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

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Senior Research Librarian

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## 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. 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 the ACA's provisions.

The report begins with links to contacts for constituents' specific questions on insurance coverage (such as state insurance departments and the U.S. Department of Labor's consumer hotline for questions on employer-based coverage), and contacts for questions about HealthCare.gov and ACA tax provisions. The report also lists sources for congressional staff to contact federal agencies with ACA questions.

The report provides basic consumer sources, including a glossary of health coverage terms. The next sections focus on the individual mandate, private health insurance, exchanges, and employer-sponsored coverage. These are followed by information on public health care programs, such as Medicaid and the State Children's Health Insurance Program (CHIP) and Medicare. The report also provides sources on the ACA's provisions on specific populations: women's health care, Indian health care, veterans' and military health care, and the treatment of noncitizens under the ACA. These are followed by sources on behavioral health (mental health and substance use disorders); public health, workforce, and quality; and state innovation waivers. Finally, the report lists sources on taxes, congressional efforts to repeal or amend ACA, ACA agency audits and investigations, cost estimates and spending, insurance coverage statistics, legal issues, 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 some 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; P.L. 111-148, as amended). The report lists selected resources regarding consumers, employers, and other stakeholders, with a focus on federal sources. It also lists Congressional Research Service (CRS) reports that summarize the 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 some questions that may arise frequently.

## Contacts for ACA Assistance

### Help with Insurance Coverage

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).

*Consumer Assistance Program* (The Center for Consumer Information and 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.

*Map of NAIC States & Jurisdictions* (National Association of Insurance Commissioners)  
[http://www.naic.org/state\\_web\\_map.htm](http://www.naic.org/state_web_map.htm)

States are the primary regulators of health insurance. Constituents with health insurance questions and problems may contact state insurance departments for assistance. The map links to each insurance department's website.

*Ask EBSA* (U.S. Department of Labor, Employee Benefits Security Administration)  
<https://www.dol.gov/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa>

Constituents with questions about job-based health coverage can speak with benefits advisors at 1-866-444-3272.

### Help with HealthCare.gov

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

The federal HealthCare.gov is the official federal portal for ACA consumer information. It has questions and answers on health insurance under ACA, including options for obtaining coverage. The website offers a 24/7 consumer hotline (1-800-318-2596). 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>.

*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 also includes insurance agents and brokers.

## Tax Assistance

*Telephone Assistance* (Internal Revenue Service)

<https://www.irs.gov/help-resources/telephone-assistance>

The IRS is implementing many of the ACA's tax provisions, including the individual mandate, premium tax credits, and employer shared responsibility penalties. The Internal Revenue Service (IRS) has a Healthcare Hotline for ACA questions (800-919-0452) and other telephone hotlines to answer questions from individuals and employers.

## Assistance for Congressional Staff

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

The CRS report lists congressional liaison offices at federal agencies, including those that work on ACA issues, such as the Department of Health and Human Services (HHS); HHS's Centers for Medicare & Medicaid Services, which administers the ACA's private health insurance, Medicare, and Medicaid provisions; the IRS, which administers the ACA's revenue (tax) provisions; the Department of Labor, which administers ACA provisions related to employer-sponsored coverage; and the Congressional Budget Office. Congressional liaison offices answers questions from Members of Congress and congressional staff; they usually do not assist constituents directly.

CRS reports on ACA and other health policy issues are at CRS.gov: *Issue Area: Health Care*  
<http://www.crs.gov/iap/health-care>

Click "All Subissues" for reports on "Health Care Reform," "Private Health Insurance," "Medicaid & CHIP," among other health-related topics. 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 Congress, and CRS authors are unable to assist constituents directly.

## Basic Consumer Sources

*Health Care* (U.S. Department of Health and Human Services)

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

Consumer information on obtaining coverage from the ACA exchanges (marketplaces) and using health coverage to get health care. Click "Empowering Patients" for plain language information on selected health care proposals, regulations, and guidance from the Department of Health and Human Services at <https://www.hhs.gov/healthcare/empowering-patients/index.html>

*HealthCare.gov* (U.S. Department of Health and Human Services)

<http://www.healthcare.gov>

The official federal portal for ACA consumer information. Click "Get Answers" for frequently asked questions and answers on health insurance under ACA, including options for obtaining coverage. Click "Browse all topics" for sources tailored to specific populations, such as people under 30, self-employed people, unemployed people, people with disabilities, veterans, American Indians and Alaska Natives, pregnant women, same-sex married couples, transgender people, retirees, and incarcerated people. A Spanish-language version is at <http://www.CuidadoDeSalud.gov>.

*Affordable Care Act Tax Provisions for Individuals and Families* (Internal Revenue Service)  
<https://www.irs.gov/affordable-care-act/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), and other tax provisions. IRS notes that “The IRS is currently reviewing the Jan. 20, 2017, executive order to determine the implications. Taxpayers should continue to file their tax returns as they normally would.”<sup>1</sup> FAQs are at <https://www.irs.gov/affordable-care-act/affordable-care-act-tax-provisions-questions-and-answers>.

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

Plain-language definitions of health care and health insurance terms.

*From Coverage to Care* (Centers for Medicare and Medicaid Services)  
<https://www.cms.gov/About-CMS/Agency-Information/OMH/OMH-Coverage2Care.html>

For consumers with new health coverage, the resource “A Roadmap to Better Care and a Healthier You” and a series of videos explain how to read an insurance card, how to choose a provider, how to set up and prepare for a health care appointment, and more. Some resources have been translated to other languages.

CRS Report R44100, *Use of the Annual Appropriations Process to Block Implementation of the Affordable Care Act (FY2011-FY2017)*

Includes “A Brief Overview of the ACA.”

*How to find health care provider information* (U.S. Department of Health and Human Services, HealthCare.gov)  
<https://www.healthcare.gov/find-provider-information/>

A compilation of tools for finding and comparing providers (such as physicians), hospitals, nursing homes, home health agencies, and dialysis facilities. Some of the databases incorporate quality measures.

*Federal Health Information Centers and Clearinghouses* (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion)  
<https://health.gov/nhic/pubs/clearinghouses/Default.aspx?sort=topic>

A directory of federal hotlines and information clearinghouses related to health and health care.

## The Individual Mandate

CRS Report R44438, *The Individual Mandate for Health Insurance Coverage: In Brief*

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

*Questions and Answers on the Individual Shared Responsibility Provision* (Internal Revenue Service)

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<sup>1</sup> This refers to the January 20, 2017, Executive Order 13765, “Minimizing the Economic Burden of the Patient Protection and Affordable Care Act Pending Repeal,” 82 *Federal Register* 8351, January 24, 2017.

<https://www.irs.gov/affordable-care-act/individuals-and-families/questions-and-answers-on-the-individual-shared-responsibility-provision>

Describes what counts as minimum essential coverage, who is subject to the mandate, and how the mandate is enforced. The IRS website notes that “The IRS is currently reviewing the Jan. 20, 2017, executive order to determine the implications. Taxpayers should continue to file their tax returns as they normally would.”<sup>2</sup>

*The fee for not having health insurance* (U.S. Department of Health and Human Services, HealthCare.gov)

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

Details on the individual mandate penalty, including penalty amounts and how to estimate an individual’s penalty for 2016 and 2017.

*Individual Shared Responsibility Provision Payment Estimator* (Internal Revenue Service, Taxpayer Advocate Service)

<http://taxpayeradvocate.irs.gov/estimator/isrp/>

The tool can help individuals estimate their potential penalty if they do not have minimum essential coverage.

*Health coverage exemptions: Forms & how to apply* (U.S. Department of Health and Human Services, HealthCare.gov)

<https://www.healthcare.gov/health-coverage-exemptions/exemptions-from-the-fee/>

Lists examples of circumstances that could warrant an individual mandate exemption. Links to application forms for selected exemptions.

Letter from John A. Koskinen, IRS Commissioner, to Members of Congress, January 9, 2017

<https://www.irs.gov/pub/newsroom/commissionerletteracafileingseason.pdf>

According to the letter, approximately 6.5 million taxpayers reported paying an individual mandate penalty for not having minimum essential health coverage in 2015. (Preliminary data.)

## Private Health Insurance

See also “Exchanges and Subsidies” and “Employer-Sponsored Coverage.”

### Overviews

CRS Report R43854, *Overview of Private Health Insurance Provisions in the Patient Protection and Affordable Care Act (ACA)*

Private health insurance is the predominant form of health insurance coverage in the United States, covering about two-thirds of Americans in 2014. The Patient Protection and Affordable Care Act (ACA; P.L. 111-148, as amended) builds on and modifies existing sources of private health insurance coverage—the non-group (individual), small-group, and large-group markets. The ACA provisions follow a federalist model in which they establish federal minimum requirements and give states the authority to enforce and expand those federal standards.

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<sup>2</sup> Ibid.



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

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

CRS Report RL32237, *Health Insurance: A Primer*

A basic overview of health insurance: key definitions and principles, the regulation of health insurance, and sources of health insurance.

*Health coverage rights and protections* (U.S. Department of Health and Human Services, HealthCare.gov)

<https://www.healthcare.gov/health-care-law-protections/>

Summarizes consumer protections under ACA, such as coverage for pre-existing conditions, the requirement that insurers provide a plain-language Summary of Benefits and Coverage, and restrictions on lifetime and annual limits.

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

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

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

## Dependent Coverage

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

<https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/faqs/young-adult-and-aca>

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

## Essential Health Benefits

CRS Report R44163, *The Patient Protection and Affordable Care Act's Essential Health Benefits (EHB)*

The Patient Protection and Affordable Care Act (ACA; P.L. 111-148, as amended) requires all non-grandfathered health plans in the non-group and small-group private health insurance markets to offer a core package of health care services, known as the essential health benefits (EHB). The ACA does not specifically define this core package but rather lists 10 benefit categories from which benefits and services must be included.

CRS In Focus IF10287, *The Essential Health Benefits (EHB)*

Two-pager gives brief background and infographics on EHB.

## CO-OPs

CRS Report R44414, *Consumer Operated and Oriented Plan (CO-OP) Program: Frequently Asked Questions*

FAQs on the ACA's CO-OP program and CO-OPs' operating status.

## Statistics

See also “Statistics on Insurance Coverage” and “Exchange Enrollment and Premium Statistics.”

CRS In Focus IF10558, *Coverage in the Private Health Insurance Market*

Brief descriptions of and summary statistics for private health insurance coverage: group (employer) insurance coverage and non-group (individual) insurance coverage, including statistics on ACA exchange coverage. The report also lists selected data sources for private health insurance coverage estimates.

*Compilation of State Data on the Affordable Care Act* (U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, December 2016)

<https://aspe.hhs.gov/compilation-state-data-affordable-care-act>

Excel spreadsheet of state data on the effects of selected ACA provisions, including several provisions related to private health insurance (employer coverage and individual market coverage).

## Exchanges and Subsidies

### Getting Exchange Coverage

*HealthCare.gov: Need health insurance?* (U.S. Department of Health and Human Services, HealthCare.gov)

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

Under the ACA, exchanges (sometimes called marketplaces) have been established to provide eligible individuals with access to private health insurance plans. The 2017 open season was November 1, 2016, to January 31, 2017. The website has plain-language information about the exchanges.

- For a briefer overview, see “A quick guide to the Health Insurance Marketplace,” <https://www.healthcare.gov/quick-guide/>.
- For information about the exchange in a specific state, choose the state from the pull-down menu at <https://www.healthcare.gov/get-coverage/>.

*Still need 2017 coverage?* (U.S. Department of Health and Human Services, HealthCare.gov) <https://www.healthcare.gov/coverage-outside-open-enrollment/>

Describes how certain individuals could qualify for “special enrollment periods” outside of open season. (Examples of qualifying life events include income changes, marriage, birth, adoption, moving to a new state, and losing other health coverage.) The 2017 open season was November 1, 2016 to January 31, 2017. Individuals can apply for Medicaid or State Children’s Health Insurance Program (CHIP) coverage any time.

*2017 health insurance plans & prices* (U.S. Department of Health and Human Services, HealthCare.gov)  
<https://www.healthcare.gov/see-plans/>

In states using HealthCare.gov as their exchange platform, this website lets consumers view plan information and premium estimates without opening a HealthCare.gov account.

*How to pick a health insurance plan* (U.S. Department of Health and Human Services, HealthCare.gov)  
<https://www.healthcare.gov/choose-a-plan/>

Tips and considerations for consumers choosing a health plan.

*Health Insurance Marketplace* (Centers for Medicare and Medicaid Services)  
<http://marketplace.cms.gov/>

For professionals assisting consumers with enrollment, this site has technical assistance resources, applications and forms, and federal education and outreach materials. Some of the resources are available in Spanish and selected other languages.

## Using Exchange Coverage

*Using Your Health Insurance Coverage* (U.S. Department of Health and Human Services, HealthCare.gov)  
<https://www.healthcare.gov/using-marketplace-coverage/>

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

*What Marketplace Health Insurance Plans Cover* (U.S. Department of Health and Human Services, HealthCare.gov)  
<https://www.healthcare.gov/coverage/>

Lists the “essential health benefits” that exchange plans are required to cover. Specific benefit details differ by state and by plan.

*Deductibles and Your Marketplace Health Insurance* (U.S. Department of Health and Human Services, HealthCare.gov Blog)  
<https://www.healthcare.gov/blog/deductibles-in-the-health-insurance-marketplace/>

Consumer tips about deductibles. A deductible is “the amount you owe for the health care services your plan covers before your health insurance plan begins to pay.”

CRS Report R44065, *Overview of Health Insurance Exchanges*

This report provides an overview of the various components of the health insurance exchanges. The report includes summary information about how exchanges are structured, the intended consumers for health insurance exchange plans, and consumer assistance available in the exchanges, as specified in the ACA. The report also describes the availability of financial assistance for certain exchange consumers and small businesses and outlines the range of plans offered through exchanges. Moreover, the report provides a brief summary of the implementation and operation of exchanges since 2014.

## Subsidies

CRS Report R44425, *Health Insurance Premium Tax Credits and Cost-Sharing Subsidies: In Brief*

To make exchange coverage more affordable, the federal government subsidizes premium costs for certain individuals through premium tax credits. 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 and he or she does not have access to affordable health coverage through another source, such as an employer. Individuals receiving premium credits may also be eligible for subsidies to reduce cost-sharing.

*Saving money on health insurance* (U.S. Department of Health and Human Services, HealthCare.gov)

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

A screener helps consumers check if they may be eligible for health coverage subsidies, including premium tax credits and cost-sharing subsidies.

*The Premium Tax Credit* (Internal Revenue Service)

<https://www.irs.gov/affordable-care-act/individuals-and-families/the-premium-tax-credit>

Basic background on premium credits. FAQs are at *Questions and Answers on the Premium Tax Credit* <https://www.irs.gov/affordable-care-act/individuals-and-families/questions-and-answers-on-the-premium-tax-credit>

*How to make updates when your income or household change* (U.S. Department of Health and Human Services, HealthCare.gov)

<https://www.healthcare.gov/reporting-changes/>

For persons with exchange coverage, this site provides instructions for reporting changes in income, health coverage eligibility (e.g., an offer of job-based coverage), and household members (e.g., marriage, birth, adoption). These changes could affect subsidy amounts and eligibility for coverage.

*Premium Tax Credit Change Estimator* (Internal Revenue Service, Taxpayer Advocate Service)

<http://www.taxpayeradvocate.irs.gov/estimator/premiumtaxcreditchange/>

The tool can help individuals estimate how their premium tax credit could change if their income or family size changes during the year.

## Exchange Enrollment and Premium Statistics

### Enrollment and Premium Statistics

*Health Insurance Marketplaces 2017 Open Enrollment Period Final Enrollment Report: November 1, 2016-January 31, 2017* (Centers for Medicare & Medicaid Services, March 15, 2017)

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-03-15.html>

According to this report, approximately 12.2 million individuals signed up for exchange coverage during the 2017 open enrollment period. Of those 12.2 million individuals, 10.1 million (83%) were eligible for advance premium tax credits (APTC) and 5.5 million (60%)

were eligible for cost-sharing reduction (CSR) subsidies. (Individuals who qualify for APTC may also receive CSRs.) This data represent pre-effectuated enrollments (i.e., individuals who have selected a plan, but may not necessarily have paid for that plan). The report links to spreadsheets with state-level data on exchange enrollment, premiums, subsidies, and enrollee demographics. For HealthCare.gov states, the spreadsheets have county and zip code data on exchange enrollment and APTC, at [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Plan\\_Selection\\_ZIP.html](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Plan_Selection_ZIP.html).

CRS In Focus IF10558, *Coverage in the Private Health Insurance Market*

Summarizes 2014-2016 statistics on ACA exchange coverage.

*Affordable Care Act Research* (U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation)  
<http://aspe.hhs.gov/affordable-care-act-research>

Includes reports from 2014 through 2017 open seasons for ACA health insurance exchanges. The reports include data on enrollment, premium levels, and advance premium tax credits.

- 2017 plan and premium data are in *Health Plan Choice and Premiums in the 2017 Health Insurance Marketplace* (October 2016)  
<https://aspe.hhs.gov/pdf-report/health-plan-choice-and-premiums-2017-health-insurance-marketplace>
- 2016 summary report is *Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report* (March 2016)  
<https://aspe.hhs.gov/health-insurance-marketplaces-2016-open-enrollment-period-final-enrollment-report>
- 2015 summary report is *Health Insurance Marketplace 2015 Open Enrollment Period: March Enrollment Report* (March 2015)  
<http://aspe.hhs.gov/pdf-document/health-insurance-marketplace-2015-open-enrollment-period-march-enrollment-report>
- 2014 summary reports are *Health Insurance Marketplace: Summary Enrollment Report for the Initial Annual Open Enrollment Period* (May 2014)  
<http://aspe.hhs.gov/pdf-report/health-insurance-marketplace-summary-enrollment-report-initial-annual-open-enrollment-period-0> and *Premium Affordability, Competition, and Choice in the Health Insurance Marketplace, 2014* (June 2014)  
<https://aspe.hhs.gov/pdf-report/premium-affordability-competition-and-choice-health-insurance-marketplace-2014>

*First Half of 2016 Effectuated Enrollment Snapshot* (Centers for Medicare & Medicaid Services, October 19, 2016)  
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-10-19.html>

For the first half of 2016, an average of 10.4 million individuals had effectuated exchange (marketplace) coverage, meaning they had paid their premiums and had an active exchange policy.

*Quarterly Marketplace Effectuated Enrollment Snapshots by State* (Centers for Medicare & Medicaid Services)  
[https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Effectuated\\_Quarterly\\_Snapshots.html](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Effectuated_Quarterly_Snapshots.html)

State-level tables on the number of consumers with effectuated exchange (marketplace) coverage.

## Statistics for HealthCare.gov States

*2017 Marketplace Open Enrollment Period Public Use Files* (Centers for Medicare & Medicaid Services, March 15, 2017)

[https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Plan\\_Selection\\_ZIP.html](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Plan_Selection_ZIP.html)

For HealthCare.gov states, these spreadsheets have state, county, and zip code data for the open enrollment period for 2017 coverage (November 1, 2016-January 31, 2017). This data represent pre-effectuated enrollment, in which individuals have selected a plan, but may not have paid their premium. Include zip code and county-level data on exchange enrollment and APTC; and state-level data on exchange enrollment, premiums, subsidies, and enrollee demographics.

*2016 Marketplace Health Plan Selections by County* (Centers for Medicare & Medicaid Services)

[https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Plan\\_Selections\\_County.html](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Plan_Selections_County.html)

Spreadsheets have county-level plan selection data by APTC status, CSR subsidy status, metal level, consumer type (new consumers, returning consumers who auto-enrolled into the same or similar plan in 2016, and returning consumers who actively selected a new plan in 2016), household income, race/ethnicity, and age. Table cells with 10 or fewer plan selections were suppressed for privacy. The website also links to county-level data for 2015. This data represent pre-effectuated enrollment.

*Fact Sheets* (Centers for Medicare & Medicaid Services)

<https://www.cms.gov/Newsroom/Search-Results/index.html?filter=Fact%20Sheets>

Includes enrollment snapshots and updates during the open enrollment period.

## Employer-Sponsored Coverage

### Sources for Employees and Their Families

#### Overviews

*People with job-based coverage* (U.S. Department of Health and Human Services, HealthCare.gov)

<https://www.healthcare.gov/have-job-based-coverage/>

FAQs for consumers with employer-sponsored coverage and those who are losing their employer-sponsored coverage.

*Consumer Information on the Affordable Care Act* (U.S. Department of Labor, Employee Benefits Security Administration)

<https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-workers-and-families>

For employees who receive health coverage through their jobs, this page lists consumer protections under the ACA, such as coverage of pre-existing conditions and preventive

services; and the requirement that employees receive a plain-language Summary of Benefits and Coverage.

*Ask EBSA* (U.S. Department of Labor, Employee Benefits Security Administration)  
<https://www.dol.gov/ebsa/contactEBSA/consumerassistance.html>

Constituents with questions about employer-based health coverage can speak with benefits advisors at 1-866-444-3272.

## Federal Employee Health Benefits Program

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

Includes information about the 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* (U.S. Office of Personnel Management)  
<http://www.opm.gov/healthcare-insurance/affordable-care-act/>

ACA resources and FAQs for FEHBP beneficiaries.

*Tribal Employers: Indian Tribes FAQs* (U.S. Office of Personnel Management)  
<http://www.opm.gov/healthcare-insurance/tribal-employers/faqs/>

Under the ACA, certain tribal employers may purchase FEHBP coverage for their tribal employees. FAQs on how the ACA expands FEHBP eligibility for tribal employees.

*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 Designated Congressional Staff: In Brief*

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

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

Includes ACA resources for Members of Congress and congressional staff. FAQs are at *Insurance: Members of Congress & Staff*, <https://www.opm.gov/faqs/topic/insure/?cid=6bf9dd32-d3b9-4fc7-....-431e535f933a>

*Who can use DC Health Link?* (DC Health Link)  
<https://shop.dchealthlink.com/node/1660>

Members of Congress and designated congressional staff can purchase health insurance from the District of Columbia SHOP exchange, called DC Health Link (855-532-5465). Questions can also be answered by the U.S. Senate Disbursing Office (202-224-1093) and the House of Representatives Office of Payroll and Benefits (202-225-1435). The open enrollment period for 2017 coverage was November 14, 2016, to December 12, 2016.

## Sources for Employers

See also “Excise Tax on High-Cost Employer-Sponsored Health Coverage” under “Taxes.”

### Overviews

*Affordable Care Act* (U.S. Department of Labor, Employee Benefits Security Administration)  
<https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers>

Information on ACA implementation for employers. The page has information on grandfathered plans, waiting periods, and other topics for employer-sponsored health coverage.

*Affordable Care Act: What employers need to know* (Internal Revenue Service)  
<http://www.irs.gov/pub/irs-pdf/p5200.pdf>

One-page overview of ACA information reporting requirements, employer shared responsibility provisions, SHOP eligibility, and the small business health care tax credit.

*Affordable Care Act Tax Provisions for Employers* (Internal Revenue Service)  
<https://www.irs.gov/affordable-care-act/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.

### Applicable Large Employers

*Are you an applicable large employer?* (Internal Revenue Service)  
<http://www.irs.gov/pub/irs-pdf/p5208.pdf>

One-pager explains how to determine whether an organization is an applicable large employer. Applicable large employers are subject to ACA information reporting and employer shared responsibility provisions.

*ACA Information Center for Applicable Large Employers (ALEs)* (Internal Revenue Service)  
<https://www.irs.gov/affordable-care-act/employers/aca-information-center-for-applicable-large-employers-ales>

Questions and answers, forms, and tips for applicable large employers.

### Reporting Requirements

*Information Reporting by Applicable Large Employers* (Internal Revenue Service)  
<https://www.irs.gov/affordable-care-act/employers/information-reporting-by-applicable-large-employers>

Summarizes ACA information reporting requirements for applicable large employers.

*Questions and Answers on Reporting of Offers of Health Insurance Coverage by Employers (Section 6056)* (Internal Revenue Service)  
<https://www.irs.gov/affordable-care-act/employers/questions-and-answers-on-reporting-of-offers-of-health-insurance-coverage-by-employers-section-6056>

Overview of reporting requirements for applicable large employers on offers of health coverage to full-time employees (and their dependents).



*Questions and Answers on Information Reporting by Health Coverage Providers (Section 6055)*  
(Internal Revenue Service)

<https://www.irs.gov/affordable-care-act/questions-and-answers-on-information-reporting-by-health-coverage-providers-section-6055>

Overview of reporting requirements for entities that provide minimum essential coverage. The requirement applies to certain plan sponsors of self-insured group health plan coverage.

## **Employer Penalties**

CRS Report R43981, *The Affordable Care Act's (ACA) Employer Shared Responsibility Determination and the Potential Employer Penalty*

ACA's "shared responsibility" provision imposes penalties on certain large employers (with at least 50 full-time equivalent workers) 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. The report describes the process for determining which employers are subject to the provision and describes penalty calculations. It also describes ACA's other employer provisions, such as reporting requirements, the dependent coverage provision, and provisions on "affordable" and "adequate" health coverage.

*Questions and Answers on Employer Shared Responsibility Provisions Under the Affordable Care Act* (Internal Revenue Service)

<https://www.irs.gov/affordable-care-act/employers/questions-and-answers-on-employer-shared-responsibility-provisions-under-the-affordable-care-act>

FAQs on the employer shared responsibility provisions under the ACA. The document describes which employers are subject to the penalty and how the penalty amount is calculated, and it provides important dates.

*Employer Shared Responsibility Provision Estimator* (Internal Revenue Service, Taxpayer Advocate Service)

<https://taxpayeradvocate.irs.gov/estimator/esrp/>

Employers can use this estimator to determine whether they may be an applicable large employer, and to estimate their maximum potential liability for the employer shared responsibility payment.

CRS In Focus IF10039, *Proposals to Change the ACA's Definition of "Full Time"*

Two-pager analyzes proposals to change ACA's definition of "full-time" from 30 hours to 40 hours a week.

## **Employer Wellness Programs and Genetic Information**

CRS Report R44311, *Employer Wellness Programs and Genetic Information: Frequently Asked Questions*

Describes requirements for when an employer may request genetic information from an employee as part of a wellness program.

## **Small Businesses**

*The health care law & business* (U.S. Department of Health and Human Services, HealthCare.gov)

<https://www.healthcare.gov/small-businesses/health-care-law-and-businesses/how-aca-affects-businesses/>

Information on how the ACA affects small employers and employers who already offer health insurance to employees.

CRS Report R43771, *Small Business Health Options Program (SHOP) Exchange*

The CRS report, which may be of historical interest, states,

SHOP exchanges are marketplaces where private health insurance issuers sell health insurance plans to small employers. All health plans available through SHOP exchanges must meet certain federally required criteria, such as offering a standardized package of benefits. Certain small employers may be eligible to receive tax credits toward the cost of coverage if they obtain coverage through a SHOP exchange...

This report describes certain features of SHOP exchanges, such as employer eligibility, methods for selecting health plans offered through SHOP exchanges, and how health insurance agents and brokers interact with SHOP exchanges. Each description includes information about how the feature is implemented in SHOP exchanges administered by states and those administered in part or in entirety by HHS. Each description also includes information about the timing of implementation. The report concludes with a discussion about the current and future place of SHOP exchanges in the broader context of the private health insurance market.

*Offer quality, affordable coverage to your employees any time* (U.S. Department of Health and Human Services, [HealthCare.gov](http://HealthCare.gov))

<https://www.healthcare.gov/small-businesses>

Resources about the SHOP exchange. For further questions, the federal health insurance call center for small employers is 1-800-706-7893.

*Small Business Health Care Tax Credit and the SHOP Marketplace* (Internal Revenue Service)

<https://www.irs.gov/affordable-care-act/employers/small-business-health-care-tax-credit-and-the-shop-marketplace>

Certain small employers participating in the SHOP exchange may be eligible for the small business health insurance tax credit.

*Small Business Health Care* (Internal Revenue Service Taxpayer Advocate Service)

<http://taxpayeradvocate.irs.gov/get-help/small-business-health-care>

The Small Business Health Care Tax Credit Estimator can help employers determine their eligibility for the tax credit, and how much they could receive.

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.

## 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 and contact information; scroll to “Select Your State”  
<https://www.healthcare.gov/medicaid-chip/>
- Links to each state’s CHIP website:  
<http://insurekidsnow.gov/state/index.html>

*Medicaid and CHIP coverage* (U.S. Department of Health and Human Services, HealthCare.gov)  
<https://www.healthcare.gov/medicaid-chip/>

FAQs and tips for Medicaid and CHIP potential applicants and new enrollees.

CRS In Focus IF10399, *Overview of the ACA Medicaid Expansion*

As of January 1, 2014, states have the option to extend Medicaid coverage to most nonelderly, low-income individuals. Two-pager includes a map of states’ Medicaid expansion decisions, and a brief overview of the expansion’s rules, financing, and projections of enrollment and spending.

*Affordable Care Act* (Centers for Medicare and Medicaid Services, Medicaid.gov)  
<http://www.medicare.gov/AffordableCareAct/Affordable-Care-Act.html>

Brief summaries of major ACA provisions related to Medicaid and 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. The CRS report, which may be of historical interest, contains some ACA provisions that may have been amended since the report was published.

*The Affordable Care Act and Medicaid* (Medicaid and CHIP Payment and Access Commission, MACPAC)

<https://www.macpac.gov/topics/aca-medicaid/>

MACPAC analysis of Medicaid policy and data. MACPAC is a nonpartisan legislative branch agency that makes recommendations to Congress and the U.S. Department of Health and Human Services.

*Medicaid Enrollment Data Collected through MBES* (Centers for Medicare and Medicaid Services, Medicaid.gov)

<http://www.medicaid.gov/medicaid-chip-program-information/program-information/medicaid-and-chip-enrollment-data/medicaid-enrollment-data-collected-through-mbes.html>

These Medicaid Budget and Expenditure System (MBES) reports have state data on total Medicaid enrollees and, in Medicaid expansion states, “Total VIII Group” enrollees. The VIII Group consists of adults enrolled in Medicaid through the ACA Medicaid expansion. (Most of these adults are considered “newly eligible.” However, some states had expanded their Medicaid eligibility to certain adults prior to 2014; in those cases, some of the VIII Group members are considered “not newly eligible”). Note that data may be missing for some Medicaid expansion states.

Expenditure Reports from MBES/CBES (Centers for Medicare and Medicaid Services, Medicaid.gov)

<https://www.medicaid.gov/medicaid/financing-and-reimbursement/state-expenditure-reporting/expenditure-reports/index.html>

ACA Medicaid expansion spending data are in expenditure reports from the Medicaid Budget and Expenditure System (MBES). For FY2015 data, click “Financial Management Report for FY 2015.” Within that zip file, open the spreadsheet “FY 2015 NET EXPENDITURES.xlsx.” Each state has its own MAP (medical assistance program) worksheet. For Medicaid expansion states, Rows 99 through 101 show expenditures for individuals in the ACA Medicaid expansion (i.e., “Total VIII Group” enrollees). The VIII Group consists of adults “newly eligible” for Medicaid through the expansion and adults “not newly eligible” for Medicaid through the expansion. Some states had expanded their Medicaid eligibility to certain expansion adults prior to 2014; in those cases, some of the VIII Group members are considered not newly eligible. Please note the VIII group expenditures are already in the “Total Net Expenditures.”

*Medicaid and CHIP Application, Eligibility Determination, and Enrollment Data* (Centers for Medicare and Medicaid Services, Medicaid.gov)

<https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/medicaid-and-chip-application-eligibility-determination-and-enrollment-data.html>

The site includes information on the net change in Medicaid and CHIP enrollment since October 2013. Medicaid and CHIP enrollment was likely affected by several ACA coverage provisions that became effective January 2014 (e.g., the Medicaid expansion, the individual mandate, and state and federal health coverage enrollment efforts).

*Compilation of State Data on the Affordable Care Act* (U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, December 2016)

<https://aspe.hhs.gov/compilation-state-data-affordable-care-act>

Excel spreadsheet of state data on the effects of selected ACA provisions, including several Medicaid provisions.

CRS In Focus IF10422, *Medicaid Disproportionate Share Hospital (DSH) Reductions*

Federal Medicaid statute requires states to make disproportionate share hospital (DSH) payments to hospitals with a disproportionate share of low-income patients. ACA has a provision to reduce Medicaid DSH allotments. The two-page report describes the ACA provision and how it has since been amended.

*Frequently Asked Questions* (Centers for Medicare and Medicaid Services, Medicaid.gov)  
<https://www.medicare.gov/faq/index.html#/>

For state officials and stakeholders, these sources address questions on the ACA, Medicaid, and CHIP. On the right, choose “Affordable Care Act” under “Filter by Topic.”

## Medicare

*Medicare.gov* (Centers for Medicare and Medicaid Services)  
<https://www.medicare.gov/>

The official federal portal for consumer information on Medicare. See “Find someone to talk to” for a directory of consumer assistance contacts, including State Health Insurance Assistance Programs (SHIPs) that offer personalized health insurance counseling for Medicare beneficiaries.

*Medicare and the Marketplace* (Centers for Medicare and Medicaid Services)  
<http://www.cms.gov/Medicare/Eligibility-and-Enrollment/Medicare-and-the-Marketplace/Overview1.html>

Detailed FAQs about the relationship between Medicare and the ACA exchanges (marketplaces), including questions on enrollment, coordination of benefits, and end-stage renal disease.

*Medicare and the Marketplace* (U.S. Department of Health and Human Services, HealthCare.gov)  
<https://www.healthcare.gov/medicare/medicare-and-the-marketplace/>

Information on how to switch from exchange coverage to Medicare.

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

Detailed section-by-section summary of the ACA’s Medicare provisions. The CRS report, which may be of historical interest, contains some ACA provisions that may have been amended since the report was published.

CRS Report R44075, *The Independent Payment Advisory Board (IPAB): Frequently Asked Questions*

FAQs on the Independent Payment Advisory Board, which ACA established to develop proposals to “reduce the per capita rate of growth in Medicare spending.”

*Compilation of State Data on the Affordable Care Act* (U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, December 2016)  
<https://aspe.hhs.gov/compilation-state-data-affordable-care-act>

Excel spreadsheet of selected state data on the effects of selected ACA provisions, including several Medicare provisions.

## Specific Populations

### Women's Health Care

#### Preventive Services

*Women's Preventive Services Guidelines* (U.S. Department of Health and Human Services, Health Resources and Services Administration)

<https://www.hrsa.gov/womensguidelines2016>

Lists the women's preventive services that non-grandfathered health plans generally are required to cover without cost sharing. These guidelines were updated December 20, 2016, and apply to plan years or policy years beginning on or after December 20, 2017. The website notes that until then, non-grandfathered plans are generally required to provide coverage without cost sharing consistent with the 2011 guidelines, which are at <https://www.hrsa.gov/womensguidelines/>

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

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

The section "Affordable Care Act" includes FAQs on women's preventive services.

- FAQ set 26 addresses BRCA testing (for genetic mutations related to breast cancer susceptibility), contraceptives, and well-woman preventive care for dependents, [http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/aca\\_implementation\\_faqs26.pdf](http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/aca_implementation_faqs26.pdf).
- FAQ set 12 discusses well-woman visits; interpersonal and domestic violence screening; Human Papillomavirus (HPV) DNA testing; HIV testing; and breastfeeding support, supplies, and counseling, [http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca\\_implementation\\_faqs12.html](http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12.html).
- FAQ set 29 addresses lactation counseling and breastfeeding equipment, religious accommodations for the contraceptive coverage requirement, and BRCA testing, <https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQs-Part-XXIX.pdf>.
- FAQ set 31 addresses contraception and breast reconstruction in connection with a mastectomy, [https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQs-31\\_Final-4-20-16.pdf](https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQs-31_Final-4-20-16.pdf).
- FAQ set 35 addresses the December 20, 2016 update of Women's Preventive Services Guidelines, [https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQ-Part-35\\_12-20-16.pdf](https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQ-Part-35_12-20-16.pdf).
- FAQ set 36 addresses accommodations for religious objections to the contraceptive mandate, [https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/ACA-FAQs-Part-36\\_1-9-17.pdf](https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/ACA-FAQs-Part-36_1-9-17.pdf).

#### Contraceptive Coverage

CRS Report R44130, *Federal Support for Reproductive Health Services: Frequently Asked Questions*

Discusses ACA requirements for coverage of reproductive health services.

CRS In Focus IF10169, *The Affordable Care Act's Contraceptive Coverage Requirement: History of Regulations for Religious Objections*

The Affordable Care Act (ACA; P.L. 111-148) requires that group health plans and health insurance issuers provide coverage for certain preventive health services, including Food and Drug Administration (FDA) approved contraceptive methods without imposing any cost-sharing requirements. 42 U.S.C. §300gg-13(a)(4). Although controversial among employers with religious objections to the use of contraception, this requirement has been implemented through a series of administrative regulations since 2010, when ACA was enacted.

CRS In Focus IF10378, *Legal Overview of Challenges to Contraceptive Coverage Accommodation by Nonprofit Organizations*

Two-pager describes recent litigation on the ACA's contraceptive coverage requirement.

CRS Report R44422, *Nonprofit Challenges to the Contraceptive Coverage Requirement: The Meaning of Substantial Burdens on Religious Exercise Under the Religious Freedom Restoration Act*

Discusses governmental restrictions on religious exercise, and Supreme Court cases on the ACA's contraceptive coverage requirements.

CRS Report R43654, *Free Exercise of Religion by Closely Held Corporations: Implications of Burwell v. Hobby Lobby Stores, Inc.*

Discusses the case's effect on ACA contraceptive coverage requirements. For additional legal analysis of contraceptive coverage requirements, see CRS Legal Sidebar: Freedom of Religion <http://www.crs.gov/LegalSidebar/Category/47>.

*Fact Sheet: Women's Preventive Services Coverage, Non-Profit Religious Organizations, and Closely-Held For-Profit Entities* (The Center for Consumer Information and Insurance Oversight) <http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/womens-preven-02012013.html>

Under ACA, non-grandfathered health plans generally are required to cover contraceptives without cost sharing. The page describes exemptions for religious employers (such as churches) and accommodations for nonprofit religious organizations and certain closely held for-profit entities.

## Indian Health Care

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

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

*Americans Indians & Alaska Natives* (U.S. Department of Health and Human Services, [HealthCare.gov](http://www.healthcare.gov))  
<https://www.healthcare.gov/american-indians-alaska-natives/coverage/>

An overview of coverage options and exemptions for American Indians and Alaska Natives.

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 IHSCIA provisions in the ACA.

*Affordable Care Act* (Indian Health Service)

<https://www.ihs.gov/aca/>

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

## Veterans and Military Health Care

*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' FAQs about the ACA.

*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.

## Noncitizens

*Health coverage for immigrants* (U.S. Department of Health and Human Services, HealthCare.gov)

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

Describes the eligibility of immigrants for exchange coverage and subsidies, Medicaid, and CHIP.

CRS Report R43561, *Treatment of Noncitizens Under the Affordable Care Act*

At the center of noncitizen eligibility for provisions under the ACA is the term "lawfully present." Aliens who are "lawfully present in the United States" are generally subject to the health insurance mandate and are eligible, if otherwise qualified, to participate in the exchanges (the health insurance marketplace) and for the premium tax credit and cost-sharing subsidies available to certain individuals who purchase insurance through an exchange. For purposes of the ACA, "lawfully present" has been defined in regulation and includes lawful permanent residents (LPRs), asylees, refugees, foreign nationals admitted under any nonimmigrant visa who are in status, and certain other classifications under the Immigration and Nationality Act (INA).

## Behavioral Health

### Overviews

*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.



*Health benefits & coverage: Mental health & substance abuse coverage* (U.S. Department of Health and Human Services, HealthCare.gov)

<https://www.healthcare.gov/coverage/mental-health-substance-abuse-coverage/>

Brief overview of requirements for behavioral health services coverage in exchange plans.

## **Mental Health Parity and Addiction Equity Act of 2008**

*Affordable Care Act Implementation FAQs - Set 17* (The Center for Consumer Information and Insurance Oversight, November 8, 2013)

[http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca\\_implementation\\_faqs17.html](http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs17.html)

FAQs about the implementation of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), as amended by the ACA. An excerpt appears below:

MHPAEA amended the Public Health Service Act (PHS Act), the Employee Retirement Income Security Act (ERISA) and the Internal Revenue Code (the Code) to provide increased parity between mental health and substance use disorder benefits and medical/surgical benefits. In general, MHPAEA requires that the financial requirements (such as coinsurance) and treatment limitations (such as visit limits) imposed on mental health and substance use disorder benefits cannot be more restrictive than the predominant financial requirements and treatment limitations that apply to substantially all medical/surgical benefits.

*Affordable Care Act Implementation FAQs - Set 29* (The Center for Consumer Information and Insurance Oversight, October 23, 2015)

<https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQs-Part-XXIX.pdf>

Additional FAQs about MHPAEA and disclosure, and anorexia treatment coverage.

*FAQs About Affordable Care Act Implementation Part 31* (The Center for Consumer Information and Insurance Oversight, April 20, 2016)

[https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQs-31\\_Final-4-20-16.pdf](https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQs-31_Final-4-20-16.pdf)

Additional FAQs about MHPAEA implementation and Medication Assisted Therapy (MAT) for opioid use disorder.

*FAQs About Affordable Care Act Implementation Part 34 and Mental Health and Substance Abuse Disorder Parity Implementation* (The Center for Consumer Information and Insurance Oversight, October 27, 2016)

[https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQ-part-34\\_10-26-16\\_FINAL.PDF](https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQ-part-34_10-26-16_FINAL.PDF)

Additional FAQs about MHPAEA implementation and disclosure, financial requirements and quantitative treatment limitations, nonquantitative treatment limitations. MAT for opioid use disorder, and court-ordered treatment.

## **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 the 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.

CRS Report R44796, *The ACA Prevention and Public Health Fund: In Brief*

ACA established the Prevention and Public Health Fund (PPHF), a permanent annual appropriation that may be used by the Secretary of Health and Human Services for prevention, wellness, and public health activities.

CRS Report R44282, *The Ryan White HIV/AIDS Program: Overview and Impact of the Affordable Care Act*

Describes the Ryan White Program and notes that “The long-range impact of ACA on the Ryan White Program—in which health and treatment services provided under Ryan White are replaced by access to such services through health insurance coverage via ACA—remains to be determined.”

CRS Report R44272, *Nutrition Labeling of Restaurant Menu and Vending Machine Items*

ACA mandated nutrition labeling in certain restaurants and similar retail food establishments. The report provides background information and summarizes selected aspects of the implementing regulations.

CRS Report R43930, *Maternal and Infant Early Childhood Home Visiting (MIECHV) Program: Background and Funding*

ACA established the MIECHV Program to support home visits to certain families with young children. The visits are conducted by nurses, mental health clinicians, social workers, or paraprofessionals with specialized training.

## State Innovation Waivers

CRS Report R44760, *State Innovation Waivers: Frequently Asked Questions*

ACA Section 1332 allows states to apply to waive certain ACA requirements. Under a state innovation waiver, a state may implement its own plan to provide health coverage to its residents. The state’s plan must meet certain requirements. For example, it cannot increase the federal deficit. Also, it must cover as many residents, and provide coverage as affordable and comprehensive, as would have been the case without the waiver.

*Section 1332: State Innovation Waivers* (The Center for Consumer Information and Insurance Oversight)

[https://www.cms.gov/cciiio/programs-and-initiatives/state-innovation-waivers/section\\_1332\\_state\\_innovation\\_waivers-.html](https://www.cms.gov/cciiio/programs-and-initiatives/state-innovation-waivers/section_1332_state_innovation_waivers-.html)

Federal guidance and correspondence on state innovation waivers, including a March 2017 letter on using the waivers to implement high-risk pools and state-operated reinsurance programs.

## Taxes

See also “The Individual Mandate” and “Subsidies.”

### Tax Filing Resources

The 2016 tax return filing deadline is April 18, 2017.

*2016 health coverage & your federal taxes* (U.S. Department of Health and Human Services, HealthCare.gov)

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

For consumers, links to forms, tips, and tools for completing 2016 federal income tax returns. See also *Had 2016 Marketplace Coverage? 3 tips when filing 2016 taxes* <https://www.healthcare.gov/blog/3-tips-for-filing-2016-taxes/>

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

<https://www.irs.gov/Affordable-Care-Act/>

Links to common “Questions and Answers” and “Health Care Tax Tips.” The website notes that “The IRS is currently reviewing the Jan. 20, 2017, executive order to determine the implications. Taxpayers should continue to file their tax returns as they normally would.”<sup>3</sup>

*The Health Care Law and Your Taxes: What the Affordable Care Act (ACA) Means for Your Federal Tax Return* (Internal Revenue Service)

<http://www.irs.gov/pub/irs-pdf/p5201.pdf>

Infographics on the individual mandate and premium tax credits.

*Health Care Law & Your Tax Return* (Internal Revenue Service)

<https://www.irs.gov/affordable-care-act/individuals-and-families/health-care-law-and-your-tax-return>

“At a glance” charts explain how the ACA affects tax filers.

*Affordable Care Act: Tax Facts for Individuals and Families* (Internal Revenue Service)

<https://www.irs.gov/uac/newsroom/affordable-care-act-tax-facts-for-individuals-and-families>

Overviews of information forms 1095-A, 1095-B and 1095-C, the individual mandate (“individual shared responsibility provision”), and premium tax credits.

*Gathering Your Health Coverage Documentation* (Internal Revenue Service)

<https://www.irs.gov/affordable-care-act/individuals-and-families/gathering-your-health-coverage-documentation-for-the-tax-filing-season>

Tips on documents and forms that individuals can gather before filing their tax returns.

*The Affordable Care Act: What’s Trending* (Internal Revenue Service)

<http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/The-Affordable-Care-Act-Whats-Trending>

“When it comes to the health care law—also known as the Affordable Care Act or ACA—and how it may affect your taxes, there are many questions you might have. The page offers news on trending topics and answers to questions we are hearing.”

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<sup>3</sup> Ibid.

*ACA Information Center for Tax Professionals* (Internal Revenue Service)  
<https://www.irs.gov/tax-professionals/aca-information-center-for-tax-professionals>

Guidance for tax professionals. It discusses the January 20, 2017, ACA executive order.<sup>4</sup>

## Contacts for Tax Filing Assistance

*Telephone Assistance* (Internal Revenue Service)  
<https://www.irs.gov/help-resources/telephone-assistance>

The IRS is implementing many of the ACA's tax provisions, including the individual mandate, premium tax credits, and employer shared responsibility penalties. The IRS has a Healthcare Hotline for ACA questions (800-919-0452) and other telephone hotlines to answer questions from individuals and employers.

*Contact Your Local IRS Office* (Internal Revenue Service)  
<https://www.irs.gov/help-resources/contact-your-local-irs-office>

Directory of IRS Taxpayer Assistance Centers for in-person help with tax questions and problems. In a directory listing, click the "Services Provided" link; many locations provide "assistance with Affordable Care Act tax provision questions for individuals."

*Free Tax Return Preparation for Qualifying Taxpayers* (Internal Revenue Service)  
<https://www.irs.gov/individuals/free-tax-return-preparation-for-you-by-volunteers>

According to the website,

The Volunteer Income Tax Assistance (VITA) program offers free tax help to people who generally make \$54,000 or less, persons with disabilities, the elderly and limited English speaking taxpayers who need assistance in preparing their own tax returns. IRS-certified volunteers provide free basic income tax return preparation with electronic filing to qualified individuals.

*Need someone to prepare your tax return?* (Internal Revenue Service)  
<https://www.irs.gov/tax-professionals/choosing-a-tax-professional>

Tips for choosing a tax preparer, a Directory of Federal Tax Return Preparers with Credentials and Select Qualifications, and how to make a complaint about a tax preparer.

## Tax Provisions

### Overviews

CRS In Focus IF10591, *Taxes and Fees Enacted as Part of the Affordable Care Act*

Two-page overview of ACA's revenue provisions. Table 1 shows collected revenue for selected provisions (if implemented) through CY2014. Table 2 shows revenue loss scores if selected taxes were repealed.

*Affordable Care Act (ACA) Tax Provisions* (Internal Revenue Service)  
<https://www.irs.gov/affordable-care-act>

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<sup>4</sup> Ibid.

Briefly summarizes the ACA's tax provisions. Sources are tailored for three categories: individuals and families, employers, and tax professionals. 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." The website notes that "The IRS is currently reviewing the Jan. 20, 2017, executive order to determine the implications. Taxpayers should continue to file their tax returns as they normally would."<sup>5</sup>

*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 the ACA's revenue (tax) provisions. Note that this publication has not been updated since 2013. Some provisions may have been amended since then (for example, effective dates may have changed).

## Medical Device Tax

CRS Report R43342, *The Medical Device Excise Tax: Economic Analysis*

The report gives an overview of the tax: its legislative origins, its revenue effects, arguments for and against the tax, and its economic effects. Note that the Consolidated Appropriations Act, 2016 (P.L. 114-113, December 18, 2015) includes a two-year moratorium on the tax for 2016 and 2017, <https://www.irs.gov/uac/Newsroom/Medical-Device-Excise-Tax>.

## Excise Tax on High-Cost Employer-Sponsored Health Coverage

CRS Report R44147, *Excise Tax on High-Cost Employer-Sponsored Health Coverage: In Brief*

The ACA includes a 40% tax on employer-sponsored health coverage. The tax applies to the aggregate cost of applicable coverage that exceeds a specified dollar limit. The tax is sometimes called the "Cadillac tax." The Consolidated Appropriations Act, 2016 (P.L. 114-113, December 18, 2015) delayed the tax's effective date by two years, to 2020.

CRS Report R44160, *The Excise Tax on High-Cost Employer-Sponsored Health Coverage: Background and Economic Analysis*

According to the report,

Based on an analysis of employer plans in the 2013 Medical Expenditure Panel Survey Insurance Component (MEP-IC) dataset, 10.2% of single and 6.0% of non-single insurance plans have premiums that could exceed the Cadillac tax threshold in 2018 (assuming premiums grow at the same rate as their five-year averages). By 2028, 24.7% of single and 19.1% of non-single plans have premiums that could exceed the tax threshold. These estimates do not assume any plan modifications to avoid the tax and do not include contributions to health-related savings or reimbursement accounts. The share of plans that could be subject to the tax is sensitive to projections in premium growth rates.

CRS Report R44159, *The Excise Tax on High-Cost Employer-Sponsored Health Insurance: Estimated Economic and Market Effects*

The report "examines several issues. It evaluates the potential of the Cadillac tax to affect health insurance coverage and the health care market. It also examines the expected incidence

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<sup>5</sup> Ibid.

(burden) of the tax—that is, which group’s income will be reduced by the tax. Finally, the report discusses implications for economic efficiency in the context of tax administration.”

## Congressional Efforts to Repeal or Amend ACA

CRS Report R44785, *H.R. 1628: The American Health Care Act (AHCA)*

Summarizes the American Health Care Act, H.R. 1628, including provisions to amend or repeal several parts of the ACA. Earlier versions of the bill are at <https://housegop.leadpages.co/healthcare/>.

CRS Report R44300, *Provisions of the Senate Amendment to H.R. 3762*

Summarizes the version of H.R. 3762 that President Obama vetoed on January 8, 2016. It would have amended or repealed several ACA provisions.

CRS Report R43289, *Legislative Actions in the 112th, 113th, and 114th Congresses to Repeal, Defund, or Delay the Affordable Care Act*

Summarizes provisions to repeal, defund, or delay the ACA in enacted laws and bills that have passed the House or Senate.

CRS Report R44100, *Use of the Annual Appropriations Process to Block Implementation of the Affordable Care Act (FY2011-FY2017)*

Describes ACA’s impact on federal spending and ACA provisions in enacted appropriations acts.

*Affordable Care Act* (Congressional Budget Office)

<https://www.cbo.gov/taxonomy/term/45/latest>

A collection of Congressional Budget Office (CBO) analyses and cost estimates on the ACA and proposals to amend or repeal the ACA.

*Budgetary and Economic Effects of Repealing the Affordable Care Act* (Congressional Budget Office, June 19, 2015)

<https://www.cbo.gov/publication/50252>

An analysis of how ACA’s repeal could affect health insurance coverage, the federal budget, and gross domestic product (GDP). The estimates are “subject to substantial uncertainty.”

*Legislative Information System* (access for congressional offices only)

<http://lis.gov/>

From the *Topics* pull-down menu, choose *PPACA (Patient Protection and Affordable Care Act) (111<sup>th</sup>-)* to generate a list of bills with titles or summaries mentioning ACA. The list includes examples of bills to repeal or amend the ACA.

## Agency Audits and Investigations

*Affordable Care Act Reviews* (U.S. Department of Health & Human Services, Office of Inspector General)

<http://oig.hhs.gov/reports-and-publications/aca/>

A compilation of HHS Office of Inspector General (OIG) reports on the ACA. It includes audits, evaluations, and investigations of exchanges and HHS’s other ACA-related programs.

The HHS OIG's mission is to protect the integrity of HHS programs and the health and welfare of program beneficiaries.

*Reports and Testimonies - Browse by topic: Health Care* (U.S. Government Accountability Office)

[http://www.gao.gov/browse/topic/Health\\_Care](http://www.gao.gov/browse/topic/Health_Care)

A compilation of U.S. Government Accountability Office (GAO) reports on its health-care related investigations. Also search GAO's website for ACA-related reports, <http://gao.gov/search?q=%22patient+protection+and+affordable+care+act%22>. GAO's mission is "to support the Congress in meeting its constitutional responsibilities and to help improve the performance and ensure the accountability of the federal government for the benefit of the American people."

*Treasury Inspector General for Tax Administration: Promoting Integrity in the Administration of Internal Revenue Laws* (U.S. Department of the Treasury)

<https://www.treasury.gov/tigta/>

The Treasury Inspector General for Tax Administration (TIGTA) performs audits, investigations, and inspections of IRS activities. Search the website for ACA-related reports, <http://search.usa.gov/search?affiliate=tigta&query=%22affordable+care+act%22&x=0&y=0>.

## Cost Estimates and Spending

*Affordable Care Act* (Congressional Budget Office)

<http://www.cbo.gov/topics/health-care/affordable-care-act>

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

CRS Report R41390, *Discretionary Spending Under the Affordable Care Act (ACA)*

Summarizes the ACA's effects on discretionary spending.

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

Summarizes the ACA's mandatory appropriations.

CRS Report R43289, *Legislative Actions in the 112th, 113th, and 114th Congresses to Repeal, Defund, or Delay the Affordable Care Act*

Includes a section on ACA's impact on federal spending.

CRS Report R44100, *Use of the Annual Appropriations Process to Block Implementation of the Affordable Care Act (FY2011-FY2017)*

Describes ACA's impact on federal spending and ACA provisions in enacted appropriations acts.

*National Health Expenditure Projections 2016-2025* (Centers for Medicare and Medicaid Services, Office of the Actuary, March 2017)

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/proj2016.pdf>

Projections of national health spending. Briefly discusses ACA's effects on spending growth under current law.

*National Health Expenditure Data: Historical* (Centers for Medicare and Medicaid Services, Office of the Actuary, 2016)

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html>

Excerpt from *Highlights*:

In 2015, U.S. health care spending increased 5.8 percent to reach \$3.2 trillion, or \$9,990 per person. The coverage expansion that began in 2014 as a result of in the Affordable Care Act continued to have an impact on the growth of health care spending in 2015.

*Health Care Spending Growth and Federal Policy* (U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, March 22, 2016)

<https://aspe.hhs.gov/sites/default/files/pdf/190471/SpendingGrowth.pdf>

Analysis of post-ACA trends in national health care spending, Medicare spending, and private health insurance spending.

“Recent Trends in Health Care Costs,” in *The Economic Record of the Obama Administration: Reforming the Health Care System* (Council of Economic Advisers, December 2016).

[https://obamawhitehouse.archives.gov/sites/default/files/page/files/20161213\\_cea\\_record\\_health\\_care\\_reform.pdf#page=58](https://obamawhitehouse.archives.gov/sites/default/files/page/files/20161213_cea_record_health_care_reform.pdf#page=58)

Analysis of trends in health care costs: prices, per enrollee spending, and aggregate spending. Members of the Council of Economic Advisers are appointed by the President with the advice and consent of the Senate.

## Statistics on Insurance Coverage

See also “Exchange Enrollment and Premium Statistics” and “Statistics.”

### Census Bureau Statistics

*Health Insurance Coverage in the United States: 2015* (U.S. Census Bureau, September 13, 2016)

<http://www.census.gov/library/publications/2016/demo/p60-257.html>

National and state health insurance coverage statistics for 2015, and information on how coverage rates have changed since 2013. From the *Highlights*: “In 2015, the percentage of people without health insurance coverage for the entire calendar year was 9.1 percent, or 29.0 million.” By comparison, in 2013, the rate and number of uninsured was 13.3%, or 41.8 million (Table 1). For state data, scroll to “Table A-1, Population Without Health Insurance by State: 2013 to 2015.”

*Percent without health insurance coverage – United States – Congressional District by State; and for Puerto Rico; Universe: Civilian noninstitutionalized population. 2015 American Community Survey 1-Year Estimates* (U.S. Census Bureau, 2016)

[http://factfinder.census.gov/bkmk/table/1.0/en/ACS/15\\_1YR/GCT2701.US04PR](http://factfinder.census.gov/bkmk/table/1.0/en/ACS/15_1YR/GCT2701.US04PR)

For each congressional district, this table shows the percentage of the population that was uninsured at the time of the survey. On the left, view similar tables for each year since 2009. Note that congressional district boundaries have changed over time.

*My Congressional District* (U.S. Census Bureau)

<http://www.census.gov/mycd/>



After selecting a congressional district, click “\$ Socio-Economic” to get 2015 health insurance data from the American Community Survey.

*American Factfinder* (U.S. Census Bureau)

<http://factfinder.census.gov>

Contains detailed health insurance coverage data for recent years including 2015. Under “Advanced Search,” click “Show me all.” Under “Topic or table name,” type *Health Insurance*. Under “state, county or place,” type *United States* or a state, county, city, or town, then click “Go.”

## U.S. Department of Health and Human Services Statistics

*National Health Interview Survey* (Centers for Disease Control and Prevention, National Center for Health Statistics)

[http://www.cdc.gov/nchs/nhis/new\\_nhis.htm](http://www.cdc.gov/nchs/nhis/new_nhis.htm)

Includes survey data on uninsurance, public health plan coverage, and private health insurance coverage, by region and state. Most of the tables show the percentage of the population that was uninsured at the time of the survey, although some of the national tables also show estimates of those uninsured for at least part of the year prior to the survey, and those uninsured for more than a year at the time of the survey. See

- National, regional, and selected state data for January-September 2016 are in *Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, January–September 2016* (February 2017), <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201702.pdf>
- National, regional, and state data for 2015 are in *Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, 2015* (May 2016), <http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201605.pdf>
- National, regional, and state data for 2014 are in *Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, 2014* (June 2015), <http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201506.pdf>
- State data comparing 2013 and 2014 are in *Health Insurance Annual State Estimate Tables* (June 2015), [http://www.cdc.gov/nchs/data/nhis/earlyrelease/State\\_estimates\\_insurance\\_2013\\_2014.pdf](http://www.cdc.gov/nchs/data/nhis/earlyrelease/State_estimates_insurance_2013_2014.pdf)
- National trends for the nonelderly population since 1968 are in *Long-term Trends in Health Insurance Coverage*, [https://www.cdc.gov/nchs/data/nhis/earlyrelease/trendshhealthinsurance1968\\_2015.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/trendshhealthinsurance1968_2015.pdf)

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

<http://aspe.hhs.gov/affordable-care-act-research>

Research on ACA’s impacts, including on insurance coverage. For example, see *Health Insurance Coverage and the Affordable Care Act, 2010-2016* (March 2016), <https://aspe.hhs.gov/sites/default/files/pdf/187551/ACA2010-2016.pdf>.

*Medical Expenditure Panel Survey* (Agency for Healthcare Research and Quality)

<http://meps.ahrq.gov/>

Includes 2015 private-sector employer survey data on employer-sponsored insurance; see *MEPS Insurance Component Chartbook 2015*, [https://meps.ahrq.gov/survey\\_comp/MEPSICChartbook.pdf](https://meps.ahrq.gov/survey_comp/MEPSICChartbook.pdf).

## Legal Issues

See also “Women’s Health”

CRS Legal Sidebar: Health and Medicine  
<http://www.crs.gov/LegalSidebar/Category/52>

CRS analyses of health-related legal issues and ACA-related court cases.

CRS Legal Sidebar WSLG1720, *Affordable Care Act Executive Order: Legal Considerations*

CRS analysis of President Trump’s January 20, 2017, executive order on the ACA.

*Federal Register* (National Archives and Records Administration)

<https://www.federalregister.gov/documents/search?conditions%5Bterm%5D=%22affordable+care+act%22+%7C+%22111-148%22++%7C+ppaca&order=newest>

This link searches the *Federal Register* for proposed rules, final rules, notices, and presidential documents mentioning the ACA. “Minimizing the Economic Burden of the Patient Protection and Affordable Care Act Pending Repeal,” Executive Order 13765 of January 20, 2017, at <https://www.federalregister.gov/d/2017-01799>.

CRS Report R44450, *House of Representatives v. Burwell and Congressional Standing to Sue*

*House of Representatives v. Burwell* included two claims regarding the ACA’s implementation. The report discusses whether a house of Congress has standing to sue the executive branch regarding the manner in which it executes the law.

CRS In Focus IF10169, *The Affordable Care Act’s Contraceptive Coverage Requirement: History of Regulations for Religious Objections*

The Affordable Care Act (ACA; P.L. 111-148) requires that group health plans and health insurance issuers provide coverage for certain preventive health services, including Food and Drug Administration (FDA) approved contraceptive methods without imposing any cost-sharing requirements. 42 U.S.C. §300gg-13(a)(4). Although controversial among employers with religious objections to the use of contraception, this requirement has been implemented through a series of administrative regulations since 2010, when ACA was enacted.

CRS Report R43654, *Free Exercise of Religion by Closely Held Corporations: Implications of Burwell v. Hobby Lobby Stores, Inc.*

Discusses the case’s effect on ACA contraceptive coverage requirements. For additional legal analysis of contraceptive coverage requirements, see CRS Legal Sidebar: Freedom of Religion, <http://www.crs.gov/LegalSidebar/Category/47>.

CRS Report R43474, *Implementing the Affordable Care Act: Delays, Extensions, and Other Actions Taken by the Administration*

Summarizes selected administrative actions to address ACA implementation and discusses the congressional lawsuit *U.S. House of Representatives v. Burwell*.

## ACA Text

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

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

[http://legcounsel.house.gov/HOLC/Resources/comps\\_alpha.html](http://legcounsel.house.gov/HOLC/Resources/comps_alpha.html)

The Patient Protection and Affordable Care Act compilation is listed under “P” on this website. The House Office of the Legislative Counsel compiled the text of the ACA, consolidated with amendments made by subsequent laws. The compilation is unofficial. It is updated periodically. As of this writing, the compilation is current through P.L. 114-255, enacted December 13, 2016.

P.L. 111-148, *Patient Protection and Affordable Care Act* (Government Publishing 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 the 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 Publishing 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)?”

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