


Councilmember Yvette Alexander

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A BILL

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To amend, on an emergency basis, the Health Benefit Exchange Authority Establishment Act of 2011 to promote meaningful choice, provide enhanced benefits, and build a competitive private insurance marketplace for the residents and small business owners of the District of Columbia.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the “Better Prices, Better Quality, Better Choices for Health Coverage Emergency Amendment Act of 2013”.

Sec. 2. The Health Benefit Exchange Authority Establishment Act of 2011, effective March 2, 2012 (D.C. Law 19-94; D.C. Official Code § 31-3171.01 *et seq.*) (“Act”), is amended as follows:

(a) Section 2 (D.C. Official Code §31-3171.01) is amended as follows:

(1) New paragraphs(8A)and (8B)are added to read as follows:

“(8A) “Metal level” means the bronze, silver, gold, and platinum levels of coverage as defined in section 1302(d)(1) of the Federal Act.

“(8B) “Navigator” refers to the entities described in section 1311(i) of the Federal Act.

(2) New paragraph (18) is added to read as follows:

1 “(18) “Standardized plan” means a plan with defined benefits and cost sharing as
2 determined by the executive board for the Authority.”.

3 (b) Section 10 (D.C. Official Code §31-3171.09) is amended as follows:

4 (1) Subsection (a) is amended as follows:

5 (A) Paragraph (5)(B)(i) is amended by striking the phrase “at least one
6 qualified health plan at the silver level and at least one plan at the gold level” and inserting the
7 phrase “at least one qualified health plan at the bronze level, at least one qualified health plan at
8 the silver level, and at least one qualified health plan at the gold level” in its place.

9 (2) New subparagraphs (F), (G), and (H) are added to paragraph (5) to read as
10 follows:

11 “(F) Provide accurate attestations as required in the initial certification
12 process;

13 “(G) Offers one or more standardized plan(s) that meet the criteria
14 developed by the executive board for the Authority, at each metal level in which the carrier is
15 participating, in addition to other plans the carrier may offer;

16 “(H) Offers plans subject to the meaningful difference standard, as defined
17 in Chapter 1, section 4(ii) of “Affordable Exchanges Guidance” dated March 1, 2013, by the
18 Centers for Consumer Information and Insurance Oversight at the Centers for Medicare and
19 Medicaid Services in the U.S. Department of Health and Human Services, or as may be defined
20 by the executive board for the Authority.”.

21 (3) Paragraph (7) is amended by striking the period at the end of the paragraph and
22 inserting a semi-colon in its place.

23 (4) New paragraphs (8) and (9) are added to read as follows:

1 “(8) Comply with the Mental Health Parity and Addiction Equity Act of 2008 as
2 applied to the Federal Act, including, but not limited to, covering behavioral health inpatient and
3 outpatient services for mental health and substance use disorders without day or visit limitations;

4 “(9) Provide a drug formulary that includes, at a minimum, the greater of either
5 the number of drugs listed in each category and class found in the District’s base-benchmark
6 plan formulary, or the minimum number of drugs, by category and class, as established by the
7 Center for Consumer Information and Insurance Oversight in the Centers for Medicare and
8 Medicaid Services at the U.S. Department of Health and Human Services;

9 “(10) Provide benefits identical to the essential health benefits benchmark plan,
10 as defined in federal regulations promulgated pursuant to section 1302(a) of the Federal Act, as
11 defined by the District without benefit substitution.”.

12 (5) Subsection (b) is amended as follows:

13 (A) Paragraph (2) is amended by striking “or”.

14 (B) Paragraph (3) is amended by striking the period at the end of the
15 paragraph and inserting “; or” in its place.

16 (C) A new paragraph(4) is added to read as follows:

17 “(4) On the basis of the number of qualified health plans being offered.”

18 (6) A new subsection (g) is added to read as follows:

19 “(g) A qualified health plan may provide additional services that are not in the
20 essential health benefits package required in paragraph (a)(1),if such services are eligible for
21 claims submission and reimbursement.”.

22 (c) A new section 10a (D.C. Official Code § 31-3171.01 *et seq.*) is added to read as
23 follows:

1 “Sec. 10a. Distribution of individual and small group health benefit plans.

2 “(a) A carrier that offers individual or small group health benefit plans shall offer such
3 plans solely through the District’s American Health Benefit Exchange, as established pursuant to
4 section 5(a) subject to the following transition:

5 “(1) Individual health benefit plans with plan years beginning on or after January
6 1, 2014, shall be offered solely through the District’s American Health Benefit Exchange;

7 “(2) On or after January 1, 2014, small group health benefit plans offered to any
8 small business that was not insured as of December 31, 2013, shall be offered and issued solely
9 through the District’s American Health Benefit Exchange;

10 “(3) Small group health benefit plans offered to or renewed by any small business
11 that was insured as of December 31, 2013, may be issued or renewed during calendar year 2014
12 through existing distribution channels with the same carrier or a new carrier, except that such
13 plans shall meet the qualifications for certification of a qualified health plan as provided in
14 section 10; and

15 “(4) Unless the Council acts by October 1, 2014 to change the date that all small
16 group health plans shall be offered, issued, or renewed through the District’s American Health
17 Benefit Exchange, on or after January 1, 2015, all small group health benefit plans shall be
18 offered and issued or renewed solely through the District’s American Health Benefit Exchange.

19 “(b) The requirements of this section shall not apply to grandfathered health plans
20 as defined in section 1251 of the Federal Act.”.

21 (d) A new section 10b (D.C. Official Code § 31-3171.01 *et seq.*) is added to read as
22 follows:

23 “Sec. 10b. Sale, solicitation, and negotiation by insurance producers.

1 “(a) An insurance producer who is licensed in the District and authorized by the
2 Commissioner to sell, solicit, or negotiate health insurance pursuant to Chapter 11A of this
3 Title, may sell any qualified health plan offered in the American Health Benefit Exchange, after
4 satisfactorily completing training developed and provided by the Health Benefit Exchange
5 Authority.

6 “(b) An insurance producer shall be compensated directly by a health carrier for the sale
7 of a qualified health plan offered in the American Health Benefit Exchange.”.

8 (e) A new section 10c (D.C. Official Code § 31-3171.01 *et seq.*) is added to read as
9 follows:

10 “Sec. 10c. Habilitative Services.

11 “For purposes of the essential health benefits benchmark plan, as defined in federal
12 regulations promulgated pursuant to section 1302(a) of the Federal Act, the term “habilitative
13 services” includes health care services that help a person keep, learn, or improve skills and
14 functioning for daily living, including, but not limited to, applied behavioral analysis for the
15 treatment of autism spectrum disorder.”.

16 Sec. 3. Fiscal impact.

17 The Council adopts the fiscal impact statement provided by the Chief Financial Officer as
18 the fiscal impact statement required by section 602(c)(3) of the District of Columbia Home Rule
19 Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(3)).

20 Sec. 4. Effective date.

21 This act shall take effect following approval by the Mayor (or in the event of veto by the
22 Mayor, action by the Council to override the veto), and shall remain in effect for no longer than
23 90 days, as provided for emergency acts of the Council of the District of Columbia in section

- 1 412(a) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 788;
- 2 D.C. Official Code § 1-204.12(a)).