

1 *in this subsection, the issuer may only offer the plan*
2 *in the individual market.*

3 *(f) CHILD-ONLY PLANS.—If a qualified health plan is*
4 *offered through the Exchange in any level of coverage speci-*
5 *fied under subsection (d), the issuer shall also offer that*
6 *plan through the Exchange in that level as a plan in which*
7 *the only enrollees are individuals who, as of the beginning*
8 *of a plan year, have not attained the age of 21, and such*
9 *plan shall be treated as a qualified health plan.*

10 **SEC. 1303. SPECIAL RULES.**

11 *(a) SPECIAL RULES RELATING TO COVERAGE OF*
12 *ABORTION SERVICES.—*

13 *(1) VOLUNTARY CHOICE OF COVERAGE OF ABOR-*
14 *TION SERVICES.—*

15 *(A) IN GENERAL.—Notwithstanding any*
16 *other provision of this title (or any amendment*
17 *made by this title), and subject to subparagraphs*
18 *(C) and (D)—*

19 *(i) nothing in this title (or any amend-*
20 *ment made by this title), shall be construed*
21 *to require a qualified health plan to provide*
22 *coverage of services described in subpara-*
23 *graph (B)(i) or (B)(ii) as part of its essen-*
24 *tial health benefits for any plan year; and*

1 (ii) the issuer of a qualified health
2 plan shall determine whether or not the
3 plan provides coverage of services described
4 in subparagraph (B)(i) or (B)(ii) as part of
5 such benefits for the plan year.

6 (B) ABORTION SERVICES.—

7 (i) ABORTIONS FOR WHICH PUBLIC
8 FUNDING IS PROHIBITED.—The services de-
9 scribed in this clause are abortions for
10 which the expenditure of Federal funds ap-
11 propriated for the Department of Health
12 and Human Services is not permitted,
13 based on the law as in effect as of the date
14 that is 6 months before the beginning of the
15 plan year involved.

16 (ii) ABORTIONS FOR WHICH PUBLIC
17 FUNDING IS ALLOWED.—The services de-
18 scribed in this clause are abortions for
19 which the expenditure of Federal funds ap-
20 propriated for the Department of Health
21 and Human Services is permitted, based on
22 the law as in effect as of the date that is 6
23 months before the beginning of the plan
24 year involved.

1 (C) *PROHIBITION ON FEDERAL FUNDS FOR*
2 *ABORTION SERVICES IN COMMUNITY HEALTH IN-*
3 *SURANCE OPTION.—*

4 (i) *DETERMINATION BY SECRETARY.—*

5 *The Secretary may not determine, in ac-*
6 *cordance with subparagraph (A)(ii), that*
7 *the community health insurance option es-*
8 *tablished under section 1323 shall provide*
9 *coverage of services described in subpara-*
10 *graph (B)(i) as part of benefits for the plan*
11 *year unless the Secretary—*

12 (I) *assures compliance with the*
13 *requirements of paragraph (2);*

14 (II) *assures, in accordance with*
15 *applicable provisions of generally ac-*
16 *cepted accounting requirements, circu-*
17 *lar on funds management of the Office*
18 *of Management and Budget, and guid-*
19 *ance on accounting of the Government*
20 *Accountability Office, that no Federal*
21 *funds are used for such coverage; and*

22 (III) *notwithstanding section*
23 *1323(e)(1)(C) or any other provision of*
24 *this title, takes all necessary steps to*
25 *assure that the United States does not*

1 *bear the insurance risk for a commu-*
2 *nity health insurance option's coverage*
3 *of services described in subparagraph*
4 *(B)(i).*

5 *(ii) STATE REQUIREMENT.—If a State*
6 *requires, in addition to the essential health*
7 *benefits required under section 1323(b)(3)*
8 *(A), coverage of services described in sub-*
9 *paragraph (B)(i) for enrollees of a commu-*
10 *nity health insurance option offered in such*
11 *State, the State shall assure that no funds*
12 *flowing through or from the community*
13 *health insurance option, and no other Fed-*
14 *eral funds, pay or defray the cost of pro-*
15 *viding coverage of services described in sub-*
16 *paragraph (B)(i). The United States shall*
17 *not bear the insurance risk for a State's re-*
18 *quired coverage of services described in sub-*
19 *paragraph (B)(i).*

20 *(iii) EXCEPTIONS.—Nothing in this*
21 *subparagraph shall apply to coverage of*
22 *services described in subparagraph (B)(ii)*
23 *by the community health insurance option.*
24 *Services described in subparagraph (B)(ii)*
25 *shall be covered to the same extent as such*

1 *services are covered under title XIX of the*
2 *Social Security Act.*

3 *(D) ASSURED AVAILABILITY OF VARIED*
4 *COVERAGE THROUGH EXCHANGES.—*

5 *(i) IN GENERAL.—The Secretary shall*
6 *assure that with respect to qualified health*
7 *plans offered in any Exchange established*
8 *pursuant to this title—*

9 *(I) there is at least one such plan*
10 *that provides coverage of services de-*
11 *scribed in clauses (i) and (ii) of sub-*
12 *paragraph (B); and*

13 *(II) there is at least one such plan*
14 *that does not provide coverage of serv-*
15 *ices described in subparagraph (B)(i).*

16 *(ii) SPECIAL RULES.—For purposes of*
17 *clause (i)—*

18 *(I) a plan shall be treated as de-*
19 *scribed in clause (i)(II) if the plan*
20 *does not provide coverage of services*
21 *described in either subparagraph (B)(i)*
22 *or (B)(ii); and*

23 *(II) if a State has one Exchange*
24 *covering more than 1 insurance mar-*
25 *ket, the Secretary shall meet the re-*

1 *quirements of clause (i) separately*
2 *with respect to each such market.*

3 (2) *PROHIBITION ON THE USE OF FEDERAL*
4 *FUNDS.—*

5 (A) *IN GENERAL.—If a qualified health*
6 *plan provides coverage of services described in*
7 *paragraph (1)(B)(i), the issuer of the plan shall*
8 *not use any amount attributable to any of the*
9 *following for purposes of paying for such serv-*
10 *ices:*

11 (i) *The credit under section 36B of the*
12 *Internal Revenue Code of 1986 (and the*
13 *amount (if any) of the advance payment of*
14 *the credit under section 1412 of the Patient*
15 *Protection and Affordable Care Act).*

16 (ii) *Any cost-sharing reduction under*
17 *section 1402 of the Patient Protection and*
18 *Affordable Care Act (and the amount (if*
19 *any) of the advance payment of the reduc-*
20 *tion under section 1412 of the Patient Pro-*
21 *tection and Affordable Care Act).*

22 (B) *SEGREGATION OF FUNDS.—In the case*
23 *of a plan to which subparagraph (A) applies, the*
24 *issuer of the plan shall, out of amounts not de-*
25 *scribed in subparagraph (A), segregate an*

1 *amount equal to the actuarial amounts deter-*
2 *mined under subparagraph (C) for all enrollees*
3 *from the amounts described in subparagraph*
4 *(A).*

5 (C) *ACTUARIAL VALUE OF OPTIONAL SERV-*
6 *ICE COVERAGE.—*

7 (i) *IN GENERAL.—The Secretary shall*
8 *estimate the basic per enrollee, per month*
9 *cost, determined on an average actuarial*
10 *basis, for including coverage under a quali-*
11 *fied health plan of the services described in*
12 *paragraph (1)(B)(i).*

13 (ii) *CONSIDERATIONS.—In making*
14 *such estimate, the Secretary—*

15 (I) *may take into account the im-*
16 *act on overall costs of the inclusion of*
17 *such coverage, but may not take into*
18 *account any cost reduction estimated*
19 *to result from such services, including*
20 *prenatal care, delivery, or postnatal*
21 *care;*

22 (II) *shall estimate such costs as if*
23 *such coverage were included for the en-*
24 *tire population covered; and*