

HOW THEY STACK UP

Updated September 22, 2017

FEATURES	ACA	AHCA (HOUSE) May	GRAHAM-CASSIDY September
 Coverage Requirement	Individual Mandate. Most people must obtain health insurance or pay a penalty of 2.5% of household income or \$695 per adult, whichever is greater.	Continuous Coverage. Individual mandate penalty repealed. Also, if an enrollee drops coverage, insurers may add a 30 percent surcharge upon re-enrollment.	No mandate. 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	Bans insurers from denying coverage to people with pre-existing medical conditions or charging them more.	States may waive rules against different pricing based on pre-existing health conditions.	States may waive rules against different pricing based on pre-existing health conditions.
 Age-Based Pricing	3:1 Ratio. Insurers may charge an older adult three times more than a younger adult.	5:1 Ratio. Insurers may charge an older adult five times more than a younger adult. States may approve higher ratios.	States may waive age-based pricing bands and allow unlimited differences in insurance prices based on age.
 Tax Credits	Income-Based. 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.	Age-Based (with Income-Based Caps). 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.	ACA tax credits and Medicaid expansion are repealed after 2019. 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	Expanded eligibility to all low-income people below 139% of federal poverty level. Federal government pays at least 90% of cost.	Continues expansion through 2020, 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 per-capita allotment beginning in 2020. States could opt for block grants instead.
 Medicaid Funding	Joint federal and state funding that covers all eligible residents and all permitted medical services.	Transition federal portion to a per capita allotment, 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 per-capita allotment beginning in 2020. States could opt for block grants instead.
 Health Insurance Marketplaces	Creates online marketplaces to purchase individual insurance, and designates marketplaces as the only place tax credits are available.	Retains the marketplaces, but makes tax credits available outside the marketplace.	Marketplaces lose relevance after 2019 because tax credits are abolished.
 Essential Health Benefits	Requires insurers to offer 10 benefits in all plans.	Allows states to waive some or all benefits.	Allows states to waive some or all benefits.
 Young Adults	May stay on parents' plan until age 26.	Same as the ACA.	Same as the ACA.
 Cost Sharing	Provides cost-sharing subsidies for households between 100% and 250% federal poverty level to reduce out-of-pocket costs. Must buy silver plan.	Repeals subsidies in 2020.	Repeals subsidies in 2020.
 Health Savings Accounts (HSAs)	Caps tax-free contributions at \$3,350 annually for individual. Must be in a high deductible plan.	Expands availability of HSAs, increases tax-free contributions.	Expands availability of HSAs, increases tax-free contributions.
 Annual/Lifetime Dollar Limits	Bans insurers from limiting coverage.	States may waive the ban on annual and lifetime spending limits.	Ban technically remains in place, but limits apply only to essential health benefits, which states may waive.
 Employer Sponsored Insurance	Requires larger companies to provide affordable coverage to employees or face a fine.	Eliminates the employer mandate penalty, retroactive to 2016.	Eliminates the employer mandate penalty, retroactive to 2016.
 High-Risk Consumers	Covers all high-risk consumers through pre-existing condition mandate.	Provides \$138 billion 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	Didn't affect Planned Parenthood.	Adds a ban 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	Treatment covered under essential health benefits and Medicaid expansion.	Provides \$2 billion to address substance use disorders.	No specific programs or funding for substance use disorders.
 Hospital Provider Fee	Did not address provider fees.	Does not address 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%.