

**AMENDMENT TO**  
**RULES COMMITTEE PRINT 114-57**  
**OFFERED BY MR. GUTIÉRREZ OF ILLINOIS**

At the end of the bill, add the following new title:

1           **TITLE VIII—HEALTH CARE**  
2                           **PARITY**  
3                           **Subtitle A—Medicaid**

4   **SEC. 811. ELIMINATION OF GENERAL MEDICAID FUNDING**  
5                           **LIMITATIONS (“CAP”) FOR TERRITORIES.**

6           (a) IN GENERAL.—Section 1108 of the Social Secu-  
7 rity Act (42 U.S.C. 1308) is amended—

8                   (1) in subsection (f), in the matter before para-  
9 graph (1), by striking “subsection (g)” and inserting  
10 “subsections (g) and (h)”;

11                   (2) in subsection (g)(2), in the matter before  
12 subparagraph (A), by inserting “and subsection (h)”  
13 after “paragraphs (3) and (5)”; and

14                   (3) by adding at the end the following new sub-  
15 section:

16           “(h) SUNSET OF MEDICAID FUNDING LIMITATIONS  
17 FOR PUERTO RICO, THE VIRGIN ISLANDS OF THE  
18 UNITED STATES, GUAM, THE NORTHERN MARIANA IS-  
19 LANDS, AND AMERICAN SAMOA.—Subsections (f) and (g)

1 shall not apply to Puerto Rico, the Virgin Islands of the  
2 United States, Guam, the Northern Mariana Islands, and  
3 American Samoa beginning with fiscal year 2017.”.

4 (b) CONFORMING AMENDMENTS.—

5 (1) Section 1902(j) of the Social Security Act  
6 (42 U.S.C. 1396a(j)) is amended by striking “, the  
7 limitation in section 1108(f),”.

8 (2) Section 1903(u) of the Social Security Act  
9 (42 U.S.C. 1396b(u)) is amended by striking para-  
10 graph (4).

11 (3) Section 1323(c)(1) of the Patient Protection  
12 and Affordable Care Act (42 U.S.C. 18043(c)(1)) is  
13 amended by striking “2019” and inserting “2016”.

14 (c) EFFECTIVE DATE.—The amendments made by  
15 this section shall apply beginning with fiscal year 2017.

16 **SEC. 812. ELIMINATION OF SPECIFIC FEDERAL MEDICAL**  
17 **ASSISTANCE PERCENTAGE (FMAP) LIMITA-**  
18 **TION FOR TERRITORIES.**

19 Section 1905(b) of the Social Security Act (42 U.S.C.  
20 1396d(b)) is amended, in clause (2), by inserting “for fis-  
21 cal years before fiscal year 2017” after “American  
22 Samoa”.

1 **SEC. 813. APPLICATION OF MEDICAID WAIVER AUTHORITY**  
2 **TO ALL OF THE TERRITORIES.**

3 (a) IN GENERAL.—Section 1902(j) of the Social Se-  
4 curity Act (42 U.S.C. 1396a(j)) is amended—

5 (1) by striking “American Samoa and the  
6 Northern Mariana Islands” and inserting “Puerto  
7 Rico, the Virgin Islands of the United States, Guam,  
8 the Northern Mariana Islands, and American  
9 Samoa”;

10 (2) by striking “American Samoa or the North-  
11 ern Mariana Islands” and inserting “Puerto Rico,  
12 the Virgin Islands of the United States, Guam, the  
13 Northern Mariana Islands, or American Samoa”;

14 (3) by inserting “(1)” after “(j)”;

15 (4) by inserting “except as otherwise provided  
16 in this subsection,” after “Notwithstanding any  
17 other requirement of this title”; and

18 (5) by adding at the end the following:

19 “(2) The Secretary may not waive under this sub-  
20 section the requirement of subsection (a)(10)(A)(i)(IX)  
21 (relating to coverage of adults formerly under foster care)  
22 with respect to any territory.”.

23 (b) EFFECTIVE DATE.—The amendments made by  
24 this section shall apply beginning October 1, 2016.

1 **SEC. 814. APPLICATION OF 100 PERCENT FEDERAL POV-**  
2 **ERTY LINE (FPL) LIMITATION TO TERRI-**  
3 **TORIES.**

4 (a) IN GENERAL.—Section 1902 of the Social Secu-  
5 rity Act (42 U.S.C. 1396a) is amended—

6 (1) in subsection (a)(10)(A)(i)(VIII), by insert-  
7 ing “(or, subject to subsection (j), 100 percent in  
8 the case of Puerto Rico, the Virgin Islands of the  
9 United States, Guam, the Northern Mariana Is-  
10 lands, and American Samoa)” after “133 percent”;  
11 and

12 (2) in subsection (j), as amended by section  
13 813, by adding at the end the following new para-  
14 graph:

15 “(3)(A) Notwithstanding any other provision of law,  
16 Federal financial participation shall not be available to a  
17 territory for medical assistance for an individual whose  
18 family income exceeds 100 percent of the official poverty  
19 line for a family of the size involved, except in the case  
20 of individuals qualifying for medical assistance under sub-  
21 section (a)(10)(A)(i)(IX) and except as authorized under  
22 a waiver under this subsection or section 1115.

23 “(B) The Secretary may, under paragraph (1) or sec-  
24 tion 1115, waive the limitation under subparagraph (A)  
25 but only in the case of a territory other than Puerto Rico.  
26 In carrying out this subparagraph, the Secretary shall

1 take into account the eligibility levels established under  
2 the State plan of the territory involved before the date  
3 of the enactment of this paragraph.”.

4 (b) NOT APPLYING 5 PERCENT DISREGARD.—Sub-  
5 paragraph (I) of section 1902(a)(14) of the Social Secu-  
6 rity Act (42 U.S.C. 1396b(a)(14)) is amended by adding  
7 at the end the following:

8 “The previous sentence shall only apply to a  
9 State that is one of the 50 States or the Dis-  
10 trict of Columbia.”.

11 (c) EFFECTIVE DATE.—The amendments made by  
12 this section shall apply with respect to eligibility deter-  
13 minations made with respect to items and services fur-  
14 nished on or after October 1, 2016.

15 **SEC. 815. PERMITTING MEDICAID DSH ALLOTMENTS FOR**  
16 **TERRITORIES.**

17 Section 1923(f) of the Social Security Act (42 U.S.C.  
18 1396) is amended—

19 (1) in paragraph (6), by adding at the end the  
20 following new subparagraph:

21 “(C) TERRITORIES.—

22 “(i) FISCAL YEAR 2017.—For fiscal  
23 year 2017, the DSH allotment for Puerto  
24 Rico, the Virgin Islands of the United  
25 States, Guam, the Northern Mariana Is-

1 lands, and American Samoa shall bear the  
2 same ratio to \$150,000,000 as the ratio of  
3 the number of individuals who are low-in-  
4 come or uninsured and residing in such re-  
5 spective territory (as estimated from time  
6 to time by the Secretary) bears to the  
7 sums of the number of such individuals re-  
8 siding in all of the territories.

9 “(ii) SUBSEQUENT FISCAL YEAR.—  
10 For each subsequent fiscal year, the DSH  
11 allotment for each such territory is subject  
12 to an increase in accordance with para-  
13 graph (2).”; and

14 (2) in paragraph (9), by inserting before the pe-  
15 riod at the end the following: “, and includes, begin-  
16 ning with fiscal year 2017, Puerto Rico, the Virgin  
17 Islands of the United States, Guam, the Northern  
18 Mariana Islands, and American Samoa”.

## 19 **Subtitle B—Medicare**

### 20 **CHAPTER 1—PART A**

#### 21 **SEC. 821. CALCULATION OF MEDICARE DSH PAYMENTS FOR** 22 **IPPS HOSPITALS IN PUERTO RICO.**

23 Section 1886(d)(9)(D)(iii) of the Social Security Act  
24 (42 U.S.C. 1395ww(d)(9)(D)(iii)) is amended to read as  
25 follows:

1           “(iii) Subparagraph (F) (relating to dispropor-  
2           tionate share payments), including application of  
3           subsection (r), except that for this purpose—

4                   “(I) the sum described in clause (ii) of this  
5                   subparagraph shall be substituted for the sum  
6                   referred to in paragraph (5)(F)(ii)(I); and

7                   “(II) for discharges occurring on or after  
8                   October 1, 2015, subclause (I) of paragraph  
9                   (5)(F)(vi) shall be applied by substituting for  
10                  the numerator described in such subclause the  
11                  number of subsection (d) Puerto Rico hospital’s  
12                  patient days for the cost reporting period in-  
13                  volved which were made up of patients who (for  
14                  such days) were entitled to benefits under part  
15                  A of this title and were—

16                   “(aa) entitled to supplementary secu-  
17                   rity income benefits (excluding any State  
18                   supplementation) under title XVI of this  
19                   Act;

20                   “(bb) eligible for medical assistance  
21                   under a State plan under title XIX; or

22                   “(cc) receiving aid or assistance under  
23                   any plan of the State approved under title  
24                   I, X, XIV, or XVI.”.

1                                   **CHAPTER 2—PART B**  
2   **SEC. 824. APPLICATION OF PART B DEEMED ENROLLMENT**  
3                                   **PROCESS TO RESIDENTS OF PUERTO RICO;**  
4                                   **SPECIAL ENROLLMENT PERIOD AND LIMIT**  
5                                   **ON LATE ENROLLMENT PENALTIES.**

6           (a) APPLICATION OF PART B DEEMED ENROLLMENT  
7 PROCESS TO RESIDENTS OF PUERTO RICO.—Section  
8 1837(f)(3) of the Social Security Act (42 U.S.C.  
9 1395p(f)(3)) is amended by striking “, exclusive of Puerto  
10 Rico”.

11           (b) EFFECTIVE DATE.—The amendment made by  
12 subsection (a) shall apply to individuals whose initial en-  
13 rollment period under section 1837(d) of the Social Secu-  
14 rity Act begins on or after the first day of the effective  
15 month, specified by the Secretary of Health and Human  
16 Services under section 1839(j)(1)(C) of such Act, as added  
17 by subsection (c)(2).

18           (c) TRANSITION PROVIDING SPECIAL ENROLLMENT  
19 PERIOD AND LIMIT ON LATE ENROLLMENT PENALTIES  
20 FOR CERTAIN MEDICARE BENEFICIARIES.—Section 1839  
21 of the Social Security Act (42 U.S.C. 1395r) is amend-  
22 ed—

23                   (1) in the first sentence of subsection (b), by in-  
24 serting “subject to section 1839(j)(2),” after “sub-  
25 section (i)(4) or (l) of section 1837,”; and



1           (2) by adding at the end the following new sub-  
2           section:

3           “(j) SPECIAL RULES FOR CERTAIN RESIDENTS OF  
4 PUERTO RICO.—

5           “(1) SPECIAL ENROLLMENT PERIOD, COVERAGE  
6 PERIOD FOR RESIDENTS WHO ARE ELIGIBLE BUT  
7 NOT ENROLLED.—

8           “(A) IN GENERAL.—In the case of a tran-  
9 sition individual (as defined in paragraph (3))  
10 who is not enrolled under this part as of the  
11 day before the first day of the effective month  
12 (as defined in subparagraph (C)), the Secretary  
13 shall provide for a special enrollment period  
14 under section 1837 of 7 months beginning with  
15 such effective month during which the indi-  
16 vidual may be enrolled under this part.

17           “(B) COVERAGE PERIOD.—In the case of  
18 such an individual who enrolls during such spe-  
19 cial enrollment period, the coverage period  
20 under section 1838 shall begin on the first day  
21 of the second month after the month in which  
22 the individual enrolls.

23           “(C) EFFECTIVE MONTH DEFINED.—In  
24 this section, the term ‘effective month’ means a  
25 month, not earlier than October 2016 and not

1 later than January 2017, specified by the Sec-  
2 retary.

3 “(2) REDUCTION IN LATE ENROLLMENT PEN-  
4 ALTIES FOR CURRENT ENROLLEES AND INDIVID-  
5 UALS ENROLLING DURING TRANSITION.—

6 “(A) IN GENERAL.—In the case of a tran-  
7 sition individual who is enrolled under this part  
8 as of the day before the first day of the effec-  
9 tive month or who enrolls under this part on or  
10 after the date of the enactment of this sub-  
11 section but before the end of the special enroll-  
12 ment period under paragraph (1)(A), the  
13 amount of the late enrollment penalty imposed  
14 under section 1839(b) shall be recalculated by  
15 reducing the penalty to 15 percent of the pen-  
16 alty otherwise established.

17 “(B) APPLICATION.—Subparagraph (A)  
18 shall be applied in the case of a transition indi-  
19 vidual who—

20 “(i) is enrolled under this part as of  
21 the month before the effective month, for  
22 premiums for months beginning with such  
23 effective month; or

24 “(ii) enrolls under this part on or  
25 after the date of the enactment of this Act

1 and before the end of the special enroll-  
2 ment period under paragraph (1)(A), for  
3 premiums for months during the coverage  
4 period under this part which occur during  
5 or after the effective month.

6 “(C) LOSS OF REDUCTION IF INDIVIDUAL  
7 TERMINATES ENROLLMENT.—Subparagraph  
8 (A) shall not apply to a transition individual if  
9 the individual terminates enrollment under this  
10 part after the end of the special enrollment pe-  
11 riod under paragraph (1).

12 “(3) TRANSITION INDIVIDUAL DEFINED.—In  
13 this section, the term ‘transition individual’ means  
14 an individual who resides in Puerto Rico and who  
15 would have been deemed enrolled under this part  
16 pursuant to section 1837(f) before the first day of  
17 the effective month but for the fact that the indi-  
18 vidual was a resident of Puerto Rico, regardless of  
19 whether the individual is enrolled under this part as  
20 of such first day.”.

21 **SEC. 825. PUERTO RICO PRACTICE EXPENSE GPCI IM-**  
22 **PROVEMENT.**

23 Section 1848(e)(1) of the Social Security Act (42  
24 U.S.C. 1395w-4(e)(1)) is amended—

1           (1) in subparagraph (A), by striking “and (I)”  
2           and inserting “(I), and (J)”; and

3           (2) by adding at the end the following new sub-  
4           paragraph:

5                   “(J) FLOOR FOR PRACTICE EXPENSE  
6           INDEX FOR SERVICES FURNISHED IN PUERTO  
7           RICO.—

8                   “(i) IN GENERAL.—For purposes of  
9           payment for services furnished in Puerto  
10          Rico in a year (beginning with 2017), after  
11          calculating the practice expense index in  
12          subparagraph (A)(i) for Puerto Rico, if  
13          such index is below the reference index (as  
14          defined in clause (ii)) for the year, the Sec-  
15          retary shall increase such index for Puerto  
16          Rico to equal the value of the reference  
17          index for the year. The preceding sentence  
18          shall not be applied in a budget neutral  
19          manner.

20                  “(ii) REFERENCE INDEX DEFINED.—  
21          In this subparagraph, the term ‘reference  
22          index’ means, with respect to a year, 0.800  
23          or, if less, the lowest practice expense  
24          index value for the year for any area in the  
25          50 States or the District of Columbia.”.

1           **CHAPTER 3—MEDICARE ADVANTAGE**  
2                                           **(PART C)**

3   **SEC. 826. ADJUSTMENT IN BENCHMARK FOR LOW BASE**  
4                                           **PAYMENT COUNTIES IN PUERTO RICO.**

5           Section 1853(n) of the Social Security Act (42 U.S.C.  
6 1395w-103(n)) is amended—

7                   (1) in paragraph (1), by striking “and (5)” and  
8           inserting “, (5), and (6)”;

9                   (2) in paragraph (4), by striking “In no case”  
10           and inserting “Subject to paragraph (6), in no  
11           case”; and

12                   (3) by adding at the end the following new  
13           paragraph:

14                   “(6) SPECIAL RULES FOR BLENDED BENCH-  
15           MARK AMOUNT FOR TERRITORIES.—

16                   “(A) IN GENERAL.—Subject to paragraph  
17                   (2), the blended benchmark amount for an area  
18                   in a territory for a year (beginning with 2017)  
19                   shall not be less than 80 percent of the national  
20                   average of the base payment amounts specified  
21                   in subparagraph (2)(E) for such year for areas  
22                   within the 50 States and the District of Colum-  
23                   bia.

24                   “(B) LIMITATION.—In no case shall the  
25                   blended benchmark amount for an area in a

1 territory for a year under subparagraph (A) ex-  
2 ceed the lowest blended benchmark amount for  
3 any area within the 50 States and the District  
4 of Columbia for such year.”.

## 5 **CHAPTER 4—PART D**

### 6 **SEC. 827. IMPROVED USE OF ALLOCATED PRESCRIPTION** 7 **DRUG FUNDS BY TERRITORIES.**

8 Section 1935(e) of the Social Security Act (42 U.S.C.  
9 1396u–5(e)) is amended by adding at the end the fol-  
10 lowing new paragraph:

11 “(5) IMPROVED USE OF FUNDS FOR LOW-IN-  
12 COME PART D ELIGIBLE INDIVIDUALS.—This sub-  
13 section shall be applied beginning with fiscal year  
14 2017 as follows, notwithstanding any other provision  
15 of this title:

16 “(A) CLARIFYING STATE FLEXIBILITY TO  
17 COVER NON-DUAL-ELIGIBLE INDIVIDUALS.—In  
18 this title, the term ‘medical assistance’ includes  
19 financial assistance furnished by a State under  
20 this subsection to part D eligible individuals  
21 who, if they were residing in one of the 50  
22 States or the District of Columbia, would qual-  
23 ify as subsidy eligible individuals under section  
24 1860D–14(a)(3), and without regard to wheth-

1 er such individuals otherwise qualify for medical  
2 assistance under this title.

3 “(B) 100 PERCENT FMAP TO REFLECT NO  
4 STATE MATCHING REQUIRED FOR PART D LOW  
5 INCOME SUBSIDIES.—The Federal medical as-  
6 sistance percentage applicable to the assistance  
7 furnished under this subsection is 100 percent.

8 “(C) LIMITED FUNDING FOR SPECIAL  
9 RULES.—Subparagraphs (A) and (B), and the  
10 provision of medical assistance for covered part  
11 D drugs to low-income part D eligible individ-  
12 uals for a State and period under this sub-  
13 section, is limited to the amount specified in  
14 paragraph (3) for such State and period, with-  
15 out regard to the application of subsection (f)  
16 or (g) of section 1108.”.

17 **SEC. 828. REPORT ON TREATMENT OF TERRITORIES**  
18 **UNDER MEDICARE PART D.**

19 Paragraph (4) of section 1935(e) of the Social Secu-  
20 rity Act (42 U.S.C. 1396u–5(e)) is amended to read as  
21 follows:

22 “(4) REPORT ON APPLICATION OF SUB-  
23 SECTION.—

24 “(A) IN GENERAL.—Not later than Feb-  
25 ruary 1, 2018, the Secretary shall submit to

1 Congress a report on the application of this  
2 subsection during the period beginning fiscal  
3 year 2006 and ending fiscal year 2017.

4 “(B) INFORMATION TO BE INCLUDED IN  
5 REPORT.—Such report shall include—

6 “(i) program guidance issued by the  
7 Secretary to implement this subsection;

8 “(ii) for each territory, information on  
9 the increased amount under paragraph (3)  
10 and how the territory has applied such  
11 amount, including the territory’s program  
12 design, expenditures, and number of indi-  
13 viduals (and dual-eligible individuals) as-  
14 sisted; and

15 “(iii) differences between how such  
16 territories are treated under part D of title  
17 XVIII and under this title compared with  
18 the treatment of the 50 States and the  
19 District of Columbia under such part and  
20 this title for different fiscal years within  
21 the period covered under the report.

22 “(C) RECOMMENDATIONS.—Such report  
23 shall include recommendations for improving  
24 prescription drug coverage for low-income indi-  
25 viduals in each territory, including rec-



1           ommendations regarding each of the following  
2           alternative approaches:

3                   “(i) Adjusting the aggregate amount  
4                   specified in paragraph (3)(B).

5                   “(ii) Allowing residents of the terri-  
6                   tories to be subsidy eligible individuals  
7                   under section 1860D–14, notwithstanding  
8                   subsection (a)(3)(F) of such section, or  
9                   providing substantially equivalent low-in-  
10                  come prescription drug subsidies to such  
11                  residents.”.

## 12                   **Subtitle C—Miscellaneous**

### 13   **SEC. 831. MODIFIED TREATMENT OF TERRITORIES WITH** 14                   **RESPECT TO APPLICATION OF ACA ANNUAL** 15                   **HEALTH INSURANCE PROVIDER FEES.**

16           Section 9010 of the Patient Protection and Afford-  
17   able Care Act (26 U.S.C. 4001 note prec.) is amended—

18                   (1) in subsection (b)(1), by inserting “subject  
19                   to subsection (j)(1),” after “With respect to each  
20                   covered entity,”; and

21                   (2) by striking subsection (j) and inserting the  
22                   following:

23                   “(j) SPECIAL RULES FOR TREATMENT OF TERRI-  
24   TORIES.—

1           “(1) IN GENERAL.—In applying this section  
2 with respect to United States health risks located  
3 outside of the 50 States or the District of Columbia  
4 for years beginning with 2017—

5           “(A) the amount of the fee under sub-  
6 section (b) shall be 50 percent of the amount  
7 of the fee otherwise determined;

8           “(B) the Secretary shall deposit the  
9 amount of such fees collected for each territory  
10 into a separate account; and

11           “(C) amounts in such an account for a ter-  
12 ritory for a year are appropriated and shall be  
13 available to the territory in accordance with  
14 paragraph (2).

15           “(2) AVAILABILITY OF FUNDS.—Amounts made  
16 available to a territory under paragraph (1)(C) with  
17 respect to a territory for a year shall be made avail-  
18 able to the territory, upon application of the terri-  
19 tory to the Secretary of Health and Human Serv-  
20 ices, only for the following purposes, as elected by  
21 the territory in such application:

22           “(A) INCREASED PRESCRIPTION DRUG AS-  
23 SISTANCE FOR LOW-INCOME PART D ELIGIBLE  
24 INDIVIDUALS.—For increasing the amount of  
25 funds made available to the territory under sec-

1           tion 1935(e)(3) of the Social Security Act (42  
2           U.S.C. 1396u–5(e)(3)) for assistance for low-in-  
3           come part D eligible individuals in obtaining  
4           part D covered drugs.

5           “(B) SATISFYING STATE MEDICAID  
6           MATCHING REQUIREMENT.—For purposes of  
7           the territory meeting non-Federal matching re-  
8           quirements imposed with respect to obtaining  
9           Federal financial participation under title XIX  
10          of the Social Security Act.”.

11 **SEC. 832. MEDICAID AND CHIP TERRITORY TRANSPARENCY**  
12 **AND INFORMATION.**

13          (a) PUBLICATION OF INFORMATION ON FEDERAL  
14 EXPENDITURES UNDER MEDICAID AND CHIP IN THE  
15 TERRITORIES.—Not later than 180 days after the date  
16 of the enactment of this Act, the Secretary of Health and  
17 Human Services shall publish, and periodically update, on  
18 the Internet site of the Centers for Medicare & Medicaid  
19 Services information on Medicaid and CHIP carried out  
20 in the territories of the United States. Such information  
21 shall include, with respect to each such territory—

22           (1) the income levels established by the terri-  
23          tory for purposes of eligibility of an individual to re-  
24          ceive medical assistance under Medicaid or child  
25          health assistance under CHIP;

1           (2) the number of individuals enrolled in Med-  
2           icaid and CHIP in such territory;

3           (3) any State plan amendments in effect to  
4           carry out Medicaid or CHIP in such territory;

5           (4) any waiver of the requirements of title XIX  
6           or title XXI issued by the Secretary to carry out  
7           Medicaid or CHIP in the territory, including a waiv-  
8           er under section 1115 of the Social Security Act (42  
9           U.S.C. 1315), any application for such a waiver, and  
10          any documentation related to such application (in-  
11          cluding correspondence);

12          (5) the amount of the Federal and non-Federal  
13          share of expenditures under Medicaid and CHIP in  
14          such territory;

15          (6) the systems in place for the furnishing of  
16          health care items and services under Medicaid and  
17          CHIP in such territory;

18          (7) the design of CHIP in such territory; and

19          (8) other information regarding the carrying  
20          out of Medicaid and CHIP in the territory that is  
21          published on such Internet site with respect to car-  
22          rying out Medicaid and CHIP in each State and the  
23          District of Columbia.

24          (b) DEFINITIONS.—In this section:

1           (1) CHIP.—The term “CHIP” means the  
2 State Children’s Health Insurance Program under  
3 title XXI of the Social Security Act.

4           (2) MEDICAID.—The term “Medicaid” means  
5 the Medicaid program under title XIX of the Social  
6 Security Act.

7           (3) TERRITORY.—The term “territory of the  
8 United States” includes Puerto Rico, the Virgin Is-  
9 lands of the United States, Guam, the Northern  
10 Mariana Islands, and American Samoa.

11 **SEC. 833. REPORT ON EXCLUSION OF TERRITORIES FROM**  
12 **EXCHANGES.**

13           (a) IN GENERAL.—Not later than February 1, 2018,  
14 the Secretary of Health and Human Services shall submit  
15 to Congress a report that details the adverse impacts in  
16 each territory from the practical exclusion of the terri-  
17 tories from the provisions of part II of subtitle D of title  
18 I of the Patient Protection and Affordable Care Act inso-  
19 far as such provisions provide for the establishment of an  
20 American Health Benefit Exchange or the administration  
21 of a federally facilitated Exchange in each State and in  
22 the District of Columbia for the purpose of making health  
23 insurance more affordable and accessible for individuals  
24 and small businesses.

1 (b) INFORMATION IN REPORT.—The report shall in-  
2 clude information on the following:

3 (1) An estimate of the total number of unin-  
4 sured and underinsured individuals residing in each  
5 territory with respect to health insurance coverage.

6 (2) A description of the number of health insur-  
7 ance issuers in each territory and the health insur-  
8 ance plans these issuers offer.

9 (3) An estimate of the number of individuals re-  
10 siding in each territory who are denied premium and  
11 cost-sharing assistance that would otherwise be  
12 available to them for obtaining health insurance cov-  
13 erage through an Exchange if they resided in one of  
14 the 50 States or in the District of Columbia.

15 (4) An estimate of the amount of Federal as-  
16 sistance described in paragraph (3) that is not being  
17 made available to residents of each territory.

18 (5) An estimate of the number of small employ-  
19 ers in each territory that would be eligible to pur-  
20 chase health insurance coverage through a Small  
21 Business Health Options Program (SHOP) Market-  
22 place that would operate as part of an Exchange if  
23 the employers were in one of the 50 States or in the  
24 District of Columbia.

