

AMENDMENT**OFFERED BY Mr. Rogers**

In title III, at the end of the amendment added by section 3003(a)(2), add the following:

1 “(ee)(1) Effective October 1, 2009, notwithstanding
2 any other provisions of this title, a State plan shall provide
3 for the offering of any qualified alternative coverage that
4 a qualified entity seeks to offer to individuals described
5 in subsection (dd) through the plan in the State.

6 “(2) With respect to all qualified alternative coverage
7 offered in a State, the State plan shall establish a uniform
8 dollar limitation on the per capita monthly amount that
9 will be paid by the State to the qualified entity with re-
10 spect to such coverage provided to an individual described
11 in subsection (dd). Such limitation may not be less than
12 90 percent of the per capita monthly payment made for
13 coverage offered under the State plan that is not in the
14 form of an alternative coverage option. Nothing in this
15 paragraph shall be construed—

16 “(A) as requiring a State to provide for the full
17 payment of premiums for qualified alternative cov-
18 erage;

1 “(B) as preventing a State from charging addi-
2 tional premiums to cover the difference between the
3 cost of qualified alternative coverage and the amount
4 of such payment limitation;

5 “(C) as preventing a State from using its own
6 funds to provide a dollar limitation that exceeds the
7 Federal financial participation.

8 “(3) In this subsection, the term ‘qualified alternative
9 coverage’ means health insurance coverage that—

10 “(A) meets the coverage requirements of section
11 2103 (other than cost-sharing requirements of such
12 section); and

13 “(B) is offered by a qualified insurer, and not
14 directly by the State.

15 “(4) In this section, the term ‘qualified insurer’
16 means, with respect to a State, an entity that is licensed
17 to offer health insurance coverage in the State.”.