

## Chapter 1 : Obama Health Care Bill

*Jun 22, Â. The closely guarded Senate health care bill written entirely behind closed doors is finally public on Thursday in a do-or-die moment for the Republican Party's winding efforts to repeal Obamacare.*

Background[ edit ] The ACA colloquially called "Obamacare" , a major reform of health care in the United States , was passed in by the th Congress and signed by President Barack Obama in after nearly a year of bipartisan debate. During the presidential election , Republican nominee Mitt Romney , running against Obama, promised to repeal the ACA, despite its similarity to Romneycare. In the th Congress , Republicans passed a bill that would have repealed much of the ACA, but the bill was vetoed by President Obama. Some of the many reasons cited for the cost differential with other countries include: States would be allowed more flexibility in establishing essential health benefits i. Provide funding to health insurers to stabilize premiums and promote marketplace participation, via a "Long-Term State Stability and Innovation Program" with features analogous to a high-risk pool. Reduce Medicaid payments relative to current law, by capping the growth in per-enrollee payments for non-disabled children and non-disabled adults, by using a lower inflation index. Allow insurers to charge premiums up to five times as much to older people vs. Views were split along party lines. For example, the monthly Kaiser Family Foundation health tracking poll for May indicated that: Cuts to Medicaid more than offset tax cuts, resulting in moderate deficit reduction. Other groups have evaluated some of these elements, as well as the distributional impact of the tax changes by income level and impact on job creation. The results of these analyses are as follows: Health insurance coverage[ edit ] According to each of the CBO scores, passage of the Republican bills would result in a dramatic reduction in the number of persons with health insurance, relative to current law. In , most of the reduction would be caused by the elimination of the penalties for the individual mandate, both directly and indirectly. Later reductions would be due to reductions in Medicaid enrollment, elimination of the individual mandate penalty, subsidy reduction, and higher costs for some persons. By , an estimated 49 million people would be uninsured under the Senate BCRA, versus 28 million under current law. Medicaid spending would be cut considerably. Regarding quality, the "actuarial value" is an estimate of the percentage of total cost that a particular insurance plan is expected to cover. Insurance premiums would rise initially relative to current law, but would be reduced in the future moderately: By , average premiums for single policyholders in the nongroup market under the legislation would be roughly 10 percent lower than under current law Premium changes would vary significantly by age: A combination of factors would lead to that decreaseâ€”most important, the smaller share of benefits paid for by the benchmark plans and federal funds provided to directly reduce premiums. That share of services covered by insurance would be smaller because the benchmark plan under this legislation would have an actuarial value of 58 percent beginning in That value is slightly below the actuarial value of 60 percent for "bronze" plans currently offered in the marketplaces. The deductible for a plan with an actuarial value of 58 percent would be a significantly higher percentage of incomeâ€”also making such a plan unattractive, but for a different reason. As a result, despite being eligible for premium tax credits, few low-income people would purchase any plan CBO has provided a summary table 5 on page 48 that compares premiums under current law ACA with the BCRA, for different ages and income levels, for bronze and silver plans. For that person, silver plans would be basically identical in terms of cost and quality. Relative to current law, persons aged 64 years old would pay considerably more for either a bronze or silver plan under BCRA, while a 21 year old would pay considerably less under BCRA, due in part to relaxing the rules on how much more older persons can be charged relative to younger. The ACA also established a penalty tax related to the individual mandate for individuals without adequate insurance, an excise tax on employers with 50 or more workers who offer insufficient coverage, annual fees on health insurance providers, and the "Cadillac tax" yet to be implemented as of on generous employer-sponsored health plans. Combined with subsidies that primarily benefit low-income households, the law significantly reduced income inequality after taxes and transfers. The effects overall would worsen income inequality. It is the primary payer of nursing home care. CBO estimated that there would be 15 million fewer Medicaid enrollees relative to current law by , the largest

component of the reduced coverage discussed above. This would reduce Medicaid spending in from 2. The reductions are driven by reduced funding to states for those who became covered under the Medicaid expansion in the current law ACA , reducing the inflation index used to compute per-enrollee payments to states, and eliminating coverage mandates. The stimulus effects from tax cuts would initially create jobs, but would be offset by the larger declines in spending as the various parts of the law take effect. States that expanded Medicaid would bear the brunt of the economic impact, as government funds would be reduced more significantly. Gluck, the director of the Solomon Center for Health Law and Policy, writes that Republican elected officials have taken a variety of steps to "sabotage" the ACA, creating uncertainty that has likely adversely impacted enrollment and insurer participation, and then insisting that the exchanges are in difficulty as an argument for repealing the ACA. Lawsuits, both successful Medicaid expansion limited and unsuccessful mandates and insurance subsidies upheld. Lawsuits pending, such as whether cost-sharing subsidies must be paid. President Trump is threatening not to pay these subsidies. Prevention of appropriations for transitional financing "risk corridors" to steady insurance markets, resulting the bankruptcy of many co-ops offering insurance. Reduction to funding for advertising for the exchange enrollment period. Ongoing insistence, despite CBO assertions to the contrary, that the exchanges are unstable or in a "death spiral". A Congressional Budget Office report suggests an extra 16 million people would be left uninsured leading to 19, preventable deaths. Other uninsured people would develop painful chronic conditions or permanent disabilities which could have been prevented with health insurance. Individuals who wished to buy insurance but were outside of the coverage gap would have paid a 30 percent premium surcharge for one year and then return to standard rates. It has been very accurate with respect to forecasting the number of uninsured and change in uninsured, but off significantly in forecasting the number of persons who would enroll in the exchanges. Instead, many more persons retained their employer-based plan than CBO had anticipated. The Kaiser Family Foundation estimated in October that 3. Regarding the inaccuracy of their exchange forecast, CBO explained that one of their assumptions was that more employers would choose to drop their coverage in favor of the exchanges than has actually occurred. CBO wrote in March that:

**Chapter 2 : Senate GOP unveils health care plan after weeks of secrecy - CBS News**

*The American Health Care Act (AHCA) as amended delivers relief from Obamacare's taxes and mandates that have hurt job creators, increased premiums, and limited options for patients and health care providers.*

Want a helpful explainer of the changes to the bill? E-mail Please enter a valid E-mail If you are human, leave this blank. It returns control of health care from Washington back to the states and restores the free market so Americans can access quality, affordable health care options that are tailored to their needs. Obamacare was based on a one-size-fits-all approach that put bureaucrats in Washington in charge of your health care. The law led to higher costs, fewer choices, and less access to the care people need. And provide the freedom and flexibility states, job creators, and health care providers need to deliver quality, affordable health care options. The Upton-Long amendment strengthens the AHCA by reaffirming our commitment to protect patients with pre-existing conditions. States can use the funds to: These combined resources reaffirm the commitment from House Republicans to ensure Americans with pre-existing conditions are protected. The MacArthur Amendment provides states the option to apply for waivers from certain federal insurance regulations that increase insurance premiums. This new flexibility will allow states to design insurance frameworks that are right for their unique populations, providing superior care and lowering costs for patients. Any states that apply for a waiver must attest that its purpose is to reduce the cost of health care or increase the number of people with health care coverage. No state may obtain a waiver for health status unless it has taken these efforts to protect those who might be affected. In states with a waiver, individuals who maintain continuous coverage could not be rated based on health status. This Amendment does not cover pre-existing conditions. The MacArthur Amendment explicitly maintains protections for pre-existing conditions. NO STATE, under ANY circumstances, may ever obtain a waiver for guaranteed issue of coverage, guaranteed renewability of coverage, or the prohibition on denying coverage due to pre-existing conditions. The amendment specifically clarifies that its provisions cannot be construed as allowing insurers to limit coverage for those with pre-existing conditions. All of these protections will remain the law. This Amendment will price those with pre-existing conditions out of the market, making health care unaffordable for them. High-risk pools have traditionally been underfunded by states and the federal government, resulting in poor coverage and high costs for those who need insurance the most. Under this amendment, States do not have to cover essential health benefits. This amendment ensures essential health benefits are the federal law of the land and maintains other important protections. States have the option to obtain a waiver regarding federal essential health benefits, but the state must publicly attest its purpose for doing so to reduce the cost of health care coverage, increase the number of people with health care coverage, etc. NO STATE, under ANY circumstances, may ever obtain a waiver for pre-existing condition protection, prohibition on gender discrimination, for guaranteed issue and renewability, or for the right of dependents to stay on a family plan up to age Anyone with employer-provided coverage or government coverage Medicare, Medicaid, Tricare, VA benefits, etc. Again, this amendment would not allow any state to deny coverage to those with pre-existing conditions, and would require the extensive protections described above for those with riskier health profiles. It is also worth noting that many states required insurers to offer coverage to those with pre-existing conditions before Obamacare was implemented. Are Members of Congress and their staff bound to the same rules as everyone else? Members of Congress should live by the same rules as everyone else. Why did you add the Upton-Long Amendment? The AHCA explicitly maintains protections for pre-existing conditions. Guaranteed issue of coverage, guaranteed renewability of coverage, or the prohibition on insurance companies denying coverage due to pre-existing conditions are all maintained. All of these protections remain the law. The MacArthur amendment to the AHCA does allow states to seek a limited waiver to allow the insurance companies to charge higher premiums for a person with a health condition only if they do not maintain continuous coverage. The MacArthur amendment only applies to the individual insurance market, where roughly 7 percent of the country purchase coverage. In order to obtain a waiver, the MacArthur amendment requires states to set up a program for high-risk individuals or premium stabilization, or to participate in the Federal Invisible Risk Sharing Program.

Importantly, these higher premiums could only be charged for a period of one year to an individual who did not maintain continuous coverage. After an individual has maintained continuous coverage for twelve months they would then return to standard rates. This means that the protections against being charged higher premiums for a health condition are preserved for every individual market plan holder who maintains continuous coverage. States can use the funds to cut out-of-pocket costs, like premiums and deductibles. States may also use these resources to promote access to preventive services, like getting an annual checkup, as well as dental and vision care. States could use these resources to promote participation in private health insurance or to increase the number of options available through the market. Further, the AHCA provides a refundable tax credit to those without other health care options so they can get “and stay covered” before they face a serious medical event or suddenly fall ill.

**Chapter 3 : Senate finally unveils secret health care bill - CNNPolitics**

*You can read the Affordable Care Act by visiting the links below. The health care law, sometimes known as "Obamacare," was signed March 23,*

Email Last Updated Jun 22, 1: The page measure would provide tax credits, based on income, age and geography, which would make more money available to lower income recipients to help them buy insurance. This differs from the House bill, which tied its tax credits to age. Obamacare taxes would be repealed under the bill. The Senate bill would provide for expanded tax-free Health Savings Accounts, and it would also eliminate federal funding for Planned Parenthood. The Senate bill would also slash funding to Medicaid from what Republicans call "gimmicks that drive up federal costs. Senate Majority Mitch McConnell, R-Kentucky, aims to hold a vote on the legislation before lawmakers leave at the end of next week for the week-long July 4 recess. By nearly any measure, it has failed, and no amount of 11th-hour, reality-denying or buck-passing by Democrats is going to change the fact that more Americans are going to get hurt unless we do something," he said on the floor after the bill was posted. They may still have to rely on Vice President Mike Pence to cast a tie-breaking vote. The Senate currently has 52 Republicans and 48 Democrats. That means if all Democrats vote against the bill, only three no votes from Republicans can torpedo it. Even if Republicans are successful in getting it through the upper chamber, they would then still need to reconcile it with version passed by the House in early May, reach a bicameral agreement with House Republicans, and hold votes in the House and Senate on that version again. A cost estimate of the bill from the nonpartisan Congressional Budget Office CBO is expected to be released by early next week. Lisa Murkowski, R-Alaska, asked a reporter. Tim Scott, R-South Carolina, said when asked if it could pass next week, adding that the draft version could be modified before a vote happens. We have a lot of time now -- seven days -- to figure out what parts we like about it, what parts we plan to keep. This is only a draft legislation. Several senators are already expressing concerns about the proposal. Dean Heller, R-Nevada, in a statement. Heller is up for re-election next year and is considered by Democrats to be one of the most vulnerable Republicans. So for those reasons, it looks a lot like Obamacare instead of a repeal of Obamacare. Lindsey Graham, R-South Carolina, said in a statement that he needs to carefully review the text first, but "would prefer to address health care reform in a bipartisan manner," accusing Democrats of being unwilling to negotiate with Republicans. Should coverage be interrupted for more than 63 days, insurers would be able to charge a 30 percent penalty over the original premium for one year. Mike Lee, R-Utah, said even he had been left in the dark. Lee said the measure was "apparently being written by a small handful of staffers for members of the Republican leadership in the Senate. A quarter of the public, by contrast, said it should be developed in private. It also found 57 percent said Obamacare needs some changes, 28 percent said it should be repealed entirely and 12 percent said it should be kept in place.

*A BILL To provide affordable, quality health care for all Americans and reduce the growth in health care spending, and 6 "Affordable Health Care for America.*

Would expand coverage to 32 million Americans who are currently uninsured. The uninsured and self-employed would be able to purchase insurance through state-based exchanges with subsidies available to individuals and families with income between the percent and percent of poverty level. Separate exchanges would be created for small businesses to purchase coverage -- effective Funding available to states to establish exchanges within one year of enactment and until January 1, Individuals and families who make between percent - percent of the Federal Poverty Level FPL and want to purchase their own health insurance on an exchange are eligible for subsidies. They cannot be eligible for Medicare, Medicaid and cannot be covered by an employer. Eligible buyers receive premium credits and there is a cap for how much they have to contribute to their premiums on a sliding scale. Medicare Payroll tax on investment income -- Starting in , the Medicare Payroll Tax will be expanded to include unearned income. That will be a 3. Tanning Tax -- 10 percent excise tax on indoor tanning services. Closes the Medicare prescription drug "donut hole" by Beginning in , seniors in the gap will receive a 50 percent discount on brand name drugs. Requires states to expand Medicaid to include childless adults starting in Federal Government pays percent of costs for covering newly eligible individuals through Illegal immigrants are not eligible for Medicaid. Six months after enactment, insurance companies could no longer denying children coverage based on a preexisting condition. Starting in , insurance companies cannot deny coverage to anyone with preexisting conditions. The bill segregates private insurance premium funds from taxpayer funds. Individuals would have to pay for abortion coverage by making two separate payments, private funds would have to be kept in a separate account from federal and taxpayer funds. No health care plan would be required to offer abortion coverage. States could pass legislation choosing to opt out of offering abortion coverage through the exchange. Read more here Individual Mandate: There are some exceptions for low-income people. Technically, there is no employer mandate. Fines applied to entire number of employees minus some allowances. Illegal immigrants will not be allowed to buy health insurance in the exchanges -- even if they pay completely with their own money. More Details of the Bill:

**Chapter 5 : Health Care Reform Bill Summary: A Look At What's in the Bill - CBS News**

*The Patient Protection and Affordable Care Act (Obamacare) is a United States federal statute signed into law by President Barack Obama on March 23, The law (along with the Health Care and Education Reconciliation Act of ) is the principal health care reform legislation of the th United States Congress.*

Today, White House Director of Health Reform Nancy-Ann DeParle sent an email update you can sign up for them here outlining key benefits of health reform for individual Americans that take place soon: What Happens Next Good afternoon, Since the House of Representatives voted to pass health reform legislation on Sunday night, the legislative process and its political impact have been the focus of all the newspapers and cable TV pundits. Outside of DC, however, many Americans are trying to cut through the chatter and get to the substance of reform with a simple question: This year, children with pre-existing conditions can no longer be denied health insurance coverage. Once the new health insurance exchanges begin in the coming years, pre-existing condition discrimination will become a thing of the past for everyone. This year, insurance companies will be banned from dropping people from coverage when they get sick, and they will be banned from implementing lifetime caps on coverage. This year, restrictive annual limits on coverage will be banned for certain plans. Under health insurance reform, Americans will be ensured access to the care they need. This year, adults who are uninsured because of pre-existing conditions will have access to affordable insurance through a temporary subsidized high-risk pool. In the next fiscal year, the bill increases funding for community health centers, so they can treat nearly double the number of patients over the next five years. Health insurance reform will also curb some of the worst insurance industry practices and strengthen consumer protections: This year, this bill creates a new, independent appeals process that ensures consumers in new private plans have access to an effective process to appeal decisions made by their insurer. This year, discrimination based on salary will be outlawed. New group health plans will be prohibited from establishing any eligibility rules for health care coverage that discriminate in favor of higher-wage employees. Beginning this fiscal year, this bill provides funding to states to help establish offices of health insurance consumer assistance in order to help individuals in the process of filing complaints or appeals against insurance companies. Starting January 1, , insurers in the individual and small group market will be required to spend 80 percent of their premium dollars on medical services. Insurers in the large group market will be required to spend 85 percent of their premium dollars on medical services. Starting in , this bill helps states require insurance companies to submit justification for requested premium increases. Any company with excessive or unjustified premium increases may not be able to participate in the new health insurance exchanges. Reform immediately begins to lower health care costs for American families and small businesses: This year, small businesses that choose to offer coverage will begin to receive tax credits of up to 35 percent of premiums to help make employee coverage more affordable. This year, new private plans will be required to provide free preventive care: And beginning January 1, , Medicare will do the same. This year, this bill will provide help for early retirees by creating a temporary re-insurance program to help offset the costs of expensive premiums for employers and retirees age

Chapter 6 : Read The Entire Obamacare Bill - Download Here - [blog.quintoapp.com](http://blog.quintoapp.com)

3 *â€œHR RH 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 "American Health Care.*

The Senate Republicans introduced their version of the bill June 22 and a revised version July We look at the major provisions of the bills. Lindsey Graham and Bill Cassidy, could come to a vote by Sept. We have updated this story with information on that legislation. Senate Republicans pulled the Graham-Cassidy bill from consideration, as it did not have enough votes to pass. Is there a requirement to have insurance or pay a tax? For all months after Dec. However, there is a penalty for having a gap in coverage. The bill eliminates the tax penalties for not having health insurance, and the penalties on large employers for not providing insurance. But anyone with a lapse in coverage of 63 days or more must wait six months before purchasing insurance on the individual market. The amendment also eliminates the tax penalties for not having insurance and the penalties on large employers for not providing it. Are insurance companies required to offer coverage regardless of preexisting conditions? Yes, but there could be penalties associated with not having continuous coverage. Such policyholders could be charged higher premiums based on health status for one year. This change would begin in , or for those enrolling during special enrollment periods. Plans sold on the state- and federal marketplaces would have to offer coverage regardless of preexisting conditions. Compliant plans would receive funding through a new State Stability and Innovation Program from to to help lower costs, as policyholders with high health costs would likely choose those plans. Yes, insurance companies would still be required to offer coverage regardless of health status. However, states could allow some insurers on the individual market to price policies based on health status. As part of state applications for block grant funding, states would establish market rules, including the criteria by which insurers would be able to vary premiums. States would not be able to vary premiums based on gender or genetic information. It would be phased out under all of the Republican bills. Prior to the ACA, Medicaid was available to groups including qualified low-income families, pregnant women, children and the disabled. No new enrollment can occur under this Medicaid expansion, with enhanced federal funds, after Dec. But if those enrollees have a break in coverage for more than one month after Dec. Under the GOP bill, states have the option of receiving a block grant, rather than the per-capita amounts, for traditional adult enrollees and children *â€œ* not the elderly or disabled. States also have the option of instituting work requirements for able-bodied adults, but not pregnant women or the elderly. Under the ACA, the federal government currently pays 95 percent of the cost for the expansion population *â€œ* an amount that will gradually decline to 90 percent by and then remain at that level. Under the Senate bill, states that already have expanded Medicaid would get reduced federal funding beginning in *â€œ* 85 percent of costs *â€œ* down to 75 percent in In , the enhanced federal funding ends, and reverts to a regular state match rate of at least 50 percent. States could choose to continue to cover the expansion population in some way through a new block grant program see the section on subsidies for more information. Medicaid would shift to a per-capita cap program in , with a state option to receive a block grant instead for nonelderly and nondisabled adults. Are insurers required to cover certain benefits? The latest version of the bill requires insurers to provide 10 essential health benefits mandated by the ACA , unless a state obtains a waiver to set its own benefit requirements. Beginning in , states could set their own essential health benefits by obtaining a waiver. At that point, state requirements could vary, as they did before the ACA was enacted. For instance, a report from the Council for Affordable Health Insurance, a group representing insurance companies, said 47 states had a mandate for emergency service benefits, while 23 mandated maternity care and only three mandated prescription drug coverage. State Medicaid plans would not have to meet the essential health benefits requirement after Dec. States also can more easily drop or adjust a limit on out-of-pocket cost-sharing. Non-compliant plans that are sold outside of the marketplaces would not have to meet the benefit requirements or limit on out-of-pocket cost-sharing. Are there subsidies to help individuals buy insurance? How do they differ from the Affordable Care Act? There are two forms of financial assistance under the ACA: The plan, however, allows insurers to charge older Americans up to five times more than younger people, as

we will explain later. See this explanation from the nonpartisan Kaiser Family Foundation for more on how the ACA tax credits are currently calculated. There are income limits under the GOP bill. This new structure would begin in , with modifications in and to give more to younger people and less to older people. For those earning above those income thresholds, the tax credit is reduced by 10 percent of the amount earned above the threshold. This interactive map from the KFF shows the difference in tax credits under the health care plans. The health insurance marketplaces stay, but the tax credits can be used for plans sold outside of those marketplaces. And the different levels of plans bronze, silver, etc. Small-business tax credits would end in . The Affordable Care Act provides subsidies to those earning between percent and percent of the poverty level. The Senate GOP bill would use a less expensive plan as the benchmark and adjust what individuals would pay out-of-pocket for premiums based on age for those earning above percent of the federal poverty level. Younger individuals would pay less toward premiums. Someone earning between percent and percent of the federal poverty level, for example, would pay 6. The required contributions then go up with age: Under the ACA, those at the poverty level contribute 2. Like the House GOP bill, insurers can charge older Americans five times more than younger individuals. States could eliminate marketplaces and allow tax credits to be used for plans sold outside of those marketplaces. The ACA also allows states to get waivers from some of its health insurance requirements, if the state can provide coverage that is equal to or more comprehensive than it would be under the ACA, and at least as affordable as under the ACA. The Senate bill would allow states to receive waivers without demonstrating that they could meet those requirements. The bill allows for new small business association health plans to be sold in the large-group market. House and Senate bills: Both bills would allow anyone to buy a catastrophic plan, not just those under 30 as is the case with the ACA. At that point, states would receive block grants that could be used for various insurance purposes: After that, Congress would need to renew the program. State block grant allocations initially would be based on a formula that considers federal payments for ACA premium tax credits, cost-sharing subsidies and Medicaid expansion. What does the bill do regarding health savings accounts? Money from an HSA could be used to pay premiums for non-compliant plans sold outside of the marketplaces and high-deductible plans. They allow individuals to use HSA money for over-the-counter drugs, something the ACA had limited to only over-the-counter drugs for which individuals had obtained a prescription. It would make the same changes to contribution limits and the purchase of over-the-counter drugs. There were so-called winners and losers in the individual market under the ACA. How would that change under this bill? Both the current law and the Republican proposals primarily impact the individual market, where 7 percent of the U. In general, because the ACA said that insurers could no longer vary premiums based on health status and limited the variation based on age, older and sicker individuals could have paid less than they had before, while younger and healthier individuals could have paid more. The GOP plans allow a wider variation in pricing based on age: Under the ACA, insurers can charge older Americans up to three times what they charge younger policyholders; states can change that ratio under the Republican plans. So, younger individuals may see lower premiums under this legislation, while older individuals could see higher premiums. Older Americans do get higher tax credits than younger Americans under the Republican plan, but whether that amounts to more or less generous tax credits than under the ACA depends on other individual circumstances, including income and local insurance pricing. The Kaiser Family Foundation also has an interactive map showing how tax credits could change under the Senate legislation. A year-old would pay less than under the ACA. Also, premiums for compliant and non-compliant plans sold outside the marketplaces would vary. The impact on individuals would depend on what states would choose to do with the block grant money and could vary widely from state to state. An analysis by the Centers for Medicare and Medicaid Services of the legislation introduced in mid-September found that 30 states plus Washington, D. Axios posted a CMS chart showing the impact by state. A revised bill, released on Sept. Those with medical conditions could see higher premiums on the individual market, if they live in a state that allows insurers to vary pricing based on health status. Conversely, those in excellent health could see a reduction in their premiums in such states. Many of the ACA taxes would be eliminated. As we said, the bill eliminates all fines on individuals for not having insurance and large employers for not offering insurance. Also, beginning in , for high-income taxpayers, the bill eliminates

the 3. The bill repeals the 2. It lowers the threshold for receiving a tax deduction for medical expenses from 10 percent to 5. The indoor tanning tax would be repealed effective Sept. The threshold for the tax deduction for medical expenses would be reduced to 7. This legislation keeps many of the ACA taxes. It would repeal the excise tax on medical devices and reduce the tax penalty on improper HSA distributions from 20 percent to 10 percent. House and Senate bills, and Graham-Cassidy:

### Chapter 7 : Read the Senate Republican health care bill (full text) - CNNPolitics

*(Sec. ) This bill amends the Patient Protection and Affordable Care Act (PPACA) to eliminate funding after FY for the Prevention and Public Health Fund, which provides for investment in prevention and public health programs to improve health and restrain the rate of growth in health care costs.*

Republicans are proposing to cap the tax exemption for employer sponsored insurance at the 90th percentile of current premiums. That means benefits above that level would be taxed. Both businesses and unions fought the Obamacare counterpart, dubbed the Cadillac tax. The document is more detailed than the general powerpoint House leaders circulated before the recess. Lawmakers are still in disagreement about several key issues, including Medicaid and the size and form of subsidies. Discussions within the House, and between House leaders and the White House about the final proposal are ongoing. President Donald Trump, who gives a major speech to Congress on Tuesday night, has said he expects a plan will emerge in early to mid March. The exact details of any legislation will also be shaped by findings from the CBO about how much it will cost and what it will do to the federal deficit. But the draft shows that Republicans are sticking closely to previous plans floated by Ryan and Price in crafting their Obamacare repeal package. For example, the legislation would allow insurers to charge older customers up to five times as much as their younger counterparts. Currently, they can only charge them three times as much in premiums. The insurers have been pushing for that change. The proposal also includes penalties for individuals who fail to maintain coverage continuously. If their coverage lapses and they decide to re-enroll, they would have to pay a 30 percent boost in premiums for a year. Like the unpopular individual mandate, that penalty is designed to discourage individuals from waiting until they get sick to get coverage. Republicans have vowed to dismantle Obamacare ever since it passed with only Democratic votes in But reaching agreement on what should come next has proven difficult since they gained full control of Congress and the White House. Recent polling has shown that Obamacare is increasingly popular. According to the latest Kaiser Family Foundation tracking poll, released Friday morning, the public now views the Affordable Care Act more favorably than it has since the summer of its enactment. Some 48 percent view the law favorably “ up from 43 percent in December. About 42 percent have an unfavorable view of the ACA “ down from 46 percent in December. The pollsters say Independents are mostly responsible for the shift. Meanwhile, 43 percent said they disapprove.

### Chapter 8 : American Health Care Act of - Wikipedia

*GOP Health Care Bill: Tweaks to AHCA Make Some Hate It Even More. Speaker of the House Paul Ryan holds a copy of the American Health Care Act with House Majority Leader Kevin McCarthy on March 7.*

### Chapter 9 : NPR Choice page

*Employers with more than 50 employees must provide health insurance or pay a fine of \$ per worker each year if any worker receives federal subsidies to purchase health insurance.*