

115TH CONGRESS  
1ST SESSION

# H. R. 4200

To provide for temporary funding for health insurance cost-sharing reduction payments and provide targeted tax relief, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 1, 2017

Mr. BRADY of Texas introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, 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

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## A BILL

To provide for temporary funding for health insurance cost-sharing reduction payments and provide targeted tax relief, 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 “Healthcare Market  
5        Certainty and Mandate Relief Act of 2017”.

6        **SEC. 2. COST-SHARING REDUCTION PAYMENTS.**

7        (a) IN GENERAL.—

1           (1) APPROPRIATIONS.—There is appropriated  
2           to the Secretary of Health and Human Services, out  
3           of any funds in the Treasury not otherwise appro-  
4           priated, such sums as may be necessary for pay-  
5           ments for cost-sharing reductions authorized by sec-  
6           tion 1402 of Public Law 111–148, including through  
7           advanced payment of such reductions under section  
8           1412 of such Public Law for plan years 2017, 2018,  
9           and 2019 (and including for adjustments to any  
10          prior obligations for such payments).

11          (2) ADJUSTMENTS.—Notwithstanding any  
12          other provision of this Act, payments and other ac-  
13          tions for adjustments to obligations incurred prior to  
14          December 31, 2019, may be made through Decem-  
15          ber 31, 2020.

16          (3) LIMITATION.—Amounts appropriated under  
17          paragraph (1) shall not include payment to an issuer  
18          of a qualified health plan that includes coverage of  
19          abortion (other than any abortion necessary to save  
20          the life of the mother or any abortion with respect  
21          to a pregnancy that is the result of an act of rape  
22          or incest).

23          (b) SPECIAL RULE FOR PLAN YEAR 2018 PAY-  
24          MENTS.—Section 1402(c) of Public Law 111–148 (42  
25          U.S.C. 18071(c)) is amended—

1           (1) in paragraph (3)(A), by striking “An  
2 issuer” and inserting “Subject to paragraph (6), an  
3 issuer”; and

4           (2) by adding at the end the following new  
5 paragraph:

6           “(6) SPECIAL RULE FOR PLAN YEAR 2018 PAY-  
7 MENTS.—

8           “(A) IN GENERAL.—The Secretary shall  
9 make payments under paragraph (3)(A), includ-  
10 ing through advanced payment for cost-sharing  
11 reduction under section 1412, for plan year  
12 2018 to an issuer of a qualified health plan  
13 only, subject to subparagraph (C), if the Sec-  
14 retary determines, based on a certification and  
15 appropriate documentation from the issuer and  
16 a certification from State regulators, that the  
17 premium rates applied under such plan for such  
18 plan year were based on the assumption of re-  
19 ceiving payments under paragraph (3)(A) for  
20 such plan year (including by reason of the plan  
21 being offered in a State in which the State reg-  
22 ulators instructed issuers of health plans in  
23 such State to make such an assumption).

24           “(B) RECOVERY OF PAST PAYMENTS.—If  
25 the Secretary makes payments to an issuer of

1 a qualified health plan under paragraph (3)(A)  
2 for plan year 2018 and subsequently determines  
3 that such issuer increased premium rates for  
4 that plan year because the issuer expected, or  
5 was instructed by applicable State regulators to  
6 expect, that the issuer would not receive such  
7 payments (or, in the case of such payments  
8 made to an issuer of a qualified health plan for  
9 plan year 2018 pursuant to subparagraph (C),  
10 determines that such issuer did not reduce pre-  
11 mium rates under such plan for such plan year  
12 to such rates as described in clause (i)(I) of  
13 such subparagraph) the Secretary may reduce  
14 payments due to such issuer under paragraph  
15 (3)(A) for a subsequent plan year by the  
16 amount paid to such issuer under such para-  
17 graph for plan year 2018.

18 “(C) PAYMENTS ALLOWED IN CASE OF  
19 ISSUERS IN STATES PROVIDING FOR PREMIUM  
20 ADJUSTMENT PROCESS.—Notwithstanding sub-  
21 paragraph (A), the Secretary may make pay-  
22 ments under paragraph (3)(A) for plan year  
23 2018 to an issuer of a qualified health plan not  
24 otherwise eligible for such payments pursuant  
25 to subparagraph (A) if—

1           “(i) the qualified health plan is of-  
2           ferred in a State for such plan year for  
3           which the State insurance commissioner  
4           notifies the Secretary of the Treasury and  
5           the Secretary of Health and Human Serv-  
6           ices of a process provided for in the State  
7           under which—

8                       “(I) issuers of qualified health  
9                       plans in such State choosing to par-  
10                      ticipate in such process are required  
11                      to reduce premium rates under such  
12                      plans for plan year 2018 to the rates  
13                      that would have been applied under  
14                      such plans for such plan year had the  
15                      issuers assumed payments for cost-  
16                      sharing reductions under such para-  
17                      graph would be received for such plan  
18                      year; and

19                     “(II) the State submits to the  
20                     Secretaries information to verify that  
21                     the reduction of the premium rate  
22                     under a qualified health plan offered  
23                     by an issuer participating under such  
24                     process satisfies the reduction require-  
25                     ment described in subclause (I); and

1                   “(ii) the issuer of such qualified  
2                   health plan chooses to participate in such  
3                   process.

4                   “(D) RECONCILIATION PROCESS.—The  
5                   Secretary of the Treasury and the Secretary of  
6                   Health and Human Services shall adjust the  
7                   methodologies under section 156.430 of title 45,  
8                   Code of Federal Regulations (as in effect on the  
9                   date of enactment of the Healthcare Market  
10                  Certainty and Mandate Relief Act of 2017), as  
11                  may be necessary to correct for any overpay-  
12                  ments or underpayments made under this sec-  
13                  tion to an issuer in accordance with this para-  
14                  graph.”.

15 **SEC. 3. MORATORIUM ON INDIVIDUAL MANDATE.**

16                  Section 5000A of the Internal Revenue Code of 1986  
17                  is amended—

18                   (1) in subsection (a), by striking “An applica-  
19                  ble” and inserting “Except as provided in subsection  
20                  (h), an applicable”; and

21                   (2) by adding at the end the following new sub-  
22                  section:

23                  “(h) SUSPENSION.—This section shall not apply to  
24                  any month beginning after December 31, 2016, and before  
25                  January 1, 2022.”.

1 **SEC. 4. MORATORIUM ON EMPLOYER MANDATE.**

2 Section 4980H of the Internal Revenue Code of 1986  
3 is amended by adding at the end the following new sub-  
4 section:

5 “(e) **SUSPENSION.**—This section shall not apply to  
6 any month beginning after December 31, 2014, and before  
7 January 1, 2018.”.

8 **SEC. 5. MAXIMUM CONTRIBUTION LIMIT TO HEALTH SAV-**  
9 **INGS ACCOUNT INCREASED TO AMOUNT OF**  
10 **DEDUCTIBLE AND OUT-OF-POCKET LIMITA-**  
11 **TION.**

12 (a) **IN GENERAL.**—Subsection (b) of section 223 of  
13 the Internal Revenue Code of 1986 is amended by adding  
14 at the end the following new paragraph:

15 “(9) **INCREASED LIMITATION.**—In the case of  
16 any month beginning after December 31, 2017, and  
17 before January 1, 2023—

18 “(A) paragraph (2)(A) shall be applied by  
19 substituting ‘the amount in effect under sub-  
20 section (c)(2)(A)(ii)(I)’ for ‘\$2,250’, and

21 “(B) paragraph (2)(B) shall be applied by  
22 substituting ‘the amount in effect under sub-  
23 section (c)(2)(A)(ii)(II)’ for ‘\$4,500’.”.

1       (b) EFFECTIVE DATE.—The amendment made by  
2 this section shall apply to taxable years beginning after  
3 December 31, 2017.

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