

**AMENDMENT TO H.R. 1628, AS REPORTED**

**OFFERED BY M\_\_\_.** \_\_\_\_\_

In the section 2204(e)(2)(B) proposed to be added to the Social Security Act by section 132, strike “to carry out the purpose described in section 2202(2) in such States by providing payments to appropriate entities described in such section with respect to claims that exceed \$1,000,000” and insert “to carry out the Federal Invisible Risk Sharing Program in such States under section 2205”.

In title XXII of the Social Security Act, as added by section 132, add at the end the following:

1 **“SEC. 2205. FEDERAL INVISIBLE RISK SHARING PROGRAM.**  
2       “(a) IN GENERAL.—There is established within the  
3 Patient and State Stability Fund a Federal Invisible Risk  
4 Sharing Program (in this section referred to as the ‘Pro-  
5 gram’), to be administered by the Secretary of Health and  
6 Human Services, acting through the Administrator of the  
7 Centers for Medicare & Medicaid Services (in this section  
8 referred to as the ‘Administrator’), to provide payments  
9 to health insurance issuers with respect to claims for eligi-

1 ble individuals for the purpose of lowering premiums for  
2 health insurance coverage offered in the individual market.

3 “(b) FUNDING.—

4 “(1) APPROPRIATION.—For the purpose of pro-  
5 viding funding for the Program there is appro-  
6 priated, out of any money in the Treasury not other-  
7 wise appropriated, \$15,000,000,000 for the period  
8 beginning on January 1, 2018, and ending on De-  
9 cember 31, 2026.

10 “(2) USE OF UNALLOCATED FUNDS.—Funds  
11 provided under section 2204(c)(2)(B) to carry out  
12 this section are in addition to the amount appro-  
13 priated under paragraph (1).

14 “(c) OPERATION OF PROGRAM.—

15 “(1) IN GENERAL.—The Administrator shall es-  
16 tablish, after consultation with health care con-  
17 sumers, health insurance issuers, State insurance  
18 commissioners, and other stakeholders and after tak-  
19 ing into consideration high cost health conditions  
20 and other health trends that generate high cost, pa-  
21 rameters for the operation of the Program consistent  
22 with this section and consistent with the same limi-  
23 tation on payment with respect to health insurance  
24 coverage that applies to payment with respect health  
25 benefits coverage under section 2105(c)(7).

1           “(2) DEADLINE FOR INITIAL OPERATION.—Not  
2 later than 60 days after the date of the enactment  
3 of this title, the Administrator shall establish suffi-  
4 cient parameters to specify how the Program will op-  
5 erate for plan year 2018.

6           “(3) STATE OPERATION OF PROGRAM.—The  
7 Administrator shall establish a process for a State to  
8 operate the Program in such State beginning with  
9 plan year 2020.

10          “(d) DETAILS OF PROGRAM.—The parameters for  
11 the Program shall include the following:

12           “(1) ELIGIBLE INDIVIDUALS.—A definition for  
13 eligible individuals.

14           “(2) HEALTH STATUS STATEMENTS.—The de-  
15 velopment and use of health status statements with  
16 respect to such individuals.

17           “(3) STANDARDS FOR QUALIFICATION.—

18           “(A) AUTOMATIC QUALIFICATION.—The  
19 identification of health conditions that auto-  
20 matically qualify individuals as eligible individ-  
21 uals at the time of application for health insur-  
22 ance coverage.

23           “(B) VOLUNTARY QUALIFICATION.—A  
24 process under which health insurance issuers  
25 may voluntarily qualify individuals, who do not

1 automatically qualify under subparagraph (A),  
2 as eligible individuals at the time of application  
3 for such coverage.

4 “(4) PERCENTAGE OF INSURANCE PREMIUMS  
5 TO BE APPLIED.—The percentage of the premiums  
6 paid, to health insurance issuers for health insur-  
7 ance coverage by eligible individuals, that shall be  
8 collected and deposited to the credit (and available  
9 for the use) of the Program.

10 “(5) ATTACHMENT DOLLAR AMOUNT AND PAY-  
11 MENT PROPORTION.—The dollar amount of claims  
12 for eligible individuals after which the Program will  
13 provide payments to health insurance issuers and  
14 the proportion of such claims above such dollar  
15 amount that the Program will pay.”.

