

Grassley Amendment #1 to the *Hire More Heroes Act of 2015*

Purpose: To prevent small businesses from being penalized for paying the health insurance premiums of their employees.

Background

The Affordable Care Act (ACA) included a number of “market reforms,” which dictates the types of coverage any valid “group health plan” must offer. Included in these reforms are the requirements that a group health plan impose “no annual dollar limits” on essential health benefits and that the plan provide preventive health services without any out-of-pocket costs. In general, under IRS Notice 2013-54 monetary assistance provided by an employer to an employee to purchase insurance on the individual market is generally considered a “group health plan” and thus subject to the ACA market reforms. IRS Notice 2013-54 further clarified such arrangements fail to meet the ACA market reforms because they do not meet the “no annual dollar limits” requirement and/or the preventive health services requirement. As a result, small businesses, which are exempt from the employer mandate, may be subject to a \$100 per day/employee penalty tax simply for providing monetary assistance to their employees to purchase a qualified health plan on the individual market.

Description of Amendment

This Amendment would permit small employers to continue to provide monetary assistance to their employees to purchase insurance on the individual market on a pre-tax basis. Specifically, this amendment would clarify that (1) stand alone Health Reimbursement Arrangements, (2) reimbursement arrangements described in Revenue Ruling 61-146, 1961-2 CB 25, or employer payment plan arrangements, are not group health plans under the ACA and thus not subject to the penalty tax under IRC Section 4980D for the failure to meet certain group health plan requirements. The amendment would further clarify that employees receiving such assistance from their employers are ineligible to receive the premium tax credit or cost sharing subsidy for insurance purchased on an exchange.

Offset: To be provided

Cornyn Amendment #1 to The Hire More Heroes Act of 2015

Cosponsor: Senator Casey

Short Title: Wounded Warrior Tax Equity Act

Description of Amendment:

Amends the Internal Revenue Code to prevent any extension of the tax collection period after assessment for taxpayers who are members of the Armed Forces due to a hospitalization for combat zone injuries:

(a) In General- Section 7508(e) of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

“(3) COLLECTION PERIOD AFTER ASSESSMENT NOT EXTENDED AS A RESULT OF HOSPITALIZATION- With respect to any period of continuous qualified hospitalization described in subsection (a) and the next 180 days thereafter, subsection (a) shall not apply in the application of section 6502.”

(b) Effective Date- The amendment made by this section shall apply to taxes assessed before, on, or after the date of the enactment of this Act.

Score: TBD

Thune Amendment #1 to H.R. 22, “The Hire More Heroes Act of 2015”

Short Title: Helping Individuals Regain Employment (HIRE) Act.

Description of Amendment: Under this amendment, if an employer hires a long-term unemployed individual, that worker is permanently exempt from the Patient Protection and Affordable Care Act’s full-time employee count for as long as that employee is employed by that employer.

Thune Amendment #2 to H.R. 22, “The Hire More Heroes Act of 2015”

Short Title: The Safeguarding Classrooms Hurt by ObamaCare’s Obligatory Levies (SCHOOL) Act.

Description of Amendment: This amendment would exempt public schools, universities, and colleges from the Patient Protection and Affordable Care Act’s employer mandate. Furthermore, this amendment would require the Department of Education to submit a study to Congress regarding the effects of the employer mandate on a school’s ability to fulfill their mission and maintain academic programs before and after repeal.

Thune Amendment #3 to H.R. 22, “The Hire More Heroes Act of 2015”

Short Title: Long-term Unemployed Vets Hiring Incentive Act

Description of Amendment: Under this amendment, if an employer hires a long-term unemployed individual, including a long-term unemployed veteran currently seeking employment, which includes reservists such as active and retired members of the National Guard, that worker is permanently exempt from the Patient Protection and Affordable Care Act’s full-time employee count for as long as that employee is employed by that employer. The Secretary of Labor in conjunction with the Secretary of Treasury is directed to study the impacts of the Affordable Care Act on the employment opportunities available to veterans, including reservists, such as active and retired members of the National Guard.

Offset: HHS shall withhold any payment to any Medicaid provider or supplier under a State plan under title XIX of the Social Security Act to individuals with a tax lien.

Portman-Cardin Amendment #1 to the Chairman's Mark of the Hire More Heroes Act

Cosponsors: Stabenow, Brown

Short Title: Extend and Expand the Work Opportunity Tax Credit

Description of Amendment: The Work Opportunity Tax Credit (WOTC) provides a tax credit between \$1,200 and \$9,600 per employee for hiring and retaining members of vulnerable groups. Eligible groups currently include: veterans, TANF, SNAP, and SSI recipients, ex-felons, the disabled, and summer youth employees. WOTC expired on December 31, 2014.

This amendment would extend WOTC through December 31, 2015 and would allow an employer hiring someone who has exhausted their 26 weeks of regular unemployment benefits to be eligible for a 40 percent credit on the first \$6,000 of wages paid that first year, or a maximum credit of \$2,400 per employee.

Offset: To be provided.

Toomey-Warner Amendment #1 to the Hire More Heroes Act

Short Title: Protecting Volunteer Firefighters and Emergency Responders Act

Description of Amendment: Clarifies in statute that emergency services volunteers are not taken into account as employees under the shared responsibility requirements contained in the Patient Protection and Affordable Care Act.

Does so by amending subsection (c) (Definitions and special rules) of section 4980H (Shared responsibility for employers regarding health coverage) of the Internal Revenue Code of 1986 to clarify that:

- A) For emergency services volunteers – Qualified services rendered as a bona fide volunteer to an eligible employer shall not be taken into account as service provided by an employee for the purposes of the employer shared responsibility requirements contained in the Patient Protection and Affordable Care Act.

Provides “qualified services,” “bona fide volunteer,” and “eligible employer” the same respective meanings given to such terms under section 457(e) of the Internal Revenue Code of 1986.

- B) For certain other government and nonprofit volunteers – Services rendered as a “bona fide volunteer” to a “specified employer” shall not be taken into account as a service provided by an employee for the purposes of the employer shared responsibility requirements contained in the Patient Protection and Affordable Care Act.

Defines “bona fide volunteer” as an employee of a specified employer whose only compensation is in the form of reimbursement for reasonable expenses incurred in the performance of volunteer services or reasonable benefits and nominal fees customarily paid by similar entities in connection with performance of volunteer services.

Defines “specified employer” as any government entity or organization described in section 501(c) and exempt from taxation under section 501(a) of the Internal Revenue Code of 1986.

Coats Amendment #1

Coats Amendment #1 to the Hire More Heroes Act

Short Title: Improving employment opportunities for people with disabilities.

Description of Amendment:

The amendment would add certain categories of people with disabilities to the list of workers who do not count toward the limit of full-time-equivalent employees that determines whether employers are large enough to be subject to the employer mandate of the Affordable Care Act.

An offset will be provided if needed.

Wyden Amendment #1 to Hire More Heroes Act of 2015 (HR 22)

Short Title: Eliminate Medical Expense Deduction Floor for Individuals with Health Coverage under TRICARE or the Veterans Administration

Description of Amendment: The Wyden amendment would amend Code Section 213, the medical expense deduction, to eliminate the floor (generally, 10% of AGI) for individuals with health coverage under military or veterans' health programs as described in HR 22 (i.e., TRICARE and certain health coverage under the Veterans Health Administration (VHA)). For joint returns, if either member of a married couple is covered by TRICARE or health coverage under the VHA, they would be eligible for this tax benefit.

Offset to be provided.

Stabenow Amendment #1 to H.R. 22, "The Hire More Heroes Act of 2015"

Short Title: Livable Wage for Veterans

Cosponsor: Senator Brown

Description of Amendment: Amends the *Hire More Heroes Act* so that any full-time hourly worker who is a military veteran covered by TRICARE or the VHA health care program must be paid, at minimum, \$10.10 per hour (indexed for inflation) for the employer to exclude this veteran employee from the calculation of whether the employer is "large" under the Affordable Care Act (section 4980H of the Internal Revenue Code).

Offset: Provided as needed.

Stabenow Amendment #2 to H.R. 22, "The Hire More Heroes Act of 2015"

Short Title: New Skills for New Jobs

Description of Amendment: To provide a federal match to state new job program (as written in S.1795 from the 113th Congress) to any veteran or other job hopeful who seeks "qualified" job training at an eligible community college for the purpose of learning a new job skill necessary to perform a job for which the individual will be employed, or with licenses or certificates necessary for such employment.

Offset: Provided as needed.

Menendez Amendment #1 to the Hire More Heroes Act of 2015 (H.R. 22)

Cosponsor: Senator Brown

Short Title

To ensure timely and reliable health care access for veterans

Background

The recently-passed Veterans Access, Choice and Accountability Act (VACAA; P.L. 113-146) establishes a “Commission on Care,” which is tasked with conducting a comprehensive evaluation and assessment of veterans access to VA health care and to provide recommendations on way to best organize the Veterans Health Administration (VHA). The Commission is required to report their findings, along with recommendations to improve veterans’ access to care and restructure the VHA, to the President and the Secretary of Veterans Affairs. The law further requires that these recommendations be enacted by the Veterans Administration.

Description of Amendment

This amendment would delay the mark’s effective date until the GAO has certified that the Commission’s recommendations have been fully implemented and are effectively meeting their goals.

Offset

This amendment is not expected to score.

Menendez Amendment #2 to the Hire More Heroes Act of 2015 (H.R. 22)

Cosponsor: Senator Brown

Short Title

To prevent discrimination against veterans, their spouses and dependents.

Background

The mark exempts veterans with VA or TRICARE benefits from counting toward as a full-time equivalent employee for purposes of the Affordable Care Act's employer-responsibility provisions.

As such, the mark provides an potential incentive for employers to question applicants, including veterans who are not eligible for or enrolled in VA or TRICARE coverage, about their health insurance status. This can lead to discriminatory hiring practices whereby employers do not hire vets simply because they lack coverage under these programs.

Additionally, if a spouse or dependent is covered under the VA or TRICARE and that individual (for whatever reason) loses that coverage, their employer has the incentive to terminate their employment simply to avoid the employer-responsibility requirements. This leads to the unintended consequence of the mark having the opposite effect – denying veterans, their spouses and dependents, access to employment.

Description of Amendment

This amendment would require that the Department of Labor, in consultation with the Department of Veterans Affairs and any other relevant agency or department, to promulgate rules prohibiting any discriminatory practice on the part of an employer as a result of the policies included in the mark.

Offset

This amendment is not expected to score.

Menendez Amendment #3 to the Hire More Heroes Act of 2015 (H.R. 22)

Cosponsor: Senator Brown

Short Title

To prevent the loss of employer-sponsored health insurance coverage.

Background

The mark exempts veterans with VA or TRICARE benefits from counting toward an employer's full-time exempt employees for purposes of the Affordable Care Act's employer-responsibility provisions.

Under the mark, employers who would otherwise offer their employees health insurance would no longer be subject to the Affordable Care Act's employer-responsibility provisions and therefore likely to not offer coverage. This would result in all the employers workers losing access to employer-sponsored insurance.

Description of Amendment

This amendment would ensure that any employee who is kicked off their employer-sponsored insurance continues to have access to coverage if their employer utilizes the mark's exemptions to no longer meet the threshold to provide coverage or pay a penalty. Specifically, the amendment will prohibit any employer from using the mark's exemption for veterans to stop providing coverage unless at least 95% of all employees have access to, or are enrolled in, alternative qualified health insurance plans such as Medicare or a spouse's employer-sponsored coverage.

Offset

This amendment is expected to generate savings.

Senator Carper Amendment #1 to H.R. 22, “The Hire More Heroes Act of 2015.”

Co-Sponsors: Senator Casey

Short Title: Increasing Access to Effective and Evidence-Based Treatments for Children in Foster Care

Description of Amendment:

Under current law, it is unclear to state governments whether federal rules and guidance allow state Medicaid programs to cover and reimburse specific behavioral health treatments for children in foster care, or whether certain billing practices are acceptable and reimbursable for those treatments. As a result of this lack of clarity, states may be reluctant to cover these services.

Amendment – The Secretary of the Department of Health and Human Services shall issue guidance clarifying Medicaid reimbursement practices for non-pharmacological behavioral health treatments for children in foster care. The guidance should include information regarding reimbursement for: wraparound service planning which coordinates care for children in foster care, and team approaches which involve multiple providers in coordinating treatment planning for children in foster care. The guidance should also clarify that states can negotiate bundled payment rates with medical providers for comprehensive evidence-based and effective practices incorporating a range of separate Medicaid-covered interventions, and that states are not required to bill such services in 15-minute increments.

Senator Carper Amendment # 2 to H.R. 22, “The Hire More Heroes Act of 2015.”

Short Title: Preventing and Reducing Improper Medicare and Medicaid Expenditures (PRIME)

Description of Amendment:

The amendment establishes a series of requirements to increase or enhance Medicare and Medicaid program integrity efforts, in order to curb waste and fraud. The amendment’s provisions were included in “*Preventing and Reducing Improper Medicare and Medicaid Expenditures Act*” (or “*PRIME Act*” - S.1123 of the 113th session), and are based on Government Accountability Office, Health and Human Services Inspector General, and other expert and stakeholder findings and recommendations. The provisions build upon similar requirements and authorities included in the Affordable Care Act aimed at curbing waste and fraud in the Medicare and Medicaid programs. The provisions do not make changes to benefits or coverage for beneficiaries, or change medical service pricing, but will help to maintain the solvency of the Medicare Trust Fund and help to moderate the growth in Medicaid expenditures. The provisions are:

Requiring Valid Prescriber National Provider Identifiers on Pharmacy Claims

- Require that National Prescriber Identifiers be adopted by Centers for Medicare & Medicaid Services (CMS) as the only allowed prescriber identifier for the Medicare prescription drug program.
- Require that Prescription Drug Plan (PDP) sponsors obtain valid prescriber identifiers on all pharmacy claims under Medicare Part D, and require that the identifiers be validated.

Reforming How CMS Tracks and Corrects the Vulnerabilities Identified by Recovery Audit Contractors

- The Department of Health and Human Services (HHS) shall address overpayment vulnerabilities identified by Recovery Audit Contractors (RACs) in a timely manner, by establishing a process for tracking the effectiveness of changes made to payment policies and procedures that address the vulnerabilities identified by RACs.
- As part of previously established reporting requirements to the Congress, the HHS Secretary shall annually report on the types and financial cost of improper payment vulnerabilities identified by RACs, how the Secretary is addressing such improper payment vulnerabilities, and an assessment of the effectiveness of changes made to payment policies and procedures. HHS shall ensure that each report does not include information that would be sensitive or otherwise negatively impact program integrity.
- HHS may retain a portion of Medicare and Medicaid recoveries to identify, recover and prevent improper payments and fraud, and for provider education. Such allocation will follow the federal-wide *Improper Payments Elimination and Recovery Act of 2010*, and also include additional funds from the recoveries for the HHS Office of Inspector General (OIG). This change will not affect the rules as to whether a recovery is made, or the level of recovery from a provider, merely the allocation of any recovery.

Improving Senior Medicare Patrol (SMP) and Fraud Reporting Rewards

- HHS shall develop a plan to encourage greater participation by individuals to report fraud and abuse in the Medicare program. The plan shall include recommendations for ways to enhance rewards for individuals reporting under the incentive or reward program, and extends the program to include Medicaid. The plan shall also include an improved SMP public awareness and education campaign to encourage participation.
- The plan shall be provided to Congress not later than 180 days after the date of enactment.

Strengthening Medicaid Program Integrity Through Flexibility

- Allow program integrity funds within CMS to be spent for hiring federal staff, whereas current law restricts some program integrity funding only through contracting. This change would allow CMS to develop more in-house program integrity expertise, and avoid losing expertise when a contract is changed.

Establishing Medicare Administrative Contractor (MAC) Error Reduction Incentives

- To reduce payment errors, HHS shall establish a plan to provide incentives for MACs and applicable fiscal intermediaries and carriers to reduce their improper payment error rates. The plan may include a sliding scale of bonus payments and additional incentives for MACs that reduce their error rates to certain benchmark levels and may include substantial reduction in payments under award fee contracts, for MACs that reach certain error thresholds.

Strengthening Penalties for the Illegal Distribution of a Medicare, Medicaid, or Childrens Health Insurance Program (CHIP) Beneficiary Identification or Billing Privileges

- Any person who knowingly, and with the intent to defraud, purchases, sells or distributes, or arranges for the purchase, sale, or distribution of a Medicare, Medicaid, or CHIP beneficiary identification number or billing privileges under Medicare, Medicaid, or CHIP shall be imprisoned for not more than 10 years or fined not more than \$500,000 (\$1,000,000 in the case of a corporation), or both.

Access to National Directory of New Hires

- HHS shall grant access to National Database of New Hires to CMS and the HHS OIG (under current law this database, which is maintained by HHS, excludes access to both).

Improving the Sharing of Data between the Federal Government and State Medicaid Programs

- Requires HHS to establish a plan to encourage and facilitate the inclusion of States in the Medicare and Medicaid Data Match Program and revises the Medicare and Medicaid Data Match Program to improve the program by furthering the design, development, installation, or enhancement of an automated data system to collect, integrate, and access data for program integrity, oversight, and administration purposes.
- Requires HHS to develop and implement a plan that allows each State agency access to relevant data on improper payments for health care items or services provided to dual eligible individuals.

Improving Claims Processing and Detection of Fraud within the Medicaid and CHIP

Programs

- HHS shall require that for payment to be made, each claim under Medicaid and CHIP include a valid beneficiary identification number of an individual who is eligible to receive benefits.

Cardin Amendment #1 to the Chairman's Mark of the Hire More Heroes Act

Short Title: Designating TRICARE eligibility as a “change in status event.”

Description of Amendment: This amendment seeks to eliminate ambiguity in federal regulations on when military retirees can change their cafeteria plan elections to switch to TRICARE. When military retirees become eligible for TRICARE, many would like to drop their existing employer-sponsored health care coverage and switch to the TRICARE benefits they've earned. However, due to unclear regulations, there is some uncertainty as to whether TRICARE eligibility is a “change in status event” allowing a coverage change under the cafeteria plan rules (Code Section 125). Therefore, some beneficiaries have been denied the ability to switch coverage until the next open enrollment period.

This amendment would designate TRICARE eligibility as a “change in status event” under Code Section 125, ensuring that cafeteria plans can allow beneficiaries who become eligible for TRICARE to switch their coverage immediately.

Offset: To be provided.

Cardin Amendment #2 to the Chairman's Mark of the Hire More Heroes Act

Short Title: Establishing the Fully Developed Claim Guarantee to address the VA disability claims backlog.

Description of amendment: This amendment seeks to address the VA disability claims backlog by establishing the Fully Developed Claim Guarantee.

Under the Fully Developed Claim Guarantee, the Fully Developed Claims (FDC) program would be made permanent. The FDC program is a temporary, optional initiative that offers veterans and survivors faster decisions from the VA on compensation, pension and survivor benefit claims. Veterans and survivors simply submit all relevant records in their possession and those records that are easily obtainable, such as private medical records, at the time they make their claim and certify that they have no further evidence to submit. This allows the VA to review and process the claim more quickly. Under Section 506 of P.L. 112-154, the FDC program will expire in August 2015.

In addition, for original disability compensation claims submitted via the FDC program, the Fully Developed Claim Guarantee would require the VA to provide provisional benefits for claims that have not been decided within 180 days of submission. If the final award is greater than the provisional benefit, the VA would be required to reimburse the veteran for the difference between the provisional benefit and the final award. The VA may only recover the provisional benefit if it determines that the application was the subject of intentional fraud or misrepresentation.

Offset: To be provided.

Brown Amendment #1 to The Hire More Heroes Act of 2015

Extend the Health Coverage Tax Credit for Displaced Workers

Cosponsored by Sens. Portman, Casey, Stabenow, Schumer, Menendez, and Cardin

Short Title: **Extension of Health Coverage for Displaced Workers**

Description of Amendment: Amendment would extend the Health Coverage Tax Credit (HCTC), Sections 35 and 7527, for three years. The HCTC will be made retroactive to January 1, 2014 and then be extended prospectively through December 31, 2016.

The HCTC is available to laid-off employees receiving Trade Adjustment Assistance (TAA) benefits, and retirees who receive pension payments through the Pension Benefit Guaranty Corporation. The HCTC provides a 72.5 percent refundable tax credit to eligible workers enrolled in a qualified health plan. This extension is intended to provide time for displaced workers who have used the tax credit to make health insurance affordable to learn more about their options, and transition over to other insurance plans of their choosing. The HCTC serves as a critical bridge to Medicare for retirees who have lost much of their pensions through no fault of their own.

Offset: This amendment is an extension of a provision that expired on December 31, 2013. It will be fully offset in a manner TBD.

NOTE – Amendment sponsor reserves the right to modify the amendment for technical or other purposes.

Brown Amendment #2 to The Hire More Heroes Act of 2015

Extending Funding for the Children's Health Insurance Program (CHIP) through 2019

Cosponsored by Sens. Wyden, Casey, Bennet, Stabenow, Cardin, Menendez, Cantwell, Schumer, Carper, Warner, and Nelson

Short Title: Extension of CHIP Funding

Description of Amendment: This amendment extends funding for CHIP for four years, through FY2019.

The Children's Health Insurance Program (CHIP) was created as a part of the bipartisan Balanced Budget Act of 1997. The program provides comprehensive health care coverage to millions of children and pregnant women in families with incomes too high to qualify for Medicaid but too low to afford comprehensive private insurance. As a voluntary joint state-federal program, CHIP gives states the flexibility to design, administer, and deliver programs that meet their state-specific needs, enabling children across the country to lead healthier, better lives. This amendment is intended to provide states with much-needed budget predictability so that they can properly plan and ensure that gaps in health care for vulnerable children do not occur.

NOTE – Amendment sponsor reserves the right to modify the amendment for technical or other purposes.

Brown Amendment #3 to The Hire More Heroes Act of 2015

Expanding Eligibility for CHAMPVA Health Care Coverage for Children Until Age 26

Cosponsored by Sens. Casey, Schumer, and Cardin

Short Title: CHAMPVA Children's Care Protection

Description of Amendment: This amendment would increase the maximum age for children eligible for medical care under the CHAMPVA program to 26 to be consistent with the private sector under the Affordable Care Act.

Similar to current Senate Bill S. 170, this amendment would amend 38 U.S.C. section 1781(c) to extend eligibility for coverage of children under the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) until they reach age 26 so that eligibility for coverage of children under CHAMPVA will be consistent with certain private sector coverage under the Affordable Care Act. S. 325 would extend eligibility for coverage of children under CHAMPVA regardless of age, marital status, and school enrollment status up to the age of 26; and the bill would ensure that CHAMPVA eligibility would not be limited for individuals who, before attaining age 18, became permanently incapable of self-support.

Offset: To be provided.

NOTE – Amendment sponsor reserves the right to modify the amendment for technical or other purposes.

Bennet Amendment #1 to HR 22, the Hire More Heroes Act

Short Title: An amendment to provide the VA greater flexibility to facilitate the construction of the Denver VA replacement medical center.

Description of Amendment: This amendment would provide the Veteran’s Administration (“VA”) additional flexibility to fund the completion of the replacement medical facility in Denver, Colorado. Specifically, the amendment would allow the VA to use funds from the minor construction account in the Veterans Access, Choice, and Accountability Act of 2014 to facilitate the completion of the medical center.

Offset: To be provided.

Bennet Amendment #2 to HR 22, the Hire More Heroes Act

Short Title: An amendment to increase those veterans who qualify for non-VA health care under the Veterans Choice and Accountability Act of 2014.

Description of Amendment: Currently, most veterans cannot use the Veteran Choice Program to access non-VA care if they live within 40 miles of a qualified VA medical facility, whether or not that facility offers the care they need. This amendment would allow veterans to access non-VA care through the Veterans Choice program if they live more than 40 miles from a facility that offers the care they require.

Offset: To be provided.

Bennet Amendment #3 to HR 22, the Hire More Heroes Act

Short Title: An amendment to change the way distance is calculated for veterans using the Veterans Choice Program.

Description of Amendment: Currently, most veterans cannot use the Veteran Choice Program to access non-VA care if they live within a 40-mile straight line distance from a qualified VA medical facility. This amendment would change the way distance is calculated so that the distance between the veteran and the nearest VA medical facility is calculated based on the distance actually traveled and not the straight line distance.

Offset: To be provided.

Bennet Amendment #4 to HR 22, the Hire More Heroes Act

Short Title: An amendment to provide the Army Corps of Engineers management and oversight responsibilities over the construction of the Denver VA replacement medical center.

Description of Amendment: This amendment would require the Department of Veterans Affairs (“VA”) to enter into an agreement with the Army Corps of Engineers to facilitate the completion of the Denver VA replacement medical center. Under the agreement, the Army Corps of Engineers would be given the authority to manage, design, and enter into contracts necessary to complete the project. The VA will be required to reimburse the Army Corps of Engineers for its services.

Offset: To be provided.

Casey Amendment #1 to the Chairman's Mark of the Hire More Heroes Act

Cosponsor: Senator Brown

Short Title: Family Coverage Act

Description of Amendment: The Family Coverage Act would correct a glitch in the way the Affordable Care Act is being interpreted by the IRS, by allowing an employee's dependents to access premium tax credits if the cost of *family coverage* offered by an employer is greater than 9.5 percent of *household* income. This change not only helps families but also brings the definition of "affordable" into alignment with the coverage intended by Congress and reflected in the rest of the Affordable Care Act.

Background Information: Under the Affordable Care Act, large employers are required to offer comprehensive, affordable health coverage to their employees. In interpreting this part of the law, IRS defined "affordable" based on the cost of insurance for the employee alone, without taking into account the added cost of insuring an entire family. Thus, while the individual's insurance may be less than 9.5 percent of his or her income, coverage for the whole family may still be unaffordable. Additionally, because the IRS considers the family to have access to "affordable" coverage, they cannot go to the marketplace and get a premium tax credit to help cover the cost of insurance. At this point, the rest of that employee's family must pay for the employer plan, shop on the marketplace without the benefit of the premium tax credit, or go uninsured.

The current interpretation of the law affects millions of dependents, many of whom are children. The Government Accountability Office estimates that this definition of "affordability" potentially prevents 460,000 uninsured children—all of whom are ineligible for coverage through Medicaid or the Children's Health Insurance Program (CHIP)—from accessing tax credits. For these children, parents, and other dependents, their only options are to forego coverage or pay a disproportionate share of their income. These families deserve better.

Although this change could be made by IRS without legislation, the Family Coverage Act is a commonsense bill that would strengthen the ACA and help millions of Americans gain access to meaningful health insurance coverage.

The Family Coverage Act will fix this glitch by defining affordable job-based health coverage by what is affordable for a family, not just an individual employee. Unlike the current interpretation of the law, this definition is in line with what was intended by Congress, and would allow families that currently do not have access to affordable health coverage through an employer to access tax credits to buy their coverage.

Offset: To be provided.

NOTE: Amendment sponsor reserves the right to modify the amendment for technical or other purposes.

Casey Amendment #2 to the Chairman's Mark of the Hire More Heroes Act

Cosponsors: Senators Brown, Bennet

Short Title: Health Insurance for Former Foster Youth Act

Description of Amendment: This amendment would clarify Congress's intent with regards to states' obligation to extend Medicaid coverage to former foster youth.

Background Information: The Affordable Care Act extended Medicaid coverage to age 26 for all foster youth who were in foster care on their 18th birthday and were already enrolled in Medicaid. This provision of the law was intended to create parity between these individuals and young adults who can stay on their parent's health insurance until the age of 26. This provision is mandatory for every state.

Unfortunately, CMS's implementation of this provision of the Affordable Care Act has created problems for some former foster youth. Under the regulations issued by HHS, individual states are only required to extend Medicaid coverage to former foster youth who remain living in the same state where they aged out of the foster care system. Although states can choose to extend Medicaid coverage to former foster youth who age out in another state, many do not do so. As a result, many former foster youth who move to another state may have trouble finding health coverage.

This amendment clarifies that the intent of the original provision in the Affordable Care Act was to ensure that all former foster youth who were enrolled in Medicaid when they aged out can maintain that coverage until they turn 26.

Offset: To be provided.

NOTE: Amendment sponsor reserves the right to modify the amendment for technical or other purposes.