

HOUSE BILL 1421

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9lr0196

By: **Chair, Health and Government Operations Committee (By Request – Departmental – Health)**

Introduced and read first time: March 4, 2019

Assigned to: Rules and Executive Nominations

A BILL ENTITLED

1 AN ACT concerning

2 **Maryland Health Benefit Exchange – Functions and Outreach**

3 FOR the purpose of requiring the Maryland Health Benefit Exchange to conduct outreach
4 and education activities for certain purposes; requiring the Exchange to perform
5 certain functions for Maryland Medical Assistance programs, as requested by the
6 Maryland Department of Health and approved by the Board of Trustees for the
7 Exchange, for a certain purpose; defining a certain term; and generally relating to
8 the functions and operations of the Maryland Health Benefit Exchange.

9 BY renumbering

10 Article – Insurance
11 Section 31–101(h) through (aa), respectively
12 to be Section 31–101(i) through (bb), respectively
13 Annotated Code of Maryland
14 (2017 Replacement Volume and 2018 Supplement)

15 BY adding to

16 Article – Insurance
17 Section 31–101(h)
18 Annotated Code of Maryland
19 (2017 Replacement Volume and 2018 Supplement)

20 BY repealing and reenacting, with amendments,

21 Article – Insurance
22 Section 31–108(b)
23 Annotated Code of Maryland
24 (2017 Replacement Volume and 2018 Supplement)

25 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
26 That Section(s) 31–101(h) through (aa), respectively, of Article – Insurance of the

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Annotated Code of Maryland be renumbered to be Section(s) 31–101(i) through (bb),
2 respectively.

3 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read
4 as follows:

5 **Article – Insurance**

6 31–101.

7 **(H) “HEALTH LITERACY” MEANS THE DEGREE TO WHICH AN INDIVIDUAL**
8 **HAS THE CAPACITY TO OBTAIN, PROCESS, AND UNDERSTAND HEALTH INFORMATION**
9 **AND SERVICES IN ORDER TO MAKE AN APPROPRIATE HEALTH DECISION.**

10 31–108.

11 (b) [On or before January 1, 2014, in] **IN** compliance with § 1311(d)(4) of the
12 Affordable Care Act, the Exchange shall:

13 (1) make qualified plans available to qualified individuals and qualified
14 employers;

15 (2) allow a carrier to offer a qualified dental plan through the Exchange
16 that provides limited scope dental benefits that meet the requirements of § 9832(c)(2)(A) of
17 the Internal Revenue Code, either separately, in conjunction with, or as an endorsement to
18 a qualified health plan, provided that the qualified health plan provides pediatric dental
19 benefits that meet the requirements of § 1302(b)(1)(J) of the Affordable Care Act;

20 (3) allow a carrier to offer a qualified vision plan through the Exchange
21 that provides limited scope vision benefits that meet the requirements of § 9832(c)(2)(A) of
22 the Internal Revenue Code, either separately, in conjunction with, or as an endorsement to
23 a qualified health plan, provided that the qualified health plan provides pediatric vision
24 benefits that meet the requirements of § 1302(b)(1)(J) of the Affordable Care Act;

25 (4) consistent with the guidelines developed by the Secretary under §
26 1311(c) of the Affordable Care Act, implement procedures for the certification,
27 recertification, and decertification of:

28 (i) health benefit plans as qualified health plans;

29 (ii) dental plans as qualified dental plans; and

30 (iii) vision plans as qualified vision plans;

31 (5) provide for the operation of a toll-free telephone hotline to respond to
32 requests for assistance;

1 (6) provide for initial, annual, and special enrollment periods, in
2 accordance with guidelines adopted by the Secretary under § 1311(c)(6) of the Affordable
3 Care Act;

4 (7) maintain a Web site through which enrollees and prospective enrollees
5 of qualified plans may obtain standardized comparative information on qualified health
6 plans, qualified dental plans, and qualified vision plans;

7 (8) with respect to each qualified plan offered through the Exchange:

8 (i) assign a rating to each qualified plan in accordance with the
9 criteria developed by the Secretary under § 1311(c)(3) of the Affordable Care Act and any
10 additional criteria that may be applicable under the laws of the State and regulations
11 adopted by the Exchange under this title; and

12 (ii) determine each qualified health plan's coverage level in
13 accordance with regulations adopted by the Secretary under § 1302(d)(2)(A) of the
14 Affordable Care Act and any additional regulations adopted by the Exchange under this
15 title;

16 (9) (i) present qualified plan options offered by the Exchange in a
17 standardized format, including the use of the uniform outline of coverage established under
18 § 2715 of the federal Public Health Service Act; and

19 (ii) to the extent necessary, modify the standardized format to
20 accommodate differences in qualified health plan, qualified dental plan, and qualified
21 vision plan options;

22 (10) in accordance with § 1413 of the Affordable Care Act, provide
23 information and make determinations regarding eligibility for the following programs:

24 (i) the Maryland Medical Assistance Program under Title XIX of the
25 Social Security Act;

26 (ii) the Maryland Children's Health Program under Title XXI of the
27 Social Security Act; and

28 (iii) any applicable State or local public health insurance program;

29 (11) facilitate the enrollment of any individual who the Exchange
30 determines is eligible for a program described in item (10) of this subsection;

31 (12) establish and make available by electronic means a calculator to
32 determine the actual cost of coverage of a qualified plan offered by the Exchange after
33 application of any premium tax credit under § 36B of the Internal Revenue Code and any
34 cost-sharing reduction under § 1402 of the Affordable Care Act;

1 (13) in accordance with this title, establish a SHOP Exchange through
2 which qualified employers may access coverage for their employees at specified coverage
3 levels and meet standards for the federal qualified employer tax credit;

4 (14) implement a certification process for individuals exempt from the
5 individual responsibility requirement and penalty under § 5000A of the Internal Revenue
6 Code on the grounds that:

7 (i) no affordable qualified health plan that covers the individual is
8 available through the Exchange or the individual's employer; or

9 (ii) the individual meets other requirements under the Affordable
10 Care Act that make the individual eligible for the exemption;

11 (15) implement a process for transfer to the United States Secretary of the
12 Treasury the name and taxpayer identification number of each individual who:

13 (i) is certified as exempt from the individual responsibility
14 requirement;

15 (ii) is employed but determined eligible for the premium tax credit
16 on the grounds that:

17 1. the individual's employer does not provide minimum
18 essential coverage; or

19 2. the employer's coverage is determined to be unaffordable
20 for the individual or does not provide the requisite minimum actuarial value;

21 (iii) notifies the Exchange under § 1411(b)(4) of the Affordable Care
22 Act that the individual has changed employers; or

23 (iv) ceases coverage under a qualified health plan during the plan
24 year, together with the date coverage ceased;

25 (16) provide notice to employers of employees who cease coverage under a
26 qualified health plan during a plan year, together with the date coverage ceased;

27 (17) conduct processes required by the Secretary and the United States
28 Secretary of the Treasury to determine eligibility for premium tax credits, reduced
29 cost-sharing, and individual responsibility requirement exemptions;

30 (18) establish a Navigator Program in accordance with § 1311(i) of the
31 Affordable Care Act and this title;

32 (19) carry out a plan to provide appropriate assistance for consumers
33 seeking to purchase products through the Exchange, including the implementation of:

1 (i) a navigator program for the SHOP Exchange and a navigator
2 program for the Individual Exchange; and

3 (ii) the toll-free hotline required under item (5) of this subsection;
4 [and]

5 (20) carry out a public relations and advertising campaign to promote the
6 Exchange;

7 **(21) CONDUCT OUTREACH AND EDUCATION ACTIVITIES TO INCREASE**
8 **HEALTH LITERACY AND TO EDUCATE CONSUMERS ABOUT THE EXCHANGE AND**
9 **INSURANCE AFFORDABILITY PROGRAMS THAT:**

10 **(I) INCLUDE MINORITY POPULATIONS;**

11 **(II) DO NOT INCLUDE CLINICAL OR INDIVIDUAL HEALTH**
12 **INFORMATION RELATED TO A SPECIFIC HEALTH CONDITION; AND**

13 **(III) INCREASE PARTICIPATION IN THE EXCHANGE; AND**

14 **(22) PERFORM ADMINISTRATIVE, TECHNOLOGICAL, OPERATIONAL,**
15 **AND REPORTING FUNCTIONS FOR MARYLAND MEDICAL ASSISTANCE PROGRAMS, AS**
16 **REQUESTED BY THE MARYLAND DEPARTMENT OF HEALTH AND APPROVED BY THE**
17 **BOARD, TO THE EXTENT THAT THE PERFORMANCE OF THE FUNCTIONS AID IN THE**
18 **EFFICIENT OPERATIONS OF THE EXCHANGE AND THE MARYLAND MEDICAL**
19 **ASSISTANCE PROGRAMS.**

20 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July
21 1, 2019.