

110TH CONGRESS
2D SESSION

H. R. 5784

To amend the Internal Revenue Code of 1986 to allow individuals a refundable credit against income tax for the purchase of private health insurance.

IN THE HOUSE OF REPRESENTATIVES

APRIL 14, 2008

Ms. GRANGER (for herself, Mr. WYNN, Ms. NORTON, and Mr. PLATTS) introduced the following bill; which was referred to the Committee on Ways and Means

A BILL

To amend the Internal Revenue Code of 1986 to allow individuals a refundable credit against income tax for the purchase of private health insurance.

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 “Affordable Health Care
5 Expansion Act of 2008”.

6 **SEC. 2. REFUNDABLE CREDIT FOR HEALTH INSURANCE**
7 **COVERAGE.**

8 (a) IN GENERAL.—Subpart C of part IV of sub-
9 chapter A of chapter 1 of the Internal Revenue Code of

1 1986 (relating to refundable credits) is amended by redese-
2 ignating section 36 as section 37 and by inserting after
3 section 35 the following new section:

4 **“SEC. 36. HEALTH INSURANCE COSTS.**

5 “(a) IN GENERAL.—In the case of an individual,
6 there shall be allowed as a credit against the tax imposed
7 by this chapter an amount equal to the amount paid dur-
8 ing the taxable year for qualified health insurance for the
9 taxpayer, his spouse, and dependents.

10 “(b) LIMITATIONS.—

11 “(1) IN GENERAL.—The amount allowed as a
12 credit under subsection (a) to the taxpayer for the
13 taxable year shall not exceed the sum of the monthly
14 limitations for coverage months during such taxable
15 year for each individual referred to in subsection (a)
16 for whom the taxpayer paid during the taxable year
17 any amount for coverage under qualified health in-
18 surance.

19 “(2) PHASEOUT OF AMOUNT.—

20 “(A) REDUCTION BASED ON ADJUSTED
21 GROSS INCOME.—The amount determined under
22 paragraph (1) for any taxable year shall be re-
23 duced (but not below zero) by the amount de-
24 termined under subparagraph (B).

1 “(B) AMOUNT OF REDUCTION.—The
2 amount determined under this subparagraph
3 with respect to any amount determined under
4 paragraph (1) shall be the amount which bears
5 the same ratio to such amount determined
6 under paragraph (1) as—

7 “(i) the excess of—

8 “(I) the taxpayer’s adjusted
9 gross income for such taxable year,
10 over

11 “(II) the applicable dollar
12 amount, bears to

13 “(ii) \$10,000.

14 The rules of subparagraphs (B) and (C) of sec-
15 tion 219(g)(2) shall apply to any reduction
16 under this subparagraph.

17 “(C) DEFINITIONS.—For purposes of this
18 paragraph—

19 “(i) adjusted gross income shall be de-
20 termined in the same manner as under sec-
21 tion 408A(e)(3)(C)(i), and

22 “(ii) the applicable dollar amount is—

23 “(I) in the case of a taxpayer fil-
24 ing a joint return, \$105,000,

1 “(II) in the case of any other
2 taxpayer (other than a married indi-
3 vidual filing a separate return),
4 \$65,000, and

5 “(III) in the case of a married
6 individual filing a separate return,
7 zero.

8 “(3) MONTHLY LIMITATION.—

9 “(A) IN GENERAL.—The monthly limita-
10 tion for an individual for each coverage month
11 of such individual during the taxable year is the
12 amount equal to $\frac{1}{12}$ th of—

13 “(i) the base amount, plus

14 “(ii) 50 percent of the amount paid in
15 excess of the base amount.

16 “(B) BASE AMOUNT.—For purposes of this
17 paragraph, the base amount is—

18 “(i) \$1,000 if such individual is the
19 taxpayer,

20 “(ii) \$1,000 if—

21 “(I) such individual is the spouse
22 of the taxpayer,

23 “(II) the taxpayer and such
24 spouse are married as of the first day
25 of such month, and

1 “(III) the taxpayer files a joint
2 return for the taxable year, and

3 “(iii) \$500 if such individual is an in-
4 dividual for whom a deduction under sec-
5 tion 151(c) is allowable to the taxpayer for
6 such taxable year.

7 “(4) HEALTH INSURANCE COVERAGE REQUIRED
8 FOR ALL FAMILY MEMBERS.—

9 “(A) IN GENERAL.—The coverage month
10 limitation for a month shall be zero unless, on
11 the first day of the such month, the taxpayer,
12 the spouse of the taxpayer, and each qualifying
13 child of the taxpayer as of such day is covered
14 by qualified health insurance.

15 “(B) QUALIFYING CHILD.—For purposes
16 of subparagraph (A), the term ‘qualifying
17 child’, with respect to the taxpayer, has the
18 meaning given such term by section 152(c), de-
19 termined without regard to section 152(e), but
20 not if such child—

21 “(i) is married at the close of the tax-
22 payer’s taxable year, and

23 “(ii) is not a dependent of such indi-
24 vidual by reason of section 152(b)(2) or
25 152(b)(3), or both.

1 “(5) COVERAGE MONTH.—For purposes of this
2 subsection—

3 “(A) IN GENERAL.—The term ‘coverage
4 month’ means, with respect to an individual,
5 any month if—

6 “(i) as of the first day of such month
7 such individual is covered by qualified
8 health insurance, and

9 “(ii) the premium for coverage under
10 such insurance for such month is paid by
11 the taxpayer.

12 “(B) EMPLOYER-SUBSIDIZED COV-
13 ERAGE.—

14 “(i) IN GENERAL.—Such term shall
15 not include any month for which such indi-
16 vidual participates in any subsidized health
17 plan (within the meaning of section
18 162(l)(2)) maintained by any employer of
19 the taxpayer or of the spouse of the tax-
20 payer.

21 “(ii) PREMIUMS TO NONSUBSIDIZED
22 PLANS.—If an employer of the taxpayer or
23 the spouse of the taxpayer maintains a
24 health plan which is not a subsidized
25 health plan (as so defined) and which con-

1 stitutes qualified health insurance, em-
2 ployee contributions to the plan shall be
3 treated as amounts paid for qualified
4 health insurance.

5 “(C) CAFETERIA PLAN AND FLEXIBLE
6 SPENDING ACCOUNT BENEFICIARIES.—Such
7 term shall not include any month during a tax-
8 able year if any amount is not includible in the
9 gross income of the taxpayer for such year
10 under section 106 with respect to—

11 “(i) a benefit chosen under a cafeteria
12 plan (as defined in section 125(d)), or

13 “(ii) a benefit provided under a flexi-
14 ble spending or similar arrangement.

15 “(D) MEDICARE AND MEDICAID.—Such
16 term shall not include any month with respect
17 to an individual if, as of the first day of such
18 month, such individual—

19 “(i) is entitled to any benefits under
20 title XVIII of the Social Security Act, or

21 “(ii) is a participant in the program
22 under title XIX or XXI of such Act.

23 “(E) CERTAIN OTHER COVERAGE.—Such
24 term shall not include any month during a tax-
25 able year with respect to an individual if, at any

1 time during such year, any benefit is provided
2 to such individual under—

3 “(i) chapter 89 of title 5, United
4 States Code,

5 “(ii) chapter 55 of title 10, United
6 States Code,

7 “(iii) chapter 17 of title 38, United
8 States Code, or

9 “(iv) any medical care program under
10 the Indian Health Care Improvement Act.

11 “(F) PRISONERS.—Such term shall not in-
12 clude any month with respect to an individual
13 if, as of the first day of such month, such indi-
14 vidual is imprisoned under Federal, State, or
15 local authority.

16 “(G) INSUFFICIENT PRESENCE IN UNITED
17 STATES.—Such term shall not include any
18 month during a taxable year with respect to an
19 individual if such individual is present in the
20 United States on fewer than 183 days during
21 such year (determined in accordance with sec-
22 tion 7701(b)(7)).

23 “(6) COORDINATION WITH DEDUCTION FOR
24 HEALTH INSURANCE COSTS OF SELF-EMPLOYED IN-
25 DIVIDUALS.—In the case of a taxpayer who is eligi-

1 ble to deduct any amount under section 162(l) for
2 the taxable year, this section shall apply only if the
3 taxpayer elects not to claim any amount as a deduc-
4 tion under such section for such year.

5 “(c) REDUCED CREDIT FOR PARTICIPANTS IN
6 HEALTH PLANS OF EMPLOYERS.—In the case of any indi-
7 vidual who participates in a subsidized health plan (within
8 the meaning of section 162(l)(2)) maintained by any em-
9 ployer of the taxpayer or of the spouse of the taxpayer
10 (not including a cafeteria plan (as defined in section
11 125(d))), there shall be allowed to the taxpayer one-quar-
12 ter of the credit that would be allowed to the taxpayer
13 under subsection (a) (determined without regard to the
14 participation in the health plan) if the monthly limitation
15 were determined without the addition of the amount de-
16 scribed in subsection (b)(3)(A)(ii).

17 “(d) QUALIFIED HEALTH INSURANCE.—For pur-
18 poses of this section—

19 “(1) IN GENERAL.—The term ‘qualified health
20 insurance’ means insurance which constitutes med-
21 ical care as defined in section 213(d) without regard
22 to—

23 “(A) paragraph (1)(C) thereof, and

1 “(B) so much of paragraph (1)(D) thereof
2 as relates to qualified long-term care insurance
3 contracts.

4 “(2) EXCLUSION OF CERTAIN OTHER CON-
5 TRACTS.—Such term shall not include insurance if a
6 substantial portion of its benefits are excepted bene-
7 fits (as defined in section 9832(c)).

8 “(e) MEDICAL AND HEALTH SAVINGS ACCOUNT
9 CONTRIBUTIONS.—

10 “(1) IN GENERAL.—If a deduction would (but
11 for paragraph (2)) be allowed under section 220 or
12 223 to the taxpayer for a payment for the taxable
13 year to the medical or health savings account of an
14 individual, subsection (a) shall be applied by treating
15 such payment as a payment for qualified health in-
16 surance for such individual.

17 “(2) DENIAL OF DOUBLE BENEFIT.—No deduc-
18 tion shall be allowed under section 220 or 223 for
19 that portion of the payments otherwise allowable as
20 a deduction under section 220 or 223 (as the case
21 may be) for the taxable year which is equal to the
22 amount of credit allowed for such taxable year by
23 reason of this subsection.

24 “(f) SPECIAL RULES.—

1 “(1) COORDINATION WITH MEDICAL EXPENSE
2 DEDUCTION.—The amount which would (but for this
3 paragraph) be taken into account by the taxpayer
4 under section 213 for the taxable year shall be re-
5 duced by the credit (if any) allowed by this section
6 to the taxpayer for such year.

7 “(2) DENIAL OF CREDIT TO DEPENDENTS.—No
8 credit shall be allowed under this section to any indi-
9 vidual with respect to whom a deduction under sec-
10 tion 151 is allowable to another taxpayer for a tax-
11 able year beginning in the calendar year in which
12 such individual’s taxable year begins.

13 “(3) DENIAL OF DOUBLE BENEFIT.—No credit
14 shall be allowed under subsection (a) if the credit
15 under section 35 is allowed and no credit shall be al-
16 lowed under 35 if a credit is allowed under this sec-
17 tion.

18 “(4) ELECTION NOT TO CLAIM CREDIT.—This
19 section shall not apply to a taxpayer for any taxable
20 year if such taxpayer elects to have this section not
21 apply for such taxable year.

22 “(5) INFLATION ADJUSTMENT.—In the case of
23 any taxable year beginning in a calendar year after
24 2009, each dollar amount contained in subsection

1 (b)(3)(B) shall be increased by an amount equal
2 to—

3 “(A) such dollar amount, multiplied by

4 “(B) the cost-of-living adjustment deter-
5 mined under section 1(f)(3) for the calendar
6 year in which the taxable year begins, deter-
7 mined by substituting ‘calendar year 2008’ for
8 ‘calendar year 1992’ in subparagraph (B)
9 thereof.

10 Any increase determined under the preceding sen-
11 tence shall be rounded to the nearest multiple of \$50
12 (\$25 in the case of the dollar amount in subsection
13 (b)(3)(B)(iii)).”.

14 (b) INFORMATION REPORTING.—

15 (1) IN GENERAL.—Subpart B of part III of
16 subchapter A of chapter 61 of such Code (relating
17 to information concerning transactions with other
18 persons) is amended by inserting after section
19 6050V the following new section:

20 **“SEC. 6050W. RETURNS RELATING TO PAYMENTS FOR**
21 **QUALIFIED HEALTH INSURANCE.**

22 “(a) IN GENERAL.—Any person who, in connection
23 with a trade or business conducted by such person, re-
24 ceives payments during any calendar year from any indi-
25 vidual for coverage of such individual or any other indi-

1 vidual under creditable health insurance, shall make the
2 return described in subsection (b) (at such time as the
3 Secretary may by regulations prescribe) with respect to
4 each individual from whom such payments were received.

5 “(b) FORM AND MANNER OF RETURNS.—A return
6 is described in this subsection if such return—

7 “(1) is in such form as the Secretary may pre-
8 scribe, and

9 “(2) contains—

10 “(A) the name, address, and TIN of the
11 individual from whom payments described in
12 subsection (a) were received,

13 “(B) the name, address, and TIN of each
14 individual who was provided by such person
15 with coverage under creditable health insurance
16 by reason of such payments and the period of
17 such coverage, and

18 “(C) such other information as the Sec-
19 retary may reasonably prescribe.

20 “(c) CREDITABLE HEALTH INSURANCE.—For pur-
21 poses of this section, the term ‘creditable health insurance’
22 means qualified health insurance (as defined in section
23 36(d)) other than—

24 “(1) insurance under a subsidized group health
25 plan maintained by an employer, or

1 “(2) to the extent provided in regulations pre-
2 scribed by the Secretary, any other insurance cov-
3 ering an individual if no credit is allowable under
4 section 36 with respect to such coverage.

5 “(d) STATEMENTS TO BE FURNISHED TO INDIVID-
6 UALS WITH RESPECT TO WHOM INFORMATION IS RE-
7 QUIRED.—Every person required to make a return under
8 subsection (a) shall furnish to each individual whose name
9 is required under subsection (b)(2)(A) to be set forth in
10 such return a written statement showing—

11 “(1) the aggregate amount of payments de-
12 scribed in subsection (a) received by the person re-
13 quired to make such return from the individual to
14 whom the statement is required to be furnished, and

15 “(2) the information required under subsection
16 (b)(2)(B) with respect to such payments.

17 The written statement required under the preceding sen-
18 tence shall be furnished on or before January 31 of the
19 year following the calendar year for which the return
20 under subsection (a) is required to be made.

21 “(e) RETURNS WHICH WOULD BE REQUIRED TO BE
22 MADE BY 2 OR MORE PERSONS.—Except to the extent
23 provided in regulations prescribed by the Secretary, in the
24 case of any amount received by any person on behalf of
25 another person, only the person first receiving such

1 amount shall be required to make the return under sub-
2 section (a).”.

3 (2) ASSESSABLE PENALTIES.—

4 (A) Subparagraph (B) of section
5 6724(d)(1) of such Code (relating to defini-
6 tions) is amended by redesignating clauses (xv)
7 through (xx) as clauses (xvi) through (xxii), re-
8 spectively, and by inserting after clause (xiv)
9 the following new clause:

10 “(xv) section 6050W (relating to re-
11 turns relating to payments for qualified
12 health insurance),”.

13 (B) Paragraph (2) of section 6724(d) of
14 such Code is amended by striking “or” at the
15 end of the next to last subparagraph, by strik-
16 ing the period at the end of the last subpara-
17 graph and inserting “, or”, and by adding at
18 the end the following new subparagraph:

19 “(DD) section 6050W(d) (relating to re-
20 turns relating to payments for qualified health
21 insurance).”.

22 (3) CLERICAL AMENDMENT.—The table of sec-
23 tions for subpart B of part III of subchapter A of
24 chapter 61 of such Code is amended by inserting

1 after the item relating to section 6050V the fol-
 2 lowing new item:

“Sec. 6050W. Returns relating to payments for qualified health insurance.”.

3 (c) CONFORMING AMENDMENTS.—

4 (1) Paragraph (2) of section 1324(b) of title
 5 31, United States Code, is amended by inserting be-
 6 fore the period “, or from section 36 of such Code”.

7 (2) The table of sections for subpart C of part
 8 IV of subchapter A of chapter 1 of such Code is
 9 amended by redesignating the item relating to sec-
 10 tion 36 as an item relating to section 37 and by in-
 11 serting after section 35 the following new item:

“Sec. 36. Health insurance costs.”.

12 (d) EFFECTIVE DATE.—The amendments made by
 13 this section shall apply to taxable years beginning after
 14 December 31, 2008.

15 **SEC. 3. ADVANCE PAYMENT OF CREDIT FOR PURCHASERS**
 16 **OF QUALIFIED HEALTH INSURANCE.**

17 (a) IN GENERAL.—Chapter 77 of the Internal Rev-
 18 enue Code of 1986 (relating to miscellaneous provisions)
 19 is amended by adding at the end the following new section:

20 **“SEC. 7529. ADVANCE PAYMENT OF HEALTH INSURANCE**
 21 **CREDIT FOR PURCHASERS OF QUALIFIED**
 22 **HEALTH INSURANCE.**

23 “(a) GENERAL RULE.—In the case of an eligible indi-
 24 vidual, the Secretary shall make payments to the provider

1 of such individual's qualified health insurance equal to
2 such individual's qualified health insurance credit advance
3 amount with respect to such provider.

4 “(b) ELIGIBLE INDIVIDUAL.—For purposes of this
5 section, the term ‘eligible individual’ means any indi-
6 vidual—

7 “(1) who purchases qualified health insurance
8 (as defined in section 36(d)), and

9 “(2) for whom a qualified health insurance
10 credit eligibility certificate is in effect.

11 “(c) QUALIFIED HEALTH INSURANCE CREDIT ELIGI-
12 BILITY CERTIFICATE.—For purposes of this section, a
13 qualified health insurance credit eligibility certificate is a
14 statement furnished by an individual to the Secretary
15 which—

16 “(1) certifies that the individual will be eligible
17 to receive the credit provided by section 36 for the
18 taxable year,

19 “(2) estimates the amount of such credit for
20 such taxable year, and

21 “(3) provides such other information as the
22 Secretary may require for purposes of this section.

23 “(d) QUALIFIED HEALTH INSURANCE CREDIT AD-
24 VANCE AMOUNT.—For purposes of this section, the term
25 ‘qualified health insurance credit advance amount’ means,

1 with respect to any provider of qualified health insurance,
2 the Secretary's estimate of the amount of credit allowable
3 under section 36 to the individual for the taxable year
4 which is attributable to the insurance provided to the indi-
5 vidual by such provider.

6 “(e) REGULATIONS.—The Secretary shall prescribe
7 such regulations as may be necessary to carry out the pur-
8 poses of this section.”.

9 (b) CLERICAL AMENDMENT.—The table of sections
10 for chapter 77 of such Code is amended by adding at the
11 end the following new item:

“Sec. 7529. Advance payment of health insurance credit for purchasers of
qualified health insurance.”.

12 (c) EFFECTIVE DATE.—The amendments made by
13 this section shall apply to taxable year beginning after the
14 date of the enactment of this Act.

○