

**AMENDMENT TO THE AMENDMENT IN THE
NATURE OF A SUBSTITUTE TO H.R. 4827
OFFERED BY Mr. Scalise**

Add at the end of subtitle B of title I the following
(and conform the table of contents accordingly):

1 **SEC. 1108. REPEAL OF REQUIREMENT TO MAINTAIN MIN-**
2 **IMUM ESSENTIAL COVERAGE.**

3 (a) IN GENERAL.—Section 1501 of the Patient Pro-
4 tection and Affordable Care Act, as amended by section
5 10106 of such Act (including the amendments made by
6 such sections) is repealed, and any provision of law
7 amended by such sections is hereby restored as if such
8 section had not been enacted into law.

9 (b) CONFORMING AMENDMENTS.—The Patient Pro-
10 tection and Affordable Care Act is amended—

11 (1) by striking section 1302(e)(2)(B);

12 (2) by striking section 1311(d)(4)(H);

13 (3) in section 1312(d)(4), by striking “(as de-
14 fined in section 5000A(f) of the Internal Revenue
15 Code of 1986 without regard to paragraph (1)(C) or
16 (D) thereof)” and inserting “(as defined in section
17 36B(c)(2)(B)(ii) of the Internal Revenue Code of
18 1986 without regard to subclause (I)(cc) or (dd)”;

1 (4) in section 1331(e)(1)(C)—

2 (A) by striking “(as defined in section
3 5000A(f) of the Internal Revenue Code of
4 1986)” and inserting “(as defined in section
5 36B(c)(2)(B)(ii) of the Internal Revenue Code
6 of 1986)”; and

7 (B) by striking “(as determined under sec-
8 tion 5000A(e)(2) of such Code”;

9 (5) in section 1132(a)(2)(D), by striking
10 “4980H, and 5000A” and inserting “and 4980H”;

11 (6) in section 1401(a) of the Patient Protection
12 and Affordable Care Act, by amending the section
13 36B(c)(2)(B)(ii) of the Internal Revenue Code of
14 1986, as inserted by such section 1401(a), to read
15 as follows:

16 “(ii) MINIMUM ESSENTIAL COV-
17 ERAGE.—

18 “(I) IN GENERAL.—The term
19 ‘minimum essential coverage’ means
20 any of the following:

21 “(aa) GOVERNMENT SPON-
22 SORED PROGRAMS.—Coverage
23 under—

24 “(AA) the Medicare
25 program under part A of

1 title XVIII of the Social Se-
2 curity Act,

3 “(BB) the Medicaid
4 program under title XIX of
5 the Social Security Act,

6 “(CC) the CHIP pro-
7 gram under title XXI of the
8 Social Security Act,

9 “(DD) the TRICARE
10 for Life program,

11 “(EE) the veteran’s
12 health care program under
13 chapter 17 of title 38,
14 United States Code, or

15 “(FF) a health plan
16 under section 2504(e) of
17 title 22, United States Code
18 (relating to Peace Corps vol-
19 unteers).

20 “(bb) EMPLOYER-SPON-
21 SORED PLAN.—Coverage under
22 an eligible employer-sponsored
23 plan.

24 “(cc) PLANS IN THE INDI-
25 VIDUAL MARKET.—Coverage

1 under a health plan offered in
2 the individual market within a
3 State.

4 “(dd) GRANDFATHERED
5 HEALTH PLAN.—Coverage under
6 a grandfathered health plan.

7 “(ee) OTHER COVERAGE.—
8 Such other health benefits cov-
9 erage, such as a State health
10 benefits risk pool, as the Sec-
11 retary of Health and Human
12 Services, in coordination with the
13 Secretary, recognizes for pur-
14 poses of this subsection.

15 “(II) ELIGIBLE EMPLOYER-SPON-
16 SORED PLAN.—The term ‘eligible em-
17 ployer-sponsored plan’ means, with re-
18 spect to any employee, a group health
19 plan or group health insurance cov-
20 erage offered by an employer to the
21 employee which is—

22 “(aa) a governmental plan
23 (within the meaning of section
24 2791(d)(8) of the Public Health
25 Service Act), or

1 “(bb) any other plan or cov-
2 erage offered in the small or
3 large group market within a
4 State.

5 Such term shall include a grand-
6 fathered health plan described in
7 paragraph (1)(D) offered in a group
8 market.

9 “(III) EXCEPTED BENEFITS NOT
10 TREATED AS MINIMUM ESSENTIAL
11 COVERAGE.—The term ‘minimum es-
12 sential coverage’ shall not include
13 health insurance coverage which con-
14 sists of coverage of excepted bene-
15 fits—

16 “(aa) described in para-
17 graph (1) of subsection (c) of
18 section 2791 of the Public Health
19 Service Act; or

20 “(bb) described in para-
21 graph (2), (3), or (4) of such
22 subsection if the benefits are pro-
23 vided under a separate policy,
24 certificate, or contract of insur-
25 ance.

1 “(IV) INDIVIDUALS RESIDING
2 OUTSIDE UNITED STATES OR RESI-
3 DENTS OF TERRITORIES.—Any appli-
4 cable individual shall be treated as
5 having minimum essential coverage
6 for any month—

7 “(aa) if such month occurs
8 during any period described in
9 subparagraph (A) or (B) of sec-
10 tion 911(d)(1) which is applicable
11 to the individual, or

12 “(bb) if such individual is a
13 bona fide resident of any posses-
14 sion of the United States (as de-
15 termined under section 937(a))
16 for such month.

17 “(V) INSURANCE-RELATED
18 TERMS.—Any term used in this sec-
19 tion which is also used in title I of the
20 Patient Protection and Affordable
21 Care Act shall have the same meaning
22 as when used in such title.”;

23 (7) in section 1401(c)(1)(A)(iii), by striking
24 “(as defined in section 5000A(f) of the Internal Rev-
25 enue Code of 1986)” and inserting “(as defined in

1 section 36B(c)(2)(B)(ii) of the Internal Revenue
2 Code of 1986” ;

3 (8) in section 1411(a)(4), by striking “, for
4 purposes of the individual responsibility requirement
5 under section 5000A of the Internal Revenue Code
6 of 1986,”; and

7 (9) by striking section 1411(b)(5).

