AMENDMENT TO H.R. 1628
OFFERED BY M_.

Page 62, beginning on line 2, 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”.

Page 64, line 25, strike all that follows the first period.

Page 64, after line 25, insert the following:

“SEC. 2205. FEDERAL INVISIBLE RISK SHARING PROGRAM.

“(a) IN GENERAL.—There is established within the Patient and State Stability Fund a Federal Invisible Risk Sharing Program (in this section referred to as the ‘Program’), to be administered by the Secretary of Health and Human Services, acting through the Administrator of the Centers for Medicare & Medicaid Services (in this section referred to as the ‘Administrator’), to provide payments to health insurance issuers with respect to claims for eligi-
ble individuals for the purpose of lowering premiums for health insurance coverage offered in the individual market.

“(b) FUNDING.—

“(1) APPROPRIATION.—For the purpose of providing funding for the Program there is appropriated, out of any money in the Treasury not otherwise appropriated $15,000,000,000 for the period beginning on January 1, 2018, and ending with December 31, 2026.

“(2) USE OF UNALLOCATED FUNDS.—Funds provided under section 2204(c)(2)(B) to carry out this section are in addition to the amount appropriated under paragraph (1).

“(c) OPERATION OF PROGRAM.—

“(1) IN GENERAL.—The Administrator shall establish, after consultation with health care consumers, health insurance issuers, State insurance commissioners, and other stakeholders and after taking into consideration high cost health conditions and other health trends that generate high cost, parameters for the operation of the Program consistent with this section.

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

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

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

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

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

“(3) STANDARDS FOR QUALIFICATION .—

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

“(B) VOLUNTARY QUALIFICATION.—A
process under which health insurance issuers
may voluntarily qualify individuals, who do not
automatically qualify under subparagraph (A),
as eligible individuals at the time of application
for such coverage.
“(4) **Percentage of insurance premiums to be applied.**—The percentage of the premiums paid, to health insurance issuers for health insurance coverage by eligible individuals, that shall be collected and deposited to the credit (and available for the use) of the Program.

“(5) **Attachment dollar amount and payment proportion.**—The dollar amount of claims for eligible individuals after which the Program will provide payments to health insurance issuers and the proportion of such claims above such dollar amount that the Program will pay.”