Title 1 - Revisions of PPACA

Subtitle A - Elimination of Individual and Employer Mandates

Sec. 101. Repealing of individual health insurance mandate – Repeals individual health insurance mandates from PPACA.

Sec. 102. Repealing of employer health insurance mandate – Repeals employer health insurance mandates and repeals the related reporting requirements.

Sec. 103. Clarifying employer’s ability to reimburse employee premiums for purchase of individual health insurance coverage – Assures portability so that an employer can pay for an individual’s health insurance.

Subtitle B - Limitation on Application of PPACA Plan Requirements

Sec 121. Limiting application of requirements to consumer protections – Limits application of non-essential consumer protections while leaving in place essential consumer protections, which include guaranteed issue, guaranteed renewability, and the prohibition on discriminating against those with pre-existing conditions.

Sec 122. Asset protection – Offers a basic insurance plan that may include asset protection.

Subtitle C – Universal Health Insurance Tax Benefit

Sec 131. Universal health insurance tax benefit – Creates a $2,500 tax benefit per individual, as well as a $1,500 per dependent child benefit equaling up to $8,000 per family of four. Adjusted by age and geography. Assignable, advanceable, and transferable. Applied in coordination with employer provided health insurance subsidy.

Sec 132. Application of portion of unused tax credits by States for indigent health care – All employers previously in the exclusion system are permitted to remain within the exclusion.
Sec 133. Medicaid option of enrollment under private plan and contribution to an HSA – Medicaid option of enrollment under private plan and contribution to an HSA.

**TITLE II – IMPROVING HEALTH SAVINGS ACCOUNTS TO PROMOTE ACCOUNTABILITY**

*Sec. 201. Transition to non-deductible HSAs* – Transitions the HSA market to non-deductible Roth HSAs.

*Sec. 202. Elimination of medical expense deduction* – Makes long term care a qualified medical expense under the Roth HSA. Includes the specifications for the elimination of the medical expense deduction.

*Sec. 203. Treatment of HSA after death of account beneficiary* – Account acquired after death of a beneficiary is treated as if the individual is the account beneficiary.

*Sec. 204. Treatment of concierge medicine* – Concierge medicine is not treated as health insurance.

**TITLE III - STATE FLEXIBILITY IN REGULATION OF HEALTH INSURANCE**

*Sec. 301. State flexibility in regulation of health insurance coverage* – Ensures that states retain flexibility in regulation of health insurance coverage.

**TITLE IV - MEDICAID PAYMENT REFORM**

*Sec. 401. Medicaid Payment Reform* – Provides beneficiary based payments to states based on the number of patients in the categories of elderly, blind and disabled, children and adults.

**TITLE V - INCREASING TRANSPARENCY AND FREEDOM OF PRACTICE**

*Sec. 501. Ensuring access to emergency services without excessive charges for out of network services* – Provides for protections against excessive out of network charges

*Sec. 502. Publishing of cash price for care paid through health savings accounts* – Requires price transparency for care paid for through an HSA or in cash.

*Sec. 503. Liberating the local practice of health care* – Relieves physician owned hospitals by waiving a national restriction on physician owned facilities. Removes certain state and local licensure and certification restrictions.