

# Union Calendar No. 612

114<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 954

[Report No. 114-784]

To amend the Internal Revenue Code of 1986 to exempt from the individual mandate certain individuals who had coverage under a terminated qualified health plan funded through the Consumer Operated and Oriented Plan (CO-OP) program.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 12, 2015

Mr. SMITH of Nebraska introduced the following bill; which was referred to the Committee on Ways and Means

SEPTEMBER 22, 2016

Additional sponsors: Mr. FORTENBERRY, Mr. BLUM, Mr. DUNCAN of South Carolina, Mr. RENACCI, Mr. ROSKAM, Mr. HULTGREN, and Mr. DOLD

SEPTEMBER 22, 2016

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in *italic*]

[For text of introduced bill, see copy of bill as introduced on February 12, 2015]

# **A BILL**

To amend the Internal Revenue Code of 1986 to exempt from the individual mandate certain individuals who had coverage under a terminated qualified health plan funded through the Consumer Operated and Oriented Plan (CO-OP) program.

1        *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4        *This Act may be cited as the “CO-OP Consumer Pro-*  
5 *tection Act of 2016”.*

6 **SEC. 2. EXEMPTION FROM INDIVIDUAL MANDATE FOR CER-**  
7 **TAIN INDIVIDUALS WHO HAD COVERAGE**  
8 **UNDER A TERMINATED HEALTH PLAN FUND-**  
9 **ED THROUGH THE CONSUMER OPERATED**  
10 **AND ORIENTED PLAN (CO-OP) PROGRAM.**

11        *(a) IN GENERAL.—Section 5000A(e) of the Internal*  
12 *Revenue Code of 1986 is amended by adding at the end*  
13 *the following new paragraph:*

14            *“(6) CERTAIN INDIVIDUALS PREVIOUSLY EN-*  
15 *ROLLED IN HEALTH PLANS FUNDED THROUGH THE*  
16 *CONSUMER OPERATED AND ORIENTED PLAN (CO-OP)*  
17 *PROGRAM.—Any applicable individual for any month*  
18 *if—*

19            *“(A) such individual was enrolled in min-*  
20 *imum essential coverage offered by a qualified*  
21 *nonprofit health insurance issuer (as defined in*  
22 *subsection (c) of section 1322 of the Patient Pro-*  
23 *tection and Affordable Care Act (42 U.S.C.*  
24 *18042)) receiving funds with respect to such cov-*  
25 *erage through the Consumer Operated and Ori-*

1           *ented Plan program established under such sec-*  
2           *tion,*

3           *“(B) during the calendar year which in-*  
4           *cludes such month, such issuer terminated such*  
5           *coverage in the area in which the individual re-*  
6           *sides, and*

7           *“(C) such month ends after the date on*  
8           *which such coverage was so terminated.”.*

9           *(b) EFFECTIVE DATE.—The amendment made by sub-*  
10          *section (a) shall apply with respect to months beginning*  
11          *after December 31, 2013.*



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