

115TH CONGRESS
2D SESSION

H. R. 6117

To provide for the establishment of Medicare part E public health plans,
and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 14, 2018

Mr. RICHMOND (for himself, Mr. HUFFMAN, Mr. LOWENTHAL, Mr. JEFFRIES, Ms. EDDIE BERNICE JOHNSON of Texas, and Mr. DESAULNIER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and the Workforce, 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 provide for the establishment of Medicare part E public
health plans, 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.**

4 This Act may be cited as the “Choose Medicare Act”.

5 **SEC. 2. PUBLIC HEALTH PLAN.**

6 The Social Security Act is amended by adding at the
7 end the following:

1 “TITLE XXII—MEDICARE PART E PUBLIC HEALTH PLANS

2 “SEC. 2201. PUBLIC HEALTH PLANS.—

3 “(a) ESTABLISHMENT.—The Secretary shall estab-
4 lish public health plans (to be known as ‘Medicare part
5 E plans’) that are available in the individual market, small
6 group market, and large group market.

7 “(b) BENEFITS.—

8 “(1) IN GENERAL.—Each Medicare part E
9 plan, regardless of whether the plan is offered in the
10 individual market, small group market, or large
11 group market, shall be a qualified health plan within
12 the meaning of section 1301(a) of the Patient Pro-
13 tection and Affordable Care Act (42 U.S.C.
14 18021(a)) that—

15 “(A) meets all requirements applicable to
16 qualified health plans under subtitle D of title
17 I of the Patient Protection and Affordable Care
18 Act (42 U.S.C. 18021 et seq.) (other than the
19 requirement under section 1301(a)(1)(C)(ii) of
20 such Act) and title XXVII of the Public Health
21 Service Act (42 U.S.C. 300gg et seq.);

22 “(B) provides coverage of—

23 “(i) the essential health benefits de-
24 scribed in section 1302(b) of the Patient

1 Protection and Affordable Care Act (42
2 U.S.C. 18022(b)); and

3 “(ii) all items and services for which
4 benefits are available under title XVIII;

5 “(C) provides gold-level coverage described
6 in section 1302(d)(1)(C) of the Patient Protec-
7 tion and Affordable Care Act (42 U.S.C.
8 18022(d)(1)(C)); and

9 “(D) provides coverage of abortions and all
10 other reproductive services.

11 “(2) PREEMPTION.—Notwithstanding section
12 1303(a)(1) of the Patient Protection and Affordable
13 Care Act (42 U.S.C. 18023(a)(1))—

14 “(A) a State may not prohibit a Medicare
15 part E plan from offering the coverage de-
16 scribed in paragraph (1)(D); and

17 “(B) no State law that would prohibit such
18 a plan from offering such coverage shall apply
19 to such plan.

20 “(c) ELIGIBILITY; ENROLLMENT.—

21 “(1) AVAILABILITY ON THE EXCHANGES.—The
22 Medicare part E plans offered in the individual and
23 small group markets shall be offered through the
24 Federal and State Exchanges, including the Small

1 Business Health Options Program Exchanges (com-
2 monly referred to as the ‘SHOP Exchanges’).

3 “(2) ELIGIBILITY.—

4 “(A) IN GENERAL.—Any individual who is
5 a resident of the United States, as determined
6 by the Secretary under subparagraph (C), and
7 who is not an individual described in subpara-
8 graph (B), is eligible to enroll in a Medicare
9 part E plan.

10 “(B) EXCLUSIONS.—An individual de-
11 scribed in this subparagraph is any individual
12 who is—

13 “(i) entitled to, or enrolled for, bene-
14 fits under title XVIII;

15 “(ii) eligible for medical assistance
16 under a State plan under title XIX; or

17 “(iii) enrolled for child health assist-
18 ance or pregnancy-related assistance under
19 a State plan under title XXI.

20 “(C) REGULATIONS.—The Secretary shall
21 promulgate a rule for determining residency for
22 purposes of subparagraph (A).

23 “(3) EMPLOYER-SPONSORED PLANS.—

24 “(A) EMPLOYER ENROLLMENT.—Effective
25 with respect to the first plan year that begins

1 1 year after the date of enactment of the
2 Choose Medicare Act and each plan year there-
3 after, the Secretary shall provide options for
4 Medicare part E plans in the small group mar-
5 ket and large group market that are voluntary,
6 and available to all employers.

7 “(B) GROUP HEALTH PLANS.—The Sec-
8 retary, acting through the Administrator for the
9 Centers for Medicare & Medicaid Services, at
10 the request of a plan sponsor, shall serve as a
11 third party administrator of a group health
12 plan that is a Medicare part E plan offered by
13 such sponsor.

14 “(C) PORTABILITY FOR EMPLOYER-SPON-
15 SORED PLANS.—The Secretary shall develop a
16 process for allowing individuals enrolled in a
17 Medicare part E plan offered in the small group
18 market or large group market to maintain
19 health insurance coverage through a Medicare
20 part E plan if the individual subsequently loses
21 eligibility for enrollment in such a plan based
22 on termination of the employment relationship.
23 The ability to maintain such coverage shall
24 exist regardless of whether the individual has
25 the option to enroll in other health insurance

1 coverage, including coverage offered in the indi-
2 vidual market or through a subsequent em-
3 ployer.

4 “(d) PREMIUMS.—The Secretary shall establish pre-
5 mium rates for the Medicare part E plans that—

6 “(1) are adjusted based on—

7 “(A) whether the plan is offered in the in-
8 dividual market, small group market, or large
9 group market; and

10 “(B) the applicable rating area;

11 “(2) are at a level sufficient to fully finance—

12 “(A) the costs of health benefits provided
13 by such plans; and

14 “(B) administrative costs related to oper-
15 ating the plans; and

16 “(3) comply with the requirements under sec-
17 tion 2701 of the Public Health Service Act, includ-
18 ing for such plans that are offered in the large
19 group market.

20 “(e) PROVIDERS AND REIMBURSEMENT RATES.—

21 “(1) IN GENERAL.—The Secretary shall estab-
22 lish a rate schedule for reimbursing types of health
23 care providers furnishing items and services under
24 the Medicare part E plans at rates that are con-

1 sistent with the negotiations described in paragraph
2 (2) and are necessary to maintain network adequacy.

3 “(2) MANNER OF NEGOTIATION.—The Sec-
4 retary shall negotiate the rates described in para-
5 graph (1) in a manner that results in payment rates
6 that are not lower, in the aggregate, than rates
7 under title XVIII, and not higher, in the aggregate,
8 than the average rates paid by other health insur-
9 ance issuers offering health insurance coverage
10 through an Exchange.

11 “(3) PARTICIPATING PROVIDERS.—

12 “(A) IN GENERAL.—A health care provider
13 that is a participating provider of services or
14 supplier under the Medicare program under
15 title XVIII on the date of enactment of Choose
16 Medicare Act shall be a participating provider
17 for Medicare part E plans.

18 “(B) ADDITIONAL PROVIDERS.—The Sec-
19 retary shall establish a process to allow health
20 care providers not described in subparagraph
21 (A) to become participating providers for Medi-
22 care part E plans.

23 “(f) ENCOURAGING USE OF ALTERNATIVE PAYMENT
24 MODELS.—The Secretary shall, as applicable, utilize alter-
25 native payment models, including those described in sec-

1 tion 1833(z)(3)(C), as added by section 101(e)(2) of the
2 Medicare Access and CHIP Reauthorization Act of 2015
3 (Public Law 114–10), in making payments for items and
4 services (including prescription drugs) furnished under
5 Medicare part E plans. The payment rates under such al-
6 ternative payment models shall comply with the require-
7 ment for negotiated rates under subsection (e)(2).

8 “(g) PRESCRIPTION DRUGS.—The Secretary shall
9 apply the provisions of section 1860D–11(i) to prescrip-
10 tion drugs under Medicare part E plans in the same man-
11 ner as such provisions apply with respect to applicable cov-
12 ered part D drugs under such section.

13 “(h) APPROPRIATIONS.—

14 “(1) START-UP FUNDING.—For purposes of es-
15 tablishing the Medicare part E plans, there is appro-
16 priated to the Secretary, out of any funds in the
17 Treasury not otherwise obligated, \$2,000,000,000,
18 for fiscal year 2019.

19 “(2) INITIAL RESERVES.—There is appro-
20 priated to the Secretary, out of any funds in the
21 Treasury not otherwise obligated, such sums as may
22 be necessary, based on projected enrollment in the
23 Medicare part E plans in the first plan year in
24 which such plans are offered, to provide reserves for

1 the purpose of paying claims filed during the initial
 2 90-day period of such plan year.

3 “(3) CLARIFICATION.—Any provision of law re-
 4 stricting the use of Federal funds with respect to
 5 any reproductive health service shall not apply to
 6 funds appropriated under paragraph (1) or (2).

7 “(i) HEALTH INSURANCE ISSUER.—With respect to
 8 any Medicare part E plan, the Secretary shall be consid-
 9 ered a health insurance issuer, within the meaning of sec-
 10 tion 2791(b) of the Public Health Service Act.”.

11 **SEC. 3. NOTICE AND NAVIGATOR REFERRAL FOR EMPLOY-**
 12 **EES UNDER THE FAIR LABOR STANDARDS**
 13 **ACT OF 1938.**

14 (a) IN GENERAL.—Section 18B of the Fair Labor
 15 Standards Act of 1938 (29 U.S.C. 218b) is amended—

16 (1) in the heading, by striking “**TO**” and insert-
 17 ing “**AND NAVIGATOR REFERRAL FOR**”;

18 (2) by redesignating subsection (b) as sub-
 19 section (c);

20 (3) by inserting after subsection (a) the fol-
 21 lowing:

22 “(b) NAVIGATOR REFERRAL.—

23 “(1) IN GENERAL.—An employer described in
 24 paragraph (3) shall refer each full-time employee (as

1 defined in section 4980H of the Internal Revenue
2 Code of 1986) to—

3 “(A) an entity that serves as a navigator
4 under section 1311(i) of the Patient Protection
5 and Affordable Care Act (42 U.S.C. 18031(i))
6 for the Exchange operating in the State of the
7 employer; or

8 “(B) if the Exchange operating in the
9 State of the employer does not have an entity
10 serving as such a navigator, another entity that
11 shall carry out equivalent activities as such a
12 navigator.

13 “(2) REFERRAL.—The referral described in
14 paragraph (1) shall occur—

15 “(A) at the time the employer hires the
16 employee; or

17 “(B) on the effective date described in sub-
18 section (c)(2) with respect to an employee who
19 is currently employed by the employer on such
20 date.

21 “(3) EMPLOYER.—An employer described in
22 this paragraph is any employer that—

23 “(A) does not provide an eligible employer-
24 sponsored plan as defined in section

1 5000A(f)(2) of the Internal Revenue Code of
2 1986; or

3 “(B) provides such an eligible employer-
4 sponsored plan, but the plan is determined
5 under section 36B(c)(2)(C) of such Code—

6 “(i) to be unaffordable to the em-
7 ployee; or

8 “(ii) to not provide the required min-
9 imum actuarial value.”; and

10 (4) in subsection (c), as so redesignated—

11 (A) in the heading, by striking “EFFECTIVE
12 DATE” and inserting “EFFECTIVE
13 DATES”;

14 (B) by striking “Subsection (a)” and in-
15 serting the following:

16 “(1) NOTICE.—Subsection (a);”; and

17 (C) by adding at the end the following:

18 “(2) NAVIGATOR REFERRAL.—Subsection (b)
19 shall take effect with respect to employers in a State
20 beginning on the date that is 2 years after the date
21 of enactment of the Choose Medicare Act.”.

22 (b) STUDY.—Not later than January 1, 2023, the
23 Comptroller General of the United States shall conduct
24 a study on the impact of the requirements under section
25 18B of the Fair Labor Standards Act of 1938 (29 U.S.C.

1 218b), including the amendments made by subsection (a),
 2 on the rate of individuals without minimum essential cov-
 3 erage as defined in section 5000A of the Internal Revenue
 4 Code of 1986 in the United States and in each State.

5 (c) FUNDING FOR NAVIGATOR PROGRAM.—Section
 6 1311(i)(6) of the Patient Protection and Affordable Care
 7 Act (42 U.S.C. 18031(i)(6)) is amended—

8 (1) by striking “Grants” and inserting the fol-
 9 lowing:

10 “(A) IN GENERAL.—Grants”; and

11 (2) by adding at the end the following:

12 “(B) AUTHORIZATION OF APPROPRIA-
 13 TIONS.—There is authorized to be appropriated
 14 such sums as may be necessary to address ca-
 15 pacity limitations of entities serving as naviga-
 16 tors through a grant under this subsection.”.

17 **SEC. 4. PROTECTING AGAINST HIGH OUT-OF-POCKET EX-**
 18 **PENDITURES FOR MEDICARE FEE-FOR-SERV-**
 19 **ICE BENEFITS.**

20 Title XVIII of the Social Security Act (42 U.S.C.
 21 1395 et seq.) is amended by adding at the end the fol-
 22 lowing new section:

23 “PROTECTION AGAINST HIGH OUT-OF-POCKET
 24 EXPENDITURES

25 “SEC. 1899D. (a) IN GENERAL.—Notwithstanding
 26 any other provision of this title, in the case of an indi-

1 individual entitled to, or enrolled for, benefits under part A
 2 or enrolled in part B, if the amount of the out-of-pocket
 3 cost-sharing of such individual for a year (beginning with
 4 2020) equals or exceeds the annual out-of-pocket limit
 5 under subsection (b) for that year, the individual shall not
 6 be responsible for additional out-of-pocket cost-sharing in-
 7 curred during that year.

8 “(b) ANNUAL OUT-OF-POCKET LIMIT.—

9 “(1) IN GENERAL.—The amount of the annual
 10 out-of-pocket limit under this subsection shall be—

11 “(A) for 2020, \$6,700; or

12 “(B) for a subsequent year, the amount
 13 specified in this subsection for the preceding
 14 year increased or decreased by the percentage
 15 change in the medical care component of the
 16 Consumer Price Index for All Urban Con-
 17 sumers for the 12-month period ending with
 18 June of such preceding year.

19 “(2) ROUNDING.—If any amount determined
 20 under paragraph (1)(B) is not a multiple of \$5, such
 21 amount shall be rounded to the nearest multiple of
 22 \$5.

23 “(c) OUT-OF-POCKET COST-SHARING DEFINED.—

24 “(1) IN GENERAL.—Subject to paragraphs (2)
 25 and (3), in this section, the term ‘out-of-pocket cost-

1 sharing' means, with respect to an individual, the
2 amount of the expenses incurred by the individual
3 that are attributable to—

4 “(A) deductibles, coinsurance, and copay-
5 ments applicable under part A or B; or

6 “(B) for items and services that would
7 have otherwise been covered under part A or B
8 but for the exhaustion of those benefits.

9 “(2) CERTAIN COSTS NOT INCLUDED.—

10 “(A) NON-COVERED ITEMS AND SERV-
11 ICES.—Expenses incurred for items and serv-
12 ices which are not covered under part A or B
13 shall not be considered incurred expenses for
14 purposes of determining out-of-pocket cost-
15 sharing under paragraph (1).

16 “(B) ITEMS AND SERVICES NOT FUR-
17 NISHED ON AN ASSIGNMENT-RELATED BASIS.—

18 If an item or service is furnished to an indi-
19 vidual under this title and is not furnished on
20 an assignment-related basis, any additional ex-
21 penses the individual incurs above the amount
22 the individual would have incurred if the item
23 or service was furnished on an assignment-re-
24 lated basis shall not be considered incurred ex-

1 penses for purposes of determining out-of-pock-
2 et cost-sharing under paragraph (1).

3 “(3) SOURCE OF PAYMENT.—For purposes of
4 paragraph (1), the Secretary shall consider expenses
5 to be incurred by the individual without regard to
6 whether the individual or another person, including
7 a State program, an employer, a medicare supple-
8 mental policy, or other third-party coverage, has
9 paid for such expenses.

10 “(d) ANNOUNCEMENT OF THE ANNUAL OUT-OF-
11 POCKET LIMIT.—The Secretary shall (beginning in 2019)
12 announce (in a manner intended to provide notice to all
13 interested parties) the annual out-of-pocket limit under
14 this section that will be applicable for the succeeding
15 year.”.

16 **SEC. 5. NEGOTIATING FAIR PRICES FOR MEDICARE PRE-**
17 **SCRIPTION DRUGS.**

18 (a) IN GENERAL.—Section 1860D–11 of the Social
19 Security Act (42 U.S.C. 1395w–111) is amended by strik-
20 ing subsection (i) (relating to noninterference) and by in-
21 serting the following:

22 “(i) NEGOTIATING FAIR PRICES WITH DRUG MANU-
23 FACTURERS.—

24 “(1) IN GENERAL.—Notwithstanding any other
25 provision of law, in furtherance of the goals of pro-

1 viding quality care and containing costs under this
2 part, the Secretary shall, with respect to applicable
3 covered part D drugs, and may, with respect to
4 other covered part D drugs, negotiate, using the ne-
5 gotiation technique or techniques that the Secretary
6 determines will maximize savings and value to the
7 government for prescription drug plans and MA–PD
8 plans and for plan enrollees (in a manner that may
9 be similar to Federal entities and that may include,
10 but is not limited to, formularies, reference pricing,
11 discounts, rebates, other price concessions, and cov-
12 erage determinations), with drug manufacturers the
13 prices that may be charged to PDP sponsors and
14 MA organizations for such drugs for part D eligible
15 individuals who are enrolled in a prescription drug
16 plan or in an MA–PD plan. In conducting such ne-
17 gotiations, the Secretary shall consider the drug’s
18 current price, initial launch price, prevalence of dis-
19 ease and usage, and approved indications, the num-
20 ber of similarly effective alternative treatments for
21 each approved use of the drug, the budgetary impact
22 of providing coverage under this part for such drug
23 for all individuals who would likely benefit from the
24 drug, evidence on the drug’s effectiveness and safety
25 compared to similar drugs, and the quality and

1 quantity of clinical data and rigor of the applicable
2 process of approval of a drug under section 505 of
3 the Federal Food, Drug, and Cosmetic Act or a bio-
4 logical product under section 351 of the Public
5 Health Service Act.

6 “(2) USE OF LOWER OF VA OR BIG FOUR PRICE
7 IF NEGOTIATIONS FAIL.—If, after attempting to ne-
8 gotiate for a price with respect to a covered part D
9 drug under paragraph (1) for a period of 1 year, the
10 Secretary is not successful in obtaining an appro-
11 priate price for the drug (as determined by the Sec-
12 retary), the Secretary shall establish the price that
13 may be charged to PDP sponsors and MA organiza-
14 tions for such drug for part D eligible individuals
15 who are enrolled in a prescription drug plan or in
16 an MA–PD plan at an amount equal to the lesser
17 of—

18 “(A) the price paid by the Secretary of
19 Veterans Affairs to procure the drug under the
20 laws administered by the Secretary of Veterans
21 Affairs; or

22 “(B) the price paid to procure the drug
23 under section 8126 of title 38, United States
24 Code.

1 “(3) APPLICABLE COVERED PART D DRUG DE-
2 FINED.—For purposes of this subsection, the term
3 ‘applicable covered part D drug’ means a covered
4 part D drug that the Secretary determines to be ap-
5 propriate for negotiation under paragraph (1) based
6 on one or more of the following factors as applied
7 to such drug:

8 “(A) Spending on a per beneficiary basis.

9 “(B) The proportion of total spending
10 under this title.

11 “(C) Unit price increases over the pre-
12 ceding 5 years.

13 “(D) Initial launch price.

14 “(E) Availability of less expensive, simi-
15 larly effective alternative treatments.

16 “(F) Status of the drug as a follow-on to
17 previously approved drugs.

18 “(G) Any other criteria determined by the
19 Secretary.

20 “(4) PDP SPONSORS AND MA ORGANIZATION
21 MAY NEGOTIATE LOWER PRICES.—Nothing in this
22 subsection shall be construed as preventing the spon-
23 sor of a prescription drug plan, or an organization
24 offering an MA–PD plan, from obtaining a discount
25 or reduction of the price for a covered part D drug

1 below the price negotiated under paragraph (1) or
 2 the price established under paragraph (2).

3 “(5) NO EFFECT ON EXISTING APPEALS PROC-
 4 ESS.—Nothing in this subsection shall be construed
 5 to affect the appeals procedures under subsections
 6 (g) and (h) of section 1860D–4.”.

7 (b) EFFECTIVE DATE.—The amendments made by
 8 this section shall take effect on the date of the enactment
 9 of this Act and shall first apply to negotiations and prices
 10 for plan years beginning on January 1, 2019.

11 **SEC. 6. ENHANCEMENT OF PREMIUM ASSISTANCE CREDIT.**

12 (a) USE OF GOLD LEVEL PLAN FOR BENCHMARK.—

13 (1) IN GENERAL.—Clause (i) of section
 14 36B(b)(2)(B) of the Internal Revenue Code of 1986
 15 is amended by striking “applicable second lowest
 16 cost silver plan” and inserting “applicable second
 17 lowest cost gold plan”.

18 (2) CONFORMING AMENDMENT RELATED TO
 19 AFFORDABILITY.—Section 36B(c)(4)(C)(i)(I) of
 20 such Code is amended by striking “second lowest
 21 cost silver plan” and inserting “second lowest cost
 22 gold plan”.

23 (3) OTHER CONFORMING AMENDMENTS.—Sub-
 24 paragraphs (B) and (C) of section 36B(b)(3) of such
 25 Code are each amended by striking “silver plan”

1 each place it appears in the text and the heading
2 and inserting “gold plan”.

3 (b) EXPANSION OF ELIGIBILITY FOR REFUNDABLE
4 CREDITS FOR COVERAGE UNDER QUALIFIED HEALTH
5 PLANS.—

6 (1) IN GENERAL.—Section 36B(c)(1)(A) of the
7 Internal Revenue Code of 1986 is amended by strik-
8 ing “400 percent” and inserting “600 percent”.

9 (2) CONFORMING AMENDMENTS RELATING TO
10 RECAPTURE OF EXCESS ADVANCED PAYMENTS.—
11 Clause (i) of section 36B(f)(2)(B) of such Code is
12 amended—

13 (A) by striking “400 percent” and insert-
14 ing “600 percent”; and

15 (B) by striking “400%” in the table there-
16 in and inserting “600%”.

17 (c) ELIMINATION OF FAILSAFE.—Section
18 36B(b)(3)(A)(ii) of the Internal Revenue Code of 1986 is
19 amended by striking subclause (III).

20 (d) EFFECTIVE DATE.—The amendments made by
21 this section shall apply to taxable years beginning after
22 December 31, 2018.

23 **SEC. 7. ENHANCEMENTS FOR REDUCED COST SHARING.**

24 (a) DEFINITION OF ELIGIBLE INDIVIDUAL.—Section
25 1402(b)(1) of the Patient Protection and Affordable Care

1 Act (42 U.S.C. 1807(b)(1)) is amended by striking “silver
2 level” and inserting “gold level”.

3 (b) MODIFICATION OF AMOUNT.—

4 (1) IN GENERAL.—Section 1402(c)(2) of the
5 Patient Protection and Affordable Care Act is
6 amended to read as follows:

7 “(2) ADDITIONAL REDUCTION.—The Secretary
8 shall establish procedures under which the issuer of
9 a qualified health plan to which this section applies
10 shall further reduce cost-sharing under the plan in
11 a manner sufficient to—

12 “(A) in the case of an eligible insured
13 whose household income is not less than 100
14 percent but not more than 133 percent of the
15 poverty line for a family of the size involved, in-
16 crease the plan’s share of the total allowed
17 costs of benefits provided under the plan to 94
18 percent of such costs;

19 “(B) in the case of an eligible insured
20 whose household income is more than 133 per-
21 cent but not more than 150 percent of the pov-
22 erty line for a family of the size involved, in-
23 crease the plan’s share of the total allowed
24 costs of benefits provided under the plan to 92
25 percent of such costs;

1 “(C) in the case of an eligible insured
2 whose household income is more than 150 per-
3 cent but not more than 200 percent of the pov-
4 erty line for a family of the size involved, in-
5 crease the plan’s share of the total allowed
6 costs of benefits provided under the plan to 90
7 percent of such costs;

8 “(D) in the case of an eligible insured
9 whose household income is more than 200 per-
10 cent but not more than 300 percent of the pov-
11 erty line for a family of the size involved, in-
12 crease the plan’s share of the total allowed
13 costs of benefits provided under the plan to 85
14 percent of such costs; and

15 “(E) in the case of an eligible insured
16 whose household income is more than 300 per-
17 cent but not more than 400 percent of the pov-
18 erty line for a family of the size involved, in-
19 crease the plan’s share of the total allowed
20 costs of benefits provided under the plan to 80
21 percent of such costs.”.

22 (2) CONFORMING AMENDMENT.—Clause (i) of
23 section 1402(c)(1)(B) of such Act is amended to
24 read as follows:

1 “(i) IN GENERAL.—The Secretary
2 shall ensure the reduction under this para-
3 graph shall not result in an increase in the
4 plan’s share of the total allowed costs of
5 benefits provided under the plan above—

6 “(I) 94 percent in the case of an
7 eligible insured described in para-
8 graph (2)(A);

9 “(II) 92 percent in the case of an
10 eligible insured described in para-
11 graph (2)(B);

12 “(III) 90 percent in the case of
13 an eligible insured described in para-
14 graph (2)(C);

15 “(IV) 85 percent in the case of
16 an eligible insured described in para-
17 graph (2)(D); and

18 “(V) 80 percent in the case of an
19 eligible insured described in para-
20 graph (2)(E).”.

21 (c) EFFECTIVE DATE.—The amendments made by
22 this section shall apply to plan years beginning after De-
23 cember 31, 2018.

1 **SEC. 8. REINSURANCE PROGRAM.**

2 Part 5 of subtitle D of title I of the Patient Protec-
3 tion and Affordable Care Act is amended by inserting
4 after section 1341 (42 U.S.C. 18061) the following:

5 **“SEC. 1341A. REINSURANCE PROGRAM FOR INDIVIDUAL**
6 **MARKET IN EACH STATE.**

7 “(a) IN GENERAL.—The Secretary, in consultation
8 with the National Association of Insurance Commis-
9 sioners, shall establish a program to enable each State to
10 carry out a reinsurance program consistent with the provi-
11 sions described in section 1341 for any plan year begin-
12 ning in the 3-year period beginning January 1, 2019.

13 “(b) APPROPRIATIONS.—There is appropriated, out
14 of any money in the Treasury not otherwise appropriated,
15 \$10,000,000,000 for the period of fiscal years 2019
16 through 2021 for purposes of establishing and admin-
17 istering the program established under this section. Such
18 amount shall remain available until expended.”.

19 **SEC. 9. EXPANDING RATING RULES TO LARGE GROUP MAR-**
20 **KET.**

21 (a) IN GENERAL.—Section 2701(a) of the Public
22 Health Service Act (42 U.S.C. 300gg(a)) is amended—

- 23 (1) in paragraph (1), by striking “small”; and
24 (2) by striking paragraph (5).

25 (b) EFFECTIVE DATE.—The amendments made by
26 subsection (a) shall apply to plans offered in the first plan

1 year beginning after the date of enactment of this Act and
2 any plan year thereafter.

3 **SEC. 10. SENSE OF CONGRESS.**

4 It is the sense of the Congress that—

5 (1) the Federal Government, acting in its ca-
6 pacity as an insurer, employer, or health care pro-
7 vider, should serve as a model for the Nation to en-
8 sure coverage of all reproductive services; and

9 (2) all restrictions on coverage of reproductive
10 services in the private insurance market should end.

○