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Mandate Relief Act of 2017

Congress: 115 (2017–2019, Ended)

Chamber: Senate

Policy Area: Taxation

Introduced: Oct 17, 2017

Current Status: Read twice and referred to the Committee on Finance.

Latest Action: Read twice and referred to the Committee on Finance. (Oct 17, 2017)

Official Text: <https://www.congress.gov/bill/115th-congress/senate-bill/1967>

Sponsor

Name: Sen. Cotton, Tom [R-AR]

Party: Republican • **State:** AR • **Chamber:** Senate

Cosponsors (5 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Toomey, Patrick [R-PA]	R · PA		Oct 17, 2017
Sen. Isakson, Johnny [R-GA]	R · GA		Oct 19, 2017
Sen. Boozman, John [R-AR]	R · AR		Oct 25, 2017
Sen. Blunt, Roy [R-MO]	R · MO		Oct 26, 2017
Sen. Cochran, Thad [R-MS]	R · MS		Nov 1, 2017

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Oct 17, 2017

Subjects & Policy Tags

Policy Area:

Taxation

Related Bills

Bill	Relationship	Last Action
115 HR 521	Related bill	Jan 13, 2017: Referred to the House Committee on Ways and Means.

Mandate Relief Act of 2017

This bill amends the Internal Revenue Code (IRC) to allow additional exemptions from the requirement under the Patient Protection and Affordable Care Act (PPACA) to maintain minimum essential health coverage (commonly referred to as the individual mandate). The bill exempts individuals who: (1) have household incomes below the national median, (2) reside in a state in which the average premium for self-only or family coverage under the second lowest cost silver plan within the state has increased by more than 10% from the prior year, or (3) reside in a county with fewer than two health insurance issuers offering qualified plans on an exchange.

The bill also repeals provisions added to the IRC by PPACA that: (1) restrict payments from health savings accounts (HSAs), Archer medical savings accounts (MSAs), and health flexible spending and reimbursement arrangements for medications to prescription drugs and insulin (thus allowing payments for over-the-counter medications); (2) impose a \$2,500 limitation on salary reduction contributions to a health flexible spending arrangement under a cafeteria plan; and (3) impose an additional tax on HSA and Archer MSA distributions not used for qualified medical expenses.

Actions Timeline

- **Oct 17, 2017:** Introduced in Senate
- **Oct 17, 2017:** Read twice and referred to the Committee on Finance.