

Chapter 391

(House Bill 1421)

AN ACT concerning

Maryland Health Benefit Exchange – Functions and Outreach

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

BY renumbering

Article – Insurance

Section 31–101(h) through (aa), respectively

to be Section 31–101(i) through (bb), respectively

Annotated Code of Maryland

(2017 Replacement Volume and 2018 Supplement)

BY adding to

Article – Insurance

Section 31–101(h)

Annotated Code of Maryland

(2017 Replacement Volume and 2018 Supplement)

BY repealing and reenacting, with amendments,

Article – Insurance

Section 31–108(b)

Annotated Code of Maryland

(2017 Replacement Volume and 2018 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That Section(s) 31–101(h) through (aa), respectively, of Article – Insurance of the Annotated Code of Maryland be renumbered to be Section(s) 31–101(i) through (bb), respectively.

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

Article – Insurance

31–101.

(H) “HEALTH LITERACY” MEANS THE DEGREE TO WHICH AN INDIVIDUAL

HAS THE CAPACITY TO OBTAIN, PROCESS, AND UNDERSTAND HEALTH INFORMATION AND SERVICES IN ORDER TO MAKE AN APPROPRIATE HEALTH DECISION.

31–108.

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

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

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

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

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

- (i) health benefit plans as qualified health plans;
- (ii) dental plans as qualified dental plans; and
- (iii) vision plans as qualified vision plans;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) no affordable qualified health plan that covers the individual is

available through the Exchange or the individual's employer; or

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) the toll-free hotline required under item (5) of this subsection;

[and]

(20) carry out a public relations and advertising campaign to promote the

Exchange;

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

(I) INCLUDE MINORITY POPULATIONS;

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

(III) INCREASE PARTICIPATION IN THE EXCHANGE; AND

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

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

Approved by the Governor, May 13, 2019.