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

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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 specific ACA questions, such as consumer assistance programs, state agencies, and local organizations that can answer constituents' questions directly. For example, the federal HealthCare.gov website has a consumer telephone hotline for questions on exchange (marketplace) coverage, the Internal Revenue Service (IRS) has individual and employer hotlines for tax-related questions (e.g., about premium tax credits), and the U.S. Department of Labor has a consumer hotline for questions on employer-based coverage. 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 health coverage: the individual mandate, private health insurance, and exchanges, as well as public health care programs, such as Medicaid and the State Children's Health Insurance Program (CHIP), Medicare, Indian health care, and veterans' and military health care. It then lists sources on employer-sponsored coverage, including sources on employer penalties, small businesses, federal workers' health plans, and union health plans. It also provides sources on the ACA's provisions on mental health, public health, workforce, quality, and taxes. Finally, the report lists sources on ACA costs and appropriations, legal issues, the treatment of noncitizens under the ACA, and sources for obtaining the law's full text.

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

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Contacts

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 a few questions that may arise frequently.

Contacts for ACA Assistance

Health plan enrollees may contact insurers directly to verify enrollment or to ask about coverage of particular drugs, medical services, and health care providers. Enrollees can find their health plan's customer service phone number on their insurance card, on the insurer's website, or by calling the HealthCare.gov hotline (1-800-318-2596).

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

> The federal HealthCare.gov website offers a 24/7 consumer hotline (1-800-318-2596). 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 includes navigators, application assisters, certified application counselors, state and local government agencies, and agents and brokers.

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.

Telephone Assistance (Internal Revenue Service)
http://www.irs.gov/uac/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 telephone hotlines to answer questions from individuals and employers.

Consumer Assistance (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.

Congressional Marketplace Hotline (U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services)

A dedicated hotline exclusively for Members of Congress and congressional staff with questions about ACA implementation and exchanges: 202-690-8004, MarketplaceHillQuestions@cms.hhs.gov. Hours of operation: 9 a.m.-6 p.m. EST, Monday through Friday.

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

This CRS report lists congressional liaison offices at federal agencies, including those that work on ACA issues, such as the IRS, the Department of Labor, and the Congressional Budget Office. Congressional liaison offices can answer questions from Members of Congress and congressional staff; they usually do not assist constituents directly.

CRS reports on ACA are at CRS.gov: *Issues Before Congress: Health Care Reform*.

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

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

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

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

Explanations of ACA tax provisions for consumers, including provisions on premium tax credits, the individual mandate (sometimes called the "individual shared responsibility" provision), and other tax provisions. FAQs are at http://www.irs.gov/uac/Newsroom/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)
http://marketplace.cms.gov/technical-assistance-resources/c2c.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.

The Individual Mandate

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

Basic background on the individual mandate, the requirement that most individuals have minimum essential health coverage or else pay a tax penalty. Describes what counts as minimum essential coverage, who is subject to the mandate, and how the mandate is enforced.

CRS Report R41331, *Individual Mandate Under ACA*

An excerpt from the report appears below:

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

Fees and Exemptions (U.S. Department of Health and Human Services, HealthCare.gov)
https://www.healthcare.gov/fees-exemptions/

Details on the individual mandate penalty. Lists examples of circumstances that could warrant an individual mandate exemption. Links to application forms for exemptions based on coverage being unaffordable; certain hardship, tribal, incarceration, and religious exemptions; and exemptions based on membership in a health care sharing ministry.

Private Health Insurance

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

According to the report, the ACA

> includes provisions that restructure the private health insurance market by (1) implementing market reforms that impose requirements on private health insurance plans and sponsors of

health insurance (e.g., employers); (2) creating marketplaces, "exchanges," where individuals can shop for and purchase health plans that meet or exceed federal standards; (3) providing financial assistance to qualified individuals who purchase health plans through an exchange; (4) establishing an individual mandate that requires most individuals to either maintain health insurance coverage or pay a penalty; and (5) assessing penalties on certain employers that either do not provide health insurance or provide health insurance that is "unaffordable" or does not provide "minimum value."

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

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

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

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

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. This page provides information for stakeholders, including state officials, health insurance companies, and consumers.

Young Adults and the Affordable Care Act: Protecting Young Adults and Eliminating Burdens on Businesses and Families (Employee Benefits Security Administration)
http://www.dol.gov/ebsa/faqs/faq-dependentcoverage.html

Questions and answers on the ACA'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.

CRS Insights: CRS Report IN10128, *From Initial Rate Filings to Final Premiums: Peering into the Black Box* (August 7, 2014, archived)

Brief overview of the process that insurers and regulators use to develop, review, and finalize premiums.

ACA Title I Provisions to be Implemented or Terminated in 2015 (CRS Memorandum, November 17, 2014, available to congressional staff upon request)

According to the memorandum,

> one of the core objectives of the Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended) is to expand health insurance coverage. Many of the coverage expansion provisions emphasize increasing access to private health insurance (Title I of ACA)… This memorandum provides a broad overview of Title I provisions that either will be implemented or terminated sometime in 2015.

Exchanges and Subsidies

Get Coverage (U.S. Department of Health and Human Services, Healthcare.gov)
https://www.healthcare.gov/get-coverage-topic/

> Under the ACA, exchanges (sometimes called marketplaces) have been established to provide eligible individuals with access to private health insurance plans. The 2015 open season for exchange coverage is from November 15, 2014, to February 15, 2015. For coverage that starts January 1, 2015, the enrollment deadline is December 15, 2014. This website has plain-language information about the exchanges. For a briefer overview, see "A one-page guide to the Health Insurance Marketplace," https://www.healthcare.gov/quick-guide/. For information about the exchange in your state, choose your state from the pull-down menu at https://www.healthcare.gov/get-coverage/.

Using Your Marketplace Health Coverage (U.S. Department of Health and Human Services, Healthcare.gov)
https://www.healthcare.gov/using-marketplace-coverage/

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

Keep or Change Your Plan (U.S. Department of Health and Human Services, Healthcare.gov)
https://www.healthcare.gov/keep-change-plan-topic/

> For persons with 2014 exchange coverage, information on how to renew or change plans for 2015. The website describes automatic re-enrollment for persons who want to keep their current plan and whose income and household size have not changed. However, such consumers might still consider reviewing their marketplace plan choices for 2015. For example, the lowest-cost plans in 2014 might not be the same in 2015. This could affect how much consumers pay, especially if they receive premium tax credits (which are based on the price of the second-lowest-cost silver plan in the consumer's local area).

Browse coverage options (U.S. Department of Health and Human Services, Healthcare.gov)
https://www.healthcare.gov/see-plans/

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

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

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

Getting Lower Costs (U.S. Department of Health and Human Services, Healthcare.gov)
https://www.healthcare.gov/lower-costs/

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

The Premium Tax Credit (Internal Revenue Service)
http://www.irs.gov/uac/The-Premium-Tax-Credit

Basic background on premium credits. FAQs are at *Questions and Answers on the Premium Tax Credit* (http://www.irs.gov/uac/Newsroom/Questions-and-Answers-on-the-Premium-Tax-Credit).

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.

The Affordable Care Act Research Briefs (U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation)
http://aspe.hhs.gov/health/reports/2012/ACA-Research/index.cfm

Includes monthly enrollment reports from the 2014 open season for ACA health insurance exchanges, and enrollment estimates for the 2015 open season.

Recent Blogs (U.S. Department of Health and Human Services, HHS.gov/HealthCare)
http://www.hhs.gov/healthcare/facts/blog/index.html

During open season, includes weekly enrollment estimates for federally facilitated exchanges. These estimates are preliminary.

CRS Report R43484, *Summary Cost Data for Federally-Facilitated Exchanges, 2014*

CRS created a fact sheet for each of the 34 federally facilitated exchanges, summarizing the range of costs and options for individual and family plans in each exchange. This summary document links to the fact sheets.

Getting health coverage outside Open Enrollment (U.S. Department of Health and Human Services, Healthcare.gov)
https://www.healthcare.gov/how-can-i-get-coverage-outside-of-open-enrollment/

This document lists examples of "qualifying life events" that could make individuals eligible for "special enrollment periods" outside of open season. (Examples of qualifying life events

include income changes, marriage, birth, adoption, moving to a new area, and losing other health coverage.) The 2015 open season is from November 15, 2014, to February 15, 2015. Individuals can apply for Medicaid or State Children's Health Insurance Program (CHIP) coverage any time.

Tips for resetting your password and unlocking your account (U.S. Department of Health and Human Services, Healthcare.gov)
https://www.healthcare.gov/blog/tips-for-resetting-your-password-and-unlocking-your-account/

Advice for HealthCare.gov users who have problems accessing their accounts.

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

FAQs on the selection of vendors for HealthCare.gov and potential reforms in response to HealthCare.gov's problematic debut in 2013.

Medicaid and the State Children's Health Insurance Program

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

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

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

Medicaid and CHIP (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 Report R43564, *The ACA Medicaid Expansion*

An excerpt from the report appears below:

> Historically, Medicaid eligibility has generally been limited to certain low-income children, pregnant women, parents of dependent children, the elderly, and individuals with disabilities; however, as of January 1, 2014, states have the option to extend Medicaid coverage to most nonelderly, low-income individuals.

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

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.

Frequently Asked Questions: Affordable Care Act (Centers for Medicare and Medicaid Services, Medicaid.gov)
https://questions.medicaid.gov/faq.php?id=5010&rtopic=2040

For state officials and stakeholders, these sources address questions on the ACA, Medicaid, and CHIP.

Medicare

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

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 Health Insurance Marketplace (Centers for Medicare and Medicaid Services)
http://medicare.gov/Pubs/pdf/11694.pdf

Consumer FAQs about the relationship between Medicare and the ACA exchanges (marketplaces). Questions include "Can I get a Marketplace plan in addition to Medicare?" and "What if I become eligible for Medicare after I join a Marketplace plan?"

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

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

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.

CRS Report R41511, *The Independent Payment Advisory Board*

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

Indian Health Care

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

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

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

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

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

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

Veterans and Military Health Care

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

> FAQs on how the ACA affects the veterans and military health care systems.

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

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

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

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

Employer-Sponsored Coverage

People with coverage through a job (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.

Affordable Care Act (U.S. Department of Labor, Employee Benefits Security Administration)
http://www.dol.gov/ebsa/healthreform/

Information on ACA implementation for employers and employees who receive health coverage through their jobs. This page has information on grandfathered plans, waiting periods, and other topics for employer-sponsored health coverage. Resources for employees are also at *Consumer Information on the Affordable Care Act* http://www.dol.gov/ebsa/healthreform/consumer.html.

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

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

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

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

Employer Penalties

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

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

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

ACA's "shared responsibility" provision imposes penalties on certain large employers (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. This report describes which employers are subject to the provision and describes penalty calculations.

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

Includes analysis of ACA employer penalties.

CRS In Focus: CRS Report IF00064, *Proposals to Change the Affordable Care Act's (ACA's) Definition of "Full Time"*

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

Small Businesses

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

Articles explain ACA provisions for small businesses.

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

According to the report,

> 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.

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

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

CRS Report R41158, *Summary of the Small Business Health Insurance Tax Credit Under ACA*

Under the ACA, the small business tax credit is available to qualifying for-profit and nonprofit employers with fewer than 25 full-time equivalent employees with average annual wages that fall under a statutorily specified cap. To qualify for the credit, employers must cover at least 50% of the cost of each of their employees' self-only health insurance coverage.

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

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

Federal Employee Health Benefits Program

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

Includes information about 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/

Includes ACA resources and FAQs on FEHBP.

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

FAQs on how the ACA expands eligibility for tribal employees under FEHBP.

Changes to Federal Benefits Eligibility Due to Health Reform: Frequently Asked Questions (FAQs) (U.S. Office of Personnel Management)
http://www.opm.gov/healthcare-insurance/special-initiatives/health-care-reform/

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

Members of Congress and Congressional Staff

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

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

I am an employee in the official office of a Member of Congress. How do I enroll in DC Health Link? (DC Health Link)
https://dchealthlink.com/node/1638

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). The web page notes that questions can also be answered by the U.S. Senate Benefits Section (202-224-1093) and the House of Representatives Office of Payroll and Benefits (202-225-1435). The Open Enrollment period for 2015 coverage was November 10, 2014, to December 8, 2014.

Union Health Plans

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

According to the memorandum,

> Unions and multiemployer plan representatives have expressed an interest in allowing union members and multiemployer plans to participate in the health insurance exchanges established by the Patient Protection and Affordable Care Act (ACA, P.L. 111-148), as amended. In light of this interest, this memorandum provides background information about multiemployer plans, ACA, and another relevant federal statute, the Taft-Hartley Act. The analysis considers two related scenarios: (1) an individual who is eligible for a multiemployer health plan applying for a premium tax credit; and (2) a multiemployer health plan being offered in a health insurance exchange.

Mental Health

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

An excerpt from the report appears below:

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

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

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

Health Insurance and Mental Health Services (U.S. Department of Health and Human Services, MentalHealth.gov)
http://www.mentalhealth.gov/get-help/health-insurance/index.html

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

Public Health, Workforce, Quality, and Related Provisions

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

> Detailed section-by-section summary of 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.

Tax Provisions

Affordable Care Act (ACA) Tax Provisions (Internal Revenue Service)
http://www.irs.gov/uac/Affordable-Care-Act-Tax-Provisions-Home

> Briefly summarizes the ACA's tax provisions. Sources are tailored for three categories: individuals and families, employers, and other organizations. For a more comprehensive list, click "List of Tax Provisions" in the left navigation bar; for many provisions, there are links to "Questions and Answers."

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

> Summarizes the ACA's revenue (tax) provisions.

Draft Tax Forms (Internal Revenue Service)
http://IRS.gov/draftforms

> The IRS has posted several early release *draft* tax forms and instructions relevant to the ACA. The IRS provides draft forms for informational purposes "as a courtesy"; constituents should not actually file draft forms. Final forms will be released at http://IRS.gov/downloadforms. Form 8965 is for reporting a coverage exemption from the individual mandate granted by an exchange and applying for an individual mandate exemption. Form 8962 is for reconciling advance premium tax credits received with the premium tax credits actually due.

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

> Since January 1, 2013, manufacturers and importers of medical devices have been subject to an excise tax equal to 2.3% of the manufacturer's price. This report gives an overview of the tax: its legislative origins, its revenue effects, arguments for and against the tax, and its economic effects.

Cost Estimates and Spending

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

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

According to the report,

> The Patient Protection and Affordable Care Act (Affordable Care Act, or ACA) reauthorized funding for numerous existing discretionary grant programs administered by the Department of Health and Human Services (HHS). The ACA also created many new discretionary grant programs and provided for each an authorization of appropriations. Generally, the law authorized (or reauthorized) appropriations through FY2014 or FY2015. This report summarizes all the discretionary spending provisions in the ACA.

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

Summarizes the ACA's mandatory appropriations.

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

Includes a section on "How ACA Implementation Affects Federal Spending." Appendix C summarizes ACA provisions in recent appropriations bills.

CRS Insights: CRS Report IN10185, *Congress Faces Calls to Address Expiring ACA Appropriations* (November 25, 2014)

Brief overview of selected expiring ACA appropriations, including funds for health centers and the National Health Service Corps.

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

Database of U.S. Department of Health and Human Services ACA grant awards, searchable by geographic location, grant program name, grantee name, and keyword. The database does not include existing programs that received ACA funding in addition to their regular funding. The database includes grants only, not other types of assistance such as contracts. Some database dollar amounts are negative; these represent downward adjustments to previous awards due to cost revisions, corrections, or award cancellations.

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

Table 1 details ACA exchange funding to states.

National Health Expenditure Projections 2013-2023 (Centers for Medicare and Medicaid Services, Office of the Actuary, 2014)
http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/Proj2013.pdf

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

Legal Issues

CRS Legal Sidebar: Health and Medicine
http://www.crs.gov/LegalSidebar/Default.aspx?CatId=52

CRS analysis of health-related legal issues. Includes analysis of ACA-related court cases.

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/Default.aspx?CatId=Freedom%20of%20Religion.

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 authorized by H.Res. 676.

Noncitizens

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

Discusses the treatment of noncitizens with respect to the individual mandate, eligibility for exchange coverage and subsidies, and Medicaid eligibility. Also discusses the verification of alien status under the ACA.

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.

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

> 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. This compilation is unofficial. It is updated periodically. As of this writing, the compilation is current through P.L. 113-128, enacted July 22, 2014.

P.L. 111-148, Patient Protection and Affordable Care Act (Government Printing Office, March 23, 2010, 124 Stat. 119)
http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf

> Unlike the unofficial compilation above, this is the official publication of the ACA as it passed on March 23, 2010. However, this does not reflect current law, as 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 Printing Office)
http://govbooktalk.gpo.gov/2013/09/24/everything-you-should-know-about-the-health-care-law/

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

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