

115TH CONGRESS
1ST SESSION

H. R. 2404

To amend titles XVIII and XIX of the Social Security Act to make improvements to the treatment of the United States territories under the Medicare and Medicaid programs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 8, 2017

Ms. PLASKETT (for herself, Ms. BORDALLO, Mrs. RADEWAGEN, Mr. SERRANO, and Ms. VELÁZQUEZ) 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 titles XVIII and XIX of the Social Security Act to make improvements to the treatment of the United States territories under the Medicare and Medicaid programs, 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,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Improving the Treatment of the U.S. Territories Under
6 Federal Health Programs Act of 2017”.

1 (b) TABLE OF CONTENTS.—The table of contents of
 2 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—MEDICAID

Sec. 101. Elimination of general Medicaid funding limitations (“cap”) for territories.

Sec. 102. Elimination of specific Federal medical assistance percentage (FMAP) limitation for territories.

Sec. 103. Application of Medicaid waiver authority to all of the territories.

Sec. 104. Permitting Medicaid DSH allotments for territories.

TITLE II—MEDICARE

Subtitle A—Part A

Sec. 201. Calculation of Medicare DSH payments for IPPS hospitals in Puerto Rico.

Sec. 202. Rebasing target amount for hospitals in territories.

Sec. 203. Medicare DSH target adjustment for hospitals in territories.

Subtitle B—Part B

Sec. 211. Application of part B deemed enrollment process to residents of Puerto Rico; special enrollment period and limit on late enrollment penalties.

Subtitle C—Medicare Advantage (Part C)

Sec. 221. Adjustment in benchmark for low-base payment counties in Puerto Rico.

Subtitle D—Part D

Sec. 231. Improved use of allocated prescription drug funds by territories.

Sec. 232. Report on treatment of territories under Medicare part D.

TITLE III—MISCELLANEOUS

Sec. 301. Modified treatment of territories with respect to application of ACA annual health insurance provider fees.

Sec. 302. Medicaid and CHIP territory transparency and information.

Sec. 303. Report on exclusion of territories from Exchanges.

3 **TITLE I—MEDICAID**

4 **SEC. 101. ELIMINATION OF GENERAL MEDICAID FUNDING**

5 **LIMITATIONS (“CAP”) FOR TERRITORIES.**

6 (a) IN GENERAL.—Section 1108 of the Social Security Act (42 U.S.C. 1308) is amended—
 7

1 (1) in subsection (f), in the matter before para-
 2 graph (1), by striking “subsection (g)” and inserting
 3 “subsections (g) and (h)”;

4 (2) in subsection (g)(2), in the matter before
 5 subparagraph (A), by inserting “and subsection (h)”
 6 after “paragraphs (3) and (5)”;

7 (3) by adding at the end the following new sub-
 8 section:

9 “(h) SUNSET OF MEDICAID FUNDING LIMITATIONS
 10 FOR PUERTO RICO, THE VIRGIN ISLANDS OF THE
 11 UNITED STATES, GUAM, THE NORTHERN MARIANA IS-
 12 LANDS, AND AMERICAN SAMOA.—Subsections (f) and (g)
 13 shall not apply to Puerto Rico, the Virgin Islands of the
 14 United States, Guam, the Northern Mariana Islands, and
 15 American Samoa beginning with fiscal year 2019.”.

16 (b) CONFORMING AMENDMENTS.—

17 (1) Section 1902(j) of the Social Security Act
 18 (42 U.S.C. 1396a(j)) is amended by striking “, the
 19 limitation in section 1108(f),”.

20 (2) Section 1903(u) of the Social Security Act
 21 (42 U.S.C. 1396b(u)) is amended by striking para-
 22 graph (4).

23 (3) Section 1323(c)(1) of the Patient Protection
 24 and Affordable Care Act (42 U.S.C. 18043(c)(1)) is
 25 amended by striking “2019” and inserting “2018”.

1 (c) EFFECTIVE DATE.—The amendments made by
2 this section shall apply beginning with fiscal year 2019.

3 **SEC. 102. ELIMINATION OF SPECIFIC FEDERAL MEDICAL**
4 **ASSISTANCE PERCENTAGE (FMAP) LIMITA-**
5 **TION FOR TERRITORIES.**

6 Section 1905(b) of the Social Security Act (42 U.S.C.
7 1396d(b)) is amended, in clause (2), by inserting “for fis-
8 cal years before fiscal year 2019” after “American
9 Samoa”.

10 **SEC. 103. APPLICATION OF MEDICAID WAIVER AUTHORITY**
11 **TO ALL OF THE TERRITORIES.**

12 (a) IN GENERAL.—Section 1902(j) of the Social Se-
13 curity Act (42 U.S.C. 1396a(j)) is amended—

14 (1) by striking “American Samoa and the
15 Northern Mariana Islands” and inserting “Puerto
16 Rico, the Virgin Islands of the United States, Guam,
17 the Northern Mariana Islands, and American
18 Samoa”;

19 (2) by striking “American Samoa or the North-
20 ern Mariana Islands” and inserting “Puerto Rico,
21 the Virgin Islands of the United States, Guam, the
22 Northern Mariana Islands, or American Samoa”;

23 (3) by inserting “(1)” after “(j)”;

1 (4) by inserting “except as otherwise provided
2 in this subsection,” after “Notwithstanding any
3 other requirement of this title”; and

4 (5) by adding at the end the following:

5 “(2) The Secretary may not waive under this sub-
6 section the requirement of subsection (a)(10)(A)(i)(IX)
7 (relating to coverage of adults formerly under foster care)
8 with respect to any territory.”.

9 (b) EFFECTIVE DATE.—The amendments made by
10 this section shall apply beginning October 1, 2018.

11 **SEC. 104. PERMITTING MEDICAID DSH ALLOTMENTS FOR**
12 **TERRITORIES.**

13 Section 1923(f) of the Social Security Act (42 U.S.C.
14 1396) is amended—

15 (1) in paragraph (6), by adding at the end the
16 following new subparagraph:

17 “(C) TERRITORIES.—

18 “(i) FISCAL YEAR 2019.—For fiscal
19 year 2019, the DSH allotment for Puerto
20 Rico, the Virgin Islands of the United
21 States, Guam, the Northern Mariana Is-
22 lands, and American Samoa shall bear the
23 same ratio to \$150,000,000 as the ratio of
24 the number of individuals who are low-in-
25 come or uninsured and residing in such re-

spective territory (as estimated from time to time by the Secretary) bears to the sums of the number of such individuals residing in all of the territories.

“(ii) SUBSEQUENT FISCAL YEAR.— For each subsequent fiscal year, the DSH allotment for each such territory is subject to an increase in accordance with paragraph (2).”; and

(2) in paragraph (9), by inserting before the period at the end the following: “, and includes, beginning with fiscal year 2019, Puerto Rico, the Virgin Islands of the United States, Guam, the Northern Mariana Islands, and American Samoa”.

TITLE II—MEDICARE

Subtitle A—Part A

SEC. 201. CALCULATION OF MEDICARE DSH PAYMENTS FOR IPPS HOSPITALS IN PUERTO RICO.

Section 1886(d)(9)(D)(iii) of the Social Security Act (42 U.S.C. 1395ww(d)(9)(D)(iii)) is amended to read as follows:

“(iii) Subparagraph (F) (relating to disproportionate share payments), including application of subsection (r), except that for this purpose—

1 “(I) the sum described in clause (ii) of this
2 subparagraph shall be substituted for the sum
3 referred to in paragraph (5)(F)(ii)(I); and

4 “(II) for discharges occurring on or after
5 October 1, 2017, subclause (I) of paragraph
6 (5)(F)(vi) shall be applied by substituting for
7 the numerator described in such subclause the
8 number of subsection (d) Puerto Rico hospital’s
9 patient days for the cost reporting period in-
10 volved which were made up of patients who (for
11 such days) were entitled to benefits under part
12 A of this title and were—

13 “(aa) entitled to supplementary secu-
14 rity income benefits (excluding any State
15 supplementation) under title XVI of this
16 Act;

17 “(bb) eligible for medical assistance
18 under a State plan under title XIX; or

19 “(cc) receiving aid or assistance under
20 any plan of the State approved under title
21 I, X, XIV, or XVI.”.

1 **SEC. 202. REBASING TARGET AMOUNT FOR HOSPITALS IN**
2 **TERRITORIES.**

3 Section 1886(b)(3) of the Social Security Act (42
4 U.S.C. 1395ww(b)(3)) is amended by adding at the end
5 the following new subparagraph:

6 “(M)(i) For each cost reporting period be-
7 ginning on or after October 1, 2017, in the case
8 of a hospital located in a territory of the United
9 States, there shall be substituted for the target
10 amount otherwise determined under subpara-
11 graph (A) the rebased target amount (as de-
12 fined in clause (ii)), if such substitution results
13 in an amount of payment under this section to
14 the hospital for such period that is greater than
15 the amount of payment that would be made
16 under this section to the hospital for such pe-
17 riod if this subparagraph were not to apply.

18 “(ii) For purposes of this subparagraph,
19 the term ‘rebased target amount’ has the mean-
20 ing given the term ‘target amount’ in subpara-
21 graph (A), except that—

22 “(I) there shall be substituted for the
23 base cost reporting period the 12-month
24 cost reporting period beginning during fis-
25 cal year 2015;

1 “(II) any reference in subparagraph
 2 (A)(i) to the ‘first such cost reporting pe-
 3 riod’ is deemed a reference to the first cost
 4 reporting period beginning on or after Oc-
 5 tober 1, 2017; and

6 “(III) the applicable percentage in-
 7 crease shall only be applied under subpara-
 8 graph (B)(ii) for cost reporting periods be-
 9 ginning on or after October 1, 2017.

10 “(iii) Nothing in this subparagraph shall
 11 affect any rebasing request by a hospital for
 12 any cost reporting period beginning during a
 13 fiscal year before fiscal year 2015.”.

14 **SEC. 203. MEDICARE DSH TARGET ADJUSTMENT FOR HOS-**
 15 **PITALS IN TERRITORIES.**

16 Section 1886(b)(3) of the Social Security Act (42
 17 U.S.C. 1395ww(b)(3)), as amended by section 202, is fur-
 18 ther amended by adding at the end the following new sub-
 19 paragraph:

20 “(N)(i) For each cost reporting period be-
 21 ginning on or after October 1, 2017, in the case
 22 of a hospital that is located in a territory of the
 23 United States other than Puerto Rico and that
 24 would be a subsection (d) hospital if it were lo-

1 cated in one of the 50 States, the target
2 amount shall be increased by—

3 “(I) in the case that such hospital has
4 a disproportionate patient percentage of
5 not less than 15 percent and not greater
6 than 40 percent, 10 percent; and

7 “(II) in the case that such hospital
8 has a disproportionate patient percentage
9 of greater than 40 percent, 10 percent plus
10 60 percent of the number of percentage
11 points by which such hospital’s dispropor-
12 tionate patient percentage exceeds 40 per-
13 cent.

14 “(ii) For purposes of this subparagraph,
15 the term ‘disproportionate patient percentage’
16 has the meaning given such term in subsection
17 (d)(5)(F)(vi), except that in applying such
18 meaning any reference under such subsection to
19 individuals entitled to supplementary security
20 income under title XVI shall be deemed for pur-
21 poses of this subparagraph to include individ-
22 uals—

23 “(I) eligible for medical assistance
24 under a State plan under title XIX; or

1 “(II) receiving aid or assistance under
 2 any plan of the territory approved under
 3 title I, X, XIV, or XVI.”.

4 **Subtitle B—Part B**

5 **SEC. 211. APPLICATION OF PART B DEEMED ENROLLMENT**

6 **PROCESS TO RESIDENTS OF PUERTO RICO;**

7 **SPECIAL ENROLLMENT PERIOD AND LIMIT**

8 **ON LATE ENROLLMENT PENALTIES.**

9 (a) APPLICATION OF PART B DEEMED ENROLLMENT
 10 PROCESS TO RESIDENTS OF PUERTO RICO.—Section
 11 1837(f)(3) of the Social Security Act (42 U.S.C.
 12 1395p(f)(3)) is amended by striking “, exclusive of Puerto
 13 Rico”.

14 (b) EFFECTIVE DATE.—The amendment made by
 15 subsection (a) shall apply to individuals whose initial en-
 16 rollment period under section 1837(d) of the Social Secu-
 17 rity Act begins on or after the first day of the effective
 18 month, specified by the Secretary of Health and Human
 19 Services under section 1839(j)(1)(C) of such Act, as added
 20 by subsection (c)(2).

21 (c) TRANSITION PROVIDING SPECIAL ENROLLMENT
 22 PERIOD AND LIMIT ON LATE ENROLLMENT PENALTIES
 23 FOR CERTAIN MEDICARE BENEFICIARIES.—Section 1839
 24 of the Social Security Act (42 U.S.C. 1395r) is amend-
 25 ed—

1 (1) in the first sentence of subsection (b), by in-
2 serting “subject to section 1839(j)(2),” after “sub-
3 section (i)(4) or (l) of section 1837,”; and

4 (2) by adding at the end the following new sub-
5 section:

6 “(j) SPECIAL RULES FOR CERTAIN RESIDENTS OF
7 PUERTO RICO.—

8 “(1) SPECIAL ENROLLMENT PERIOD, COVERAGE
9 PERIOD FOR RESIDENTS WHO ARE ELIGIBLE BUT
10 NOT ENROLLED.—

11 “(A) IN GENERAL.—In the case of a tran-
12 sition individual (as defined in paragraph (3))
13 who is not enrolled under this part as of the
14 day before the first day of the effective month
15 (as defined in subparagraph (C)), the Secretary
16 shall provide for a special enrollment period
17 under section 1837 of 7 months beginning with
18 such effective month during which the indi-
19 vidual may be enrolled under this part.

20 “(B) COVERAGE PERIOD.—In the case of
21 such an individual who enrolls during such spe-
22 cial enrollment period, the coverage period
23 under section 1838 shall begin on the first day
24 of the second month after the month in which
25 the individual enrolls.

1 “(C) EFFECTIVE MONTH DEFINED.—In
2 this section, the term ‘effective month’ means a
3 month, not earlier than October 2018 and not
4 later than January 2019, specified by the Sec-
5 retary.

6 “(2) REDUCTION IN LATE ENROLLMENT PEN-
7 ALTIES FOR CURRENT ENROLLEES AND INDIVID-
8 UALS ENROLLING DURING TRANSITION.—

9 “(A) IN GENERAL.—In the case of a tran-
10 sition individual who is enrolled under this part
11 as of the day before the first day of the effec-
12 tive month or who enrolls under this part on or
13 after the date of the enactment of this sub-
14 section but before the end of the special enroll-
15 ment period under paragraph (1)(A), the
16 amount of the late enrollment penalty imposed
17 under section 1839(b) shall be recalculated by
18 reducing the penalty to 15 percent of the pen-
19 alty otherwise established.

20 “(B) APPLICATION.—Subparagraph (A)
21 shall be applied in the case of a transition indi-
22 vidual who—

23 “(i) is enrolled under this part as of
24 the month before the effective month, for

1 premiums for months beginning with such
2 effective month; or

3 “(ii) enrolls under this part on or
4 after the date of the enactment of this Act
5 and before the end of the special enroll-
6 ment period under paragraph (1)(A), for
7 premiums for months during the coverage
8 period under this part which occur during
9 or after the effective month.

10 “(C) LOSS OF REDUCTION IF INDIVIDUAL
11 TERMINATES ENROLLMENT.—Subparagraph
12 (A) shall not apply to a transition individual if
13 the individual terminates enrollment under this
14 part after the end of the special enrollment pe-
15 riod under paragraph (1).

16 “(3) TRANSITION INDIVIDUAL DEFINED.—In
17 this section, the term ‘transition individual’ means
18 an individual who resides in Puerto Rico and who
19 would have been deemed enrolled under this part
20 pursuant to section 1837(f) before the first day of
21 the effective month but for the fact that the indi-
22 vidual was a resident of Puerto Rico, regardless of
23 whether the individual is enrolled under this part as
24 of such first day.”.

Subtitle C—Medicare Advantage
(Part C)

SEC. 221. ADJUSTMENT IN BENCHMARK FOR LOW-BASE
PAYMENT COUNTIES IN PUERTO RICO.

Section 1853(n) of the Social Security Act (42 U.S.C. 1395w–103(n)) is amended—

(1) in paragraph (1), by striking “and (5)” and inserting “, (5), and (6)”;

(2) in paragraph (4), by striking “In no case” and inserting “Subject to paragraph (6), in no case”; and

(3) by adding at the end the following new paragraph:

“(6) SPECIAL RULES FOR BLENDED BENCHMARK AMOUNT FOR TERRITORIES.—

“(A) IN GENERAL.—Subject to paragraph (2), the blended benchmark amount for an area in a territory for a year (beginning with 2018) shall not be less than 80 percent of the national average of the base payment amounts specified in subparagraph (2)(E) for such year for areas within the 50 States and the District of Columbia.

“(B) LIMITATION.—In no case shall the blended benchmark amount for an area in a

territory for a year under subparagraph (A) exceed the lowest blended benchmark amount for any area within the 50 States and the District of Columbia for such year.”.

Subtitle D—Part D

SEC. 231. IMPROVED USE OF ALLOCATED PRESCRIPTION DRUG FUNDS BY TERRITORIES.

Section 1935(e) of the Social Security Act (42 U.S.C. 1396u–5(e)) is amended by adding at the end the following new paragraph:

“(5) IMPROVED USE OF FUNDS FOR LOW-INCOME PART D ELIGIBLE INDIVIDUALS.—This subsection shall be applied beginning with fiscal year 2018 as follows, notwithstanding any other provision of this title:

“(A) CLARIFYING STATE FLEXIBILITY TO COVER NON-DUAL-ELIGIBLE INDIVIDUALS.—In this title, the term ‘medical assistance’ includes financial assistance furnished by a State under this subsection to part D eligible individuals who, if they were residing in one of the 50 States or the District of Columbia, would qualify as subsidy eligible individuals under section 1860D–14(a)(3), and without regard to wheth-

1 er such individuals otherwise qualify for medical
2 assistance under this title.

3 “(B) 100 PERCENT FMAP TO REFLECT NO
4 STATE MATCHING REQUIRED FOR PART D LOW
5 INCOME SUBSIDIES.—The Federal medical as-
6 sistance percentage applicable to the assistance
7 furnished under this subsection is 100 percent.

8 “(C) LIMITED FUNDING FOR SPECIAL
9 RULES.—Subparagraphs (A) and (B), and the
10 provision of medical assistance for covered part
11 D drugs to low-income part D eligible individ-
12 uals for a State and period under this sub-
13 section, is limited to the amount specified in
14 paragraph (3) for such State and period, with-
15 out regard to the application of subsection (f)
16 or (g) of section 1108.”.

17 **SEC. 232. REPORT ON TREATMENT OF TERRITORIES**
18 **UNDER MEDICARE PART D.**

19 Paragraph (4) of section 1935(e) of the Social Secu-
20 rity Act (42 U.S.C. 1396u–5(e)) is amended to read as
21 follows:

22 “(4) REPORT ON APPLICATION OF SUB-
23 SECTION.—

24 “(A) IN GENERAL.—Not later than Feb-
25 ruary 1, 2020, the Secretary shall submit to

1 Congress a report on the application of this
2 subsection during the period beginning fiscal
3 year 2006 and ending fiscal year 2019.

4 “(B) INFORMATION TO BE INCLUDED IN
5 REPORT.—Such report shall include—

6 “(i) program guidance issued by the
7 Secretary to implement this subsection;

8 “(ii) for each territory, information on
9 the increased amount under paragraph (3)
10 and how the territory has applied such
11 amount, including the territory’s program
12 design, expenditures, and number of indi-
13 viduals (and dual-eligible individuals) as-
14 sisted; and

15 “(iii) differences between how such
16 territories are treated under part D of title
17 XVIII and under this title compared with
18 the treatment of the 50 States and the
19 District of Columbia under such part and
20 this title for different fiscal years within
21 the period covered under the report.

22 “(C) RECOMMENDATIONS.—Such report
23 shall include recommendations for improving
24 prescription drug coverage for low-income indi-
25 viduals in each territory, including rec-

ommendations regarding each of the following
alternative approaches:

“(i) Adjusting the aggregate amount
specified in paragraph (3)(B).

“(ii) Allowing residents of the terri-
tories to be subsidy eligible individuals
under section 1860D–14, notwithstanding
subsection (a)(3)(F) of such section, or
providing substantially equivalent low-in-
come prescription drug subsidies to such
residents.”.

TITLE III—MISCELLANEOUS

SEC. 301. MODIFIED TREATMENT OF TERRITORIES WITH RESPECT TO APPLICATION OF ACA ANNUAL HEALTH INSURANCE PROVIDER FEES.

Section 9010 of the Patient Protection and Afford-
able Care Act (26 U.S.C. 4001 note prec.) is amended—

(1) in subsection (b)(1), by inserting “subject
to subsection (j)(1),” after “With respect to each
covered entity,”; and

(2) by striking subsection (j) and inserting the
following:

“(j) SPECIAL RULES FOR TREATMENT OF TERRI-
TORIES.—

1 “(1) IN GENERAL.—In applying this section
2 with respect to United States health risks located
3 outside of the 50 States or the District of Columbia
4 for years beginning with 2018—

5 “(A) the amount of the fee under sub-
6 section (b) shall be 50 percent of the amount
7 of the fee otherwise determined;

8 “(B) the Secretary shall deposit the
9 amount of such fees collected for each territory
10 into a separate account; and

11 “(C) amounts in such an account for a ter-
12 ritory for a year are appropriated and shall be
13 available to the territory in accordance with
14 paragraph (2).

15 “(2) AVAILABILITY OF FUNDS.—Amounts made
16 available to a territory under paragraph (1)(C) with
17 respect to a territory for a year shall be made avail-
18 able to the territory, upon application of the terri-
19 tory to the Secretary of Health and Human Serv-
20 ices, only for the following purposes, as elected by
21 the territory in such application:

22 “(A) INCREASED PRESCRIPTION DRUG AS-
23 SISTANCE FOR LOW-INCOME PART D ELIGIBLE
24 INDIVIDUALS.—For increasing the amount of
25 funds made available to the territory under sec-

tion 1935(e)(3) of the Social Security Act (42 U.S.C. 1396u–5(e)(3)) for assistance for low-income part D eligible individuals in obtaining part D covered drugs.

“(B) SATISFYING STATE MEDICAID MATCHING REQUIREMENT.—For purposes of the territory meeting non-Federal matching requirements imposed with respect to obtaining Federal financial participation under title XIX of the Social Security Act.”.

**SEC. 302. MEDICAID AND CHIP TERRITORY TRANSPARENCY
AND INFORMATION.**

(a) PUBLICATION OF INFORMATION ON FEDERAL EXPENDITURES UNDER MEDICAID AND CHIP IN THE TERRITORIES.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Health and Human Services shall publish, and periodically update, on the Internet site of the Centers for Medicare & Medicaid Services information on Medicaid and CHIP carried out in the territories of the United States. Such information shall include, with respect to each such territory—

(1) the income levels established by the territory for purposes of eligibility of an individual to receive medical assistance under Medicaid or child health assistance under CHIP;

1 (2) the number of individuals enrolled in Med-
2 icaid and CHIP in such territory;

3 (3) any State plan amendments in effect to
4 carry out Medicaid or CHIP in such territory;

5 (4) any waiver of the requirements of title XIX
6 or title XXI issued by the Secretary to carry out
7 Medicaid or CHIP in the territory, including a waiv-
8 er under section 1115 of the Social Security Act (42
9 U.S.C. 1315), any application for such a waiver, and
10 any documentation related to such application (in-
11 cluding correspondence);

12 (5) the amount of the Federal and non-Federal
13 share of expenditures under Medicaid and CHIP in
14 such territory;

15 (6) the systems in place for the furnishing of
16 health care items and services under Medicaid and
17 CHIP in such territory;

18 (7) the design of CHIP in such territory; and

19 (8) other information regarding the carrying
20 out of Medicaid and CHIP in the territory that is
21 published on such Internet site with respect to car-
22 rying out Medicaid and CHIP in each State and the
23 District of Columbia.

24 (b) DEFINITIONS.—In this section:

1 (1) CHIP.—The term “CHIP” means the
2 State Children’s Health Insurance Program under
3 title XXI of the Social Security Act.

4 (2) MEDICAID.—The term “Medicaid” means
5 the Medicaid program under title XIX of the Social
6 Security Act.

7 (3) TERRITORY.—The term “territory of the
8 United States” includes Puerto Rico, the Virgin Is-
9 lands of the United States, Guam, the Northern
10 Mariana Islands, and American Samoa.

11 **SEC. 303. REPORT ON EXCLUSION OF TERRITORIES FROM**
12 **EXCHANGES.**

13 (a) IN GENERAL.—Not later than February 1, 2020,
14 the Secretary of Health and Human Services shall submit
15 to Congress a report that details the adverse impacts in
16 each territory from the practical exclusion of the terri-
17 tories from the provisions of part II of subtitle D of title
18 I of the Patient Protection and Affordable Care Act inso-
19 far as such provisions provide for the establishment of an
20 American Health Benefit Exchange or the administration
21 of a federally facilitated Exchange in each State and in
22 the District of Columbia for the purpose of making health
23 insurance more affordable and accessible for individuals
24 and small businesses.

1 (b) INFORMATION IN REPORT.—The report shall in-
2 clude information on the following:

3 (1) An estimate of the total number of unin-
4 sured and underinsured individuals residing in each
5 territory with respect to health insurance coverage.

6 (2) A description of the number of health insur-
7 ance issuers in each territory and the health insur-
8 ance plans these issuers offer.

9 (3) An estimate of the number of individuals re-
10 siding in each territory who are denied premium and
11 cost-sharing assistance that would otherwise be
12 available to them for obtaining health insurance cov-
13 erage through an Exchange if they resided in one of
14 the 50 States or in the District of Columbia.

15 (4) An estimate of the amount of Federal as-
16 sistance described in paragraph (3) that is not being
17 made available to residents of each territory.

18 (5) An estimate of the number of small employ-
19 ers in each territory that would be eligible to pur-
20 chase health insurance coverage through a Small
21 Business Health Options Program (SHOP) Market-
22 place that would operate as part of an Exchange if
23 the employers were in one of the 50 States or in the
24 District of Columbia.

○