

Amendment to H.R. 1628 Offered by
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SECTION-BY-SECTION SUMMARY

Page number indicate pages of the Amendment to H.R. 1628 with all Self-Executing Rules Committee Amendments.

Page 1. Establishes Permissible State Waiver to Encourage Fair Health Insurance Premiums

Page 1-3. Allows States to submit a waiver application to the Secretary of the U.S. Department of Health and Human Services (HHS) to:

- increase the age rating ratio above the underlying bill's 5:1 ratio beginning 2018;
- specify their own essential health benefits beginning 2020; and,
- replace the underlying bill's continuous coverage incentive's late-enrollment penalty with health status rating beginning 2019, conditional upon the State operating a risk mitigation program or participating in a Federal Invisible Risk Sharing Program (FIRSP). Health status rating may not be waived for individuals who maintain continuous coverage.

Page 3. Provides a default approval process for States, making all applications automatically approved within 60 days unless the HHS Secretary notifies a State of the reasons for denial within the 60-day timeframe.

Page 4. Specifies requirements of the application, including that States will explain how the waiver will provide one or more of the following:

- reducing average premiums for health insurance coverage in the State;
- increasing enrollment in health insurance coverage in the State;
- stabilizing the market for health insurance coverage in the State;
- stabilizing premiums for individuals with pre-existing conditions; or
- increasing the choice of health plans in the State.

Page 5-6. Provides that waivers may be in effect for up to 10 years. Clarifies that any point during an approved waiver, the waiver becomes void if a state ends its risk-sharing program.

Page 6. Specifies certain non-application provisions to comply with Senate procedure concerning reconciliation, protecting the amendment's privilege status.

Page 7. Incorporates rules of construction stating that nothing in this Act shall be construed as permitting health insurance issuers to discriminate in rates for health insurance by gender or limit access to health coverage for individuals with preexisting conditions.