

**AMENDMENT IN THE NATURE OF A SUBSTITUTE  
TO COMMITTEE PRINT RELATING TO AFFORD-  
ABLE HEALTH CARE COVERAGE  
OFFERED BY M\_\_ . \_\_\_\_\_**

In lieu of the proposed recommendations, insert the following:

1 **Subtitle F—Affordable Health Care**  
2 **Coverage**

3 **SEC. 30601. ENSURING AFFORDABILITY OF COVERAGE FOR**  
4 **CERTAIN LOW-INCOME POPULATIONS.**

5 (a) REDUCING COST SHARING UNDER QUALIFIED  
6 HEALTH PLANS.—Section 1402 of the Patient Protection  
7 and Affordable Care Act (42 U.S.C. 18071) is amended—

8 (1) in subsection (b)—

9 (A) in paragraph (2), by inserting “(or,  
10 with respect to plan years 2023 and 2024,  
11 whose household income does not exceed 400  
12 percent of the poverty line for a family of the  
13 size involved)” before the period; and

14 (B) in the matter following paragraph (2),  
15 by adding at the end the following new sen-  
16 tence: “In the case of an individual with a  
17 household income that does not exceed 138 per-

1 cent of the poverty line for a family of the size  
2 involved for any month occurring during the pe-  
3 riod beginning on January 1, 2022, and ending  
4 on December 31, 2022, such individual shall,  
5 for such month and for each succeeding month  
6 during such period, be treated as having house-  
7 hold income equal to 100 percent for purposes  
8 of applying this section.”; and

9 (2) in subsection (c)—

10 (A) in paragraph (1)(A), in the matter  
11 preceding clause (i), by inserting “, with respect  
12 to eligible insureds (other than, with respect to  
13 plan years 2023 and 2024, specified enrollees  
14 (as defined in paragraph (6)(C))),” after “first  
15 be achieved”;

16 (B) in paragraph (2), in the matter pre-  
17 ceeding subparagraph (A), by inserting “with re-  
18 spect to eligible insureds (other than, with re-  
19 spect to plan years 2023 and 2024, specified  
20 enrollees)” after “under the plan”;

21 (C) in paragraph (3)—

22 (i) in subparagraph (A), by striking  
23 “this subsection” and inserting “paragraph  
24 (1) or (2)”;

1 (ii) in subparagraph (B), by striking  
2 “this section” and inserting “paragraphs  
3 (1) and (2)”; and  
4 (D) by adding at the end the following new  
5 paragraph:

6 “(6) SPECIAL RULE FOR SPECIFIED ENROLL-  
7 EES.—

8 “(A) IN GENERAL.—The Secretary shall  
9 establish procedures under which the issuer of  
10 a qualified health plan to which this section ap-  
11 plies shall reduce cost-sharing under the plan  
12 with respect to months occurring during plan  
13 years 2023 and 2024 for enrollees who are  
14 specified enrollees (as defined in subparagraph  
15 (C)) in a manner sufficient to increase the  
16 plan’s share of the total allowed costs of bene-  
17 fits provided under the plan to 99 percent of  
18 such costs.

19 “(B) METHODS FOR REDUCING COST  
20 SHARING.—

21 “(i) IN GENERAL.—An issuer of a  
22 qualified health plan making reductions  
23 under this paragraph shall notify the Sec-  
24 retary of such reductions and the Sec-  
25 retary shall, out of funds made available

1 under clause (ii), make periodic and timely  
2 payments to the issuer equal to 12 percent  
3 of the total allowed costs of benefits pro-  
4 vided under each such plan to specified en-  
5 rollees during plan years 2023 and 2024.

6 “(ii) APPROPRIATION.—In addition to  
7 amounts otherwise available, there are ap-  
8 propriated, out of any money in the Treas-  
9 ury not otherwise appropriated, such sums  
10 as may be necessary to the Secretary to  
11 make payments under clause (i).

12 “(C) SPECIFIED ENROLLEE DEFINED.—  
13 For purposes of this section, the term ‘specified  
14 enrollee’ means, with respect to a month occur-  
15 ring during a plan year, an eligible insured with  
16 a household income that does not exceed 138  
17 percent of the poverty line for a family of the  
18 size involved during such month. Such insured  
19 shall be deemed to be a specified enrollee for  
20 each succeeding month in such plan year.”.

21 (b) OPEN ENROLLMENTS APPLICABLE TO CERTAIN  
22 LOWER-INCOME POPULATIONS.—Section 1311(c) of the  
23 Patient Protection and Affordable Care Act (42 U.S.C.  
24 18031(c)) is amended—

25 (1) in paragraph (6)—

1 (A) in subparagraph (C), by striking at the  
2 end “and”;

3 (B) in subparagraph (D), by striking the  
4 period at the end and inserting “; and”; and

5 (C) by adding at the end the following new  
6 subparagraph:

7 “(E) with respect to a qualified health plan  
8 with respect to which section 1402 applies, for  
9 months occurring during the period beginning  
10 on January 1, 2022, and ending on December  
11 31, 2024, enrollment periods described in sub-  
12 paragraph (A) of paragraph (8) for individuals  
13 described in subparagraph (B) of such para-  
14 graph.”; and

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

17 “(8) SPECIAL ENROLLMENT PERIOD FOR CER-  
18 TAIN LOW-INCOME POPULATIONS.—

19 “(A) IN GENERAL.—The enrollment period  
20 described in this paragraph is, in the case of an  
21 individual described in subparagraph (B), the  
22 continuous period beginning on the first day  
23 that such individual is so described.

1           “(B) INDIVIDUAL DESCRIBED.—For pur-  
2           poses of subparagraph (A), an individual de-  
3           scribed in this subparagraph is an individual—

4                   “(i) with a household income that  
5                   does not exceed 138 percent of the poverty  
6                   line for a family of the size involved; and

7                   “(ii) who is not eligible for minimum  
8                   essential coverage (as defined in section  
9                   5000A(f) of the Internal Revenue Code of  
10                  1986), other than for coverage described in  
11                  any of subparagraphs (B) through (E) of  
12                  paragraph (1) of such section.”.

13           (c) ADDITIONAL BENEFITS FOR CERTAIN LOW-IN-  
14           COME INDIVIDUALS FOR PLAN YEAR 2024.—Section  
15           1301(a) of the Patient Protection and Affordable Care Act  
16           (42 U.S.C. 18021(a)) is amended—

17                   (1) in paragraph (1)—

18                           (A) in subparagraph (B), by striking  
19                           “and” at the end;

20                           (B) in subparagraph (C)(iv), by striking  
21                           the period and inserting “; and”; and

22                           (C) by adding at the end the following new  
23                           subparagraph:

24                           “(D) provides, with respect to a plan of-  
25                           fered in the silver level of coverage to which sec-

1           tion 1402 applies during plan year 2024, for  
2           benefits described in paragraph (5) in the case  
3           of an individual who, for a month during such  
4           plan year, has a household income that does not  
5           exceed 138 percent of the poverty line for a  
6           family of the size involved, and who is eligible  
7           to receive cost-sharing reductions under section  
8           1402.”; and

9           (2) by adding at the end the following new  
10          paragraph:

11           “(5) ADDITIONAL BENEFITS FOR CERTAIN  
12          LOW-INCOME INDIVIDUALS FOR PLAN YEAR 2024.—

13           “(A) IN GENERAL.—For purposes of para-  
14          graph (1)(D), the benefits described in this  
15          paragraph to be provided by a qualified health  
16          plan are benefits consisting of non-emergency  
17          medical transportation services (as described in  
18          section 1902(a)(4)) and services described in  
19          subsection (a)(4)(C) of section 1905 of the So-  
20          cial Security Act, without any restriction on the  
21          choice of a qualified provider from whom such  
22          an individual so enrolled in such plan may re-  
23          ceive such services described in such subsection,  
24          and without any imposition of cost sharing,  
25          which are not otherwise provided under such

1 plan as part of the essential health benefits  
2 package described in section 1302(a).

3 “(B) PAYMENTS FOR ADDITIONAL BENE-  
4 FITS.—

5 “(i) IN GENERAL.—An issuer of a  
6 qualified health plan making payments for  
7 services described in subparagraph (A) fur-  
8 nished to individuals described in para-  
9 graph (1)(D) during plan year 2024 shall  
10 notify the Secretary of such payments and  
11 the Secretary shall, out of funds made  
12 available under clause (ii), make periodic  
13 and timely payments to the issuer equal to  
14 payments for such services so furnished.

15 “(ii) APPROPRIATION.—In addition to  
16 amounts otherwise available, there is ap-  
17 propriated, out of any money in the Treas-  
18 ury not otherwise appropriated, such sums  
19 as may be necessary to the Secretary to  
20 make payments under clause (i).”.

21 (d) EDUCATION AND OUTREACH ACTIVITIES.—

22 (1) IN GENERAL.—Section 1321(c) of the Pa-  
23 tient Protection and Affordable Care Act (42 U.S.C.  
24 18041(c)) is amended by adding at the end the fol-  
25 lowing new paragraph:



1           “(3) OUTREACH AND EDUCATIONAL ACTIVI-  
2           TIES.—

3           “(A) IN GENERAL.—In the case of an Ex-  
4           change established or operated by the Secretary  
5           within a State pursuant to this subsection, the  
6           Secretary shall carry out outreach and edu-  
7           cational activities for purposes of informing in-  
8           dividuals           described           in           section  
9           1902(a)(10)(A)(i)(VIII) of the Social Security  
10          Act who reside in States that have not ex-  
11          pended amounts under a State plan (or waiver  
12          of such plan) under title XIX of such Act for  
13          all such individuals about qualified health plans  
14          offered through the Exchange, including by in-  
15          forming such individuals of the availability of  
16          coverage under such plans and financial assist-  
17          ance for coverage under such plans. Such out-  
18          reach and educational activities shall be pro-  
19          vided in a manner that is culturally and linguis-  
20          tically appropriate to the needs of the popu-  
21          lations being served by the Exchange (including  
22          hard-to-reach populations, such as racial and  
23          sexual minorities, limited English proficient  
24          populations, individuals residing in areas where  
25          the unemployment rates exceeds the national

1 average unemployment rate, individuals in rural  
2 areas, veterans, and young adults).

3 “(B) LIMITATION ON USE OF FUNDS.—No  
4 funds appropriated under this paragraph shall  
5 be used for expenditures for promoting non-  
6 ACA compliant health insurance coverage.

7 “(C) NON-ACA COMPLIANT HEALTH INSUR-  
8 ANCE COVERAGE.—For purposes of subpara-  
9 graph (B):

10 “(i) The term ‘non-ACA compliant  
11 health insurance coverage’ means health  
12 insurance coverage, or a group health plan,  
13 that is not a qualified health plan.

14 “(ii) Such term includes the following:

15 “(I) An association health plan.

16 “(II) Short-term limited duration  
17 insurance.

18 “(D) FUNDING.—In addition to amounts  
19 otherwise available, there is appropriated, out of  
20 any money in the Treasury not otherwise ap-  
21 propriated, to remain available until expended,  
22 \$15,000,000 for fiscal year 2022, and  
23 \$30,000,000 for each of fiscal years 2023 and  
24 2024, to carry out this paragraph.”.

1           (2) NAVIGATOR PROGRAM.—Section 1311(i)(6)  
2 of the Patient Protection and Affordable Care Act  
3 (42 U.S.C. 18031(i)(6)) is amended—

4           (A) by striking “FUNDING.—Grants  
5 under” and inserting “FUNDING.—

6           “(A) STATE EXCHANGES.—Grants under”;  
7 and

8           (B) by adding at the end the following new  
9 subparagraph:

10           “(B) FEDERAL EXCHANGES.—For pur-  
11 poses of carrying out this subsection, with re-  
12 spect to an Exchange established and operated  
13 by the Secretary within a State pursuant to sec-  
14 tion 1321(c), the Secretary shall obligate  
15 \$10,000,000 out of amounts collected through  
16 the user fees on participating health insurance  
17 issuers pursuant to section 156.50 of title 45,  
18 Code of Federal Regulations (or any successor  
19 regulations) for fiscal year 2022, and  
20 \$20,000,000 for each of fiscal years 2023 and  
21 2024. Such amount so obligated for a fiscal  
22 year shall remain available until expended.”.

1 **SEC. 30602. TEMPORARY EXPANSION OF HEALTH INSUR-**  
2 **ANCE PREMIUM TAX CREDITS FOR CERTAIN**  
3 **LOW-INCOME POPULATIONS.**

4 (a) IN GENERAL.—Section 36B is amended by redес-  
5 ignating subsection (h) as subsection (i) and by inserting  
6 after subsection (g) the following new subsection:

7 “(h) CERTAIN TEMPORARY RULES FOR 2022  
8 THROUGH 2024.—With respect to any taxable year begin-  
9 ning after December 31, 2021, and before January 1,  
10 2025—

11 “(1) ELIGIBILITY FOR CREDIT NOT LIMITED  
12 BASED ON INCOME.—Section 36B(e)(1)(A) shall be  
13 disregarded in determining whether a taxpayer is an  
14 applicable taxpayer.

15 “(2) CREDIT ALLOWED TO CERTAIN LOW-IN-  
16 COME EMPLOYEES OFFERED EMPLOYER-PROVIDED  
17 COVERAGE.—Subclause (II) of subsection  
18 (c)(2)(C)(i) shall not apply if the taxpayer’s house-  
19 hold income does not exceed 138 percent of the pov-  
20 erty line for a family of the size involved. The last  
21 sentence of such subsection shall also apply for pur-  
22 poses of this paragraph. Subclause (II) of subsection  
23 (c)(2)(C)(i) shall also not apply to an individual de-  
24 scribed in the last sentence of such subsection if the  
25 taxpayer’s household income does not exceed 138

1 percent of the poverty line for a family of the size  
2 involved.

3 “(3) CREDIT ALLOWED TO CERTAIN LOW-IN-  
4 COME EMPLOYEES OFFERED QUALIFIED SMALL EM-  
5 PLOYER HEALTH REIMBURSEMENT ARRANGE-  
6 MENTS.—A qualified small employer health reim-  
7 bursement arrangement shall not be treated as con-  
8 stituting affordable coverage for an employee (or any  
9 spouse or dependent of such employee) for any  
10 months of a taxable year if the employee’s household  
11 income for such taxable year does not exceed 138  
12 percent of the poverty line for a family of the size  
13 involved.

14 “(4) LIMITATIONS ON RECAPTURE.—

15 “(A) IN GENERAL.—In the case of a tax-  
16 payer whose household income is less than 200  
17 percent of the poverty line for the size of the  
18 family involved for the taxable year, the amount  
19 of the increase under subsection (f)(2)(A) shall  
20 in no event exceed \$300 (one-half of such  
21 amount in the case of a taxpayer whose tax is  
22 determined under section 1(c) for the taxable  
23 year).

24 “(B) LIMITATION ON INCREASE FOR CER-  
25 TAIN NON-FILERS.—In the case of any taxpayer

1           who would not be required to file a return of  
2           tax for the taxable year but for any require-  
3           ment to reconcile advance credit payments  
4           under subsection (f), if an Exchange established  
5           under title I of the Patient Protection and Af-  
6           fordable Care Act has determined that—

7                   “(i) such taxpayer is eligible for ad-  
8                   vance payments under section 1412 of  
9                   such Act for any portion of such taxable  
10                  year, and

11                   “(ii) such taxpayer’s household in-  
12                   come for such taxable year is projected to  
13                   not exceed 138 percent of the poverty line  
14                   for a family of the size involved,

15           subsection (f)(2)(A) shall not apply to such tax-  
16           payer for such taxable year and such taxpayer  
17           shall not be required to file such return of tax.

18                   “(C) INFORMATION PROVIDED BY EX-  
19                   CHANGE.—The information required to be pro-  
20                   vided by an Exchange to the Secretary and to  
21                   the taxpayer under subsection (f)(3) shall in-  
22                   clude such information as is necessary to deter-  
23                   mine whether such Exchange has made the de-  
24                   terminations described in clauses (i) and (ii) of

1           subparagraph (B) with respect to such tax-  
2           payer.”.

3           (b) EMPLOYER SHARED RESPONSIBILITY PROVISION  
4 NOT APPLICABLE WITH RESPECT TO CERTAIN LOW-IN-  
5 COME TAXPAYERS RECEIVING PREMIUM ASSISTANCE.—  
6 Section 4980H(c)(3) is amended to read as follows:

7           “(3) APPLICABLE PREMIUM TAX CREDIT AND  
8           COST-SHARING REDUCTION.—

9           “(A) IN GENERAL.—The term ‘applicable  
10           premium tax credit and cost-sharing reduction’  
11           means—

12                   “(i) any premium tax credit allowed  
13                   under section 36B,

14                   “(ii) any cost-sharing reduction under  
15                   section 1402 of the Patient Protection and  
16                   Affordable Care Act, and

17                   “(iii) any advance payment of such  
18                   credit or reduction under section 1412 of  
19                   such Act.

20           “(B) EXCEPTION WITH RESPECT TO CER-  
21           TAIN LOW-INCOME TAXPAYERS.—Such term  
22           shall not include any premium tax credit, cost-  
23           sharing reduction, or advance payment other-  
24           wise described in subparagraph (A) if such  
25           credit, reduction, or payment is allowed or paid

1 for a taxable year of an employee (beginning  
2 after December 31, 2021, and before January  
3 1, 2025) with respect to which—

4 “(i) an Exchange established under  
5 title I of the Patient Protection and Af-  
6 fordable Care Act has determined that  
7 such employee’s household income for such  
8 taxable year is projected to not exceed 138  
9 percent of the poverty line for a family of  
10 the size involved, or

11 “(ii) such employee’s household in-  
12 come for such taxable year does not exceed  
13 138 percent of the poverty line for a family  
14 of the size involved.”.

15 (c) EFFECTIVE DATE.—The amendments made by  
16 this section shall apply to taxable years beginning after  
17 December 31, 2021.

18 **SEC. 30603. ESTABLISHING A HEALTH INSURANCE AFFORD-**  
19 **ABILITY FUND.**

20 (a) IN GENERAL.—Subtitle D of title I of the Patient  
21 Protection and Affordable Care Act is amended by insert-  
22 ing after part 5 (42 U.S.C. 18061 et seq.) the following  
23 new part:



1           **“PART 6—IMPROVE HEALTH INSURANCE**

2                           **AFFORDABILITY FUND**

3   **“SEC. 1351. ESTABLISHMENT OF PROGRAM.**

4           “There is hereby established the ‘Improve Health In-  
5 surance Affordability Fund’ to be administered by the Sec-  
6 retary of Health and Human Services, acting through the  
7 Administrator of the Centers for Medicare & Medicaid  
8 Services (in this section referred to as the ‘Adminis-  
9 trator’), to provide funding, in accordance with this part,  
10 to the 50 States and the District of Columbia (each re-  
11 ferred to in this section as a ‘State’) beginning on January  
12 1, 2023, for the purposes described in section 1352.

13   **“SEC. 1352. USE OF FUNDS.**

14           “(a) IN GENERAL.—A State shall use the funds allo-  
15 cated to the State under this part for one of the following  
16 purposes:

17                   “(1) To provide reinsurance payments to health  
18 insurance issuers with respect to individuals enrolled  
19 under individual health insurance coverage (other  
20 than through a plan described in subsection (b)) of-  
21 fered by such issuers.

22                   “(2) To provide assistance (other than through  
23 payments described in paragraph (1)) to reduce out-  
24 of-pocket costs, such as copayments, coinsurance,  
25 premiums, and deductibles, of individuals enrolled  
26 under qualified health plans offered on the indi-

1       vidual market through an Exchange and of individ-  
2       uals enrolled under standard health plans offered  
3       through a basic health program established under  
4       section 1331.

5       “(b) EXCLUSION OF CERTAIN GRANDFATHERED  
6 PLANS, TRANSITIONAL PLANS, STUDENT HEALTH  
7 PLANS, AND EXCEPTED BENEFITS.—For purposes of  
8 subsection (a), a plan described in this subsection is the  
9 following:

10           “(1) A grandfathered health plan (as defined in  
11       section 1251).

12           “(2) A plan (commonly referred to as a ‘transi-  
13       tional plan’) continued under the letter issued by the  
14       Centers for Medicare & Medicaid Services on No-  
15       vember 14, 2013, to the State Insurance Commis-  
16       sioners outlining a transitional policy for coverage in  
17       the individual and small group markets to which sec-  
18       tion 1251 does not apply, and under the extension  
19       of the transitional policy for such coverage set forth  
20       in the Insurance Standards Bulletin Series guidance  
21       issued by the Centers for Medicare & Medicaid Serv-  
22       ices on March 5, 2014, February 29, 2016, Feb-  
23       ruary 13, 2017, April 9, 2018, March 25, 2019,  
24       January 31, 2020, and January 19, 2021, or under  
25       any subsequent extensions thereof.

1           “(3) Student health insurance coverage (as de-  
2           fined in section 147.145 of title 45, Code of Federal  
3           Regulations, or any successor regulation).

4           “(4) Excepted benefits (as defined in section  
5           2791(e) of the Public Health Service Act).

6   **“SEC. 1353. STATE ELIGIBILITY AND APPROVAL; DEFAULT**  
7                           **SAFEGUARD.**

8           “(a) ENCOURAGING STATE OPTIONS FOR ALLOCA-  
9           TIONS.—

10           “(1) IN GENERAL.—Subject to subsection (b),  
11           to be eligible for an allocation of funds under this  
12           part for a year (beginning with 2023), a State shall  
13           submit to the Administrator an application at such  
14           time (but, in the case of allocations for 2023, not  
15           later than 120 days after the date of the enactment  
16           of this part and, in the case of allocations for a sub-  
17           sequent year, not later than January 1 of the pre-  
18           vious year) and in such form and manner as speci-  
19           fied by the Administrator containing—

20                           “(A) a description of how the funds will be  
21                           used; and

22                           “(B) such other information as the Admin-  
23                           istrator may require.

24           “(2) AUTOMATIC APPROVAL.—An application so  
25           submitted is approved (as outlined in the terms of

1 the plan) unless the Administrator notifies the State  
2 submitting the application, not later than 90 days  
3 after the date of the submission of such application,  
4 that the application has been denied for not being in  
5 compliance with any requirement of this part and of  
6 the reason for such denial.

7 “(3) 5-YEAR APPLICATION APPROVAL.—If an  
8 application of a State is approved for a purpose de-  
9 scribed in section 1352 for a year, such application  
10 shall be treated as approved for such purpose for  
11 each of the subsequent 4 years.

12 “(4) OVERSIGHT AUTHORITY AND AUTHORITY  
13 TO REVOKE APPROVAL.—

14 “(A) OVERSIGHT.—The Secretary may  
15 conduct periodic reviews of the use of funds  
16 provided to a State under this section, with re-  
17 spect to a purpose described in section 1352, to  
18 ensure the State uses such funds for such pur-  
19 pose and otherwise complies with the require-  
20 ments of this section.

21 “(B) REVOCATION OF APPROVAL.—The  
22 approval of an application of a State, with re-  
23 spect to a purpose described in section 1352,  
24 may be revoked if the State fails to use funds  
25 provided to the State under this section for

1           such purpose or otherwise fails to comply with  
2           the requirements of this section.

3           “(b) DEFAULT FEDERAL SAFEGUARD FOR 2023 AND  
4 2024 FOR CERTAIN STATES.—

5           “(1) IN GENERAL.—For 2023 and 2024, in the  
6 case of a State described in paragraph (5), with re-  
7 spect to such year, the State shall not be eligible to  
8 submit an application under subsection (a), and the  
9 Administrator, in consultation with the applicable  
10 State authority, shall from the amount calculated  
11 under paragraph (3) for such year, carry out the  
12 purpose described in paragraph (2) in such State for  
13 such year.

14           “(2) SPECIFIED USE.—The amount described  
15 in paragraph (3), with respect to a State described  
16 in paragraph (5) for 2023 or 2024, shall be used to  
17 carry out the purpose described in section  
18 1352(a)(1) in such State for such year, as applica-  
19 ble, by providing reinsurance payments to health in-  
20 surance issuers with respect to attachment range  
21 claims (as defined in section 1354(b)(2), using the  
22 dollar amounts specified in subparagraph (B) of  
23 such section for such year) in an amount equal to,  
24 subject to paragraph (4), the percentage (specified

1 for such year by the Secretary under such subpara-  
2 graph) of the amount of such claims.

3 “(3) AMOUNT DESCRIBED.—The amount de-  
4 scribed in this paragraph, with respect to 2023 or  
5 2024, is the amount equal to the total sum of  
6 amounts that the Secretary would otherwise esti-  
7 mate under section 1354(b)(2)(A)(i) for such year  
8 for each State described in paragraph (5) for such  
9 year, as applicable, if each such State were not so  
10 described for such year.

11 “(4) ADJUSTMENT.—For purposes of this sub-  
12 section, the Secretary may apply a percentage under  
13 paragraph (3) with respect to a year that is less  
14 than the percentage otherwise specified in section  
15 1354(b)(2)(B) for such year, if the cost of paying  
16 the total eligible attachment range claims for States  
17 described in paragraph (5) for such year at such  
18 percentage otherwise specified would exceed the  
19 amount calculated under paragraph (3) for such  
20 year.

21 “(5) STATE DESCRIBED.—A State described in  
22 this paragraph, with respect to years 2023 and  
23 2024, is a State that, as of January 1 of 2022 or  
24 2023, respectively, was not expending amounts  
25 under the State plan (or waiver of such plan) for all

1 individuals described in section  
2 1902(a)(10)(A)(i)(VIII) during such year.

3 **“SEC. 1354. ALLOCATIONS.**

4 “(a) APPROPRIATION.—In addition to amounts oth-  
5 erwise available, there is appropriated, out of any money  
6 in the Treasury not otherwise appropriated,  
7 \$10,000,000,000 for 2023 and each subsequent year to  
8 provide allocations for States under subsection (b) and  
9 payments under section 1353(b) .

10 “(b) ALLOCATIONS.—

11 “(1) PAYMENT.—

12 “(A) IN GENERAL.—From amounts appro-  
13 priated under subsection (a) for a year, the  
14 Secretary shall, with respect to a State not de-  
15 scribed in section 1353(b) for such year and  
16 not later than the date specified under subpara-  
17 graph (B) for such year, allocate for such State  
18 the amount determined for such State and year  
19 under paragraph (2).

20 “(B) SPECIFIED DATE.—For purposes of  
21 subparagraph (A), the date specified in this  
22 subparagraph is—

23 “(i) for 2023, the date that is 90 days  
24 after the date of the enactment of this  
25 part; and

1                   “(ii) for 2024 or a subsequent year,  
2                   January 1 of the previous year.

3                   “(C) NOTIFICATIONS OF ALLOCATION  
4                   AMOUNTS.—For 2024 and each subsequent  
5                   year, the Secretary shall notify each State of  
6                   the amount determined for such State under  
7                   paragraph (2) for such year by not later than  
8                   January 1 of the previous year.

9                   “(2) ALLOCATION AMOUNT DETERMINA-  
10                  TIONS.—

11                   “(A) IN GENERAL.—For purposes of para-  
12                   graph (1), the amount determined under this  
13                   paragraph for a year for a State described in  
14                   paragraph (1)(A) for such year is the amount  
15                   equal to—

16                   “(i) the amount that the Secretary es-  
17                   timates would be expended under this part  
18                   for such year on attachment range claims  
19                   of individuals residing in such State if such  
20                   State used such funds only for the purpose  
21                   described in paragraph (1) of section  
22                   1352(a) at the dollar amounts and per-  
23                   centage specified under subparagraph (B)  
24                   for such year; minus



1 “(ii) the amount, if any, by which the  
2 Secretary determines—

3 “(I) the estimated amount of  
4 premium tax credits under section  
5 36B of the Internal Revenue Code of  
6 1986 that would be attributable to in-  
7 dividuals residing in such State for  
8 such year without application of this  
9 part; exceeds

10 “(II) the estimated amount of  
11 premium tax credits under section  
12 36B of the Internal Revenue Code of  
13 1986 that would be attributable to in-  
14 dividuals residing in such State for  
15 such year if section 1353(b) applied  
16 for such year and applied with respect  
17 to such State for such year.

18 For purposes of the previous sentence and sec-  
19 tion 1353(b)(3), the term ‘attachment range  
20 claims’ means, with respect to an individual, the  
21 claims for such individual that exceed a dollar  
22 amount specified by the Secretary for a year,  
23 but do not exceed a ceiling dollar amount speci-  
24 fied by the Secretary for such year, under sub-  
25 paragraph (B).

1           “(B) SPECIFICATIONS.—For purposes of  
2           subparagraph (A) and section 1353(b)(3), the  
3           Secretary shall determine the dollar amounts  
4           and the percentage to be specified under this  
5           subparagraph for a year in a manner to ensure  
6           that the total amount of expenditures under  
7           this part for such year is estimated to equal the  
8           total amount appropriated for such year under  
9           subsection (a) if such expenditures were used  
10          solely for the purpose described in paragraph  
11          (1) of section 1352(a) for attachment range  
12          claims at the dollar amounts and percentage so  
13          specified for such year.

14          “(3) AVAILABILITY.—Funds allocated to a  
15          State under this subsection for a year shall remain  
16          available through the end of the subsequent year.”.

17          (b) BASIC HEALTH PROGRAM FUNDING ADJUST-  
18          MENTS.—Section 1331 of the Patient Protection and Af-  
19          fordable Care Act (42 U.S.C. 18051) is amended—

20                 (1) in subsection (a), by adding at the end the  
21                 following new paragraph:

22                 “(3) PROVISION OF INFORMATION ON QUALI-  
23                 FIED HEALTH PLAN PREMIUMS.—

24                         “(A) IN GENERAL.—For plan years begin-  
25                         ning on or after January 1, 2023, the program

1 described in paragraph (1) shall provide that a  
2 State may not establish a basic health program  
3 unless such State furnishes to the Secretary,  
4 with respect to each qualified health plan of-  
5 fered in such State during a year that receives  
6 any reinsurance payment from funds made  
7 available under part 6 for such year, the ad-  
8 justed premium amount (as defined in subpara-  
9 graph (B)) for each such plan and year.

10 “(B) ADJUSTED PREMIUM AMOUNT DE-  
11 FINED.—For purposes of subparagraph (A), the  
12 term ‘adjusted premium amount’ means, with  
13 respect to a qualified health plan and a year,  
14 the monthly premium for such plan and year  
15 that would have applied had such plan not re-  
16 ceived any payments described in subparagraph  
17 (A) for such year.”; and

18 (2) in subsection (d)(3)(A)(ii), by adding at the  
19 end the following new sentence: “In making such de-  
20 termination, the Secretary shall calculate the value  
21 of such premium tax credits that would have been  
22 provided to such individuals enrolled through a basic  
23 health program established by a State during a year  
24 using the adjusted premium amounts (as defined in

1 subsection (a)(3)(B)) for qualified health plans of-  
2 fered in such State during such year.”.

