AMENDMENT TO H.R. 1628 OFFERED BY MR. PALMER OF ALABAMA

Page 69, after line 15, insert the following:

1	SEC. 136. FEDERAL INVISIBLE HIGH RISK POOL.
2	(a) DEFINITIONS.—In this section:
3	(1) COVERED PERSON.—The term "covered
4	person" means an individual covered as a policy-
5	holder, participant or dependent under a plan, policy
6	or contract of medical insurance.
7	(2) DEPENDENT.—The term "dependent"
8	means a spouse, a domestic partner, or a child
9	under 26 years of age.
10	(3) Designated Health condition.—The
11	term "designated health condition" means a health
12	condition which is designated under subsection (e).
13	(4) HEALTH STATUS STATEMENT.—The term
14	"health status statement" means such a statement
15	developed under subsection (d).
16	(5) Member insurer.—The term "member in-
17	surer" means an insurer that offers individual
18	health plans and is actively marketing individual
19	health plans in a State.

1	(6) Secretary.—The term "Secretary" means
2	the Secretary of Health and Human Services.
3	(7) State.—The term "State" means one of
4	the 50 States or the District of Columbia.
5	(b) Establishment of FIHRP.—
6	(1) In general.—There is hereby established
7	a Federal Invisible High Risk Pool (in this section
8	referred to as the "FIHRP").
9	(2) REQUIREMENT FOR PARTICIPATION.—As a
10	condition of doing business in a State, a member in-
11	surer that is actively marketing a medical insurance
12	policy in the State must participate in the FIHRP
13	in accordance with this section.
14	(c) Reinsurance; Premium Rates.—
15	(1) REINSURANCE AMOUNT.—A member in-
16	surer offering an individual health plan in a State
17	must be reinsured by the FIHRP to the level of cov-
18	erage provided by the FIHRP in this subsection and
19	is liable to the FIHRP for the reinsurance premium
20	rate established in accordance with paragraph (2).
21	(2) Reinsurance threshold.—
22	(A) IN GENERAL.—The FIHRP may not
23	reimburse a member insurer with respect to
24	claims of an individual designated for reinsur-
25	ance by the member insurer pursuant to sub-

1	section (f) until the insurer has incurred an ini-
2	tial level of claims for that individual for cov-
3	ered benefits in a calendar year.
4	(B) INITIAL LEVEL OF CLAIMS.— Such
5	initial level shall be \$10,000 except the FIHRP
6	may annually adjust the initial level of claims
7	and the maximum limit to be retained by the
8	insurer to reflect increases in costs and utiliza-
9	tion within State.
10	(3) CARE MANAGEMENT REQUIREMENT.—A
11	member insurer shall apply all managed care, utili-
12	zation review, case management, preferred provider
13	arrangements, claims processing and other methods
14	of operation without regard to whether claims paid
15	for coverage are reinsured under this section.
16	(4) Premium rates charged insurers.—
17	Each member insurer shall remit 90 percent of paid
18	premiums for policies covering any individual ceded
19	by the insurer to the FIHRP under this section. The
20	FIHRP may consider adjustments to the premium
21	rates charged for reinsurance to reflect the use of ef-
22	fective cost containment and managed care arrange-
23	ments by an insurer.
24	(d) Health Status Statement by Applicants.—
25	The Secretary shall develop a health status statement to

1	be completed by all applicants for individual health insur-
2	ance in a State. Such statement shall identify if the appli-
3	cant has been diagnosed or is receiving treatment within
4	a specified period of time for a designated condition (as
5	determined under subsection (e)),
6	(e) Designated Health Conditions.—
7	(1) In General.—Subject to paragraph (2),
8	the following shall be considered to be designated
9	health conditions for purposes of this section:
10	(A) Chronic obstructive pulmonary disease.
11	(B) Endometrial cancer.
12	(C) Metastatic cancer.
13	(D) Prostate cancer.
14	(E) Congestive heart failure.
15	(F) Renal failure.
16	(G) Rheumatoid arthritis.
17	(H) HIV.
18	(I) Such other health conditions as the
19	Secretary may determine
20	(2) FIHRP AUTHORITY TO REVISE.—The
21	FIHRP may amend the list of designated health
22	conditions from time to time as appropriate.
23	(f) Designation of Reinsurance.—
24	(1) IN GENERAL.—An insurer may evaluate the
25	health status of an applicant for insurance for pur-

1	poses of designating that individual for reinsurance
2	through the FIHRP. For individual health plans
3	issued on or after January 1, 2018, the insurer shall
4	use the individual's health status statement to make
5	a designation and may not use any other method to
6	determine the health status of an individual. Insur-
7	ers may designate an individual for reinsurance
8	through the FIHRP only at time of the individual's
9	application for insurance.
10	(2) Provision of Reinsurance.—
11	(A) IN GENERAL.—The FIHRP shall pro-
12	vide reinsurance to a member insurer for per-
13	sons designated by a member insurer under
14	paragraph (1).
15	(B) Designation Criteria.—
16	(i) Designation based on des-
17	IGNATED HEALTH CONDITION.—Applicants
18	with a designated health condition shall be
19	automatically designated for reinsurance.
20	(ii) Designation based on other
21	CONDITION.—An insurer may designate an
22	applicant for reinsurance through the
23	FIHRP, even though the applicant does
24	not indicate a designated health condition,
25	based on underwriting discretion applied

1	based on other information provided on the
2	applicant's health status statement.
3	(g) Reimbursement.—Claims for items and services
4	ceded through reinsurance to the FIHRP shall be reim-
5	bursed by the FIHRP at the payment rates established
6	under the Medicare program under title XVIII of the So-
7	cial Security Act for items and services furnished to indi-
8	viduals entitled to benefits for such items and services
9	under such title. Health care providers furnishing such
10	items and services shall accept payment at such rates as
11	payment in full for such items and services and may not
12	balance bill the insurer or individual involved for charges
13	in excess of such payment rates.

