

## HR 1275

### World's Greatest Healthcare Plan of 2017

**Congress:** 115 (2017–2019, Ended)

**Chamber:** House

**Policy Area:** Health

**Introduced:** Mar 1, 2017

**Current Status:** Referred to the Subcommittee on Health.

**Latest Action:** Referred to the Subcommittee on Health. (Mar 3, 2017)

**Official Text:** <https://www.congress.gov/bill/115th-congress/house-bill/1275>

## Sponsor

**Name:** Rep. Sessions, Pete [R-TX-32]

**Party:** Republican • **State:** TX • **Chamber:** House

## Cosponsors (5 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Flores, Bill [R-TX-17]	R · TX		Jul 26, 2018
Rep. Fortenberry, Jeff [R-NE-1]	R · NE		Jul 26, 2018
Rep. Norman, Ralph [R-SC-5]	R · SC		Jul 26, 2018
Rep. Smith, Lamar [R-TX-21]	R · TX		Jul 26, 2018
Rep. Cramer, Kevin [R-ND-At Large]	R · ND		Sep 6, 2018

## Committee Activity

Committee	Chamber	Activity	Date
Education and Workforce Committee	House	Referred To	Mar 1, 2017
Energy and Commerce Committee	House	Referred to	Mar 3, 2017
Ways and Means Committee	House	Referred To	Mar 1, 2017

## Subjects & Policy Tags

### Policy Area:

Health

## Related Bills

Bill	Relationship	Last Action
115 S 520	Related bill	Mar 2, 2017: Read twice and referred to the Committee on Finance.

## World's Greatest Healthcare Plan Act of 2017

This bill amends the Internal Revenue Code to repeal the requirements for individuals to maintain minimum essential coverage and for large employers to offer affordable coverage to full time employees.

Health insurance is no longer required to cover preventive care at no cost or include the essential health benefits.

Individuals enrolling in health insurance who have not maintained continuous coverage over the previous 12 months are charged an extra 20% on premiums for each consecutive year without coverage, unless the individual is subject to similar state incentives to maintain coverage.

States may enroll uninsured residents in high deductible health plans. Individuals must be permitted to opt-out of this coverage.

The Department of Health and Human Services (HHS) must develop a risk adjustment mechanism for health insurance in the individual market.

For residents of a state to qualify for premium subsidies or the health insurance tax credit in this bill, the state must permit health insurance with an annual limit on benefits to be sold on its exchange.

The bill establishes an advanceable, refundable health insurance tax credit for taxpayers enrolled in coverage that does not cover abortion except in certain circumstances.

States may: (1) apply to HHS to use unclaimed health insurance tax credits for indigent health care; and (2) enroll Medicaid-eligible individuals in health insurance that qualifies for the tax credit instead of in Medicaid, at the individual's option.

The tax on excess health benefits (commonly called the Cadillac tax) is repealed.

The bill establishes Roth HSAs (health savings accounts) for paying certain medical expenses and health insurance premiums.

The tax deduction for medical expenses is eliminated.

This bill amends title XIX (Medicaid) and title XVIII (Medicare) of the Social Security Act, including to turn federal Medicaid payments into block grants.

## Actions Timeline

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- **Mar 3, 2017:** Referred to the Subcommittee on Health.
- **Mar 1, 2017:** Introduced in House
- **Mar 1, 2017:** Referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.