



Key Coverage-Related Legislative Changes to the Affordable Care Act

<i>Topic</i>	<i>Statutory Change</i>	<i>Date of Enactment</i>	<i>Action</i>
Minimum coverage: TRICARE	PL 111-159 (TRICARE Affirmation Act)	4/26/2010	Clarifies that health care provided under TRICARE and related programs constitute minimum essential coverage as required by ACA.
Minimum coverage: Veterans Affairs	PL 111-173	5/27/2010	Clarifies that health care provided by the Dept. of Veterans Affairs constitutes minimum essential coverage as required by ACA.
Premium tax credits	PL 111-309 (Medicare and Medicaid Extenders Act of 2010)	12/15/2010	ACA limited amount of premium tax credit overpayments that the IRS can collect, based on household income. Revises limits on recoupment by the IRS on a sliding scale with an upper limit of no greater than \$3,500 for incomes up to 500% of Federal Poverty Limit (FPL). Used to pay for Medicare physician payment sustainable growth rate (SGR) patch and other extenders.
TRICARE	PL 111-383 (Ike Skelton National Defense Authorization Act for FY 2011)	1/7/2011	Extends TRICARE coverage to dependent adult children up to age 26.
Premium tax credits	PL 112-9 (Comprehensive 1099 Taxpayer Protection and Repayment of Exchange Subsidy Overpayment Act of 2011)	4/14/2011	Further modified the ACA limits on recoupment of premium tax credit overpayments on a sliding scale with an upper limit of no greater than \$2,500 for incomes up to 400% of FPL. Used to pay for repeal of requirement that businesses file an IRS 1099 when they pay a vendor more than \$600 for goods in a single year.
Consumer Oriented and Operated Plan (CO-OP) Funding	PL 112-10 (DoD and Continuing Appropriations Act of 2011)	4/15/2011	Rescinded \$2.2 billion of \$6 billion appropriation for CO-OPs.
Free choice voucher program	PL 112-10 (DoD and Continuing Appropriations Act of 2011)	4/15/2011	Repealed provisions requiring certain employers to provide vouchers to qualified employees to purchase coverage through an exchange. (Wyden Amendment)



BIPARTISAN POLICY CENTER

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Actuarial Analysis Requirement	PL 112-10 (DoD and Continuing Appropriations Act of 2011)	4/15/2011	Required a Medicare actuarial analysis of the impact of ACA private insurance reforms on employer-sponsored insurance (ESI) premiums.
Medicare Community-Based Care Transitions Program (CCTP)	PL 112-10 (DoD and Continuing Appropriations Act of 2011)	4/15/2011	Rescinded \$200 million of the \$500 million transferred from the Medicare trust funds for the CCTP. This program is administered by the CMS Center for Medicare and Medicaid Innovation and provides payments to participating community-based organizations partnering with hospitals to improve transitions of care and reduce unnecessary hospital readmissions for Medicare beneficiaries. It was structured as a 5-year program that could be expanded if successful.
Use of Modified Adjusted Gross Income (MAGI) to determine eligibility for the premium assistance tax credit	PL 112-56 (3% Withholding Repeal and Job Creation Act)	11/21/2011	Modified calculation of MAGI, for the purpose of determining eligibility for the premium assistance tax credit, to include Social Security benefits.
Consumer Oriented and Operated Plan (CO-OP) Funding	PL 112-74 (Consolidated Appropriations Act, 2012)	12/23/11	Rescinded \$400 million of the remaining \$3.8 billion CO-OP funding.
Federal Medicaid Disproportionate Share Hospital (DSH) Payments	PL 112-96 (Middle Class Tax Relief and Job Creation Act of 2012)	2/22/12	Based on an assumption of increased health insurance coverage, and lower uncompensated care costs incurred by hospitals, the ACA reduced federal allotments states would receive under the Medicaid DSH program. This amendment extended the ACA DSH payment reductions by one year.
Medicaid Disaster-recovery Federal Medical Assistance Percentages (FMAP): technical correction	PL 112-96 (Middle Class Tax Relief and Job Creation Act of 2012)	2/22/12	Phased down the ACA's increased federal matching payments (FMAP) that states would get in the wake of a major disaster.
Medicaid Disaster-recovery FMAP	PL 112-141 (Moving Ahead for Progress in the 21 st Century Act)	7/6/2012	Further modified the disaster-recovery FMAP by increasing the adjustment factor (i.e., the amount of FMAP money states in disaster recovery would receive) from 25% to 50% for 2013 and accelerating the effective date to take effect in the prior fiscal year



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ACA Outreach and Assistance Programs for Low Income Medicare Beneficiaries	PL 112-240 (American Taxpayer Relief Act of 2012)	1/2/2013	Provided \$7.5 million to state health insurance programs for low-income Medicare beneficiaries for FY 2013. ACA had extended this funding in the Medicare Improvements for Patients and Providers Act of 2008 only through FY 2012.
Family-to-family information centers	PL 112-240 (American Taxpayer Relief Act of 2012)	1/2/2013	Originally created by the Family Opportunity Act (FOA) in 2006, the ACA provided additional funding for these centers which assist families of children with special needs. This amendment provided \$5 million for FY 2013.
Consumer Oriented and Operated Plan (CO-OP) Funding	PL 112-240 (American Taxpayer Relief Act of 2012)	1/2/2013	Transferred 10 percent of unobligated CO-OP funds to a new CO-OP contingency fund, and rescinded the remaining 90 percent of unobligated funds. Overall, Congress rescinded a total of \$4.879 billion, leaving \$1.121 billion of the original \$6 billion CO-OP program appropriation.
Community Living Assistance Services and Supports (CLASS) Act	PL 112-240 (American Taxpayer Relief Act of 2012)	1/2/2013	Repealed the CLASS Act and established a federal Commission on Long-Term Care.
Eligibility verification for premium tax credits and cost-sharing subsidies	PL 113-46 (Continuing Appropriations Act, 2014)	10/17/2013	Requires the Secretary of HHS to verify eligibility for premium tax credits and cost sharing assistance offered through health care exchanges, and to certify to Congress that the Exchanges verify such eligibility. Requires the Secretary to report to Congress detailing the procedures employed by Exchanges to verify such eligibility. Requires the HHS IG to report on the effectiveness of safeguards for preventing inaccurate or fraudulent information.
Treatment of Expatriate Health Plans under ACA	PL 113-235 (Consolidated and Further Continuing Appropriations Act, 2015)	12/16/2014	Includes the Expatriate Health Coverage Clarification Act 2014, which makes permanent the temporary relief provided to expat health insurance plans (for Americans who live and work for American companies abroad) from certain requirements of ACA, and extends this relief to self-insured expat plans. As long as expat plans meet the certain basic requirements, the coverage provided will constitute as “minimum essential coverage” for purposes of both the employer mandate and individual mandate.
Medicare Access and CHIP Reauthorization Act of 2015	PL 114-10 (Medicare Access and CHIP Reauthorization Act of 2015)	4/16/2015	The ACA reauthorized the Children’s Health Insurance Program (CHIP) through FY 2019, but it did not provide new funding beyond FY 2015. MACRA provides a 2-year extension of CHIP through fiscal year 2017. It also extended ACA’s funding for Community Health Centers through 2017.
Small Group Expansion	HR. 1624 (The Protecting Affordable Coverage for Employees (PACE) Act)	10/7/2015	Amends the ACA and Public Health Service Act to include employers with 51 to 100 employees as large employers for purposes of health insurance markets.