

1 ble individuals for the purpose of lowering premiums for
2 health insurance coverage offered in the individual market.

3 “(b) FUNDING.—

4 “(1) APPROPRIATION.—For the purpose of pro-
5 viding funding for the Program there is appro-
6 priated, out of any money in the Treasury not other-
7 wise appropriated, \$15,000,000,000 for the period
8 beginning on January 1, 2018, and ending on De-
9 cember 31, 2026.

10 “(2) USE OF UNALLOCATED FUNDS.—Funds
11 provided under section 2204(c)(2)(B) to carry out
12 this section are in addition to the amount appro-
13 priated under paragraph (1).

14 “(c) OPERATION OF PROGRAM.—

15 “(1) IN GENERAL.—The Administrator shall es-
16 tablish, after consultation with health care con-
17 sumers, health insurance issuers, State insurance
18 commissioners, and other stakeholders and after tak-
19 ing into consideration high cost health conditions
20 and other health trends that generate high cost, pa-
21 rameters for the operation of the Program consistent
22 with this section and consistent with the same limi-
23 tation on payment with respect to health insurance
24 coverage that applies to payment with respect health
25 benefits coverage under section 2105(c)(7).

1 “(2) DEADLINE FOR INITIAL OPERATION.—Not
2 later than 60 days after the date of the enactment
3 of this title, the Administrator shall establish suffi-
4 cient parameters to specify how the Program will op-
5 erate for plan year 2018.

6 “(3) STATE OPERATION OF PROGRAM.—The
7 Administrator shall establish a process for a State to
8 operate the Program in such State beginning with
9 plan year 2020.

10 “(d) DETAILS OF PROGRAM.—The parameters for
11 the Program shall include the following:

12 “(1) ELIGIBLE INDIVIDUALS.—A definition for
13 eligible individuals.

14 “(2) HEALTH STATUS STATEMENTS.—The de-
15 velopment and use of health status statements with
16 respect to such individuals.

17 “(3) STANDARDS FOR QUALIFICATION.—

18 “(A) AUTOMATIC QUALIFICATION.—The
19 identification of health conditions that auto-
20 matically qualify individuals as eligible individ-
21 uals at the time of application for health insur-
22 ance coverage.

23 “(B) VOLUNTARY QUALIFICATION.—A
24 process under which health insurance issuers
25 may voluntarily qualify individuals, who do not

1 automatically qualify under subparagraph (A),
2 as eligible individuals at the time of application
3 for such coverage.

4 “(4) PERCENTAGE OF INSURANCE PREMIUMS
5 TO BE APPLIED.—The percentage of the premiums
6 paid, to health insurance issuers for health insur-
7 ance coverage by eligible individuals, that shall be
8 collected and deposited to the credit (and available
9 for the use) of the Program.

10 “(5) ATTACHMENT DOLLAR AMOUNT AND PAY-
11 MENT PROPORTION.—The dollar amount of claims
12 for eligible individuals after which the Program will
13 provide payments to health insurance issuers and
14 the proportion of such claims above such dollar
15 amount that the Program will pay.”.

