERAL.—Except as provided in paragraph (2), health insurance coverage that is offered under paragraph (1) shall be treated as a qualified health plan for purposes of this Act (and the amendments made by this Act), including constituting minimum essential coverage for purposes of section 5000A(f)(1) of the Internal Revenue Code of 1986.

“(ii) NOT ELIGIBLE FOR SUBSIDIES; NOT TREATED AS A BRONZE, SILVER, GOLD, OR PLATINUM PLAN.—Such health insurance coverage shall not—

“(I) be treated as a qualified health plan for purposes of applying section 36B of the Internal Revenue Code of 1986 and section 1402 of this Act; and

1 “(II) be treated as a bronze, sil-
2 ver, gold, or platinum plan or be
3 taken into account in applying section
4 36B(b)(3)(B) of such Code.”.

5 (b) EFFECTIVE DATE.—The amendments made by
6 subsection (a) shall be effective as if included in the enact-
7 ment of the Patient Protection and Affordable Care Act.

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