

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 151

BY HEALTH AND WELFARE COMMITTEE

AN ACT

1
2 RELATING TO HEALTH INSURANCE; AMENDING SECTION 41-6105, IDAHO CODE, TO PRO-
3 VIDE THAT CERTAIN INFORMATION ABOUT HEALTH BENEFIT PLANS BE MADE AVAIL-
4 ABLE TO USERS OF THE HEALTH INSURANCE EXCHANGE AND TO MAKE A TECHNICAL
5 CORRECTION.

6 Be It Enacted by the Legislature of the State of Idaho:

7 SECTION 1. That Section 41-6105, Idaho Code, be, and the same is hereby
8 amended to read as follows:

9 41-6105. POWERS AND AUTHORITY OF THE EXCHANGE. (1) Unless otherwise
10 required by this chapter, in the discretion of the board, the exchange shall
11 have the powers and authority to:

12 (a) Perform all duties that are necessary and appropriate to implement
13 a health insurance exchange and the provisions of this chapter;

14 (b) Adopt bylaws for the regulation of its affairs and the conduct of
15 its business, subject to the review and approval by the director. The
16 director's consent shall be required for any amendment to the bylaws;

17 (c) Assess and collect fees from participating health carriers, ex-
18 change users and receive funds from any other source, that shall be used
19 solely for the purposes of this chapter. The exchange shall not be sub-
20 ject to income tax imposed by the state of Idaho under chapter 30, title
21 63, Idaho Code;

22 (d) Appoint any advisory committees as deemed necessary by the board;

23 (e) Take any legal action to recover any amounts lawfully owed to the
24 exchange or otherwise consistent with this chapter;

25 (f) Enter into contracts to effectuate and implement a health insur-
26 ance exchange and shall accept requests for proposal to bid on such con-
27 tracts; and

28 (g) Develop, adopt and implement a plan of operation and other govern-
29 ing documents to fulfill the requirements of this chapter.

30 (2) The exchange powers and authority shall be subject to the following
31 limitations:

32 (a) The exchange shall not have the power to alter its own legal struc-
33 ture;

34 (b) The exchange shall be financially self-supporting and shall not re-
35 quest any financial support from the state and shall not have the power
36 to tax or encumber state assets;

37 (c) (i) The exchange shall be a voluntary marketplace with the purpose
38 of preserving individual choice and facilitating the informed se-
39 lection and purchase of health benefit plans by eligible individ-
40 uals, eligible employers and eligible employees. To that end the
41 exchange portal shall be constructed to permit health insurance
42 shoppers to anonymously input information to comparison shop, and

1 only upon submission of an application require login names, pass-
2 words and identifying information.

3 (ii) Neither the exchange nor any agency of the state of Idaho
4 shall require any person to use or participate in the exchange,
5 nor have the authority to impose upon or collect from a person any
6 penalty for failure or refusal to participate in the exchange or to
7 purchase a health benefit plan or stand-alone dental plan.

8 (iii) The exchange shall provide as part of the application
9 process for any person qualifying for premium assistance through
10 the exchange a prominent warning advising purchasers to estimate
11 income for the year carefully, that underestimating income can
12 result in an overpayment of premium assistance and that an over-
13 payment of premium assistance will likely result in owing the
14 overpayment back to the internal revenue service.

15 (d) The exchange shall not prohibit a health carrier from participating
16 in the exchange or prohibit a health benefit plan or stand-alone den-
17 tal plan from being sold in the exchange so long as the health carrier or
18 health benefit plan or stand-alone dental plan meets all requirements
19 of applicable law and any requirements of the exchange consistent with
20 this chapter;

21 (e) The exchange shall not prohibit or preclude a health carrier from
22 offering insurance or a stand-alone dental plan outside the exchange;

23 (f) The exchange shall not prohibit a producer from participating in
24 the exchange, and any producer participating in the exchange shall be
25 entitled to payment for his services through written fee agreements
26 with the individuals or small employers utilizing the services of said
27 producer or through commissions offered by health carriers participat-
28 ing in the exchange;

29 (g) Before the exchange begins taking applications or collecting in-
30 formation from exchange users, the board shall certify to the director
31 and governor that personal information collected from and about any
32 person who voluntarily uses the exchange including, but not limited to,
33 health care records and income, is and will continue to be secure;

34 (h) The exchange shall not inquire about the use, ownership, possession
35 or storage of any firearm or ammunition by anyone using the exchange;

36 (i) In the event the patient protection and affordable care act
37 (PPACA), P.L. 111-148, or any section thereof or rule enacted thereto,
38 is declared unconstitutional or otherwise invalid by any federal court,
39 unless such ruling is stayed by the court, the exchange shall immedi-
40 ately cease to enforce those affected provisions of the PPACA or rules;

41 (j) The state of Idaho shall not be liable for any obligations of the
42 exchange; and

43 (k) The board shall not be liable for any obligations of the exchange.
44 No member of the board shall be liable, and no cause of action of any
45 nature may arise against them, for any act or omission related to the
46 performance of their powers and duties under this chapter, unless such
47 act or omission constitutes willful or wanton misconduct. The board may
48 provide for indemnification of, and legal representation for, its mem-
49 bers.

1 (3) To facilitate the informed selection and purchase of health bene-
2 fit plans, the exchange through its board shall require participating health
3 carriers to make available the following information about each plan offered
4 on the exchange:

5 (a) The prescription drugs covered by the plan, including restrictions
6 on use or quantity and associated cost sharing;

7 (b) Out-of-pocket expenses associated with the plan;

8 (c) Network providers under the plan;

9 (d) Coverage for out-of-network providers under the plan;

10 (e) Rights of appeal when coverage is denied under the plan; and

11 (f) Other information deemed pertinent by the exchange.

12 The required information shall be provided in a manner simple and concise as
13 prescribed by rule of the exchange and shall be made available prior to the
14 open enrollment period for 2016 and thereafter.