

115TH CONGRESS  
1ST SESSION

# H. R. 1933

To amend the Internal Revenue Code of 1986 to allow individuals to receive a premium assistance credit for insurance not purchased on an Exchange, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 5, 2017

Mr. DUNCAN of Tennessee (for himself, Mr. ROE of Tennessee, Mr. KUSTOFF of Tennessee, Mr. FLEISCHMANN, Mr. DESJARLAIS, Mrs. BLACKBURN, and Mrs. BLACK) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend the Internal Revenue Code of 1986 to allow individuals to receive a premium assistance credit for insurance not purchased on an Exchange, and for other purposes.

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 “Health Care Options  
5       Act of 2017”.

1   **SEC. 2. PREMIUM ASSISTANCE CREDIT ALLOWED FOR IN-**  
2                   **SURANCE OUTSIDE AN EXCHANGE.**

3       (a) IN GENERAL.—Section 36B of the Internal Rev-  
4 enue Code of 1986 is amended by redesignating subsection  
5 (g) as subsection (h) and by inserting after subsection (f)  
6 the following new subsection:

7       “(g) SPECIAL RULES RELATING TO CERTAIN OFF-  
8 EXCHANGE PLANS.—

9           “(1) IN GENERAL.—In the case of a taxpayer  
10 described in paragraph (2) who is covered, or whose  
11 spouse or dependent is covered, by a plan described  
12 in paragraph (3) for a coverage month beginning  
13 after December 31, 2017, and before January 1,  
14 2020, this section shall be applied with the following  
15 modifications:

16           “(A) Such plan shall be treated as a qual-  
17 ified health plan.

18           “(B) Subparagraph (A) of subsection  
19 (b)(2) shall be applied without regard to so  
20 much of such subparagraph as follows ‘of the  
21 taxpayer’ and precedes ‘, or’.

22           “(C) Clause (i) of subsection (b)(3)(B)  
23 shall be applied by substituting ‘through an Ex-  
24 change’ for ‘through the same Exchange  
25 through which the qualified health plans taken

1           into account under paragraph (2)(A) were of-  
2           fered'.

3           “(D) Clause (i) of subsection (c)(2)(A)  
4           shall be applied without regard to so much of  
5           such clause as follows ‘(b)(2)(A)’ and precedes  
6           ‘; and’.

7           “(E) Subsection (d)(3)(B) shall be applied  
8           without regard to ‘through an Exchange’.

9           “(2) TAXPAYER DESCRIBED.—For purposes of  
10          this subsection, a taxpayer is described in this para-  
11          graph if the taxpayer resides in a rating area or  
12          county in which the Secretary of Health and Human  
13          Services certifies that no qualified health plans are  
14          offered through an Exchange established under Sec-  
15          tion 1311 of the Patient Protection and Affordable  
16          Care Act.

17           “(3) PLANS DESCRIBED.—For purposes of this  
18          subsection, a plan is described in this paragraph if—

19           “(A) enrollment in the plan was not done  
20          through an Exchange, and

21           “(B) the plan is authorized by the State in  
22          which the taxpayer resides to be offered in the  
23          individual market in the State other than  
24          through an Exchange, or is a not-for-profit  
25          membership organization organized under State

1 law and authorized under State law to accept  
2 member contributions to fund health care bene-  
3 fits for members and their families.”.

4 (b) OFF-EXCHANGE PLANS EXCLUDED FROM AD-  
5 VANCE PAYMENTS.—Section 1412 of the Patient Protec-  
6 tion and Affordable Care Act (42 U.S.C. 18082) is amend-  
7 ed by adding at the end the following new subsection:

8 “(f) NONAPPLICATION TO OFF-EXCHANGE PLANS.—  
9 This section and section 1411 shall not apply, and no ad-  
10 vance determination or advance payment shall be made,  
11 in the case of an individual enrolling in a plan described  
12 in section 36B(g)(3) of the Internal Revenue Code of  
13 1986.”.

14 (c) REPORTING.—Subsection (b) of section 6055 of  
15 the Internal Revenue Code of 1986 is amended by adding  
16 at the end the following new paragraph:

17 “(3) INFORMATION RELATING TO OFF-EX-  
18 CHANGE COVERAGE.—If minimum essential coverage  
19 provided to an individual under subsection (a) con-  
20 sists of coverage described in section 36B(g)(3), a  
21 return described in this subsection for taxable years  
22 beginning before January 1, 2020, shall include—

23 (A) a statement that such plan is cov-  
24 erage not enrolled in through an Exchange,

1                 “(B) the premiums paid with respect to  
2                 such coverage,

3                 “(C) the months during which such cov-  
4                 erage is provided to the individual,

5                 “(D) the adjusted monthly premium for  
6                 the applicable second lowest cost silver plan (as  
7                 defined in section 36B(b)(3), determined with-  
8                 out regard to whether such plan is offered  
9                 through an Exchange if the Secretary of Health  
10                 and Human Services has made the determina-  
11                 tion under section 36B(g)(2) with respect to the  
12                 rating area) for each such month with respect  
13                 to such individual, and

14                 “(E) such other information as the Sec-  
15                 retary may prescribe.”.

16                 (d) WAIVER OF INDIVIDUAL MANDATE IN AREAS  
17                 WITH NO EXCHANGE PLANS.—

18                 (1) IN GENERAL.—Paragraph (1) of section  
19                 5000A(d) of the Internal Revenue Code of 1986 is  
20                 amended by striking “or (4)” and inserting “(4), or  
21                 (5)”.

22                 (2) INDIVIDUALS RESIDING IN EXEMPTED  
23                 AREAS.—Subsection (d) of section 5000A of such  
24                 Code is amended by adding at the end the following  
25                 new paragraph:

1           “(5) INDIVIDUALS RESIDING IN EXEMPTED  
2 AREAS.—For purposes of months beginning after  
3 December 31, 2017, and before January 1, 2020,  
4 such term shall not include an individual who resides  
5 in a rating area or county in which the Secretary of  
6 Health and Human Services certifies for purposes of  
7 section 36B(g)(2) that no qualified health plans are  
8 offered through an Exchange established under Sec-  
9 tion 1311 of the Patient Protection and Affordable  
10 Care Act.”.

11       (e) EFFECTIVE DATE.—The amendments made by  
12 this section shall apply to taxable and plan years begin-  
13 ning after December 31, 2017.

