









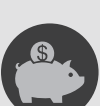








# HOW THEY STACK UP

Updated September 22, 2017

FEATURES	ACA	AHCA (HOUSE) May	GRAHAM-CASSIDY September
 Coverage Requirement	<b>Individual Mandate.</b> Most people must obtain health insurance or pay a penalty of 2.5% of household income or \$695 per adult, whichever is greater.	<b>Continuous Coverage.</b> Individual mandate penalty repealed. Also, if an enrollee drops coverage, insurers may add a 30 percent surcharge upon re-enrollment.	<b>No mandate.</b> Eliminates the tax penalty for not having coverage retroactive to 2016, and does not provide a replacement penalty or incentive for coverage.
 Pre-Existing Conditions	<b>Bans insurers</b> from denying coverage to people with pre-existing medical conditions or charging them more.	<b>States may waive rules</b> against different pricing based on pre-existing health conditions.	<b>States may waive rules</b> against different pricing based on pre-existing health conditions.
 Age-Based Pricing	<b>3:1 Ratio.</b> Insurers may charge an older adult three times more than a younger adult.	<b>5:1 Ratio.</b> Insurers may charge an older adult five times more than a younger adult. States may approve higher ratios.	<b>States may waive</b> age-based pricing bands and allow unlimited differences in insurance prices based on age.
 Tax Credits	<b>Income-Based.</b> Provides credits for people earning between 139% (\$16,000) and 400% (\$48,000) of federal poverty level. Credits are higher in areas with higher insurance prices.	<b>Age-Based (with Income-Based Caps).</b> Provides refundable \$2,000/year credits for people under 30, increasing to \$4,000/year for those over 60. Bigger credits for larger families. Not based on price.	<b>ACA tax credits and Medicaid expansion are repealed after 2019.</b> Federal funding for tax credits, cost-sharing reductions and ACA Medicaid expansion is put into a new Market-based Health Reform Grant Program. Initial funding will be allocated to states based on number of residents with incomes between 50% and 138% federal poverty level. Later, states will have financial incentives to cover eligible residents. Grant funding is \$136 billion nationally in 2020, growing to \$200 billion in 2026. All funding ends in 2027.
 Medicaid Eligibility Expansion	<b>Expanded eligibility</b> to all low-income people below 139% of federal poverty level. Federal government pays at least 90% of cost.	<b>Continues expansion through 2020,</b> but then freezes enrollment. Eliminates enhanced federal payment rate for all but those continuously enrolled on December 2019. States could impose work requirements.	Pre-ACA Medicaid population would be funded by <b>per-capita allotment</b> beginning in 2020. States could opt for block grants instead.
 Medicaid Funding	<b>Joint federal and state funding</b> that covers all eligible residents and all permitted medical services.	<b>Transition federal portion to a per capita allotment,</b> or a set amount per enrollee, in 2020, using 2016 as base year. States could opt for block grants instead.	Pre-ACA Medicaid population would be funded by <b>per-capita allotment</b> beginning in 2020. States could opt for block grants instead.
 Health Insurance Marketplaces	<b>Creates</b> online marketplaces to purchase individual insurance, and designates marketplaces as the only place tax credits are available.	<b>Retains the marketplaces,</b> but makes tax credits available outside the marketplace.	<b>Marketplaces lose relevance</b> after 2019 because tax credits are abolished.
 Essential Health Benefits	<b>Requires</b> insurers to offer 10 benefits in all plans.	<b>Allows states</b> to waive some or all benefits.	<b>Allows states</b> to waive some or all benefits.
 Young Adults	<b>May stay on parents' plan</b> until age 26.	<b>Same</b> as the ACA.	<b>Same</b> as the ACA.
 Cost Sharing	<b>Provides</b> cost-sharing subsidies for households between 100% and 250% federal poverty level to reduce out-of-pocket costs. Must buy silver plan.	<b>Repeals</b> subsidies in 2020.	<b>Repeals</b> subsidies in 2020.
 Health Savings Accounts (HSAs)	<b>Caps tax-free contributions</b> at \$3,350 annually for individual. Must be in a high deductible plan.	<b>Expands availability</b> of HSAs, increases tax-free contributions.	<b>Expands availability</b> of HSAs, increases tax-free contributions.
 Annual/Lifetime Dollar Limits	<b>Bans insurers</b> from limiting coverage.	States may <b>waive the ban</b> on annual and lifetime spending limits.	<b>Ban technically remains</b> in place, but limits apply only to essential health benefits, which states may waive.
 Employer Sponsored Insurance	<b>Requires larger companies</b> to provide affordable coverage to employees or face a fine.	<b>Eliminates the employer mandate</b> penalty, retroactive to 2016.	<b>Eliminates the employer mandate</b> penalty, retroactive to 2016.
 High-Risk Consumers	<b>Covers</b> all high-risk consumers through pre-existing condition mandate.	<b>Provides \$138 billion</b> for a "Patient and State Stability Fund." States have option to use this money to create a high-risk pool.	Provides \$10 billion in 2019 and \$15 billion in 2020 that could fund state reinsurance programs.
 Reproductive Health	<b>Didn't affect</b> Planned Parenthood.	<b>Adds a ban</b> of funding to Planned Parenthood in 2018. Forbids tax credits for buying an insurance plan with abortion benefits.	Adds a ban of funding to Planned Parenthood in 2018. Forbids tax credits for buying an insurance plan with abortion benefits.
 Substance Use Disorder Treatment	<b>Treatment covered</b> under essential health benefits and Medicaid expansion.	<b>Provides \$2 billion</b> to address substance use disorders.	<b>No specific programs</b> or funding for substance use disorders.
 Hospital Provider Fee	<b>Did not address</b> provider fees.	<b>Does not address</b> provider fees.	Incrementally cuts allowable tax to 4% of net patient revenue by 2026, down from current maximum of 6%. Colorado's current rate is 5.35%.