	FEATURES	AFFORDABLE CARE ACT (CURRENT LAW)	AMERICAN HEALTH CARE ACT (HOUSE BILL)	BETTER CARE RECONCILIATION ACT (SENATE BILL)
PRIVATE INSURANCE MARKET	Individual Mandate	Individual mandate requires most individuals to have health insurance coverage or pay a penalty. For 2017, the penalty is $695 per person or 2.5 percent of household income, whichever is higher, up to a maximum of $2,085.	Individual mandate repealed, but insurers *allowed to* impose 30 percent premium surcharge on consumers who purchase insurance after gap in coverage of more than 63 days during previous 12 months. States can choose to impose higher surcharge.	Individual mandate repealed, but insurers *required* to impose six-month waiting period on consumers who purchase insurance after gap in coverage of more than 63 days during previous 12 months.
	Employer Mandate	Employer mandate requires employers with an average of 50 or more full-time employees to offer "affordable, minimum essential coverage" or pay a penalty based on the number of employees.	Employer mandate repealed.	Employer mandate repealed.
	Age Rating	Age rating band of 3:1.	Age rating band of 5:1. States could alter the ratio.	Age rating band of 5:1. States could alter the ratio.
	Tax Credits	Tax credits to purchase insurance based on income, age, geography, and cost of coverage for a benchmark health plan with an actuarial value of 70 percent (silver plan) for most individuals with household incomes between 100 and 400 percent of FPL.	Tax credits based only on age, with a phase out for individuals with incomes above $75,000. Size of tax credits substantially smaller than under the ACA for most people.	Tax credits based on income, age, and cost of coverage for a benchmark health plan with an actuarial value of 58% for most individuals with incomes below 350 percent of FPL, except those eligible for Medicaid. Tax credits would not be available to individuals with access to any employer-sponsored coverage, and for some individuals over age 60, tax credits could be significantly reduced.
	Cost-Sharing Subsidies	Cost-sharing subsidies provided to help eligible individuals cover out-of-pocket expenses, such as deductibles and copayments.	Subsidies would end in 2020, although Trump administration could end them sooner.	Subsidies would end in 2020, although Trump administration could end them sooner.
	Pre-Existing Conditions	Health insurance companies cannot deny coverage, limit benefits or set premiums based on an individual's health status or pre-existing conditions.	States could allow insurers to increase an individual's premiums based on pre-existing conditions if they have a lapse in coverage. States required to set up other programs, like high risk pools, to cover sickest residents. Federal government would provide funds to states to help cover high premiums for these sick residents in the individual market.	Insurance companies cannot deny coverage or set premiums based on an individual's health status or pre-existing conditions. However, states may be able to use Section 1332 waivers to waive the ACA's essential health benefits package and other provisions in the ACA that could indirectly affect individuals with pre-existing conditions.
	Medical Loss Ratio	Medical loss ratio provisions require insurance companies to spend 80 percent (individual or small group) or 85 percent (large group) of premiums for health care claims and quality improvement each year, or be subject to paying rebates to enrollees.	No change.	Repeals medical loss ratio requirements but allows states to establish their own.
	Essential Health Benefits	Insurers required to cover 10 essential health benefit (EHB) categories.	States allowed to change what qualifies as EHB.	States allowed to change what qualifies as EHB.

	FEATURES	AFFORDABLE CARE ACT (CURRENT LAW)	AMERICAN HEALTH CARE ACT (HOUSE BILL)	BETTER CARE RECONCILIATION ACT (SENATE BILL)
TAXES	Health Savings Accounts	Individuals can contribute up to $3,400 and families up to $6,750 to pre-tax health savings accounts (HSAs).	Starting in 2018, individuals could contribute up to $6,550 and families up to $13,100.	Individuals and families could contribute up to limits of deductibles, copayments, coinsurance and out-of-pocket costs for high-deductible health plans.
	"Cadillac" Tax	Forty percent tax on high-cost, employer-sponsored health coverage. Currently scheduled to go into effect in 2020.	Changes effective date of the tax to 2026.	Changes effective date of the tax to 2026.
MEDICAID	Medicaid Finance	Open-ended, matching federal funds for eligible Medicaid enrollees.	Matching federal funds under per capita caps (or block grants for children and non-disabled, non-elderly adults) based on how much each state is currently spending on defined populations, adjusted by the medical component of Consumer Price Index (CPI-Medical) (plus 1 percent for elderly and blind/disabled), using 2016 as the base year.	Per capita caps would work much like the AHCA, except states could select eight consecutive quarters between federal fiscal year (FFY) 2014 and the second quarter of FFY 2017 as a base period, with adjustments for very high- and low-cost states. Initially would use same inflation rate as the AHCA, but would change to the CPI-U (for urban consumers) in 2025. A block grant option for adults (non-disabled, non-elderly) would use CPI-U.
	Medicaid Expansion	Medicaid expansion to 138 percent of FPL.	Enhanced federal funding for expansion would end in 2020 except for those already enrolled. States that expand in the meantime would not receive enhanced match.	Enhanced federal funding would be phased out between 2021-2024. States that expand in the meantime would not receive enhanced match.
OTHER	Market Stabilization Funding	No new market stabilization fund created.	States would receive $130 billion over 10 years through new Patient and State Stability Fund to fund high risk pools or other programs to help sicker people with insurance premiums.	State Stability and Innovation Program would provide $112 billion over nine years (2018 through 2026) to stabilize health insurance markets and provide grants to states to address cost and coverage issues in their markets.
	Section 1332 Waivers	Created Section 1332 state innovation waivers.	No change to Section 1332 waiver, but creates alternative waiver options.	Reduces criteria for approval of Section 1332 waiver applications submitted by states.
	Small Business Health Insurance	Small business health insurance tax credits for employers with fewer than 50 employees and low wages.	No change.	Repeals small business health insurance tax credits and creates Small Business Health Plans to be regulated by the U.S. Department of Labor.
	Public Health	Established Prevention and Public Health Fund and appropriated more than $1 billion per year for prevention, wellness and public health initiatives.	Repealed appropriations for Prevention and Public Health Fund beginning fiscal year 2019, but provided $422 million in supplemental funding in FFY 2017 for Community Health Center Fund.	Repeals appropriations for Prevention and Public Health Fund, but provides $2 billion in funding for grants to states for mental health and substance use disorder services and an additional $422 million for FFY 2017 for the Community Health Center Fund.