

[DISCUSSION DRAFT]

115TH CONGRESS
1ST SESSION

H. R. _____

To amend title I of the Patient Protection and Affordable Care Act to authorize the establishment of, and provide support for, State-based universal health care systems that provide comprehensive health benefits to State residents, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Ms. JAYAPAL introduced the following bill; which was referred to the
Committee on _____

A BILL

To amend title I of the Patient Protection and Affordable Care Act to authorize the establishment of, and provide support for, State-based universal health care systems that provide comprehensive health benefits to State residents, 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; PURPOSE.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “State-Based Universal Health Care Act of 2018”.

1 (b) PURPOSE.—The purpose of this Act is to estab-
2 lish a flexible framework under which States can provide
3 comprehensive universal health coverage to all of their
4 residents.

5 **SEC. 2. WAIVER FOR STATE UNIVERSAL HEALTH CARE.**

6 (a) IN GENERAL.—Title I of the Patient Protection
7 and Affordable Care Act (Public Law 111–148) is amend-
8 ed by striking section 1332 (42 U.S.C. 18052) and insert-
9 ing the following new section:

10 **“SEC. 1332. WAIVER FOR STATE UNIVERSAL HEALTH CARE.**

11 “(a) APPLICATION.—

12 “(1) IN GENERAL.—A State may apply to the
13 Secretary (as defined in subsection (i)(3)) for the
14 waiver of so much of the requirements described in
15 paragraph (2) with respect to health benefits cov-
16 erage within that State for plan years beginning on
17 or after January 1, 2019, as is necessary to imple-
18 ment a comprehensive State universal health care
19 plan in the State under this section. Such applica-
20 tion shall—

21 “(A) be filed at such time and in such
22 manner as the Secretary may require;

23 “(B) contain such information as the Sec-
24 retary may require, including—

1 “(i) a comprehensive description of
2 the State legislation and program to imple-
3 ment a plan meeting the requirements for
4 a waiver under this section;

5 “(ii) a plan for how the State will
6 achieve in 5 years health coverage for at
7 least 95 percent of the population of the
8 State, with five percent of the population
9 of the State not spending more than 10
10 percent of their adjusted gross income on
11 health; and

12 “(iii) a 10-fiscal-year budget plan for
13 such plan that is budget neutral for the
14 Federal Government; and

15 “(C) provide an assurance that the State
16 has enacted, or will be enacting before the cur-
17 rent State legislative session adjourns, the law
18 described in subsection (b)(2).

19 “(2) REQUIREMENTS.—The requirements de-
20 scribed in this paragraph with respect to health ben-
21 efits coverage within the State for plan years begin-
22 ning on or after January 1, 2019, are as follows:

23 “(A) Parts I, II, and III of this subtitle.

24 “(B) Section 1402.

1 “(C) Sections 36B and 4980H of the In-
2 ternal Revenue Code of 1986.

3 “(D) Title XI of the Social Security Act.

4 “(E) Title XVIII of the Social Security
5 Act.

6 “(F) Title XIX of the Social Security Act.

7 “(G) Title XXI of the Social Security Act.

8 “(H) Chapter 89 of title 5 of the United
9 States Code.

10 “(I) Chapter 55 of title 10, United States
11 Code, including coverage under the TRICARE
12 program.

13 “(J) Section 514 of the Employee Retire-
14 ment Income Security Act of 1974.

15 “(3) PASS THROUGH OF FUNDING.—With re-
16 spect to a State waiver under paragraph (1), under
17 which the State assumes responsibility for health
18 coverage under a specified Federal health program,
19 including under each of the Federal health care or
20 subsidy programs specified in subparagraphs (B),
21 (C), (E), (F), (G), and (H) of paragraph (2), the
22 Secretary shall not spend Federal health funds that
23 would otherwise have been spent for such program
24 and shall provide for an alternative means by which
25 the aggregate amount of such funds shall be paid to

1 the State for purposes of implementing the State
2 plan under the waiver. Such amount shall be deter-
3 mined annually by the Secretary, taking into ac-
4 count the amount that would otherwise have been
5 spent under such Federal health program with re-
6 spect to residents of such State, if such waiver did
7 not apply. Such amount shall include funds equal to
8 the amount of premium tax credits, cost-sharing re-
9 ductions, or small-business credits under sections
10 36B and 45R of the Internal Revenue Code of 1986
11 or under section 1402 that would have been avail-
12 able to individuals and businesses in the State if
13 such waiver did not apply.

14 “(4) WAIVER CONSIDERATION AND TRANS-
15 PARENCY.—

16 “(A) IN GENERAL.—An application for a
17 waiver under this section shall be considered by
18 the Secretary, after taking into account rec-
19 ommendations of the Panel under subsection
20 (g), in accordance with the regulations de-
21 scribed in subparagraph (B).

22 “(B) REGULATIONS.—Not later than 180
23 days after the date of enactment of the State-
24 Based Universal Health Care Act of 2017, the

1 Secretary shall promulgate regulations relating
2 to waivers under this section that provide—

3 “(i) a process for public notice and
4 comment in accordance with the public no-
5 tice and comment requirements applicable
6 under regulations used for Medicaid waiv-
7 ers pursuant to section 1115 of the Social
8 Security Act;

9 “(ii) a process for the submission of
10 an application that ensures the disclosure
11 of—

12 “(I) the provisions of law that
13 the State involved seeks to waive; and

14 “(II) the specific plans of the
15 State to ensure that the waiver will be
16 in compliance with subsection (b);

17 “(iii) a process for providing public
18 notice and comment after the application is
19 received by the Secretary, that is sufficient
20 to ensure a meaningful level of public
21 input and that does not impose require-
22 ments that are in addition to, or duplica-
23 tive of, requirements imposed under the
24 Administrative Procedure Act, or require-
25 ments that are unreasonable or unneces-

1 sarily burdensome with respect to State
2 compliance;

3 “(iv) a process for the Panel under
4 subsection (g) to consider the applications
5 for waivers so submitted and provide rec-
6 ommendations with respect to such appli-
7 cations;

8 “(v) a process for the submission to
9 the Secretary of periodic reports by the
10 State concerning the implementation of the
11 program under the waiver;

12 “(vi) a process for the periodic evalua-
13 tion by the Secretary with respect to waiv-
14 ers granted under this section; and

15 “(vii) a process for providing technical
16 assistance on—

17 “(I) how to develop an applica-
18 tion to any State seeking to submit an
19 application for a waiver relating to de-
20 veloping a program of providing
21 health care for all residents for such
22 State; and

23 “(II) how to improve such a pro-
24 gram for purposes of a State seeking

1 assistance pursuant to subsection
2 (e)(2).

3 “(C) REPORT.—The Secretary shall annu-
4 ally report to Congress concerning actions
5 taken by the Secretary with respect to applica-
6 tions for waivers, and programs conducted
7 through waivers granted, under this section.
8 Each such report shall include, with respect to
9 any action by the Secretary so taken, with re-
10 spect to an application, that was not consistent
11 with the recommendations of the Panel under
12 subsection (g), with respect to such application,
13 the reasons such action was taken.

14 “(5) REGIONAL WAIVER REQUEST AND PLAN.—
15 Nothing in this section shall be construed to prevent
16 two or more States in a region from submitting a
17 single application under this section for a waiver
18 that establishes a plan that is applicable to all of the
19 States included in such application. In the case of
20 such an application and plan, the requirements of
21 this section shall continue to be applicable with re-
22 spect to each State included in such application.

23 “(6) AUTHORIZATION OF APPROPRIATIONS.—
24 There is authorized to be appropriated such sums as
25 may be necessary for providing funds to States with

1 a waiver under this section for purposes of carrying
2 out activities described in subsection (b)(1)(E).

3 “(b) GRANTING OF WAIVERS.—

4 “(1) IN GENERAL.—The Secretary may grant a
5 request for a waiver under subsection (a)(1) only if
6 the Secretary determines that the State plan—

7 “(A) will provide, in accordance with sub-
8 paragraph (B), health benefits coverage to
9 State residents that is at least as comprehen-
10 sive as the health benefits coverage that such
11 residents would have received under the speci-
12 fied Federal health program (as defined in sub-
13 section (i)(4)) for which such residents would
14 have been eligible, absent such waiver;

15 “(B) will provide, in the case of such a
16 waiver under subsection (a)(1) for the State to
17 waive any of the requirements described in sub-
18 section (a)(2)(F), health benefits coverage to
19 State residents who would have otherwise re-
20 ceived health benefits coverage in the form of
21 medical assistance under the State Federal
22 health program described in subsection
23 (i)(4)(B) (regardless of whether the State pro-
24 vides for such assistance through a State plan
25 under title XIX of the Social Security Act or a

1 waiver of such plan) that includes at least the
2 mandatory benefits under title XIX of the So-
3 cial Security Act that are required of a State
4 without a waiver of a State plan under such
5 title, including at least benefits for early and
6 periodic screening, diagnostic, and treatment;
7 benefits for non-emergency transportation; and
8 retroactive coverage;

9 “(C) will provide coverage and cost sharing
10 protections against excessive out-of-pocket
11 spending to State residents that are at least as
12 affordable as the coverage and cost sharing pro-
13 tections under the specified Federal health pro-
14 gram (as defined in subsection (i)(4)) for which
15 such residents would have been eligible, absent
16 such waiver;

17 “(D) will provide coverage to all residents
18 of the State, including all those otherwise cov-
19 ered under the Federal health care or subsidy
20 programs specified in subparagraphs (B), (C),
21 (E), (F), (G), and (H) of subsection (a)(2), ex-
22 cept individuals who are eligible for benefits
23 through the Indian Health Service or for bene-
24 fits and services under title 38, United States
25 Code;

1 “(E) will provide for public education ac-
2 tivities to raise awareness of the availability of
3 qualified health plans and the facilitation of en-
4 rollment in such coverage in a manner similar
5 to an entity that serves as a navigator under a
6 grant under section 1311(i);

7 “(F) will be publicly administered by an
8 agency of the State;

9 “(G) will not preclude the purchase of sup-
10 plemental insurance;

11 “(H) will provide systems for complaints,
12 appeals, independent review, and other proce-
13 dures for accessing and maintaining benefits
14 that are at least as accessible to State residents
15 as those of the specified Federal health pro-
16 grams (as defined in subsection (i)(4)) for
17 which such residents would have otherwise been
18 eligible without application of such waiver
19 under subsection (a)(1); and

20 “(I) will not increase the Federal deficit.

21 Subparagraph (D) shall not be construed as limiting
22 a State from contracting with one or more private
23 entities to administer the plan.

24 “(2) REQUIREMENT TO ENACT A LAW.—

1 “(A) IN GENERAL.—A law described in
2 this paragraph is a State law that provides for
3 State actions under a waiver under this section,
4 including the implementation of the State plan
5 under subsection (a)(1)(B).

6 “(B) TERMINATION OF OPT OUT.—A State
7 may repeal a law described in subparagraph (A)
8 and terminate the authority provided under the
9 waiver with respect to the State.

10 “(c) SCOPE OF WAIVER.—

11 “(1) IN GENERAL.—The Secretary shall deter-
12 mine the scope of a waiver of a requirement de-
13 scribed in subsection (a)(2) granted to a State under
14 subsection (a)(1).

15 “(2) LIMITATION.—Under this section, the Sec-
16 retary may not waive any Federal law or require-
17 ment that is not listed in subsection (a)(2).

18 “(d) DETERMINATIONS BY SECRETARY.—

19 “(1) TIME FOR DETERMINATION.—The Sec-
20 retary shall, with respect to an application from a
21 State under this subsection and after taking into ac-
22 count recommendations of the Panel under sub-
23 section (g) for such application, make a determina-
24 tion under subsection (a)(1) not later than 90 days
25 after the receipt of such recommendations.

1 “(2) EFFECT OF DETERMINATION.—

2 “(A) GRANTING OF WAIVERS.—If the Sec-
3 retary determines to grant a waiver under sub-
4 section (a)(1), the Secretary shall notify the
5 State involved of such determination and the
6 terms and effectiveness of such waiver.

7 “(B) DENIAL OF WAIVER.—If the Sec-
8 retary determines a waiver should not be grant-
9 ed under subsection (a)(1), the Secretary shall
10 notify the State involved and the appropriate
11 committees of Congress of such determination
12 and the reasons therefor.

13 “(e) REQUIRED REPORTS; 5-YEAR REVIEW.—

14 “(1) IN GENERAL.—As a condition of receipt of
15 a waiver under this section, after each 5-year period
16 of such waiver, a State shall submit to the Secretary
17 a report that is carried out by an independent, non-
18 partisan entity, with respect to such 5-year period
19 and after a process for public notice and comment
20 at the State level, including public hearings, suffi-
21 cient to ensure a meaningful level of public input, on
22 the following:

23 “(A) How waiver funds have been spent by
24 the State.

1 “(B) The number of residents of the State
2 without health insurance and a description of
3 how the State plans to provide health insurance
4 coverage within the subsequent 5 years to resi-
5 dent of the State without health insurance.

6 “(C) How affordability in the State for
7 health care has changed over the period.

8 “(D) Whether the State has achieved
9 health coverage for at least 95 percent of the
10 population of the State.

11 “(E)) Any additional information specified
12 by the Secretary for purposes of determining
13 the successes and challenges of the waiver.

14 “(2) 5-YEAR REVIEW.—In the case a State,
15 based on the report submitted under paragraph (1)
16 for a 5-year period—

17 “(A) has been determined by the Sec-
18 retary, after taking into account recommenda-
19 tions of the Panel under subsection (g), to have
20 not achieved health coverage for at least 95 per-
21 cent of the population of the State—

22 “(i) the State shall have access to
23 technical assistance described in subsection
24 (a)(4)(B)(vii) to improve the health insur-

1 ance program of the State implemented
2 through the waiver under this section; and

3 “(ii) the State shall have a grace pe-
4 riod of 6 months after such determination
5 to achieve health coverage for at least 95
6 percent of such population; and

7 “(iii) if after such 6 months, the State
8 has not achieved such health coverage, the
9 waiver under this section shall be termi-
10 nated; and

11 “(B) has been determined by the Sec-
12 retary, after taking into account recommenda-
13 tions of the Panel under subsection (g), to have
14 achieved health coverage for at least 95 percent
15 of the population of the State, the State, as a
16 condition of continuing such waiver, shall sub-
17 mit to the Secretary a plan for achieving health
18 coverage for the remainder of the population of
19 the State.

20 “(f) ASSURING COORDINATION.—

21 “(1) IN GENERAL.—Not later than 180 days
22 after the enactment of the State-Based Universal
23 Health Care Act of 2018, the Secretary of Health
24 and Human Services, the Secretary of the Treasury,
25 the Director of the Office of Personnel Management,

1 the Secretary of Defense, and the Secretary of
2 Labor shall, through the execution of an interagency
3 memorandum of understanding among such Secre-
4 taries and the Director—

5 “(A) develop a process for coordinating
6 and consolidating the State waiver processes
7 applicable under the provisions of this section,
8 and the existing waiver processes applicable
9 under—

10 “(i) titles XI, XVIII, XIX, and XXI
11 of the Social Security Act; and

12 “(ii) any other Federal law relating to
13 the provision of health care items or serv-
14 ices; and

15 “(B) ensure that—

16 “(i) regulations (including regulations
17 required under subsection (a)(4)(B)), rul-
18 ings, and interpretations issued by such
19 Secretaries and the Director relating to the
20 same matter over which two or more such
21 Secretaries or Director have responsibility
22 under this section are administered so as
23 to have the same effect at all times; and

24 “(ii) coordination of policies relating
25 to the granting, implementation, and con-

1 continuation of waivers through such Secre-
2 taries and Director in order to have a co-
3 ordinated strategy that avoids duplication
4 of effort by the States or Secretaries and
5 Director and ensures clarity about waiver
6 application status and approval.

7 “(2) SINGLE APPLICATION.—The process under
8 paragraph (1)(A) shall permit a State to submit a
9 single application for a waiver under all of the provi-
10 sions of this section and the provisions of law listed
11 under clauses (i) and (ii) of such paragraph.

12 “(3) SUBMISSION OF CONFORMING AMEND-
13 MENTS.—The Secretary of Health and Human Serv-
14 ices, in coordination with the other Secretaries (in-
15 cluding the Director of the Office of Personnel Man-
16 agement), shall submit to Congress such rec-
17 ommendations for such technical and conforming
18 amendments to law as may be appropriate to assist
19 in the implementation of this section.

20 “(g) INDEPENDENT ASSESSMENT PANEL FOR COM-
21 PREHENSIVE HEALTH CARE.—

22 “(1) ESTABLISHMENT.—There is established a
23 committee to be known as the ‘Independent Assess-
24 ment Panel for Comprehensive Health Care’ (in this
25 section referred to as the ‘Panel’).

1 “(2) CONSIDERATION OF SUBMISSIONS.—The
2 Secretary shall forward a copy of each waiver appli-
3 cation submitted under this section to the Panel for
4 consideration under this subsection.

5 “(3) DUTIES.—The Panel shall—

6 “(A) review any waiver application by a
7 State forwarded under paragraph (2) and any
8 report submitted under paragraph (1) of sub-
9 section (e) for purposes of the review under
10 paragraph (2) of such subsection;

11 “(B) not later than 90 days after submis-
12 sion of such application (or report) by the
13 State, provide to the State and to the Secretary
14 the recommendations of the Panel regarding
15 the approval or disapproval of such waiver ap-
16 plication (or regarding the status of the waiver
17 for continuation pursuant to subsection (e)(2))
18 and, if applicable, possible improvements to
19 such application (or for purposes of subsection
20 (e)(2)); and

21 “(C) submit to Congress an annual report
22 on waiver applications (and waiver reports
23 under subsection (e)) reviewed by the Panel
24 during the applicable year, including the num-
25 ber of applications (and reports) received and

1 the number of applications recommended for
2 approval (and of reports with respect to which
3 recommendations for continuation were pro-
4 vided).

5 “(4) MEMBERSHIP.—

6 “(A) NUMBER AND APPOINTMENT.—The
7 Panel shall consist of five members appointed
8 by the Secretary of Health and Human Serv-
9 ices, of whom—

10 “(i) one shall be appointed on the rec-
11 ommendation of the Speaker of the House
12 of Representatives;

13 “(ii) one shall be appointed on the
14 recommendation of the minority leader of
15 the House of Representatives;

16 “(iii) one shall be appointed on the
17 recommendation of the majority leader of
18 the Senate;

19 “(iv) one shall be appointed on the
20 recommendation of the minority leader of
21 the Senate;

22 “(v) one shall be appointed from the
23 Republican Governors Association;

24 “(vi) one shall be appointed from the
25 Democratic Governors Association; and

1 “(vii) one shall be a representative
2 from the consumer advocacy community.

3 “(B) TERM OF SERVICE.—

4 “(i) IN GENERAL.—Each member of
5 the Panel shall serve a three-year term. A
6 member may serve after the expiration of
7 that member’s term until a successor has
8 been appointed pursuant to subparagraph
9 (A).

10 “(ii) VACANCY.—Any member ap-
11 pointed to fill a vacancy occurring before
12 the expiration of the term for which the
13 member’s predecessor was appointed shall
14 be appointed only for the remainder of that
15 term. A vacancy in the Commission shall
16 be filled in the manner in which the origi-
17 nal appointment was made.

18 “(C) PAY.—Members of the Panel shall
19 serve without pay.

20 “(D) CHAIRPERSON; VICE CHAIR-
21 PERSON.—

22 “(i) CHAIRPERSON.—The Secretary of
23 Health and Human Services, or a designee
24 of the Secretary, shall serve on the Panel
25 as the Chairperson of the Panel.

1 “(ii) VICE CHAIRPERSON.—The Ad-
2 ministrator of the Federal Emergency
3 Management Agency, or a designee of the
4 Administrator, shall serve on the Panel as
5 the Vice Chairperson of the Panel.

6 “(5) STAFF, EXPERTS, AND CONSULTANTS.—
7 The Panel may—

8 “(A) appoint such staff as the Panel con-
9 siders to be appropriate, without regard to the
10 provisions of title 5, United States Code, gov-
11 erning appointments in the competitive service;

12 “(B) fix the pay of such staff, without re-
13 gard to the provisions of chapter 51 and sub-
14 chapter III of chapter 53 of such title relating
15 to classification and General Schedule pay
16 rates; and

17 “(C) procure the services of experts and
18 consultants in accordance with the provisions of
19 section 3109(b) of such title.

20 “(6) DETAIL OF FEDERAL PERSONNEL.—Upon
21 request of the Panel, the head of any Federal agency
22 may detail, on a reimbursable basis, any of the per-
23 sonnel of the agency to the Panel to assist it in car-
24 rying out the duties under paragraph (3).

1 “(7) FEDERAL ADVISORY COMMITTEE ACT.—
2 The Federal Advisory Committee Act (5 U.S.C.
3 App.) shall apply to the Panel.

4 “(8) AUTHORIZATION OF APPROPRIATIONS.—
5 There is authorized to be appropriated such sums as
6 may be necessary to the Panel for carrying out the
7 duties of the panel for each of fiscal years 2018
8 through 2023.

9 “(h) GUIDANCE RELATING TO AMERICAN INDIANS
10 AND ALASKA NATIVES.—

11 “(1) IN GENERAL.—The Secretary shall issue
12 guidance with respect to applying the provisions of
13 this section in a manner consistent with the fol-
14 lowing:

15 “(A) To further the goal that Federal
16 health services to maintain and improve the
17 health of the Indians are consonant with and
18 required by the Federal Government’s historical
19 and unique legal relationship with, and result-
20 ing responsibility to, the American Indian peo-
21 ple.

22 “(B) No enrollment fee, premium, or simi-
23 lar charge, and no deduction, copayment, cost
24 sharing, or similar charge is to be imposed
25 against an Indian who is furnished an item or

1 service through a waiver under this section. All
2 costs incurred in waiving such charges shall be
3 borne by the Federal Government in fulfillment
4 of the trust responsibility.

5 “(C) A State may not require the enroll-
6 ment of an individual who is an Indian in
7 health insurance offered through a waiver under
8 this section.

9 “(D) Health insurance issuers offering cov-
10 erage pursuant to a waiver under this section
11 must make good faith efforts to contract with
12 Indian Health Care Providers operating within
13 the area served by the issuers.

14 “(E) Health insurance issuers offering cov-
15 erage pursuant to a waiver under this section
16 shall pay Indian Health Care Providers, wheth-
17 er such providers are participating or non-
18 participating providers with respect to the cov-
19 erage, for covered services provided to those In-
20 dian enrollees who are eligible to receive serv-
21 ices from such providers at a rate equal to the
22 rate negotiated between such entity and the
23 provider involved or, if such a rate has not been
24 negotiated, at a rate that is not less than the
25 level and amount of payment which the entity

1 would make for the services if the services were
2 furnished by a participating provider which is
3 not an Indian Health Care Provider.

4 “(F) Health insurance issuers offering cov-
5 erage pursuant to a waiver under this section
6 will include a standard contract addendum
7 when contracting with Indian Health Care Pro-
8 viders. The contract addendum will be devel-
9 oped in consultation with tribes and in con-
10 ference with Urban Indian Health Programs
11 operating within the service area of the State.

12 “(G) The treatment of Indians under this
13 legislation does not constitute invidious racial
14 discrimination in violation of the Due Process
15 Clause of the Fifth or Fourteenth Amendments,
16 but is reasonable and rationally designed to fur-
17 ther the health of Indians.

18 “(H) In the case of any State in which 1
19 or more Indian Health Care Programs fur-
20 nishes health care services, the State will pro-
21 vide for a process under which the State seeks
22 advice on a regular, ongoing basis from des-
23 ignees of such Indian Health Care Programs
24 and Urban Indian Organizations on matters re-
25 lating to the application of a waiver under this

1 section that are likely to have a direct effect on
2 such Indian Health Programs and that—

3 “(i) shall include solicitation of advice
4 prior to submission of any plan amend-
5 ments, waiver requests, and proposals for
6 demonstration projects likely to have a di-
7 rect effect on Indians or Indian Health
8 Care Programs; and

9 “(ii) may include appointment of an
10 advisory committee and of a designee of
11 such Indian Health Care Programs to the
12 medical care advisory committee advising
13 the State on its waiver under this section.

14 “(2) DEFINITIONS.—For purposes of this sub-
15 section:

16 “(A) The term ‘Indian’ has the meaning
17 given such term in section 447.50 of title 42 of
18 the Code of Federal Regulations (as in effect on
19 July 1, 2010).

20 “(B) The term ‘Indian Health Care Pro-
21 vider’ has the meaning given such term in sec-
22 tion 438.14(a) of title 42 of the Code of Fed-
23 eral Regulations.

24 “(i) DEFINITIONS.—In this section:

1 “(1) HEALTH BENEFITS COVERAGE.—The term
2 ‘health benefits coverage’—

3 “(A) means—

4 “(i) health insurance coverage, as
5 such term is defined in section 2791(b) of
6 the Public Health Service Act (42 U.S.C.
7 300gg–91(b)); and

8 “(ii) coverage under a group health
9 plan, as such term is defined in section
10 2791(a) of the Public Health Service Act
11 (42 U.S.C. 300gg–91(a)); and

12 “(B) includes any medical coverage or
13 health benefits provided under any specified
14 Federal health program described in subpara-
15 graphs (A) through (E) of paragraph (4).

16 “(2) RESIDENT.—With respect to a State, the
17 term ‘resident’ means an individual—

18 “(A) who is—

19 “(i) a citizen or national of the United
20 States; or

21 “(ii) an alien lawfully residing in the
22 State (including an alien who is granted
23 deferred action or who is otherwise author-
24 ized to remain in the United States); and

1 “(B) whose primary residence (as defined
2 by the State) is located in the State.

3 “(3) SECRETARY.—The term ‘Secretary’
4 means—

5 “(A) the Secretary of Health and Human
6 Services with respect to waivers relating to the
7 provisions described in subparagraphs (A), (B),
8 and (D) through (G) of paragraph (2) of sub-
9 section (a);

10 “(B) the Secretary of the Treasury with
11 respect to waivers relating to the provisions de-
12 scribed in subparagraph (C) of such paragraph;

13 “(C) the Director of the Office of Per-
14 sonnel Management with respect to waivers re-
15 lating to the provisions described in subpara-
16 graph (H) of such paragraph;

17 “(D) the Secretary of Defense with respect
18 to waivers relating to the provisions described
19 in subparagraph (I) of such paragraph; and

20 “(E) the Secretary of Labor with respect
21 to waivers relating to the provisions described
22 in subparagraph (J) of such paragraph.

23 “(4) SPECIFIED FEDERAL HEALTH PROGRAM.—
24 The term ‘specified Federal health program’ means
25 all of the following programs:

1 “(A) The Medicare program under title
2 XVIII of the Social Security Act.

3 “(B) The Medicaid program under title
4 XIX of the Social Security Act.

5 “(C) The Children’s Health Insurance Pro-
6 gram under title XXI of the Social Security
7 Act.

8 “(D) The Federal Employees Health Bene-
9 fits Plan under chapter 89 of title 5 of the
10 United States Code.

11 “(E) Medical coverage under chapter 55 of
12 title 10, United States Code, including coverage
13 under the TRICARE program.

14 “(F) An Exchange established under this
15 subtitle.

16 “(G) Subsidies under section 1402.

17 “(H) Tax credits under sections 36B and
18 45R of the Internal Revenue Code of 1986.”.

19 (b) CLERICAL AMENDMENT.—The item in the table
20 of contents in section 1(b) of the Patient Protection and
21 Affordable Care Act relating to section 1332 is amended
22 to read as follows:

“Sec. 1332. Waiver for State universal health care.”.

23 (c) CONTINUATION OF CURRENT LAW FOR CURRENT
24 WAIVERS AND WAIVER APPLICATIONS.—

1 (1) IN GENERAL.—Subject to paragraph (2), in
2 the case of a State that has applied to the Secretary
3 of Health and Human Services for a waiver under
4 section 1332 of the Patient Protection and Afford-
5 able Care Act (42 U.S.C. 18052), as in effect before
6 the enactment of this Act, for plan year 2018, such
7 section 1332 shall continue to apply to such applica-
8 tion and to any waiver under such application for
9 subsequent plan years.

10 (2) TRANSITION TO NEW WAIVER LAW.—Noth-
11 ing in paragraph (1) shall be construed as pre-
12 venting a State described in such paragraph from
13 withdrawing an application described in such para-
14 graph (or requesting the Secretary to terminate an
15 approved waiver referred to in such paragraph) for
16 plan year 2019 or a subsequent plan year and subse-
17 quently applying for a waiver under section 1332 of
18 the Patient Protection and Affordable Care Act, as
19 amended by subsection (a), for such a plan year.