



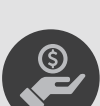













# HOW THEY STACK UP

Updated July 13, 2017 **Amendments shown in red text.**

FEATURES	ACA	AHCA (HOUSE)	BCRA (SENATE)
 <b>Coverage Requirement</b>	<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 Individual mandate penalty repealed.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>Individual mandate penalty repealed.</b> But imposes six-month waiting period to re-enroll if coverage has lapsed more than 63 days.
 <b>Pre-Existing Conditions</b>	<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>Gives states wide latitude</b> in waiving Essential Health Benefits required for plans, potentially increasing out of pocket costs, especially for sickest enrollees. <b>Insurers could ignore</b> ACA's ban on discrimination against people with pre-existing conditions.
 <b>Young Adults</b>	<b>May stay on parents' plan</b> until age 26.	<b>Same</b> as the ACA.	<b>Same</b> as the ACA.
 <b>Age-Based Pricing</b>	<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. <b>States may approve higher ratios.</b>	<b>Insurers may charge an older adult five times more</b> than a younger adult for the same health care plan. States also may opt for different ratios.
 <b>Tax Credits</b>	<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>Tax credits based on age, income, and geographic rating region.</b> Available to people earning less than 350 percent of the federal poverty level and to lower-income people who are not covered by Medicaid. Subsidies can't be used to purchase a plan that covers abortion.
 <b>Medicaid Eligibility Expansion</b>	<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.	<b>Federal funding for states that expanded Medicaid starts to roll back</b> in 2021 and reverts to traditional Medicaid funding rates by 2024. Allows states to implement work requirements.
 <b>Medicaid Funding</b>	<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. <b>States could opt for block grants instead.</b>	<b>Transitions federal Medicaid funding</b> to a per capita allotment, or a set amount per enrollee, starting in 2020. Federal payments would grow at slower rate than under the AHCA. States could opt for block grants instead. <b>Block grant funding could include expansion enrollees.</b>
 <b>Cost Sharing</b>	<b>Provides</b> cost-sharing subsidies for households between 100% and 250% FPL to reduce out-of-pocket costs. Must buy silver plan.	<b>Repeals</b> subsidies in 2020.	<b>Same</b> as AHCA.
 <b>Health Savings Accounts (HSAs)</b>	<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 and increases annual tax-free contributions. <b>HSAs could be used</b> to pay for insurance premiums.
 <b>Essential Health Benefits</b>	<b>Requires</b> insurers to offer 10 benefits in all plans.	<b>Allows states</b> to waive some or all benefits.	<b>States can change</b> what qualifies as an essential health benefit in private insurance. <b>Insurance companies could ignore</b> ACA's essential health benefit requirements.
 <b>Health Insurance Marketplaces</b>	<b>Creates</b> online marketplaces to purchase individual insurance, and designates marketplaces as the only place tax credits are available.	<b>Retains</b> the marketplaces, but makes tax credits available outside the marketplace.	<b>Same</b> as AHCA. <b>Allows tax credits</b> to be used for low-premium catastrophic insurance plans.
 <b>Annual/Lifetime Dollar Limits</b>	<b>Bans insurers</b> from limiting coverage.	States may <b>waive the ban</b> on annual and lifetime spending limits.	<b>Same</b> as AHCA.
 <b>Employer Sponsored Insurance</b>	<b>Requires larger companies</b> to provide affordable coverage to employees or face a fine.	<b>Eliminates</b> the penalty.	<b>Same</b> as AHCA.
 <b>High-Risk Consumers</b>	<b>Covers</b> all high-risk consumers through preexisting 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.	<b>Provides \$112 billion</b> to help states stabilize individual market. But \$50 billion goes directly to insurers that take heavy losses from large claims. <b>Adds \$70 billion</b> for state stability fund.
 <b>Reproductive Health</b>	<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.	<b>Same</b> as AHCA.
 <b>Substance Use Disorder Treatment</b>	<b>Treatment covered</b> under essential health benefits and Medicaid expansion.	Essential health benefits may be <b>waived</b> .	<b>Provides \$2 billion</b> to address SUD. <b>Provides additional \$43 billion</b> to address SUD.