

117TH CONGRESS
1ST SESSION

H. R. 317

To amend the Public Health Service Act to establish a health insurance
Federal Invisible Risk Sharing Program.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 13, 2021

Mr. SCHWEIKERT (for himself and Mr. FORTENBERRY) introduced the
following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to establish a health
insurance Federal Invisible Risk Sharing Program.

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. HEALTH INSURANCE FEDERAL INVISIBLE RISK**

4 **SHARING PROGRAM.**

5 The Public Health Service Act is amended by adding

6 at the end the following new title:

1 **“TITLE XXXIV—HEALTH INSUR-**
2 **ANCE FEDERAL INVISIBLE**
3 **RISK SHARING PROGRAM**

4 **“SEC. 3401. ESTABLISHMENT OF FEDERAL INVISIBLE RISK**
5 **SHARING PROGRAM.**

6 “(a) IN GENERAL.—There is established a Federal
7 Invisible Risk Sharing Program (in this section referred
8 to as the ‘Program’), to be administered by the Secretary,
9 acting through the Administrator of the Centers for Medi-
10 care & Medicaid Services (in this section referred to as
11 the ‘Administrator’), to provide payments to health insur-
12 ance issuers with respect to claims for eligible individuals
13 for the purpose of lowering premiums for health insurance
14 coverage offered in the individual market.

15 “(b) FUNDING.—

16 “(1) APPROPRIATIONS.—For the purpose of
17 providing funding for the Program there is appro-
18 priated, out of any money in the Treasury not other-
19 wise appropriated, \$15,000,000,000 for the period
20 beginning on January 1, 2022, and ending on De-
21 cember 31, 2031. Such funds shall be available to
22 the Secretary for such purpose in such amounts and
23 at such times during such period as specified by the
24 Secretary.

1 “(2) ADDITIONAL FUNDING.—In addition to
2 amounts appropriated under paragraph (1), out of
3 any money in the Treasury not otherwise appro-
4 priated, there shall be appropriated to the Secretary
5 for each year (after 2022) during the period speci-
6 fied in paragraph (1), for purposes of carrying out
7 the Program, an amount equal to the amount by
8 which the actual sum of the premium assistance
9 credits calculated for all taxpayers under section
10 36B(a) of the Internal Revenue Code of 1986 for
11 the previous year was less than the projected sum of
12 the premium assistance credits calculated for all tax-
13 payers under such section for such previous year.
14 Amounts appropriated pursuant to the previous sen-
15 tence shall remain available until expended.

16 “(3) LIMITATION.—Amounts appropriated
17 under this subsection for 2022 through 2031 shall
18 be subject to the requirements contained in Public
19 Law 116–94 for funds for programs authorized
20 under sections 330 through 340 of the Public
21 Health Service Act.

22 “(c) OPERATION OF PROGRAM.—

23 “(1) IN GENERAL.—The Administrator shall es-
24 tablish, after consultation with health care con-
25 sumers, health insurance issuers, State insurance

1 commissioners, and other stakeholders and after tak-
2 ing into consideration high cost health conditions
3 and other health trends that generate high cost, pa-
4 rameters for the operation of the Program consistent
5 with this section.

6 “(2) EXPEDITING INITIAL OPERATION.—

7 “(A) DEADLINE FOR INITIAL OPER-
8 ATION.—Not later than 60 days after the date
9 of the enactment of this title, the Administrator
10 shall establish sufficient parameters to specify
11 how the Program will operate for plan year
12 2022.

13 “(B) SECRETARIAL DISCRETION.—To en-
14 sure the operation of the Program in plan year
15 2022, notwithstanding paragraph (1), the Sec-
16 retary may in lieu of basing eligibility for par-
17 ticipation in the Program on the parameters de-
18 scribed in paragraphs (1) and (2) of subsection
19 (d) and without consultation described in para-
20 graph (1), base such eligibility on dollar
21 amounts of claims and specify actuarial values
22 to be applied for such amounts.

23 “(3) STATE OPERATION OF PROGRAM.—

24 “(A) IN GENERAL.—The Administrator
25 shall establish a process for a State to operate

1 the Program in such State beginning with plan
2 year 2024.

3 “(B) IMMEDIATE WAIVERS.—Such process
4 shall allow a State that, as of March 1, 2021,
5 had in place a fully established high risk shar-
6 ing pool or fully established reinsurance pro-
7 gram (as defined by the Secretary) to continue
8 to operate such pool or program and not have
9 the Program administered by the Secretary
10 under this section apply to such State.

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

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

15 “(2) STANDARDS FOR QUALIFICATION.—

16 “(A) AUTOMATIC QUALIFICATION.—The
17 identification of health conditions that auto-
18 matically qualify individuals as eligible individ-
19 uals.

20 “(B) VOLUNTARY QUALIFICATION.—A
21 process under which health insurance issuers
22 may voluntarily qualify individuals, who do not
23 automatically qualify under subparagraph (A),
24 as eligible individuals.

1 “(3) PERCENTAGE OF INSURANCE PREMIUMS
2 TO BE APPLIED.—The percentage of the premiums
3 paid, to health insurance issuers for health insur-
4 ance coverage by eligible individuals, that shall be
5 collected and deposited to the credit (and available
6 for the use) of the Program.

7 “(4) ATTACHMENT DOLLAR AMOUNT AND PAY-
8 MENT PROPORTION.—The dollar amount of claims
9 for eligible individuals after which the Program will
10 provide payments to health insurance issuers and
11 the proportion of such claims above such dollar
12 amount that the Program will pay.”.

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