McBRIDE LAW PC

KEVIN McBRIDE
(202) 368-8823
km@mcbride-law.com

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William D. Melofchik, Esq.
General Counsel
NATIONAL COUNSEL OF INSURANCE REGULATORS
2317 Route 34, Suite 2B
Manasquan, NJ 08726

Dear Mr. Melofchik:

The attached Proposed Draft Edits with Comments (Attachment A) are submitted for consideration by your office and the NCOIL Health Insurance & Long Term Care Issues Committee with respect to the Health Care Sharing Ministry Registration Model Act proposed by Rep. Martin Carbaugh (IN).

The primary goal of our proposed draft edits is to make health care sharing potentially available to non-Christian groups of people who "share a common set of ethical beliefs" (and who may share a common set of health-related issues), rather than just to Christian organizations. This goal can be accomplished by simply eliminating the condition in the Federal language (see Attachment B) that limits health care sharing to groups who have "been in existence at all times since 1999," since, in fact, the only such groups in existence since 1999 are traditional Mennonite Christian groups and a few other conservative Christian groups. Our proposed draft edits would incrementally expand the possibility for health care sharing to non-Christians who share common health and social concerns.

My client greatly appreciates the opportunity to interact with your office on this important matter and look forward to being of assistance in any way possible.

Respectfully yours,

Kevin McBride

KEVIN McBRIDE

Attachments:

Attachment A: proposed draft edits to Health Care Sharing Ministry Registration Model Act

Attachment B: 26 USC 5000A (which includes the definition of a health care sharing ministry, beginning on p. 3 of the document).

ATTACHMENT A

PROPOSED DRAFT EDITS WITH COMMENTS

National Council of Insurance Legislators (NCOIL) Health Care Sharing Ministry Registration Model Act

**Sponsored by Rep. Martin Carbaugh (IN)*

** Discussion Draft as November 11th, 2019. To be discussed during the Health Insurance & Long Term Care Issues Committee on December 11, 2019*

Table of Contents

1. Title

This Act shall be known as the "[State] Health Care Sharing Ministry Registration Act."

Section 2. Purpose

The purpose of this Act is to provide a registration and reporting mechanism for state insurance regulators to be informed of health care sharing ministries open to enrollment in each jurisdiction.

Section 3. Definitions

"Health care sharing ministry" means: ~~is defined by 26. U.S.C. § 5000A(d)(2)(B).~~
an organization-

(A) which is described in 26 U.S.C. §501(c)(3) and is exempt from taxation under §501(a),

Commented [KM1]: This proposed definition exactly mirrors the federal definition of a health care sharing ministry at 26 USC 5000A(d)(2)(B), with exception of the following omitted paragraph:

"(IV) which (or a predecessor of which) has been in existence at all times since December 31, 1999, and medical expenses of its members have been shared continuously and without interruption since at least December 31, 1999, "

ADDITIONAL COMMENTS:
First, the omitted language ("in existence at all times since 1999…") provides no apparent regulatory protection for consumers or meaningful oversight relevancy. There is no assurance that a long-established ministry will attend to members' needs better than a more recently-established organization. The important element is regulatory compliance, not time in business.
Second, the omitted language limits health care sharing, by definition, to a handful of Christian ministries that existed in 1999, and thereby discriminates against non-Christians who may otherwise share "common ethical beliefs" as allowed by the federal statute.
Third, United States HHS Dept. no longer has a process by which to gain federal certification, thus every new health care sharing organization is *de facto* barred from certification under the proposed model rule.
Fourth, the 1999 rule only encourages "end-run" mergers that have become commonplace since 2012 solely for the purpose of retroactive recognition.

(B) members of which share a common set of ethical or religious beliefs and share medical expenses among members in accordance with those beliefs and without regard to the State in which a member resides or is employed,

(C) members of which retain membership even after they develop a medical condition,

(D) which conducts an annual audit which is performed by an independent certified public accounting firm in accordance with generally accepted accounting principles and which is made available to the public upon request.

Section 4. Notice Requirements

A health care sharing ministry must provide a written disclaimer on or accompanying all applications, marketing materials and guidelines materials distributed by or on behalf of the health care sharing ministry that states, in substance:

NOTICE

The organization facilitating the sharing of medical expenses is not an insurance company~~.~~ and neither its guidelines nor plan of operation constitute an insurance policy. Without health care insurance, there is no guarantee that you, a fellow participant or any other person who was a party to the health care ministry agreement will be protected in the event of illness or emergency. Regardless of whether you receive any payment for medical expenses or whether this organization terminates, withdraws from the ~~faith- based~~ health care ministry agreement or continues to operate, you are always personally responsible for the payment of your own medical bills. If your participation in such an organization ends, state law may subject you to a waiting period before providing insurance coverage.

Drafting Note: This notice should be harmonized to reflect any existing notice requirement that may exist for health care sharing ministries in the given state.

Section 5. Registration and Reporting Requirements

(A) A Certificate of Registration as a Health Care Sharing Ministry shall be obtained by submitting to the Department of Insurance:

(1) An application for registration on a form promulgated by the Insurance Commissioner which much include:

(a) The responsible director or manager of the health care sharing ministry plans·

(b) Contact address for the health care sharing ministry; and

(c) Contact phone number for the responsible director or manager.

~~(2) A copy of the certification letter issued to the Health Care Sharing Ministry by the Centers for Medicare & Medicaid Services;~~

~~(3)~~ A copy of the current annual audit required pursuant to ¶3(D), above~~26 U.S.C. § 5000(d)(2)(B)~~;

~~(4)~~(3) A list of any third-party vendors acting on behalf of the organization for purposes of enrolling members, or for the purpose of negotiating with medical providers, or the financial sharing of member's medical needs;

~~(5)~~(4) A copy of any application forms and ministry guidelines used by the Health Care Sharing Ministry;

~~(6)~~(5) A report of the Health Care Sharing Ministry's (state name) ~~members~~ membership profile as of the date of application and the report must include:

(a) Total number of enrolled members;

(b) Distribution of members by age; and

(c) Distribution of members by sex.

~~(7)~~(6) The [$100] fee for issuance of the certificate of registration;

~~(8)~~(7) An application for a Certificate of Registration may only be rejected if the application does not provide the information required by this subsection.

(B) The Certificate of Registration obtained pursuant to Section 5(A) may be renewed annually on or before January 1 by submitting to the Department of Insurance:

(1) An application for renewal on a form promulgated by the Commissioner;

(2) Any current application forms or ministry guidelines that are not presently on file with the Department;

(3) An updated list of any third-party vendors acting on behalf of the organization for purposes of enrolling members, or for the purpose of negotiating with medical providers, or the financial sharing of member's medical needs;

(4) A report of the Health Care Sharing Ministry's (state name) members as of the date of the application for renewal and the report must include:

(a) Total number of enrolled members;

(b) Distribution of members by age; and

(c) Distribution of members by sex.

(5) A copy of the current annual audit required pursuant to 26 U.S.C. §

5000A(d)(2)(B);

(6) The [$100] fee for renewal of the certificate

(7) An application for renewal of a Certificate of Registration may only be rejected if the application does not provide the information required by this subsection. Otherwise, the application shall be issued within [____] days.

(C) A Health Care Sharing Ministry shall not operate under any name other than the name for which the Certificate of Registration has been issued. The Certificate of Registration expires at midnight on the last day of December. The Commissioner shall send a notice of the impending expiration of a current Certificate of Registration no later than 30 days prior to expiration of the current Certificate of Registration.

(D) The Commissioner may renew a registration which has inadvertently been permitted to expire if a request is made within 3 months after expiration. Any failure to timely renew shall be subject to the following penalties:

(1) 1-30 days late - [$250]

(2) 31-60 days late - [$500]

(3) 61-90 days late - $ 1,000]

(4) After 90 days - the Health Care Sharing Ministry is barred from reapplying for two years and will not be permitted to operate in the state until they are permitted to reregister.

Section 6. Posting Requirements

The commissioner shall post all non-proprietary/confidential information submitted pursuant to Section 5 on the insurance department's website. The information shall be prominently displayed on the insurance department's website in addition to an explanation of the differences between health care sharing ministries and insurance.

Section 7. ~~Anti-Fraud Protections~~Consumer Protections

(A) Each health care sharing ministry registered in [state] shall be subject to the anti-fraud provisions of the insurance code of [state].

(B) The organization shall provide a monthly statement to all participants that lists the total dollar amount of qualified needs submitted to the health care sharing ministry, as well as the amount actually assigned to participants for their contribution.

(C) Sharing of health care expenses shall be facilitated by the organization through payments directly from one or more participant(s) to another participant.

(D) The organization will notify members who are selected to share in a particular medical expense at least three (3) days prior to

transfer of funds to facilitate payment of the subject medical expense.

(E) Participation in the health care sharing organization shall remain voluntary, with no termination penalties imposed.

(F) The organization shall not participate in, or promote, co-mingling of health care sharing and insurance products.

Section 8. Enforcement

Any purported Health Care Sharing Ministry that is operating in [state] without a current Certificate of Registration shall be subject to the full authority of the Department of Insurance pursuant to [cite the state's Insurance Code provisions for Unauthorized Insurance) and the State Attorney General's authority over non-profit corporations.

Section 9. Rules

The Insurance Commissioner may promulgate rules regarding health care sharing ministries to the extent that they are consistent with this Act.

Section 10. Effective Date

This Act shall take effect [_____].

ATTACHMENT B

26 USC 5000A: Requirement to maintain minimum essential coverage
Text contains those laws in effect on April 10, 2019

From Title 26-INTERNAL REVENUE CODE
Subtitle D-Miscellaneous Excise Taxes
CHAPTER 48-MAINTENANCE OF MINIMUM ESSENTIAL COVERAGE
Jump To:

§5000A. Requirement to maintain minimum essential coverage

(a) Requirement to maintain minimum essential coverage

An applicable individual shall for each month beginning after 2013 ensure that the individual, and any dependent of the individual who is an applicable individual, is covered under minimum essential coverage for such month.

(b) Shared responsibility payment

(1) In general

If a taxpayer who is an applicable individual, or an applicable individual for whom the taxpayer is liable under paragraph (3), fails to meet the requirement of subsection (a) for 1 or more months, then, except as provided in subsection (e), there is hereby imposed on the taxpayer a penalty with respect to such failures in the amount determined under subsection (c).

(2) Inclusion with return

Any penalty imposed by this section with respect to any month shall be included with a taxpayer's return under chapter 1 for the taxable year which includes such month.

(3) Payment of penalty

If an individual with respect to whom a penalty is imposed by this section for any month-

(A) is a dependent (as defined in section 152) of another taxpayer for the other taxpayer's taxable year including such month, such other taxpayer shall be liable for such penalty, or

(B) files a joint return for the taxable year including such month, such individual and the spouse of such individual shall be jointly liable for such penalty.

(c) Amount of penalty

(1) In general

The amount of the penalty imposed by this section on any taxpayer for any taxable year with respect to failures described in subsection (b)(1) shall be equal to the lesser of-

(A) the sum of the monthly penalty amounts determined under paragraph (2) for months in the taxable year during which 1 or more such failures occurred, or

(B) an amount equal to the national average premium for qualified health plans which have a bronze level of coverage, provide coverage for the applicable family size involved, and are offered through Exchanges for plan years beginning in the calendar year with or within which the taxable year ends.

(2) Monthly penalty amounts

For purposes of paragraph (1)(A), the monthly penalty amount with respect to any taxpayer for any month during which any failure described in subsection (b)(1) occurred is an amount equal to 1/12 of the greater of the following amounts:

(A) Flat dollar amount

An amount equal to the lesser of-

(i) the sum of the applicable dollar amounts for all individuals with respect to whom such failure occurred during such month, or

(ii) 300 percent of the applicable dollar amount (determined without regard to paragraph (3)(C)) for the calendar year with or within which the taxable year ends.

(B) Percentage of income

An amount equal to the following percentage of the excess of the taxpayer's household income for the taxable year over the amount of gross income specified in section 6012(a)(1) with respect to the taxpayer for the taxable year:

(i) 1.0 percent for taxable years beginning in 2014.
(ii) 2.0 percent for taxable years beginning in 2015.
(iii) Zero percent for taxable years beginning after 2015.

(3) Applicable dollar amount

For purposes of paragraph (1)-

(A) In general

Except as provided in subparagraphs (B) and (C), the applicable dollar amount is $0.

(B) Phase in

The applicable dollar amount is $95 for 2014 and $325 for 2015.

(C) Special rule for individuals under age 18

If an applicable individual has not attained the age of 18 as of the beginning of a month, the applicable dollar amount with respect to such individual for the month shall be equal to one-half of the applicable dollar amount for the calendar year in which the month occurs.

(4) Terms relating to income and families

For purposes of this section-

(A) Family size

The family size involved with respect to any taxpayer shall be equal to the number of individuals for whom the taxpayer is allowed a deduction under section 151 (relating to allowance of deduction for personal exemptions) for the taxable year.

(B) Household income

The term "household income" means, with respect to any taxpayer for any taxable year, an amount equal to the sum of-

(i) the modified adjusted gross income of the taxpayer, plus
(ii) the aggregate modified adjusted gross incomes of all other individuals who-
(I) were taken into account in determining the taxpayer's family size under paragraph (1), and
(II) were required to file a return of tax imposed by section 1 for the taxable year.

(C) Modified adjusted gross income

The term "modified adjusted gross income" means adjusted gross income increased by-

(i) any amount excluded from gross income under section 911, and
(ii) any amount of interest received or accrued by the taxpayer during the taxable year which is exempt from tax.

(d) Applicable individual

For purposes of this section-

(1) In general

The term "applicable individual" means, with respect to any month, an individual other than an individual described in paragraph (2), (3), or (4).

(2) Religious exemptions

(A) Religious conscience exemptions

(i) In general

Such term shall not include any individual for any month if such individual has in effect an exemption under section 1311(d)(4)(H) of the Patient Protection and Affordable Care Act which certifies that-

(I) such individual is a member of a recognized religious sect or division thereof which is described in section 1402(g)(1), and is adherent of established tenets or teachings of such sect or division as described in such section; or

(II) such individual is a member of a religious sect or division thereof which is not described in section 1402(g)(1), who relies solely on a religious method of healing, and for whom the acceptance of medical health services would be inconsistent with the religious beliefs of the individual.

(ii) Special rules

(I) Medical health services defined

For purposes of this subparagraph, the term "medical health services" does not include routine dental, vision and hearing services, midwifery services, vaccinations, necessary medical services provided to children, services required by law or by a third party, and such other services as the Secretary of Health and Human Services may provide in implementing section 1311(d)(4)(H) of the Patient Protection and Affordable Care Act.

(II) Attestation required

Clause (i)(II) shall apply to an individual for months in a taxable year only if the information provided by the individual under section 1411(b)(5)(A) of such Act includes an attestation that the individual has not received medical health services during the preceding taxable year.

(B) Health care sharing ministry

(i) In general

Such term shall not include any individual for any month if such individual is a member of a health care sharing ministry for the month.

(ii) Health care sharing ministry

The term "health care sharing ministry" means an organization-

(I) which is described in section 501(c)(3) and is exempt from taxation under section 501(a),

(II) members of which share a common set of ethical or religious beliefs and share medical expenses among members in accordance with those beliefs and without regard to the State in which a member resides or is employed,

(III) members of which retain membership even after they develop a medical condition,

(IV) which (or a predecessor of which) has been in existence at all times since December 31, 1999, and medical expenses of its members have been shared continuously and without interruption since at least December 31, 1999, and

(V) which conducts an annual audit which is performed by an independent certified public accounting firm in accordance with generally accepted accounting principles and which is made available to the public upon request.

(3) Individuals not lawfully present

Such term shall not include an individual for any month if for the month the individual is not a citizen or national of the United States or an alien lawfully present in the United States.

(4) Incarcerated individuals

Such term shall not include an individual for any month if for the month the individual is incarcerated, other than incarceration pending the disposition of charges.

(e) Exemptions

No penalty shall be imposed under subsection (a) with respect to-

(1) Individuals who cannot afford coverage

(A) In general

Any applicable individual for any month if the applicable individual's required contribution (determined on an annual basis) for coverage for the month exceeds 8 percent of such individual's household income for the taxable year described in section 1412(b)(1)(B) of the Patient Protection and Affordable Care Act. For purposes of applying this subparagraph, the taxpayer's household income shall be increased by any exclusion from gross income for any portion of the required contribution made through a salary reduction arrangement.

(B) Required contribution

For purposes of this paragraph, the term "required contribution" means-

(i) in the case of an individual eligible to purchase minimum essential coverage consisting of coverage through an eligible-employer-sponsored plan, the portion of the annual premium which

would be paid by the individual (without regard to whether paid through salary reduction or otherwise) for self-only coverage, or

(ii) in the case of an individual eligible only to purchase minimum essential coverage described in subsection (f)(1)(C), the annual premium for the lowest cost bronze plan available in the individual market through the Exchange in the State in the rating area in which the individual resides (without regard to whether the individual purchased a qualified health plan through the Exchange), reduced by the amount of the credit allowable under section 36B for the taxable year (determined as if the individual was covered by a qualified health plan offered through the Exchange for the entire taxable year).

(C) Special rules for individuals related to employees

For purposes of subparagraph (B)(i), if an applicable individual is eligible for minimum essential coverage through an employer by reason of a relationship to an employee, the determination under subparagraph (A) shall be made by reference to 1 required contribution of the employee.

(D) Indexing

In the case of plan years beginning in any calendar year after 2014, subparagraph (A) shall be applied by substituting for "8 percent" the percentage the Secretary of Health and Human Services determines reflects the excess of the rate of premium growth between the preceding calendar year and 2013 over the rate of income growth for such period.

(2) Taxpayers with income below filing threshold

Any applicable individual for any month during a calendar year if the individual's household income for the taxable year described in section 1412(b)(1)(B) of the Patient Protection and Affordable Care Act is less than the amount of gross income specified in section 6012(a)(1) with respect to the taxpayer.

(3) Members of Indian tribes

Any applicable individual for any month during which the individual is a member of an Indian tribe (as defined in section 45A(c)(6)).

(4) Months during short coverage gaps

(A) In general

Any month the last day of which occurred during a period in which the applicable individual was not covered by minimum essential coverage for a continuous period of less than 3 months.

(B) Special rules

For purposes of applying this paragraph-

(i) the length of a continuous period shall be determined without regard to the calendar years in which months in such period occur,

(ii) if a continuous period is greater than the period allowed under subparagraph (A), no exception shall be provided under this paragraph for any month in the period, and

(iii) if there is more than 1 continuous period described in subparagraph (A) covering months in a calendar year, the exception provided by this paragraph shall only apply to months in the first of such periods.

The Secretary shall prescribe rules for the collection of the penalty imposed by this section in cases where continuous periods include months in more than 1 taxable year.

(5) Hardships

Any applicable individual who for any month is determined by the Secretary of Health and Human Services under section 1311(d)(4)(H) to have suffered a hardship with respect to the capability to obtain coverage under a qualified health plan.

(f) Minimum essential coverage

For purposes of this section-

(1) In general

The term "minimum essential coverage" means any of the following:

(A) Government sponsored programs

Coverage under-

(i) the Medicare program under part A of title XVIII of the Social Security Act,

(ii) the Medicaid program under title XIX of the Social Security Act,

(iii) the CHIP program under title XXI of the Social Security Act or under a qualified CHIP look-alike program (as defined in section 2107(g) of the Social Security Act),

(iv) medical coverage under chapter 55 of title 10, United States Code, including coverage under the TRICARE program; 2

(v) a health care program under chapter 17 or 18 of title 38, United States Code, as determined by the Secretary of Veterans Affairs, in coordination with the Secretary of Health and Human Services and the Secretary,

(vi) a health plan under section 2504(e) of title 22, United States Code (relating to Peace Corps volunteers); 2 or

(vii) the Nonappropriated Fund Health Benefits Program of the Department of Defense, established under section 349 of the National Defense Authorization Act for Fiscal Year 1995 (Public Law 103–337; 10 U.S.C. 1587 note).

(B) Employer-sponsored plan

Coverage under an eligible employer-sponsored plan.

(C) Plans in the individual market

Coverage under a health plan offered in the individual market within a State.

(D) Grandfathered health plan

Coverage under a grandfathered health plan.

(E) Other coverage

Such other health benefits coverage, such as a State health benefits risk pool, as the Secretary of Health and Human Services, in coordination with the Secretary, recognizes for purposes of this subsection.

(2) Eligible employer-sponsored plan

The term "eligible employer-sponsored plan" means, with respect to any employee, a group health plan or group health insurance coverage offered by an employer to the employee which is-

(A) a governmental plan (within the meaning of section 2791(d)(8) of the Public Health Service Act), or

(B) any other plan or coverage offered in the small or large group market within a State.

Such term shall include a grandfathered health plan described in paragraph (1)(D) offered in a group market.

(3) Excepted benefits not treated as minimum essential coverage

The term "minimum essential coverage" shall not include health insurance coverage which consists of coverage of excepted benefits-

(A) described in paragraph (1) of subsection (c) of section 2791 of the Public Health Service Act; or

(B) described in paragraph (2), (3), or (4) of such subsection if the benefits are provided under a separate policy, certificate, or contract of insurance.

(4) Individuals residing outside United States or residents of territories

Any applicable individual shall be treated as having minimum essential coverage for any month-

(A) if such month occurs during any period described in subparagraph (A) or (B) of section 911(d)(1) which is applicable to the individual, or

(B) if such individual is a bona fide resident of any possession of the United States (as determined under section 937(a)) for such month.

(5) Insurance-related terms

Any term used in this section which is also used in title I of the Patient Protection and Affordable Care Act shall have the same meaning as when used in such title.

(g) Administration and procedure

(1) In general

The penalty provided by this section shall be paid upon notice and demand by the Secretary, and except as provided in paragraph (2), shall be assessed and collected in the same manner as an assessable penalty under subchapter B of chapter 68.

(2) Special rules

Notwithstanding any other provision of law-

(A) Waiver of criminal penalties

In the case of any failure by a taxpayer to timely pay any penalty imposed by this section, such taxpayer shall not be subject to any criminal prosecution or penalty with respect to such failure.

(B) Limitations on liens and levies

The Secretary shall not-

(i) file notice of lien with respect to any property of a taxpayer by reason of any failure to pay the penalty imposed by this section, or

(ii) levy on any such property with respect to such failure.

(Added and amended Pub. L. 111–148, title I, §1501(b), title X, §10106(b)–(d), Mar. 23, 2010, 124 Stat. 244 , 909, 910; Pub. L. 111–152, title I, §§1002, 1004(a)(1)(C), (2)(B), Mar. 30, 2010, 124 Stat. 1032 , 1034; Pub. L. 111–159, §2(a), Apr. 26, 2010, 124 Stat. 1123 ; Pub. L. 111–173, §1(a), May 27, 2010, 124 Stat. 1215 ; Pub. L. 115–97, title I, §§11002(d)(1)(GG), 11081(a), Dec. 22, 2017, 131 Stat. 2060 , 2092; Pub. L. 115–120, div. C, §3002(g)(2)(A), Jan. 22, 2018, 132 Stat. 35 ; Pub. L. 115–271, title IV, §4003(a), Oct. 24, 2018, 132 Stat. 3959 .)

Inflation Adjusted Items for Certain Years

For inflation adjustment of certain items in this section, see Revenue Procedures listed in a table under section 1 of this title.

References in Text

The Patient Protection and Affordable Care Act and such Act, referred to in subsecs. (d)(2)(A), (e)(1)(A), (2), and (f)(5), are Pub. L. 111–148, Mar. 23, 2010, 124 Stat. 119 . Title I of the Act enacted chapter 157 of Title 42, The Public Health and Welfare, and enacted, amended, and transferred numerous other sections and notes in the Code. Sections 1311(d)(4)(H), 1411(b)(5)(A), and 1412(b)(1)(B) of the Act are classified to sections 18031(d)(4)(H), 18081(b)(5)(A), and 18082(b)(1)(B), respectively, of Title 42. For complete classification of this Act to the Code, see Short Title note set out under section 18001 of Title 42 and Tables.

The Social Security Act, referred to in subsec. (f)(1)(A)(i) to (iii), is act Aug. 14, 1935, ch. 531, 49 Stat. 620 . Part A of title XVIII of the Act is classified generally to part A (§1395c et seq.) of subchapter XVIII of chapter 7 of Title 42, The Public Health and Welfare. Titles XIX and XXI of the Act are classified generally to subchapters XIX (§1396 et seq.) and XXI (§1397aa et seq.), respectively, of chapter 7 of Title 42. Section 2107(g) of the Act is classified to section 1397gg(g) of Title 42. For complete classification of this Act to the Code, see section 1305 of Title 42 and Tables.

Section 2791 of the Public Health Service Act, referred to in subsec. (f)(2)(A), (3), is classified to section 300gg–91 of Title 42, The Public Health and Welfare.

Amendments

2018-Subsec. (d)(2)(A). Pub. L. 115–271 amended subpar. (A) generally. Prior to amedment, text read as follows: "Such term shall not include any individual for any month if such individual has in effect an exemption under section 1311(d)(4)(H) of the Patient Protection and Affordable Care Act which certifies that such individual is-

"(i) a member of a recognized religious sect or division thereof which is described in section 1402(g)(1), and

"(ii) an adherent of established tenets or teachings of such sect or division as described in such section."

Subsec. (f)(1)(A)(iii). Pub. L. 115–120 inserted "or under a qualified CHIP look-alike program (as defined in section 2107(g) of the Social Security Act)" before comma at end.

2017-Subsec. (c)(2)(B)(iii). Pub. L. 115–97, §11081(a)(1), substituted "Zero percent" for "2.5 percent".

Subsec. (c)(3)(A). Pub. L. 115–97, §11081(a)(2)(A), substituted "$0" for "$695".

Subsec. (c)(3)(D). Pub. L. 115–97, §11081(a)(2)(B), struck out subpar. (D). Text read as follows: "In the case of any calendar year beginning after 2016, the applicable dollar amount shall be equal to $695, increased by an amount equal to-

"(i) $695, multiplied by