

# **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) had 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 ACA. It 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.

This 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. It also lists sources for congressional staff to contact federal agencies with ACA questions.

The report then provides basic consumer sources, including a glossary of health coverage terms and sources for obtaining the law's full text. 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, 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 the ACA, ACA agency audits and investigations, cost estimates and spending, insurance coverage statistics, and legal and regulatory issues.

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 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 (TTY: 1-855-889-4325).<sup>1</sup>

*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/>

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 (TTY: 1-855-889-4325). 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>

<sup>1</sup> A teletypewriter (TTY) is a communication device used by persons who are deaf, hard-of-hearing, or have severe speech impairments, according to "TTY," *Glossary* (U.S. Department of Health and Human Services, HealthCare.gov), at <https://www.healthcare.gov/glossary/tty/>.

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/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

*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](mailto:MarketplaceHillQuestions@cms.hhs.gov).

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 answer 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](http://www.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," and "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. 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.

*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, 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, immigrants, 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>

Explains 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 <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: Roadmap Step Booklets* (Centers for Medicare and Medicaid Services)  
<https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/c2c/do-not-publish-roadmap-step-booklets.html>

Consumer *Roadmap* booklets on 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 R45244, *Legislative Actions to Modify the Affordable Care Act in the 111th-115th Congresses*

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, dialysis facilities, long-term care hospitals, inpatient rehabilitation facilities, and hospice agencies. 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.

*Toll-Free Numbers for Health Information* (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion)  
<https://health.gov/nhic/pubs/tollfreenumbers>

A directory of federal and nonfederal information hotlines for consumers.

## 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 ACA 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. 115-123, enacted February 9, 2018.

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 enacted 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)?”

## The Individual Mandate

See also “Tax Statistics”

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

Basic background and state-level statistics on the individual mandate, the requirement that most individuals have minimum essential health coverage or else pay a tax penalty. The report also discusses how the Tax Cuts and Jobs Act (P.L. 115-97) effectively eliminated the individual mandate penalty beginning in 2019.

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

<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.

*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.



*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.

*Health coverage exemptions, forms & how to apply* (U.S. Department of Health and Human Services, HealthCare.gov)  
<https://www.healthcare.gov/health-coverage-exemptions/forms-how-to-apply/>

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

*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.

## Private Health Insurance

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

### Overviews

CRS Report R45146, *Federal Requirements on Private Health Insurance Plans*

Table 1 shows which federal requirements apply to which health plans, depending on whether they are sold in the large group, small group, or individual market; and whether plans are fully insured or self-insured. Table A-1 compares requirements pre-ACA and under current law.

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.

CRS Insight IN10969, *Consumer Protections in Private Health Insurance for Individuals with Preexisting Health Conditions*

A brief overview of preexisting condition protections, pre-ACA and under current law.

*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 preexisting 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.

## Essential Health Benefits

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

Two-pager gives brief background and infographics on EHB.

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

Describes EHB, interstate and intrastate variations in EHB coverage, the applicability of EHB requirements to health plans, and how other ACA provisions apply to EHB.

## Risk Mitigation

CRS In Focus IF10994, *Risk Adjustment in the Private Health Insurance Market*

Two-page overview of the concept of risk mitigation and the ACA's risk adjustment program.

CRS Report R45334, *The Patient Protection and Affordable Care Act's (ACA's) Risk Adjustment Program: Frequently Asked Questions*

Summarizes the concepts of risk and risk mitigation in health insurance. Describes the mechanics of the ACA's risk adjustment program and how the risk adjustment program works in practice.

CRS In Focus IF10707, *Reinsurance in Health Insurance*

Reinsurance is also known as insurance for insurers. Two-page overview of insurance risk, reinsurance funding and payment structures, federal reinsurance programs, and reinsurance funds' potential impact on premiums.

CRS Report R44690, *The Patient Protection and Affordable Care Act's (ACA's) Transitional Reinsurance Program*

The ACA's temporary (2014-2016) transitional reinsurance program was designed to pay individual market health plans that enrolled high-cost enrollees. This report also summarizes the ACA's other risk mitigation programs: the permanent risk adjustment program and the temporary (2014-2016) risk corridors program.

## Statistics

See also "Statistics on Insurance Coverage" and "Exchange Statistics"

*Trends in Subsidized and Unsubsidized Individual Health Insurance Market Enrollment* (Centers for Medicare & Medicaid Services, July 2, 2018)

<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2018-07-02-Trends-Report-2.pdf>

Includes state-level data on enrollment in the individual (nongroup) market.

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 nongroup (individual) insurance coverage, including statistics on ACA exchange coverage. It 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 plans. 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/>.
- To find a specific state’s exchange, use the pull-down menu at <https://www.healthcare.gov/get-coverage/>. Open Enrollment periods differ by state.
- In HealthCare.gov states, the Open Enrollment period for 2019 coverage runs from Thursday, November 1, 2018, to Saturday, December 15, 2018, <https://www.healthcare.gov/quick-guide/dates-and-deadlines/>.

*Still need 2018 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 enrollment periods. (Examples of qualifying life events include income changes, marriage, birth, adoption, moving to a new county, and losing other health coverage.) The 2018 open season ended December 15, 2017. Individuals can apply for Medicaid or State Children’s Health Insurance Program (CHIP) coverage any time.

*2018 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*

Summarizes individual and Small Business Health Options Program (SHOP) exchanges. Discusses eligibility, enrollment, enrollment assistance, financial assistance, the plans offered through exchanges, and exchange funding.

## Subsidies

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

Describes premium tax credits: who is eligible to receive them, how amounts are calculated, and data on recipients and payments. The report also describes cost-sharing subsidies (also known as cost-sharing reductions or CSRs) and the termination of CSR payments starting October 2017.

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

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

This 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-the-basics-0>

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 (for example, an offer of job-based coverage), and household members (for example, 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 Statistics

### Insurer Participation

*Health Plan Choice and Premiums in the 2018 Federal Health Insurance Exchange* (U.S.

Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, October 30, 2017)

<https://aspe.hhs.gov/pdf-report/health-plan-choice-and-premiums-2018-federal-health-insurance-exchange>

For HealthCare.gov states, includes state and selected county trend data on the number of insurers participating in ACA exchanges.

### Enrollment and Premium Statistics

*Early 2018 Effectuated Enrollment Snapshot* (Centers for Medicare & Medicaid Services, July 2, 2018)

<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2018-07-02-Trends-Report-1.pdf>

State-level data on the 10.6 million individuals nationwide who had effectuated their coverage for February 2018, meaning they have selected a plan and have submitted the first premium payment for a plan.

*Health Insurance Exchanges 2018 Open Enrollment Period: Final Report* (Centers for Medicare & Medicaid Services, April 3, 2018)

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2018-Fact-sheets-items/2018-04-03.html>

These data represent preeffectuated 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, advance premium tax credit (APTC) subsidies, cost-sharing reduction (CSR) subsidies, and enrollee demographics. For HealthCare.gov states, the spreadsheets have county and zip code data, at [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2018\\_Open\\_Enrollment.html](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2018_Open_Enrollment.html).

Similar data for the 2015-2017 open enrollment periods are linked from the left navigation bar at [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2018\\_Open\\_Enrollment.html](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2018_Open_Enrollment.html).

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

Summarizes 2014-2017 statistics on ACA exchange coverage.

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

<https://aspe.hhs.gov/health-coverage-research>

ACA-related research published during President Trump's Administration (that is, since January 20, 2017), including the following analysis of premiums:

- *Health Plan Choice and Premiums in the 2018 Federal Health Insurance Exchange* (October 30, 2017), <https://aspe.hhs.gov/pdf-report/health-plan-choice-and-premiums-2018-federal-health-insurance-exchange>.
- *Individual Market Premium Changes: 2013-2017* (May 23, 2017), <https://aspe.hhs.gov/pdf-report/individual-market-premium-changes-2013-2017>. Compares premiums in individual market plans purchased in 2013 to premiums in ACA exchange plans purchased in 2017. The data do not take into account premium subsidies in the exchanges. Many of ACA's private health insurance provisions took effect in 2014 (for example, inclusion of the essential health benefits), which makes comparing premiums before and after the ACA difficult given the products offered in the two time frames are vastly different.

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

<https://aspe.hhs.gov/historical-research>

ACA-related research published during President Obama's Administration (that is, before January 20, 2017). State-level statistics on preeffectuated enrollment, premiums, and advance premium tax credits.

Analyses of enrollment in the exchanges:

- *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>



- *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>
- *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>

Analyses of premiums for plans offered in the exchanges:

- *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>
- *Health Plan Choice and Premiums in the 2016 Health Insurance Marketplace* (October 2015) <https://aspe.hhs.gov/pdf-report/health-plan-choice-and-premiums-2016-health-insurance-marketplace>
- *Health Plan Choice and Premiums in the 2015 Health Insurance Marketplace* (December 2014) <https://aspe.hhs.gov/pdf-report/health-plan-choice-and-premiums-2015-health-insurance-marketplace>
- *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 2017 Average Effectuated Enrollment Report* (Centers for Medicare & Medicaid Services, December 13, 2017)  
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-12-13-2.html>

National and state data on the number of consumers with effectuated exchange (marketplace) coverage through June 2017, meaning they selected a plan and submitted the first premium payment for a plan.

*2017 Effectuated Enrollment Snapshot* (Centers for Medicare & Medicaid Services, June 12, 2017)  
<https://downloads.cms.gov/files/effectuated-enrollment-snapshot-report-06-12-17.pdf>

State-level data on the 10.3 million individuals nationwide who had effectuated their coverage for February 2017, meaning they selected a plan and submitted the first premium payment for a plan.

*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)

Quarterly data from December 2014 to March 2016. State-level tables on the number of consumers with effectuated exchange (marketplace) coverage, meaning they selected a plan and submitted the first premium payment for a plan.

*The Health Insurance Exchanges Trends Report: High Premiums and Disruptions in Coverage Lead to Decreased Enrollment in the Health Insurance Exchanges* (Centers for Medicare &

Medicaid Services, June 12, 2017)

<https://downloads.cms.gov/files/cost-disruptions-trends-report-06-12-17.pdf>

Analyzes survey data from consumers who terminated or cancelled exchange coverage.

## Statistics for HealthCare.gov States

*Data on 2019 Individual Health Insurance Market Conditions* (Centers for Medicare & Medicaid Services, October 11, 2018)

<https://www.cms.gov/newsroom/fact-sheets/data-2019-individual-health-insurance-market-conditions>

Summarizes data on premium trends and insurer participation. For HealthCare.gov states, a table shows 2016-2019 average monthly premiums for the second-lowest cost silver plan and lowest cost plan. The premiums are for a 27-year-old single nonsmoker:

[https://www.cms.gov/sites/drupal/files/2018-10/10-11-18%20Average%20Monthly%20Premiums%20for%20SLCSP%20and%20LCP%202016-2019\\_0.pdf](https://www.cms.gov/sites/drupal/files/2018-10/10-11-18%20Average%20Monthly%20Premiums%20for%20SLCSP%20and%20LCP%202016-2019_0.pdf).

*The Exchanges Trends Report* (Centers for Medicare & Medicaid Services, July 2, 2018)

<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2018-07-02-Trends-Report-3.pdf>

Data on call center satisfaction, reasons why uninsured consumers decided not to purchase a health plan, agent and broker participation, and use of Special Enrollment Periods.

*Health Plan Choice and Premiums in the 2018 Federal Health Insurance Exchange* (U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, October 30, 2017)

<https://aspe.hhs.gov/pdf-report/health-plan-choice-and-premiums-2018-federal-health-insurance-exchange>

For HealthCare.gov states, this report has data on issuer participation, plan options, average premiums, and estimates of subsidies. Some of the data are also available for selected counties.

*2018 Marketplace Open Enrollment Period Public Use Files* (Centers for Medicare & Medicaid Services)

[https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2018\\_Open\\_Enrollment.html](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2018_Open_Enrollment.html)

For HealthCare.gov states, these spreadsheets have state and county data for the open enrollment period for 2018 coverage. These data represent preeffectuated enrollment, in which individuals have selected a plan, but may not have paid their premium. State- and county-level data show exchange enrollment, premiums, subsidies, and enrollee demographics. Zip code-level spreadsheets show enrollment and APTC data. Selected data for 2015-2017 open enrollment periods are linked from the left navigation bar.

*Race, Ethnicity, and Language Preference in the Health Insurance Marketplaces 2017 Open Enrollment Period* (Centers for Medicare & Medicaid Services, April 2017)

<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Data-Highlight-Race-Ethnicity-and-Language-Preference-Marketplace.pdf>

National and state data on adult HealthCare.gov enrollees by race, ethnicity, and preferred spoken and written language. Includes subgroup data for Hispanics/Latinos, Asians, and Native Hawaiians or Other Pacific Islanders (NHOPI).



*Health Insurance Marketplace Cost Sharing Reduction Subsidies by Zip Code and County 2016* (U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation)

<https://aspe.hhs.gov/health-insurance-marketplace-cost-sharing-reduction-subsidies-zip-code-and-county-2016>

Spreadsheet with county and zip code (but not state) data on the number of consumers with cost-sharing reduction (CSR) subsidies, and the average advanced CSR payment by CSR actuarial value (“AV”). Actuarial value is a measure of a plan’s generosity, the estimated insurer’s share of medical expenses for a standard population and a set of allowed charges. For example, consumers with CSR AV 94% would expect to pay, on average, an estimated 6% of their medical expenses out-of-pocket. Consumers may qualify for particular CSR AV levels depending on their income. Some spreadsheet data are suppressed for privacy. For background on CSRs and actuarial value, see CRS Report R44425, *Health Insurance Premium Tax Credits and Cost-Sharing Subsidies*.

## 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.

*Affordable Care Act—Information for Workers and Families* (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 preexisting 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/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa>

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 R43922, *Federal Employees Health Benefits (FEHB) Program: An Overview*

Includes a section on “Impact of the Affordable Care Act.”

*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-d3b9-4fc7-9416-431e535f933a>

*Who can use DC Health Link?* (DC Health Link)  
<https://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).

## 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 R44065, *Overview of Health Insurance Exchanges*

Describes Small Business Health Options Program (SHOP) exchanges.

*What's new in SHOP for 2018* (U.S. Department of Health and Human Services, HealthCare.gov)

<https://www.healthcare.gov/small-businesses/provide-shop-coverage/whats-new-2018-shop/>

Describes changes to SHOP enrollment procedures that became effective January 1, 2018.

*Get insurance for your business* (U.S. Department of Health and Human Services, 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.

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.

*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. This page describes eligibility and how to claim the credit.

## 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, or call 1-877-KIDS-NOW (1-877-543-7669)  
<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.

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. This 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.

*2017 Actuarial Report on the Financial Outlook for Medicaid* (CMS Office of the Actuary, 2018)

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/Downloads/MedicaidReport2017.pdf>

Includes national estimates of ACA Medicaid expansion enrollment and per-person expenditures. See the “Expansion adults” column in “Table 16—Past and Projected Numbers of Medicaid Enrollees, by Category, Fiscal Years 2000–2026” and “Table 22—Past and Projected Medicaid Expenditures on Medical Assistance Payments Per Enrollee, by Enrollment Category, Fiscal Years 2000–2026” (pp. 53 and 68); and “Impacts of the Medicaid Eligibility Expansion” (p. 19). Note that these figures do not include ACA expansion adults who were “not newly eligible.” Some states had expanded their Medicaid eligibility to certain expansion adults prior to 2014; in those cases, some of the expansion adults are considered “not newly eligible.”

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

<https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/enrollment-mbes/index.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). Nationally in FY2016, expenditures for individuals in the ACA Medicaid expansion (the “VIII Group”) totaled \$82.262 billion, including \$77.999 billion in federal dollars and \$4.263 billion in state dollars. For FY2016 annual data by state, click “FY 2016 Medicaid Financial Management Data – By State.” Within that spreadsheet, for each state, the service category “Total VIII Group” shows expenditures for individuals in the ACA Medicaid expansion. On the right of the spreadsheet, in the “Find in this Dataset” searchbox, type *VIII*. Total expenditures are in the “Total Computable” column. Federal expenditures are in the “Federal Share” column. State expenditures are in the “State Share” column.

*Medicaid and CHIP Enrollment Data Highlights* (Centers for Medicare and Medicaid Services, Medicaid.gov)

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

National and state data on the net change in Medicaid and CHIP enrollment since 2013. Medicaid and CHIP enrollment was likely affected by several ACA coverage provisions that became effective January 2014 (for example, 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.medicaid.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.

- State Health Insurance Assistance Programs (SHIPs) offer personalized health insurance counseling for Medicare beneficiaries  
<https://www.medicare.gov/contacts/#resources/ships>
- Directory of consumer assistance contacts  
<https://www.medicare.gov/Contacts/>

*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. This 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*

The CRS report, which may be of historical interest, has FAQs on the Independent Payment Advisory Board, which ACA established to develop proposals to “reduce the per capita rate of growth in Medicare spending.” P.L. 115-123, the Bipartisan Budget Act of 2018, repealed the Independent Payment Advisory Board.

*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/womens-guidelines-2016/index.html>

Lists the women’s preventive services that nongrandfathered health plans generally are required to cover without cost sharing.

*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

ACA regulations and guidance require most nongrandfathered health plans to cover contraceptive services without cost-sharing. There are some exemptions and accommodations for religious objections. Interim final rules promulgated in October 2017 would expand exemptions to the contraceptive mandate. Courts have preliminarily enjoined the interim final rules from being implemented.

CRS Legal Sidebar LSB10012, *New Interim Final Rules Expand Options for Employers with Religious or Moral Objections to Contraceptive Coverage*

Analyzes the October 2017 interim final rules that expand the availability of exemptions to the ACA contraceptive coverage requirement.

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

Discusses ACA requirements for coverage of reproductive health services.

CRS Legal Sidebar WSLG1773, *Pending ACA Legal Challenges Remain as Congress Pursues Health Care Reform*

CRS analysis of litigation on contraceptive coverage, among other ACA topics. This archived Legal Sidebar may be of historical interest.

## 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. The report summarizes major IHCIA 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](https://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 IHCIA 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*

The CRS report, which may be of historical interest, summarizes how the ACA's individual mandate, exchanges, exchange subsidies, and Medicaid provisions apply to noncitizens. It also describes the verification of alien status for exchange coverage.

## Behavioral Health

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

<https://www.mentalhealth.gov/get-help/health-insurance>

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.

*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.

*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.

*FAQs About Mental Health and Substance use Disorder Parity Implementation and the 21<sup>st</sup> Century Cures Act Part 38* (The Center for Consumer Information and Insurance Oversight, June 16, 2017)

<https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQ-Part-38.pdf>

Additional FAQs about implementation and disclosure under the MHPAEA, as amended by ACA and the 21<sup>st</sup> Century Cures Act.

## 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. Some of the provisions in this report may have been amended since the report was first published.

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

Overview of the Prevention and Public Health Fund, which was established by ACA. It describes authority, appropriations, funding distributions, and funded activities.

CRS Report R43911, *The Community Health Center Fund: In Brief*

Overview of the Community Health Center Fund, established by ACA. Includes a table of awarded funds by state. The fund supports the federal Health Center Program and the National Health Service Corps.

CRS Insight IN10728, *The Teaching Health Center Graduate Medical Education (THCGME) Program: Increased Funding and Policy Changes in BBA 2018*

Brief summary of the THCGME program, which was established by ACA. This CRS Insight may be of historical interest.

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*

The report provides background information and summarizes selected aspects of implementing regulations.

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

Describes the ACA-established 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.

CRS Report R45183, *Teen Pregnancy: Federal Prevention Programs*

Describes the Personal Responsibility Education Program (PREP), which was established by ACA.

## State Innovation Waivers

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

Describes the waiver program, including which ACA provisions may be waived, the application process, and waiver requirements. Includes a table of states that have applied for waivers.

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

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

Federal guidance and correspondence on state innovation waivers and state waiver applications.

## Taxes

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

## Tax Filing Resources

The 2017 tax return filing deadline was April 17, 2018. The resources below may be helpful for late filers or others seeking general information.

*2017 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 2017 federal income tax returns.

*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 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.

*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.”

*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.

## Contacts for Tax Filing Assistance

The 2017 tax return filing deadline was April 17, 2018. The resources below may be helpful for late filers or others seeking general information.

*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>

Describes tax return preparation programs for persons who make \$54,000 or less, persons with disabilities, limited English speaking taxpayers, and persons aged 60 and older.

*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.

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

<https://www.irs.gov/affordable-care-act>

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

### Tax Statistics

*Results of the 2017 Filing Season* (Treasury Inspector General for Tax Administration, January 31, 2018)

<https://www.treasury.gov/tigta/auditreports/2018reports/201840012fr.pdf>

The section "Implementation of Affordable Care Act Provisions" has statistics on tax returns regarding premium tax credits (PTC), advance premium tax credits (APTC), and the individual mandate (including shared responsibility payments or SRPs).

*SOI [Statistics of Income] Tax Stats – Affordable Care Act (ACA) Statistics* (Internal Revenue Service)

<https://www.irs.gov/uac/soi-tax-stats-affordable-care-act-aca-statistics>

Statistics on ACA tax provisions, including the individual mandate (also called the "Health Care Individual Responsibility Payment"), premium tax credits, excise taxes, and the Small Employer Health Care Tax Credit. See also the *Affordable Care Act (ACA) Statistics Data Reference Guide*, <https://www.irs.gov/pub/irs-soi/17acadatareferences.pdf>.

*SOI [Statistics of Income] Tax Stats—Historic Table 2* (Internal Revenue Service)

<https://www.irs.gov/statistics/soi-tax-stats-historic-table-2>

A map links to state-by-state spreadsheets with 2016 data on the ACA individual mandate (see "Health care individual responsibility payment" in rows 126 and 127).



## 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. P.L. 115-120 (January 22, 2018) extended the moratorium for an additional two years, for 2018 and 2019, <https://www.irs.gov/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. P.L. 115-120 (January 22, 2018) delayed the tax’s effective date for an additional two years, to 2022.

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

The report analyzes Medical Expenditure Panel Survey data to estimate the share of employer plans with premiums that could exceed the Cadillac tax threshold in future years.

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 (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 R45244, *Legislative Actions to Modify the Affordable Care Act in the 111th-115th Congresses*

The report summarizes laws enacted during the 111<sup>th</sup>-115<sup>th</sup> Congresses that repealed or modified ACA provisions. It also summarizes bills passed in the House or Senate during the 111<sup>th</sup>-115<sup>th</sup> Congresses that would have repealed or modified ACA provisions, had they been enacted.

CRS Report R44883, *Comparison of the American Health Care Act (AHCA) and the Better Care Reconciliation Act (BCRA)*

Side-by-side comparison of: (1) current law, (2) the AHCA as passed by the House on May 4, 2017, and (3) the Senate’s BCRA discussion draft as updated July 20, 2017.

CRS Report R44903, *Provisions of Obamacare Repeal Reconciliation Act of 2017 (ORRA)*

Section-by-section summary of ORRA as posted on the Senate Budget Committee website on July 19, 2017. ORRA was largely based on H.R. 3762, Restoring Americans’ Healthcare Freedom Reconciliation Act of 2015, which President Obama vetoed on January 8, 2016.

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

Summarizes the AHCA as passed by the House on May 4, 2017.

H.R. 3762—*To provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016* (Congress.gov)

<https://www.congress.gov/bill/114th-congress/house-bill/3762>

H.R. 3762 in the 114<sup>th</sup> Congress would have amended or repealed several ACA provisions. Congress.gov links to bill and amendment texts, legislative actions, and floor votes. President Obama vetoed the bill on January 8, 2016.

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

The report, which may be of historical interest, summarizes the version of H.R. 3762 that President Obama vetoed on January 8, 2016.

CRS Report R44238, *Potential Policy Implications of the House Reconciliation Bill (H.R. 3762)*

The report, which may be of historical interest, summarizes the version of H.R. 3762, the Restoring Americans' Healthcare Freedom Reconciliation Act of 2015, that passed the House on October 23, 2015.

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.

*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

*Oversight.gov* (Council of the Inspectors General on Integrity and Efficiency)

<https://oversight.gov/>

A database of recent public reports from federal Inspectors General (IGs). IGs investigate waste, fraud, and abuse in their agencies' programs and operations. One may search the database for terms such as "Affordable Care Act": [https://www.oversight.gov/reports?search\\_api\\_views\\_fulltext=%22affordable%20care%20act%22](https://www.oversight.gov/reports?search_api_views_fulltext=%22affordable%20care%20act%22)

*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, <https://www.gao.gov/search?q=%22affordable+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."

## 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 R45244, *Legislative Actions to Modify the Affordable Care Act in the 111th-115th Congresses*

Discusses 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.

CRS In Focus IF10830, *U.S. Health Care Coverage and Spending*

Two-page overview of national health expenditures and health coverage.

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

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

Estimates of total health care spending in the United States, with breakdowns by service type and source of funds.

*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.

CRS Report R44832, *Frequently Asked Questions About Prescription Drug Pricing and Policy*

Discusses ACA’s impact on drug coverage and spending.

## Statistics on Insurance Coverage

See also “Exchange Statistics” and “Statistics.”

### Census Bureau Statistics

*Health Insurance* (U.S. Census Bureau)

<https://www.census.gov/topics/health/health-insurance.html>

Census Bureau reports and tables on health coverage.

*Health Insurance Coverage in the United States: 2017* (U.S. Census Bureau, September 12, 2018)

<https://www.census.gov/library/publications/2018/demo/p60-264.html>

National and state health insurance coverage statistics for 2017, and information on how coverage rates have changed since 2013. Scroll down for detailed tables, including state tables.

*Percent without health insurance coverage – United States – Congressional District by State; and for Puerto Rico; Universe: Civilian noninstitutionalized population. 2017 American Community Survey 1-Year Estimates* (U.S. Census Bureau)

[https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17\\_1YR/GCT2701.US04PR](https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17_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 2017 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. Under “Advanced Search,” click “Show me all.” Under “Topic or table name,” type *Health Insurance*, then click “Go.”

On the left, click “Geographies” to specify a state, congressional district, or other place.

*Small Area Health Insurance Estimates (SAHIE) Program: Health Insurance Interactive Data Tool* (U.S. Census Bureau)

<https://www.census.gov/data-tools/demo/sahie/index.html>

SAHIE produces model-based estimates of health insurance coverage for counties and states. This is an interactive tool for showing uninsured rate trends. On the left, one can filter by state, county, age group, race, sex, and income.

## 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 the following:

- National and regional data for January-March 2018 are in *Health Insurance Coverage: Estimates From the National Health Interview Survey, January–March 2018* (August 2018), <https://www.cdc.gov/nchs/data/nhis/earlyrelease/Insur201808.pdf>
- National, regional, and selected state data for 2017 are in *Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, 2017* (May 2018), <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201805.pdf>
- National, regional, and selected state data for 2016 are in *Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, 2016* (May 2017), <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201705.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/health\\_insurance/TrendHealthInsurance1968\\_2016.pdf](https://www.cdc.gov/nchs/data/nhis/health_insurance/TrendHealthInsurance1968_2016.pdf)

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

<https://aspe.hhs.gov/health-coverage-research>

Health coverage research published during President Trump’s Administration (that is, since January 20, 2017).

*Historical Research* (U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation)  
<https://aspe.hhs.gov/historical-research>

Research on ACA's impacts, including on insurance coverage, published during President Obama's Administration (that is, before January 20, 2017). 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 private-sector employer survey data on employer-sponsored insurance; for example,

- *Results from the 2017 MEPS-IC Private-Sector National Tables*, [https://meps.ahrq.gov/data\\_files/publications/st513/stat513.pdf](https://meps.ahrq.gov/data_files/publications/st513/stat513.pdf);
- *Results from the 2016 MEPS-IC Private-Sector National Tables*, [https://meps.ahrq.gov/data\\_files/publications/st503/stat503.pdf](https://meps.ahrq.gov/data_files/publications/st503/stat503.pdf);
- *2017: Tables of Private-Sector Data by Firm Size and State*, <https://go.usa.gov/xUNb6>;
- *2017: Tables of Private-Sector Data by Firm Size, Industry Group, Ownership, Age of Firm, and Other Characteristics*, <https://go.usa.gov/xPbT3>; and
- *MEPS Insurance Component Chartbook 2017*, [https://meps.ahrq.gov/data\\_files/publications/cb22/cb22.pdf](https://meps.ahrq.gov/data_files/publications/cb22/cb22.pdf).

## Legal and Regulatory Issues

See also “Women’s Health Care.”

CRS Legal Sidebar LSB10119, *UPDATED: Déjà Vu All Over Again: States Renew Constitutional Challenge to the ACA’s Individual Mandate*

CRS analysis of the lawsuit *Texas v. United States*.

CRS Legal Sidebar WSLG1773, *Pending ACA Legal Challenges Remain as Congress Pursues Health Care Reform*

CRS analysis of litigation on cost-sharing reduction subsidies, risk corridors, and contraceptive coverage. This archived Legal Sidebar may be of historical interest.

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

CRS analysis of President Trump’s January 20, 2017, executive order, “Minimizing the Economic Burden of the Patient Protection and Affordable Care Act Pending Repeal.”

*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. For example,

- “Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2019,” Final Rule, April 17, 2018, <https://www.federalregister.gov/d/2018-07355>;

- “Short-Term, Limited-Duration Insurance,” Final Rule, August 3, 2018, <https://www.federalregister.gov/d/2018-16568>;
- “Promoting Healthcare Choice and Competition Across the United States,” Executive Order 13813 of October 12, 2017, at <https://www.federalregister.gov/d/2017-22677>;
- “Patient Protection and Affordable Care Act; Market Stabilization,” Final Rule, April 18, 2017, at <https://www.federalregister.gov/d/2017-07712>; and
- “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 R43474, *Implementing the Affordable Care Act: Delays, Extensions, and Other Administrative Actions Taken by the Obama Administration*

The report, which may be of historical interest, summarizes selected administrative actions to address ACA implementation and discusses the congressional lawsuit *U.S. House of Representatives v. Burwell*.

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