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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, followed by sources on ACA's tax provisions. 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, and federal workers' health plans. It also provides sources on the ACA's provisions on mental health, women's health, public health, workforce, and quality. Finally, the report lists sources on ACA agency audits and investigations, costs and appropriations, insurance coverage statistics, 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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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

### Contacts for Constituents

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 also includes insurance 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.

*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.

*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 a Healthcare Hotline for ACA questions (800-919-0452) and other telephone hotlines to answer questions from individuals and employers.

## Contacts 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*

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](http://www.crs.gov): *Issues Before Congress: Health Care Reform*  
<http://www.crs.gov/Cli/SubIssue?cliId=3746&itemType=Ibc&preview=False&topCat=Health&topCatId=13>

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. Click “Get Answers” for sources tailored to specific populations, such as people under 30, self-employed people, unemployed people, people with disabilities, veterans, American Indians and Alaska Natives, pregnant women, same-sex married couples, 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)  
<http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families>

Explanations of ACA tax provisions for consumers, including provisions on premium tax credits, the individual mandate (sometimes called the “individual shared responsibility” provision), and other tax provisions. 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.

*Glossary of Health Coverage and Medical Terms* (Centers for Medicare & Medicaid Services)  
<https://www.cms.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/Downloads/HHS-CMS-Glossary-of-Health-Coverage-and-Medical-Terms.pdf>

Glossary of common 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.

CRS Report RL32237, *Health Insurance: A Primer*

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

CRS Report R44100, *Use of the Annual Appropriations Process to Block Implementation of the Affordable Care Act (FY2011-FY2016)*

Includes “A Brief Overview of the ACA.”

*How to find health care provider information* (U.S. Department of Health and Human Services, HealthCare.gov)

<https://www.healthcare.gov/find-provider-information/>

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

## Taxes

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

## Tax Filing Resources

*2015 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 2015 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.

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

<https://www.irs.gov/uac/Newsroom/Affordable-Care-Act:-Tax-Facts-for-Individuals-and-Families>

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

*Gathering Your Health Coverage Documentation* (Internal Revenue Service)  
<https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Gathering-Your-Health-Coverage-Documentation-for-the-Tax-Filing-Season>

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

*Forms and Publications* (Internal Revenue Service)  
<http://www.irs.gov/Forms-&-Pubs>

Federal tax forms and instructions relevant to the ACA. 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.

*Tax information* (Centers for Medicare and Medicaid Services)  
<https://marketplace.cms.gov/technical-assistance-resources/tax-information.html>

Tax fact sheets, infographics, and articles for professionals assisting consumers with exchange coverage.

*Free File: Do Your Federal Taxes for Free* (Internal Revenue Service)  
<http://irs.gov/FreeFile>

Fillable electronic forms for persons with income over \$62,000, and free file software for persons with income under \$62,000.

*Extension of Time To File Your Tax Return* (Internal Revenue Service)  
<http://www.irs.gov/uac/Extension-of-Time-To-File-Your-Tax-Return>

Instructions and forms to apply for an extension of time to file. An extension of time to file does not grant an extension of time to pay the tax liability.

*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>

An excerpt appears below:

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. This page offers news on trending topics and answers to questions we are hearing.

## Contacts for Tax Filing Assistance

*Telephone Assistance* (Internal Revenue Service)  
<http://www.irs.gov/uac/Telephone-Assistance>

The Internal Revenue Service (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.

*Contact Your Local IRS Office* (Internal Revenue Service)  
<https://www.irs.gov/uac/Contact-Your-Local-IRS-Office-1>

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)  
<http://www.irs.gov/Individuals/Free-Tax-Return-Preparation-for-You-by-Volunteers>

An excerpt appears below:

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

*Choose a Tax Professional* (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

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

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. Note that this publication has not been updated since 2013. Some provisions may have been amended since then (for example, effective dates may have changed).

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

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

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 that exceeds a specified dollar limit. This tax is sometimes called the “Cadillac tax.” Note that the Consolidated Appropriations Act, 2016 (P.L. 114-113, December 18, 2015) delayed the tax’s effective date by two years, to 2020: <https://www.irs.gov/Affordable-Care-Act/Effect-of-the-Consolidated-Appropriations-Act-on-ACA-Provisions>

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



An excerpt appears below:

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

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

An excerpt appears below:

This 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.

## The Individual Mandate

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

<http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/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 the ACA*

The following is an excerpt from the report:

Since 2014, the Patient Protection and Affordable Care Act (ACA; P.L. 111-148, as amended) has required most individuals to maintain health insurance coverage or potentially to pay a penalty for noncompliance. Specifically, most individuals are required to maintain minimum essential coverage for themselves and their dependents. Minimum essential coverage is a term defined in the 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 are exempt from the mandate and the penalty, and 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.

*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 individual’s penalty for 2016.

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

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

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

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

CRS Report R42069, *Private Health Insurance Market Reforms in the Patient Protection and 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.

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

An excerpt from the report appears below:

Private health insurance (PHI) is the predominate form of health insurance coverage in the United States, covering about two-thirds of Americans in 2013. The Patient Protection and Affordable Care Act (ACA; P.L. 111-148, as amended) builds on existing sources of private health insurance coverage—the nongroup (individual), small group, and large group markets. The ACA private health insurance provisions follow a federalist model in which they establish federal minimum requirements and give states the authority to enforce and expand those federal standards.

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

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

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

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

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

The federal Center for Consumer Information and Insurance Oversight is charged with implementing the ACA’s private health insurance reforms. 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 Report R44163, *The Patient Protection and Affordable Care Act's Essential Health Benefits (EHB)*

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

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

Brief background and infographics on EHB.

CRS Insight IN10128, *From Initial Rate Filings to Final Premiums: Peering into the Black Box*, August 7, 2014.

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

CRS Insight IN10362, *A Framework for Understanding Health Insurance Consolidations*

An excerpt appears below:

Insofar as insurers operate in a more heavily regulated industry, the ACA may be playing a role in the continuing trend in M&A [mergers and acquisitions]. However, the history of insurer consolidations long precedes ACA enactment. And the impact of the ACA has not been fully realized. Some of the ACA's provisions came into effect just last year, while other provisions have yet to be completely implemented.

## Exchanges and Subsidies

### Exchange Coverage

*Still need coverage? Start here* (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 2016 open season was November 1, 2015, to January 31, 2016. Some people may qualify to get coverage outside of open season. This website has plain-language information about the exchanges. For a briefer overview, see “A quick guide to the Health Insurance Marketplace,”

<https://www.healthcare.gov/quick-guide/>. For information about the exchange in a specific state, choose the state from the pull-down menu at <https://www.healthcare.gov/get-coverage/>.

*Still need 2016 coverage?* (U.S. Department of Health and Human Services, HealthCare.gov)  
<https://www.healthcare.gov/coverage-outside-open-enrollment/>

Describes how certain individuals could qualify for “special enrollment periods” outside of open season. (Examples of qualifying life events include income changes, marriage, birth, adoption, moving to a new state, and losing other health coverage.) The 2016 open season was November 1, 2015, to January 31, 2016. Individuals can apply for Medicaid or State Children’s Health Insurance Program (CHIP) coverage any time.

*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.

*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.

*What 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.”

*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 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.

CRS Report R44065, *Overview of Health Insurance Exchanges*

An excerpt from the report appears below:

This report provides an overview of the various components of the health insurance exchanges. The report includes summary information about how exchanges are structured, the intended consumers for health insurance exchange plans, and consumer assistance available in the exchanges, as specified in the ACA. The report also describes the availability of financial assistance for certain exchange consumers and small businesses and outlines the range of plans offered through exchanges. Moreover, the report provides a brief summary of the implementation and operation of exchanges in 2014 and 2015.

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

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

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

## Subsidies

CRS Report R43945, *Health Insurance Premium Credits in the Patient Protection and Affordable Care Act (ACA) in 2015*

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.

*Saving money on health insurance* (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 tax credits and cost-sharing subsidies.

*The Premium Tax Credit* (Internal Revenue Service)

<http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/The-Premium-Tax-Credit>

Basic background on premium credits. FAQs are at *Questions and Answers on the Premium Tax Credit* <http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Questions-and-Answers-on-the-Premium-Tax-Credit>.

*How to reconcile your premium tax credit* (U.S. Department of Health and Human Services, HealthCare.gov)

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

Instructions for comparing and reconciling (1) premium tax credits used in advance during 2015, and (2) the premium tax credit actually qualified for based on final 2015 income.

## Enrollment Reports

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

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

Includes weekly enrollment snapshots from the 2016 open season for federally facilitated exchanges (i.e., the states that use the HealthCare.gov platform).

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

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

Includes enrollment reports from the 2014 through 2016 open seasons for ACA health insurance exchanges. The 2015 summary report is *Health Insurance Marketplace 2015 Open Enrollment Period: March Enrollment Report* (March 2015) <http://aspe.hhs.gov/pdf-document/health-insurance-marketplace-2015-open-enrollment-period-march-enrollment-report>. The 2014 summary report is *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>.

*September 30, 2015 Effectuated Enrollment Snapshot* (Centers for Medicare & Medicaid Services, December 22, 2015)

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-12-22-2.html>

This fact sheet includes state tables. The following is an excerpt:

September 30, 2015 Effectuated Enrollment Snapshot... Of the approximately 9.3 million consumers nationwide with effectuated Marketplace enrollments at the end of September 2015, about 84 percent, or more than 7.8 million consumers, were receiving an advance payment of the premium tax credit (APTC) to make their premiums more affordable throughout the year. The average APTC for those enrollees who qualified for the financial assistance was \$271 per month.

*Open Enrollment Trends: Selected HealthCare.gov Statistics prior to the Final Enrollment Deadline* (Centers for Medicare & Medicaid Services, February 5, 2016)

<https://blog.cms.gov/2016/02/05/open-enrollment-trends-selected-healthcare-gov-statistics-prior-to-the-final-enrollment-deadline/>

Selected data for HealthCare.gov states on the 2016 open enrollment period. Data are as of February 1, 2016.

*2015 Special Enrollment Period Report – February 23–June 30, 2015* (Centers for Medicare & Medicaid Services, August 13, 2015)

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-08-13.html>

The 2015 open season ended in February 2015, but certain qualifying life events make some individuals eligible for “special enrollment periods” outside of open season. This fact sheet has data on the 944,000 consumers who made plan selections through HealthCare.gov using a special enrollment period. The data are for the 37 states using the HealthCare.gov platform, from February 23 through June 30, 2015.

CRS Insight IN10282, *Maps of 2015 Individual Exchange Enrollment by Zip Code*

An excerpt from the report appears below:

This Insight presents a tool to examine exchange enrollment information by zip code with additional geographic boundaries. Table 1 presents data on exchange enrollment for all states and includes hyperlinks to maps of exchange enrollment by zip code for 37 states. Each map includes an option to overlay county and congressional district boundaries. The maps are not an aggregation of exchange enrollment by county or congressional district; rather, the maps present optional geographical boundaries over exchange enrollment by zip code.

*Plan Selections by County in the Health Insurance Marketplace July 2015 (Updated)* (U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, July 2015)

<https://aspe.hhs.gov/report/plan-selections-county-health-insurance-marketplace-july-2015-updated>

This spreadsheet has county-level data on exchange plan selections, including demographic data (such as income, age, and race), plan metal levels, advanced premium tax credits (APTC), and cost-sharing reductions (CSR). The data are for November 15, 2014, through February 22, 2015, in the 37 states that used the HealthCare.gov platform.

## 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 program information:  
<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 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 Report R43564, *The ACA Medicaid Expansion*

The following is an excerpt from the report:

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.

*Medicaid Enrollment Data Collected through MBES* (Centers for Medicare and Medicaid Services, Medicaid.gov)  
<http://www.medicaid.gov/medicaid-chip-program-information/program-information/medicaid-and-chip-enrollment-data/medicaid-enrollment-data-collected-through-mbes.html>

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

*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.

*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 the ACA affects Medicare beneficiaries, and how to switch from exchange coverage to Medicare.

*Medicare & the Marketplace* (Centers for Medicare and Medicaid Services)

<https://www.medicare.gov/about-us/affordable-care-act/medicare-and-the-marketplace.html>

An excerpt appears below:

Medicare counts as minimum essential coverage and satisfies the law that requires people to have health coverage. If you had Medicare for all of 2015, just check the box on your federal income tax form. You won’t have to fill out any additional tax forms, and you won’t have to pay the fee that people without coverage might have to pay.

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

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



## 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)

<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.

## Employer-Sponsored Coverage

See also "Employer Penalties," "Small Businesses," "Federal Employee Health Benefits Program," and "Taxes"

## Sources for Employees and Their Families

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

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

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

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

<http://www.dol.gov/ebsa/healthreform/consumer.html>

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

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

*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.

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

FAQs on when an employer may request genetic information from an employee as part of a wellness program.

## Sources for Employers

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

Information on ACA implementation for employers. This 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.

*Understanding employer reporting requirements of the health care law* (Internal Revenue Service)  
<http://www.irs.gov/pub/irs-pdf/p5196.pdf>

Two-page brochure on ACA information reporting requirements for 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.

*Affordable Care Act Tax Provisions for Employers* (Internal Revenue Service)  
<http://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.

*Affordable Care Act: Responsibilities for Health Coverage Providers: Understanding reporting requirements of the health care law* (Internal Revenue Service)

<http://www.irs.gov/pub/irs-pdf/f5215.pdf>

Two-page 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.

*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-business/how-aca-affects-businesses/>

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

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. This tax is sometimes called the “Cadillac tax.” Note that the Consolidated Appropriations Act, 2016 (P.L. 114-113, December 18, 2015) delayed the tax’s effective date by two years, to 2020: <https://www.irs.gov/Affordable-Care-Act/Effect-of-the-Consolidated-Appropriations-Act-on-ACA-Provisions>

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.

## Employer Penalties

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

<http://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. This document describes which employers are subject to the penalty and how the penalty amount is calculated, and it provides important dates.

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

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

Includes analysis of ACA employer penalties.

CRS In Focus IF10039, *Proposals to Change the 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](http://www.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 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.

CRS Insight IN10346, *Health Insurance: Small is the New Large*

An excerpt appears below:

The group health insurance market is divided into large- and small-group markets. Historically, employers with 50 or fewer employees were considered small and could purchase health insurance coverage in the small-group market. The Patient Protection and Affordable Care Act (ACA; P.L. 111-148, as amended) expands the definition of small employer to include employers with 100 or fewer employees. States must implement the

expanded definition for plan years beginning in 2016 and have the option of implementing the expanded definition prior to 2016.

## Federal Employee Health Benefits Program

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

Includes information about the ACA in the Appendix, under “Patient Protection and Affordable Care Act (P.L. 111-148, as amended), March 23, 2010.”

*The Affordable Care Act and OPM* (U.S. Office of Personnel Management)

<http://www.opm.gov/healthcare-insurance/affordable-care-act/>

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 Designated 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.

*Who can use DC Health Link?* (DC Health Link)

<https://shop.dchealthlink.com/node/1660>

Members of Congress and designated congressional staff can purchase health insurance from the District of Columbia SHOP exchange, called DC Health Link (855-532-5465). Questions can also be answered by the U.S. Senate Benefits Section (202-224-1093) and the House of Representatives Office of Payroll and Benefits (202-225-1435). The Open Enrollment period for 2016 coverage was November 9, 2015, to December 14, 2015.

## Mental Health

*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.

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

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

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

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

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

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

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

*What plans cover: 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 Expands Mental Health and Substance Use Disorder Benefits and Federal Parity Protections for 62 Million Americans* (U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, February 20, 2013)

<http://aspe.hhs.gov/report/affordable-care-act-expands-mental-health-and-substance-use-disorder-benefits-and-federal-parity-protections-62-million-americans>

Estimates of the impact of the MHPAEA, as amended by ACA.

## Women's Health

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

<http://www.hrsa.gov/womensguidelines/>

Lists the women's preventive services that non-grandfathered health plans generally are required to cover without cost sharing.

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

Discusses ACA requirements for coverage of reproductive health services.

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

The following is an excerpt from the report:

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

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

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

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

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

*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, 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>.

## Public Health, Workforce, Quality, and Related Provisions

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

Detailed section-by-section summary of the ACA's provisions on public health, the health workforce, quality improvement, health centers, prevention and wellness, maternal and child health, nursing homes and other long-term care providers, comparative effectiveness research, health information technology, emergency care, elder justice, biomedical research, FDA and medical products, 340B drug pricing, and malpractice reform.

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

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

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

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

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

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

## Agency Audits and Investigations

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

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

A compilation of HHS Office of Inspector General (OIG) reports on the ACA. It includes audits, evaluations, and investigations of exchanges and HHS’s other ACA-related programs. The HHS OIG’s mission is to protect the integrity of HHS programs and the health and welfare of program beneficiaries.

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

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

A compilation of U.S. Government Accountability Office (GAO) reports on its health-care related investigations. Also search GAO’s website for ACA-related reports <http://www.gao.gov/search?q=ppaca>. GAO’s mission is “to support the Congress in meeting its constitutional responsibilities and to help improve the performance and ensure the accountability of the federal government for the benefit of the American people.”

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

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

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

## Cost Estimates and Spending

*Affordable Care Act* (Congressional Budget Office)

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



A collection of Congressional Budget Office (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)*

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 ACA's impact on federal spending.

CRS Report R44100, *Use of the Annual Appropriations Process to Block Implementation of the Affordable Care Act (FY2011-FY2016)*

Describes ACA's impact on federal spending, ACA provisions in enacted appropriations acts, and ACA provisions in FY2016 appropriations bills.

*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 selected 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. Some dollar amounts are zero; these represent grant actions that do not involve the transfer of dollars (for example, closing out a grant).

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

Table 1 details ACA exchange funding to states.

*National Health Expenditure Projections 2014-2024* (Centers for Medicare and Medicaid Services, Office of the Actuary, 2015)

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/proj2014.pdf>

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

## Statistics on Insurance Coverage

See also "Enrollment Reports."

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

<http://www.census.gov/hhes/www/hlthins/>

National and state health insurance coverage statistics for 2014, and information on how coverage rates have changed since 2013. From the *Highlights*: “In 2014, the percentage of people without health insurance coverage for the entire calendar year was 10.4 percent, or 33.0 million, lower than the rate and number of uninsured in 2013 (13.3 percent or 41.8 million).”

Percent without health insurance coverage – United States – Congressional District by State; and for Puerto Rico; Universe: Civilian noninstitutionalized population. 2014 American Community Survey 1-Year Estimates (U.S. Census Bureau, 2015)  
[http://factfinder.census.gov/bkmk/table/1.0/en/ACS/14\\_1YR/GCT2701.US04PR](http://factfinder.census.gov/bkmk/table/1.0/en/ACS/14_1YR/GCT2701.US04PR)

For each congressional district, this table shows the percentage of the population that was uninsured at the time of the survey.

*My Congressional District* (U.S. Census Bureau)  
<http://www.census.gov/mycd/>

After selecting a congressional district, click “\$ Socio-Economic” to get 2014 health insurance data from the American Community Survey.

*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)

January through September 2015 survey data are available by region and for selected states; see *Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, January-September 2015* (February 2016) **Error! Hyperlink reference not valid.**<http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201602.pdf>. Also includes 2014 survey data on uninsurance, public health plan coverage, and private health insurance coverage, by state. See *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>; and *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). 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.

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

Research on ACA’s impacts, including on insurance coverage. See *Health Insurance Coverage and the Affordable Care Act* (September 2015), <http://aspe.hhs.gov/health-insurance-coverage-and-affordable-care-act-aspe-issue-brief-september-2015>.

*American Factfinder* (U.S. Census Bureau)  
<http://factfinder.census.gov>

Contains detailed health insurance coverage data for recent years including 2014. Under “Advanced Search,” click “Show me all.” Under “Topic or table name,” type *Health Insurance*. Under “state, county or place,” type *United States* or a state, county, city, or town, then click “Go.”

*Medical Expenditure Panel Survey* (Agency for Healthcare Research and Quality)  
<http://meps.ahrq.gov/>

Includes 2014 employer survey data on employer-sponsored insurance; see *MEPS Insurance Component Chartbook 2014* (August 2015) [http://meps.ahrq.gov/mepsweb/data\\_files/publications/cb19/cb19a.pdf](http://meps.ahrq.gov/mepsweb/data_files/publications/cb19/cb19a.pdf).

## Legal Issues

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

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

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

The following is an excerpt from the report:

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

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

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

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

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

## 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.

## ACA Text

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

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

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

The Patient Protection and Affordable Care Act compilation is listed under “P” on this website. The House Office of the Legislative Counsel compiled the text of the ACA, consolidated with amendments made by subsequent laws. This compilation is unofficial. It is updated periodically. As of this writing, the compilation is current through P.L. 114-97, enacted December 11, 2015.

P.L. 111-148, *Patient Protection and Affordable Care Act* (Government Publishing Office, March 23, 2010, 124 Stat. 119)

<http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>

Unlike the unofficial compilation above, this is the official publication of the ACA as it passed on March 23, 2010. However, this does not reflect current law, as the ACA has since been amended by several subsequent laws, including P.L. 111-152, Health Care and Education Reconciliation Act of 2010, <http://www.gpo.gov/fdsys/pkg/PLAW-111publ152/pdf/PLAW-111publ152.pdf>.

*Everything You Should Know About The Health Care Law* (Government Publishing Office)

<http://govbooktalk.gpo.gov/2013/09/24/everything-you-should-know-about-the-health-care-law/>

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

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