

HEALTH BENEFIT EXCHANGE AND INSURANCE OVERSIGHT

Insurance reform

Sec. 1001. Amendments to the Public Health Service Act.

Sec. 2711. No lifetime or annual limits.

Sec. 2712. Prohibition on rescissions.

Sec. 2713. Coverage of preventive health services.

Sec. 2714. Extension of dependent coverage.

Sec. 2715. Development and utilization of uniform explanation of coverage documents and standardized definitions.

Sec. 2715A. Provision of additional information.

Sec. 2716. Prohibition of discrimination in favor of highly compensated individuals.

Sec. 2718. Bringing down the cost of health care coverage.

Sec. 2719. Appeals process.

Sec. 1002. Health insurance consumer information.

Sec. 1003. Ensuring that consumers get value for their dollars.

Sec. 1103. Immediate information that allows consumers to identify affordable coverage options.

Enforce insurance oversight laws

Part I – Health Insurance Market Reforms

Sec. 1201. Amendment to the Public Health Service Act.

Sec. 2701. Fair health insurance premiums.

Sec. 2702. Guaranteed availability of coverage.

Sec. 2703. Guaranteed renewability of coverage.

Sec. 2704. Prohibition of preexisting condition exclusions or other discrimination based on health status.

Sec. 2705. Prohibiting discrimination against individual participants and beneficiaries based on health status.

Sec. 2706. Non-discrimination in health care.

Sec. 2707. Comprehensive health insurance coverage.

Sec. 2708. Prohibition on excessive waiting periods.

Sec. 1251. Preservation of right to maintain existing coverage.

Sec. 1252. Rating reforms must apply uniformly to all health insurance issuers and group health plans.

Qualified health plans

Sec. 1301, 10104. Qualified health plan defined.

Sec. 1304. Related Definitions

Consumer Choices and Insurance Competition through Health Benefit Exchanges

Sec. 1311. Affordable choices of health benefit plans.

Sec. 1312. Consumer choice.

Sec. 1321. State flexibility in operation and enforcement of Exchanges and related requirements.

Enroll CO-Ops and multi-state plans into the HIE

Sec. 1322, 10104. Federal program to assist establishment and operation of nonprofit, member-run health insurance issuers.

Sec. 1334. Multi-State Plans.

Waiver for state innovation in health benefit exchange

Sec. 1332. Waiver for State innovation.

Offering plans in more than one state

Sec. 1333. Provisions relating to offering of plans in more than one State.

Participate in reinsurance, risk adjustment and risk corridors

Sec. 1341. Transitional reinsurance program for individual and small group markets in each State.

Sec. 1343. Risk adjustment.

Reporting to Secretary for refundable tax credits

Sec. 1401, Sec. 10105. Refundable tax credit providing premium assistance for coverage under a qualified health plan.

Sec. 1001 of Reconciliation. Tax Credits.

Determining exchange eligibility

Sec. 1411. Procedures for determining eligibility for Exchange participation, premium tax credits and reduced cost-sharing, and individual responsibility exemptions.

Premium tax credits and cost-sharing reductions

Sec. 1412. Advance determination and payment of premium tax credits and cost-sharing reductions.

Enrollment into HBE, Medicaid or CHIP

Sec. 1413. Streamlining of procedures for enrollment through an Exchange and State Medicaid, CHIP, and health subsidy programs.

Sec. 1414. Disclosures to carry out eligibility requirements for certain programs.

Sec. 2201. Enrollment simplification and coordination with state health insurance exchanges.

Small Business Tax Credit

Sec. 1421. Credit for employee health insurance expenses of small businesses.

Individual requirements for minimum coverage and reporting

Sec. 1501. Requirement to maintain minimum essential coverage.

Sec. 1502. Reporting of health insurance coverage.

Sec. 1002 of Reconciliation. Individual responsibility.

Employer responsibility to provide and report coverage.

Sec. 1511. Automatic enrollment for employees of large employers.

Sec. 1512. Employer requirement to inform employees of coverage options.

Sec. 1513. Shared responsibility for employers.

Sec. 1514. Reporting of employer health insurance coverage.

Sec. 10108. Free choice vouchers.

Sec. 1003 of Reconciliation.

Offering of exchange-participating qualified health plans through cafeteria plans

Sec. 1515. Offering of exchange-participating qualified health plans through cafeteria plans.

Health Information Technology

Sec. 1561. Health information technology enrollment standards and protocols.

Income definitions

Sec. 1004 of Reconciliation.

Insurance reforms

Sec. 2301 of Reconciliation.

High-Risk Insurance Pool

Sec. 1101. Immediate access to insurance for people with a preexisting condition.

This group may also want to review the provision which allows the state to create a basic health plan for people under 200% FPL.

Sec. 1331. State flexibility to establish basic health programs for low-income individuals not eligible for Medicaid.