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Patient Protection and Affordable Care Act (ACA): Resources for Frequently Asked Questions

Angela Napili

Information Research Specialist

April 3, 2014

Congressional Research Service

7-5700

www.crs.gov

R43215

Summary

The Patient Protection and Affordable Care Act (ACA; P.L. 111-148, as amended) has numerous provisions affecting private health insurance and public health coverage programs. Many of these provisions take effect in 2014. This report provides resources to help congressional staff respond to constituents' frequently asked questions (FAQs) about the law. The report lists selected resources regarding consumers, employers, and other stakeholders, with a focus on federal sources. It also lists CRS reports that summarize ACA's provisions.

The report begins with links to contacts for specific ACA questions, such as Consumer Assistance Programs, state agencies, and local organizations that can answer constituents' questions directly. For example, the federal HealthCare.gov website offers an ACA consumer telephone hotline and online chat assistance. The report also lists sources for congressional staff to contact federal agencies with ACA questions.

The report provides basic consumer sources, including broad overviews of the ACA law. The next sections focus on health coverage: the individual mandate, private health insurance, and exchanges, as well as public health care programs, such as Medicaid and the State Children's Health Insurance Program (CHIP), Medicare, Indian health care, and veterans' and military health care. The report then lists sources on employer-sponsored coverage, including sources on employer penalties, small businesses, federal workers' health plans, and union health plans. The report also provides sources on ACA's provisions on mental health, public health, workforce, quality, and taxes. Finally, the report lists sources on ACA costs and appropriations, and sources for obtaining the law's full-text.

This list is not a comprehensive directory of all resources on the ACA, but rather is intended to address a few questions that may arise frequently.

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This report provides resources to help congressional staff respond to constituents' frequently asked questions (FAQs) about the Patient Protection and Affordable Care Act (ACA). The report lists selected resources regarding consumers, employers, and other stakeholders, with a focus on federal sources. It also lists CRS reports that summarize ACA's provisions. The resources are arranged by topic.

This list is not a comprehensive directory of all resources on the ACA, but rather is intended to address a few questions that may arise frequently.

Contacts for ACA Assistance

Health plan enrollees may contact insurers directly to verify enrollment or to ask about coverage of particular drugs, medical services, and health care providers. Enrollees can find their health plan's customer service phone number on their insurance card, on the insurer's website, or by calling the HealthCare.gov hotline (1-800-318-2596). For enrollees in HealthCare.gov's federally facilitated exchange plans, see *Contacting Your Health Plan's Customer Service Phone Number* at <http://marketplace.cms.gov/getofficialresources/publications-and-articles/contact-health-plan.pdf>.

Contact Us (U.S. Department of Health and Human Services, HealthCare.gov)
<https://www.healthcare.gov/contact-us/>

The federal HealthCare.gov website offers a 24/7 consumer hotline (1-800-318-2596) and online chat assistance. For translation assistance in other languages, constituents may also call the HealthCare.gov hotline or visit the website at <https://www.healthcare.gov/language-resource>.

Consumer Assistance Program (The Center for Consumer Information & Insurance Oversight)
<https://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/>

A directory of Consumer Assistance Programs and other state agencies that can answer constituent questions on ACA and health insurance.

Find Local Help (U.S. Department of Health and Human Services, Healthcare.gov)
<https://localhelp.healthcare.gov>

A directory of state and local organizations trained to provide enrollment assistance and help constituents understand their health coverage options. The directory includes navigators, application assisters, certified application counselors, and state and local government agencies.

The U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services has a dedicated phone number for ACA implementation questions from congressional staff: 202-690-8004. This number is exclusively for the use of Members of Congress and congressional staff, not constituents.

CRS Report 98-446, *Congressional Liaison Offices of Selected Federal Agencies*

This CRS report lists congressional liaison offices at federal agencies, including those that work on ACA issues, such as the Internal Revenue Service, the Department of Labor, and the

Congressional Budget Office. Congressional liaison offices can answer questions from Members of Congress and congressional staff; they usually do not assist constituents directly.

CRS reports on ACA are at [CRS.gov](http://www.crs.gov): *Issues Before Congress: Affordable Care Act and Health Policy*.

Each report has author contact information. CRS authors are available to answer questions from Members of Congress and congressional staff. CRS provides research and analysis exclusively to the Congress. CRS authors are unable to assist constituents directly.

Basic Consumer Sources

HealthCare.gov (U.S. Department of Health and Human Services)
<http://www.healthcare.gov>

The official federal portal for Affordable Care Act consumer information. Questions and answers on health insurance under ACA, including options for obtaining coverage, consumer rights and protections, and services that must be covered. A Spanish-language version is at <http://www.CuidadoDeSalud.gov>.

Affordable Care Act Tax Provisions for Individuals and Families (Internal Revenue Service)
<http://www.irs.gov/uac/Affordable-Care-Act-Tax-Provisions-for-Individuals-and-Families>

Explanations of ACA tax provisions for consumers, including provisions on premium tax credits, the individual mandate (sometimes called the “individual shared responsibility” provision), Health Care Flexible Spending Arrangements, Health Savings Accounts, medical loss ratio premium rebates, and other tax provisions.

Glossary (U.S. Department of Health and Human Services, [HealthCare.gov](http://www.healthcare.gov))
<http://www.healthcare.gov/glossary/index.html>

Plain language definitions of health care and health insurance terms.

Key Features of the Affordable Care Act By Year (U.S. Department of Health and Human Services)
<http://www.hhs.gov/healthcare/facts/timeline/timeline-text.html>

A timeline of selected ACA provisions, with links to federal consumer information sources.

The Individual Mandate

Questions and Answers on the Individual Shared Responsibility Provision (Internal Revenue Service)
<http://www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision>

Basic background on the individual mandate, the requirement that most individuals have minimum essential health coverage or else pay a tax penalty. Describes what counts as

minimum essential coverage, who is subject to the mandate, and how the mandate is enforced.

CRS Report R41331, *Individual Mandate Under ACA*

Beginning in 2014, ACA requires most individuals to maintain health insurance coverage or otherwise pay a penalty. Specifically, most individuals will be required to maintain minimum essential coverage, which is a term defined in ACA and its implementing regulations and includes most private and public coverage (e.g., employer-sponsored coverage, individual coverage, Medicare, and Medicaid, among others). Some individuals will be exempt from the mandate and the penalty, while others may receive financial assistance to help them pay for the cost of health insurance coverage and the costs associated with using health care services.

What if someone doesn't have health coverage in 2014? (U.S. Department of Health and Human Services, HealthCare.gov)

<https://www.healthcare.gov/what-if-i-dont-have-health-coverage/>

Details on the individual mandate penalty. The web page notes that those who enrolled in an exchange plan by March 31, 2014, will not have to pay the penalty.

How do I qualify for an exemption from the fee for not having health coverage? (U.S. Department of Health and Human Services, HealthCare.gov)

<https://www.healthcare.gov/exemptions/>

Lists examples of circumstances that could warrant an individual mandate exemption.

Private Health Insurance

CRS Report R43048, *Overview of Private Health Insurance Provisions in the Patient Protection and Affordable Care Act (ACA)*

[ACA] includes provisions that restructure the private health insurance market by (1) implementing market reforms that impose requirements on private health insurance plans and sponsors of health insurance (e.g., employers); (2) creating marketplaces, ‘exchanges,’ where individuals can shop for and purchase health plans that meet or exceed federal standards; (3) providing financial assistance to qualified individuals who purchase health plans through an exchange; (4) establishing an individual mandate that requires most individuals to either maintain health insurance coverage or pay a penalty; and (5) assessing penalties on certain employers that either do not provide health insurance or provide health insurance that is ‘unaffordable’ or does not provide ‘minimum value.’

CRS Report R43233, *Private Health Plans Under the ACA: In Brief*

Briefly describes health plans that may be offered inside and outside of exchanges. Table 2 shows which private health insurance market reforms apply to which plan types, including multi-state plans, qualified health plans, child-only plans, health cooperatives, catastrophic and other high-deductible health plans, self-funded plans, union plans, retiree-only plans, dental plans, vision plans, limited-benefit plans, grandfathered plans, and nongroup, small group, and large group plans offered outside the exchanges.

CRS Report R42069, *Private Health Insurance Market Reforms in the Affordable Care Act (ACA)*

Table A-1 shows which private health insurance market reforms apply to which health plans, depending on whether the plans are grandfathered or new; whether the plans are sold in the large group market, small group market, or individual market; and whether group plans are fully insured or self-insured.

Fact Sheets & Frequently Asked Questions (FAQs) (The Center for Consumer Information & Insurance Oversight)

<http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/index.html>

The federal Center for Consumer Information & Insurance Oversight (CCIIO) is charged with implementing ACA's private health insurance reforms. This page provides information for stakeholders, including state officials, health insurance companies, and consumers.

Young Adults and the Affordable Care Act: Protecting Young Adults and Eliminating Burdens on Businesses and Families (Employee Benefits Security Administration)

<http://www.dol.gov/ebsa/faqs/faq-dependentcoverage.html>

Questions and answers on the ACA dependent coverage provision. Under ACA, if a health plan provides for dependent coverage of children, the plan must make such coverage available for a child under age 26. This requirement became effective for plan years beginning on or after September 23, 2010.

Health Insurance Rate Filings by State, 2014 (Congressional Research Service, August 30, 2013, available to congressional staff upon request)

There is no federal requirement for states to release health insurance rate filings to the public. As such, there is wide variation in the information available to the general public regarding health insurance rates (premiums). This document lists summary rate data and access to rate filings, by state.

Exchanges and Subsidies

Marketplace Overview (U.S. Department of Health and Human Services, Healthcare.gov)

<https://www.healthcare.gov/health-insurance-marketplace>

Under the ACA, “exchanges” (sometimes called “marketplaces”) have been established to provide eligible individuals with access to private health insurance plans. This document has plain language questions and answers about the exchanges. For a briefer overview, see “Get Covered: A one-page guide to the Health Insurance Marketplace” <http://www.healthcare.gov/get-covered-a-1-page-guide-to-the-health-insurance-marketplace/>. For information about the exchange in your state, choose your state from the pull-down menu at <https://www.healthcare.gov/marketplace/b/welcome/>.

How can I get coverage outside of open enrollment? (U.S. Department of Health and Human Services, Healthcare.gov)

<https://www.healthcare.gov/how-can-i-get-coverage-outside-of-open-enrollment/>

The 2014 open season for exchange plan enrollment ended March 31, 2014. This document lists examples of “qualifying life events” that could make individuals eligible for “special

enrollment periods” outside of open season. (Examples of qualifying life events include income changes, marriage, birth, adoption, moving to a new area, and losing other health coverage.) The 2015 open season is November 15, 2014-February 15, 2015. Individuals can apply for Medicaid or State Children’s Health Insurance Program (CHIP) coverage any time.

Special Enrollment Periods for complex cases in the Marketplace (U.S. Department of Health and Human Services, Healthcare.gov)

<https://www.healthcare.gov/sep-list/>

Lists examples of circumstances that could qualify individuals for a “special enrollment period” outside of open season. Examples include natural disasters, medical emergencies, and exchange website errors. For more detailed guidance for the HealthCare.gov federally-facilitated exchange, see *Guidance for Issuers on Special Enrollment Periods for Complex Cases in the Federally-facilitated Marketplace after the Initial Open Enrollment Period* (The Center for Consumer Information & Insurance Oversight, March 26, 2014), <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/complex-cases-SEP-3-26-2014.pdf>.

Guidance for Issuers on People “In Line” for the Federally-facilitated Marketplace at the end of the Initial Open Enrollment Period (The Center for Consumer Information & Insurance Oversight, March 26, 2014)

<http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/in-line-SEP-3-26-2014.pdf>

CMS [The Centers for Medicare & Medicaid Services] anticipates that high consumer traffic across various consumer enrollment channels (such as HealthCare.gov or the Marketplace call center) leading up to the March 31 deadline could potentially keep consumers from completing the enrollment process despite their efforts to meet the deadline. Should this occur, CMS will provide consumers who tried to enroll during the open enrollment period, but did not complete the process by March 31, a limited amount of additional time to finish the application and enrollment process.

This guidance applies to the Federally-facilitated Marketplace, including State Partnership Marketplaces, and works in conjunction with previously published guidance on SEPs [special enrollment periods]. State-based Marketplaces may elect to offer similar SEPs.

Using Your New Insurance Coverage (U.S. Department of Health and Human Services, Healthcare.gov)

<https://www.healthcare.gov/using-your-new-marketplace-coverage/>

Consumer tips for verifying enrollment, getting prescription drugs, finding a doctor, getting emergency care, and appealing insurance company decisions.

Using the Marketplace (U.S. Department of Health and Human Services, Healthcare.gov)

<https://www.healthcare.gov/using-the-marketplace/>

FAQs and tips on exchange coverage, including options for applying, how to report life changes (such as births, marriage, and changes in income or residence), and how to appeal an exchange decision. Open enrollment for 2014 exchange coverage ended March 31, 2014, but certain individuals may qualify for “special enrollment periods” after that date.

Get Plan Information in Your Area (U.S. Department of Health and Human Services, Healthcare.gov)

<https://www.healthcare.gov/find-premium-estimates/>

For federally facilitated exchanges, this website lets consumers view plan information and premium estimates, without opening a Healthcare.gov account.

CRS Report R41137, *Health Insurance Premium Credits in the Patient Protection and Affordable Care Act (ACA)*

To make exchange coverage more affordable, the federal government subsidizes premium costs for certain individuals through “premium credits,” a type of federal tax credit. An individual may be eligible for a premium tax credit if his or her household income is between 100% and 400% of the federal poverty level (FPL), and the individual does not have access to affordable health coverage through another source such as an employer.

Save Money on Coverage (U.S. Department of Health and Human Services, Healthcare.gov)

<https://www.healthcare.gov/getting-lower-costs-on-coverage/>

FAQs on available subsidies for health coverage, including premium credits and cost-sharing subsidies.

The Premium Tax Credit (Internal Revenue Service)

<http://www.irs.gov/uac/The-Premium-Tax-Credit>

Basic background on premium credits.

Health Insurance Marketplace (Centers for Medicare & Medicaid Services)

<http://marketplace.cms.gov/>

For professionals assisting consumers with enrollment, this site has federal brochures, training materials, and questions & answers about the exchanges. Includes resources in Spanish: <http://marketplace.cms.gov/getofficialresources/spanish-materials/spanish-materials.html>.

The Affordable Care Act Research Briefs (U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation)

<http://aspe.hhs.gov/health/reports/2012/ACA-Research/index.cfm>

Includes monthly enrollment reports for ACA health insurance exchanges.

CRS Report R43368, *Contractors and Healthcare.gov: Answers to Frequently Asked Questions*

FAQs on the selection of vendors for Healthcare.gov and potential reforms in response to Healthcare.gov’s problematic debut.

Medicaid and the State Children’s Health Insurance Program

Individuals can enroll in Medicaid and the State Children’s Health Insurance Program (CHIP) any time of the year. There is no limited enrollment period for these programs.

Each state operates its own Medicaid and CHIP programs within federal guidelines.

- Links to each state’s Medicaid website:
<http://medicaid.gov/Medicaid-CHIP-Program-Information/By-State/By-State.html>
- Links to each state’s CHIP website:
<http://insurekidsnow.gov/state/index.html>

What if I have new Medicaid or CHIP coverage? (U.S. Department of Health and Human Services, Healthcare.gov)

<https://www.healthcare.gov/what-if-i-have-new-medicaid-or-chip-coverage/>

FAQs and tips for new Medicaid and CHIP enrollees.

Affordable Care Act (Centers for Medicare & Medicaid Services, Medicaid.gov)

<http://www.medicaid.gov/AffordableCareAct/Affordable-Care-Act.html>

Summaries and timeline of major ACA provisions related to Medicaid and the State Children’s Health Insurance Program (CHIP).

CRS Report R41210, *Medicaid and the State Children’s Health Insurance Program (CHIP) Provisions in ACA: Summary and Timeline*

Detailed section-by-section summary of ACA’s Medicaid and CHIP provisions.

Frequently Asked Questions: Affordable Care Act (Centers for Medicare & Medicaid Services, Medicaid.gov)

<https://questions.medicaid.gov/faq.php?id=5010&rtopic=2040>

For state officials and stakeholders, these sources address questions on the ACA and Medicaid and the State Children’s Health Insurance Program (CHIP).

Medicare

Medicare.gov (Centers for Medicare & Medicaid Services)

<https://www.medicare.gov/>

Official federal portal for consumer information on Medicare.

CRS Report R41196, *Medicare Provisions in the Patient Protection and Affordable Care Act (PPACA): Summary and Timeline*

Detailed section-by-section summary of ACA's Medicare provisions.

CRS Report R41511, *The Independent Payment Advisory Board*

The board's charge is to "reduce the per capita rate of growth in Medicare spending." As of this writing, no board members have yet been appointed.

Indian Health Care

CRS Report R41152, *Indian Health Care: Impact of the Affordable Care Act (ACA)*

ACA reauthorized the Indian Health Care Improvement Act (IHCIA), which authorizes many Indian Health Service (IHS) programs and services. This report summarizes major IHCIA changes and other ACA provisions that may affect American Indian and Alaska Native health care.

CRS Report R41630, *The Indian Health Care Improvement Act Reauthorization and Extension as Enacted by the ACA: Detailed Summary and Timeline*

Detailed section-by-section summary of IHCIA provisions in ACA.

Affordable Care Act (Indian Health Service)
<http://www.ihs.gov/ACA/>

Includes FAQs on the ACA for Indian Health Service-eligible persons.

Veterans and Military Health Care

CRS Report R41198, *TRICARE and VA Health Care: Impact of the Patient Protection and Affordable Care Act (ACA)*

Frequently asked questions on how ACA affects the veterans' and military health care systems.

The Affordable Care Act, VA, and You: Frequently Asked Questions (U.S. Department of Veterans Affairs)
<http://www.va.gov/health/aca/FAQ.asp>

Answers to veterans' frequently asked questions about the ACA. The website notes that "The health care law does not change VA health benefits or Veterans' out-of-pocket costs."

TRICARE and the Affordable Care Act (Defense Health Agency)
<http://tricare.mil/aca>

Explains that the military's TRICARE health program is considered minimum essential coverage for the purpose of ACA's individual mandate.

Employer-Sponsored Coverage

Affordable Care Act (Employee Benefits Security Administration)
<http://www.dol.gov/ebsa/healthreform/>

The federal Employee Benefits Security Administration, part of the Department of Labor, provides information on ACA implementation for employers and employees who receive health coverage through work. This page has information on grandfathered plans, waiting periods, and other topics for employer-sponsored health coverage.

Health Care Changes (Business.USA.gov)
<http://business.usa.gov/healthcare>

Employers answer multiple-choice questions about their business (e.g., state, number of employees, whether they offer health insurance to employees). An online “wizard” generates a list of ACA resources depending on the answers.

Affordable Care Act Tax Provisions for Employers (Internal Revenue Service)
<http://www.irs.gov/uac/Affordable-Care-Act-Tax-Provisions-for-Employers>

Explanations of ACA tax provisions for employers, such as W-2 reporting requirements, the Small Business Health Care Tax Credit, and potential employer penalties for certain large employers.

Employer Penalties

Questions and Answers on Employer Shared Responsibility Provisions Under the Affordable Care Act (Internal Revenue Service)
<http://www.irs.gov/uac/Newsroom/Questions-and-Answers-on-Employer-Shared-Responsibility-Provisions-Under-the-Affordable-Care-Act>

FAQs on the employer shared responsibility provisions under ACA. Final regulations were issued by the Internal Revenue Service on February 10, 2014. This document describes which employers are subject to the penalty, how the penalty amount is calculated, and important dates.

CRS Report R41159, *Potential Employer Penalties Under the Patient Protection and Affordable Care Act (ACA)*

ACA’s “shared responsibility” provision imposes penalties on certain large employers (at least 50 FTEs) if they do not offer affordable health coverage to employees and at least one of their full-time employees obtains a premium credit (subsidy) through the exchanges. This report describes which employers are subject to the provision and describes penalty calculations.

Small Businesses

Health Care (U.S. Small Business Administration)
<http://www.sba.gov/healthcare>

Articles explain ACA provisions for small businesses.

Small Business: Get health insurance for your employees (U.S. Department of Health and Human Services, [Healthcare.gov](http://www.healthcare.gov))
<https://www.healthcare.gov/small-businesses>

FAQs about the Small Business Health Options Program (SHOP) exchange. For further questions, the federal health insurance call center for small employers is 1-800-706-7893.

CRS Report R41158, *Summary of Small Business Health Insurance Tax Credit Under the Patient Protection and Affordable Care Act (ACA)*

Under the ACA, the small business tax credit is available to qualifying for-profit and nonprofit employers with fewer than 25 full-time equivalent employees with average annual wages of less than \$50,000. To be eligible for the tax credit, employers must contribute a uniform percentage of at least 50% toward their employees' health insurance.

CRS Report R43181, *The Affordable Care Act and Small Business: Economic Issues*

Analysis of ACA employer penalties, the small business health insurance tax credit, and SHOP exchanges.

Federal Employee Health Benefits Program

CRS Report R42741, *Laws Affecting the Federal Employees Health Benefits Program (FEHBP)*

Includes information about ACA in the Appendix, under "Patient Protection and Affordable Care Act (P.L. 111-148, as amended), March 23, 2010."

The Affordable Care Act and OPM (Office of Personnel Management)
<http://www.opm.gov/healthcare-insurance/affordable-care-act/>

Includes ACA resources and FAQs on FEHBP.

The Affordable Care Act (ACA) and the Federal Employees Health Benefits Program: Questions and Answers (U.S. Office of Personnel Management)
<http://www.chcoc.gov/files/the-affordable-care-act-and-the-federal-employees-health-benefit-program-questions-answers.pdf>

FAQs for federal employees, retirees, and dependents on how ACA affects FEHBP.

Health Care Reform FEHB Fast Facts: How Does the Affordable Care Act's Individual Shared Responsibility Provision and the Requirement to Maintain Minimum Essential Coverage Affect

Me? (U.S. Office of Personnel Management)

<http://www.opm.gov/retirement-services/publications-forms/benefits-administration-letters/2013/13-205attachment1.pdf>

FAQs on how the individual mandate affects persons covered by FEHBP.

Changes to Federal Benefits Eligibility Due to Health Reform: Frequently Asked Questions (FAQs) (U.S. Office of Personnel Management)

<http://www.opm.gov/healthcare-insurance/special-initiatives/health-care-reform/>

FAQs for federal employees on the ACA dependent coverage provision, which became effective for plan years beginning on or after September 23, 2010.

Members of Congress and Congressional Staff

CRS Report R43194, *Health Benefits for Members of Congress and Certain Congressional Staff*

A provision in ACA specifically affects Members of Congress and certain congressional staff and their employer sponsored health benefits. This report explains the implementation of this provision.

The Affordable Care Act and OPM (Office of Personnel Management)

<http://www.opm.gov/healthcare-insurance/affordable-care-act/>

Includes ACA resources for Members of Congress and congressional staff.

I am an employee in the official office of a Member of Congress. How do I enroll in DC Health Link? (DC Health Link)

<http://dchealthlink.force.com/help/articles/FAQ/employee-Congress/>

Members of Congress and designated congressional staff could purchase health insurance from the District of Columbia SHOP exchange, called DC Health Link (855-532-5465). The web page notes that questions can also be answered by the U.S. Senate Benefits Section (202-224-1093) and the House of Representatives Office of Payroll and Benefits (202-225-1435). The Open Enrollment period for 2014 was from November 11, 2013, to December 9, 2013.

Union Health Plans

Multiemployer Health Plans, the Taft-Hartley Act, and the Patient Protection and Affordable Care Act (ACA) (Congressional Research Service Memorandum, June 26, 2013, available to congressional staff upon request)

Unions and multiemployer plan representatives have expressed an interest in allowing union members and multiemployer plans to participate in the health insurance exchanges established by the Patient Protection and Affordable Care Act (ACA, P.L. 111-148), as amended. In light of this interest, this memorandum provides background information about multiemployer plans, ACA, and another relevant federal statute, the Taft-Hartley Act. The analysis considers two related scenarios: (1) an individual who is eligible for a

multiemployer health plan applying for a premium tax credit; and (2) a multiemployer health plan being offered in a health insurance exchange.

Mental Health

CRS Report R41768, *Mental Health Parity and Mandated Coverage of Mental Health and Substance Use Disorder Services After the ACA*

ACA extends applicability of federal mental health parity requirements to three new plan types: (1) Qualified Health Plans (QHPs, offered through the state Exchanges); (2) plans offered through the individual market; and (3) Medicaid benchmark and benchmark equivalent plans that are not managed care plans. The ACA also requires certain plans to offer coverage of mental health and substance use disorder services, by requiring these plan types to cover the Essential Health Benefits (EHB), which are defined to include mental health and substance use disorder services.

CRS Report R42009, *Financing and Delivery of Behavioral Health Services and the Patient Protection and Affordable Care Act*

An overview of ACA provisions that are expected to affect the financing and delivery of behavioral health care services, including mental health and substance abuse services.

Health Insurance and Mental Health Services (U.S. Department of Health and Human Services, MentalHealth.gov)

<http://www.mentalhealth.gov/get-help/health-insurance/index.html>

FAQs about private health insurance, Medicare, and Medicaid coverage of mental health benefits.

Public Health, Workforce, Quality, and Related Provisions

CRS Report R41278, *Public Health, Workforce, Quality, and Related Provisions in ACA: Summary and Timeline*

Detailed section-by-section summary of ACA's provisions on public health, the health workforce, quality improvement, health centers, prevention and wellness, maternal and child health, nursing homes and other long-term care providers, comparative effectiveness research, health information technology, emergency care, elder justice, biomedical research, FDA and medical products, 340B drug pricing, and malpractice reform.

Tax Provisions

Affordable Care Act (ACA) Tax Provisions (Internal Revenue Service)

<http://www.irs.gov/uac/Affordable-Care-Act-Tax-Provisions-Home>

Briefly summarizes ACA's tax provisions. Sources are tailored for "Individuals and Families," "Employers" and "Other organizations." For a more comprehensive list, click "List of Tax Provisions" in the left navigation bar; for many provisions, there are links to "Questions and Answers."

Present Law And Background Relating To The Tax-Related Provisions In The Affordable Care Act (Joint Committee on Taxation, JCX-6-13, March 4, 2013)
<https://www.jct.gov/publications.html?func=startdown&id=4511>

Summarizes ACA's revenue (tax) provisions.

ACA Cost Estimates and Spending

Affordable Care Act (Congressional Budget Office)
<http://www.cbo.gov/topics/health-care/affordable-care-act>

A collection of Congressional Budget Office (CBO) analyses and cost estimates on the ACA and proposals to amend or repeal ACA. Includes analyses of ACA's effects on the federal budget, labor markets, and health insurance coverage.

CRS Report R41390, *Discretionary Spending in the Patient Protection and Affordable Care Act (ACA)*

"The Patient Protection and Affordable Care Act (ACA) reauthorized funding for numerous existing discretionary grant programs and other activities. ACA also created multiple new discretionary grant programs and provided for each an authorization of appropriations. Funding for all these discretionary programs is subject to action by congressional appropriators. This report summarizes all the discretionary spending provisions in ACA."

CRS Report R41301, *Appropriations and Fund Transfers in the Patient Protection and Affordable Care Act (ACA)*

Summarizes ACA's mandatory appropriations. Appendix B summarizes ACA-related authorizing legislation in recent congresses. Appendix C summarizes ACA provisions in recent appropriations bills.

CRS Report R43289, *Legislative Actions to Repeal, Defund, or Delay the Affordable Care Act*

Includes a section on "How ACA Implementation Affects Federal Spending."

Tracking Accountability in Government Grants System: Search Affordable Care Act Awards (U.S. Department of Health and Human Services)
<http://taggs.hhs.gov/SearchACA.cfm>

Database of U.S. Department of Health and Human Services ACA grant awards, searchable by geographic location, grant program name, grantee name, and keyword. The database does not include already existing programs that received ACA funding in addition to their regular funding. The database includes grants only, not other types of assistance such as contracts.

Some database dollar amounts are negative; these represent downward adjustments to previous awards, due to cost revisions, corrections, or award cancellations.

CRS Report R43066, *Federal Funding for Health Insurance Exchanges*

Table 1 details ACA exchange funding to states.

National Health Expenditure Projections (Centers for Medicare & Medicaid Services, Office of the Actuary, 2013)

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/Proj2012.pdf>

Projections of national health spending and ACA's effects on spending growth.

ACA Statute

The following resources can help with constituent requests for the text of the ACA statute.

Compilation of the Patient Protection and Affordable Care Act (U.S. House of Representatives, Office of the Legislative Counsel)

http://www.house.gov/legcoun/HOLC/Resources/comps_alpha.html

The Patient Protection and Affordable Care Act compilation is listed under “P” on this web page. The House Office of the Legislative Counsel compiled the text of the ACA (P.L. 111-148), consolidated with amendments made by subsequent laws. This compilation is unofficial. It is updated periodically. As of this writing, the compilation is current through P.L. 112-240, enacted January 2, 2013.

P.L. 111-148, Patient Protection and Affordable Care Act (Government Printing Office, March 23, 2010, 124 Stat. 119)

<http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>

Unlike the unofficial compilation above, this is the official publication of the ACA as it passed on March 23, 2010. However, this does not reflect current law, as ACA has since been amended by several subsequent laws, including P.L. 111-152, Health Care and Education Reconciliation Act of 2010, <http://www.gpo.gov/fdsys/pkg/PLAW-111publ152/pdf/PLAW-111publ152.pdf>.

Everything You Should Know About The Health Care Law (Government Printing Office)

<http://govbooktalk.gpo.gov/2013/09/24/everything-you-should-know-about-the-health-care-law/>

Scroll to “How do I obtain a copy of this Affordable Care Act (ACA)?”

Author Contact Information

Angela Napili
Information Research Specialist
anapili@crs.loc.gov, 7-0135