

115TH CONGRESS
1ST SESSION

H. R. 1101

AN ACT

To amend title I of the Employee Retirement Income Security Act of 1974 to improve access and choice for entrepreneurs with small businesses with respect to medical care for their employees.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 (a) SHORT TITLE.—This Act may be cited as the
3 “Small Business Health Fairness Act of 2017”.

4 (b) TABLE OF CONTENTS.—The table of contents for
5 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Rules governing association health plans.
- Sec. 3. Clarification of treatment of single employer arrangements.
- Sec. 4. Enforcement provisions relating to association health plans.
- Sec. 5. Cooperation between Federal and State authorities.
- Sec. 6. Effective date and transitional and other rules.

6 **SEC. 2. RULES GOVERNING ASSOCIATION HEALTH PLANS.**

7 (a) IN GENERAL.—Subtitle B of title I of the Em-
8 ployee Retirement Income Security Act of 1974 is amend-
9 ed by adding after part 7 the following new part:

10 **“PART 8—RULES GOVERNING ASSOCIATION**
11 **HEALTH PLANS**

12 **“SEC. 801. ASSOCIATION HEALTH PLANS.**

13 “(a) IN GENERAL.—For purposes of this part, the
14 term ‘association health plan’ means a group health plan
15 whose sponsor is (or is deemed under this part to be) de-
16 scribed in subsection (b).

17 “(b) SPONSORSHIP.—The sponsor of a group health
18 plan is described in this subsection if such sponsor—

19 “(1) is organized and maintained in good faith,
20 with a constitution and bylaws specifically stating its
21 purpose and providing for periodic meetings on at
22 least an annual basis, as a bona fide trade associa-

1 tion, a bona fide industry association (including a
2 rural electric cooperative association or a rural tele-
3 phone cooperative association), a bona fide profes-
4 sional association, or a bona fide chamber of com-
5 merce (or similar bona fide business association, in-
6 cluding a corporation or similar organization that
7 operates on a cooperative basis (within the meaning
8 of section 1381 of the Internal Revenue Code of
9 1986)), for substantial purposes other than that of
10 obtaining or providing medical care;

11 “(2) is established as a permanent entity which
12 receives the active support of its members and re-
13 quires for membership payment on a periodic basis
14 of dues or payments necessary to maintain eligibility
15 for membership in the sponsor; and

16 “(3) does not condition membership, such dues
17 or payments, or coverage under the plan on the
18 basis of health status-related factors with respect to
19 the employees of its members (or affiliated mem-
20 bers), or the dependents of such employees, and does
21 not condition such dues or payments on the basis of
22 group health plan participation.

23 Any sponsor consisting of an association of entities which
24 meet the requirements of paragraphs (1), (2), and (3)

1 shall be deemed to be a sponsor described in this sub-
2 section.

3 **“SEC. 802. CERTIFICATION OF ASSOCIATION HEALTH**
4 **PLANS.**

5 “(a) IN GENERAL.—The applicable authority shall
6 prescribe by regulation a procedure under which, subject
7 to subsection (b), the applicable authority shall certify as-
8 sociation health plans which apply for certification as
9 meeting the requirements of this part.

10 “(b) STANDARDS.—Under the procedure prescribed
11 pursuant to subsection (a), in the case of an association
12 health plan that provides at least one benefit option which
13 does not consist of health insurance coverage, the applica-
14 ble authority shall certify such plan as meeting the re-
15 quirements of this part only if the applicable authority is
16 satisfied that the applicable requirements of this part are
17 met (or, upon the date on which the plan is to commence
18 operations, will be met) with respect to the plan.

19 “(c) REQUIREMENTS APPLICABLE TO CERTIFIED
20 PLANS.—An association health plan with respect to which
21 certification under this part is in effect shall meet the ap-
22 plicable requirements of this part, effective on the date
23 of certification (or, if later, on the date on which the plan
24 is to commence operations).

1 “(d) REQUIREMENTS FOR CONTINUED CERTIFI-
2 CATION.—The applicable authority may provide by regula-
3 tion for continued certification of association health plans
4 under this part.

5 “(e) CLASS CERTIFICATION FOR FULLY INSURED
6 PLANS.—The applicable authority shall establish a class
7 certification procedure for association health plans under
8 which all benefits consist of health insurance coverage.
9 Under such procedure, the applicable authority shall pro-
10 vide for the granting of certification under this part to
11 the plans in each class of such association health plans
12 upon appropriate filing under such procedure in connec-
13 tion with plans in such class and payment of the pre-
14 scribed fee under section 807(a).

15 “(f) CERTIFICATION OF SELF-INSURED ASSOCIATION
16 HEALTH PLANS.—An association health plan which offers
17 one or more benefit options which do not consist of health
18 insurance coverage may be certified under this part only
19 if such plan consists of any of the following:

20 “(1) A plan which offered such coverage on the
21 date of the enactment of the Small Business Health
22 Fairness Act of 2017.

23 “(2) A plan under which the sponsor does not
24 restrict membership to one or more trades and busi-
25 nesses or industries and whose eligible participating

1 employers represent a broad cross-section of trades
2 and businesses or industries.

3 “(3) A plan whose eligible participating employ-
4 ers represent one or more trades or businesses, or
5 one or more industries, consisting of any of the fol-
6 lowing: agriculture; equipment and automobile deal-
7 erships; barbering and cosmetology; certified public
8 accounting practices; child care; construction; dance,
9 theatrical and orchestra productions; disinfecting
10 and pest control; financial services; fishing; food
11 service establishments; hospitals; labor organiza-
12 tions; logging; manufacturing (metals); mining; med-
13 ical and dental practices; medical laboratories; pro-
14 fessional consulting services; sanitary services; trans-
15 portation (local and freight); warehousing; whole-
16 saling/distributing; or any other trade or business or
17 industry which has been indicated as having average
18 or above-average risk or health claims experience by
19 reason of State rate filings, denials of coverage, pro-
20 posed premium rate levels, or other means dem-
21 onstrated by such plan in accordance with regula-
22 tions.

1 **“SEC. 803. REQUIREMENTS RELATING TO SPONSORS AND**
2 **BOARDS OF TRUSTEES.**

3 “(a) SPONSOR.—The requirements of this subsection
4 are met with respect to an association health plan if the
5 sponsor has met (or is deemed under this part to have
6 met) the requirements of section 801(b) for a continuous
7 period of not less than 3 years ending with the date of
8 the application for certification under this part.

9 “(b) BOARD OF TRUSTEES.—The requirements of
10 this subsection are met with respect to an association
11 health plan if the following requirements are met:

12 “(1) FISCAL CONTROL.—The plan is operated,
13 pursuant to a trust agreement, by a board of trust-
14 ees which has complete fiscal control over the plan
15 and which is responsible for all operations of the
16 plan.

17 “(2) RULES OF OPERATION AND FINANCIAL
18 CONTROLS.—The board of trustees has in effect
19 rules of operation and financial controls, based on a
20 3-year plan of operation, adequate to carry out the
21 terms of the plan and to meet all requirements of
22 this title applicable to the plan.

23 “(3) RULES GOVERNING RELATIONSHIP TO
24 PARTICIPATING EMPLOYERS AND TO CONTRAC-
25 TORS.—

26 “(A) BOARD MEMBERSHIP.—

1 “(i) IN GENERAL.—Except as pro-
2 vided in clauses (ii) and (iii), the members
3 of the board of trustees are individuals se-
4 lected from individuals who are the owners,
5 officers, directors, or employees of the par-
6 ticipating employers or who are partners in
7 the participating employers and actively
8 participate in the business.

9 “(ii) LIMITATION.—

10 “(I) GENERAL RULE.—Except as
11 provided in subclauses (II) and (III),
12 no such member is an owner, officer,
13 director, or employee of, or partner in,
14 a contract administrator or other
15 service provider to the plan.

16 “(II) LIMITED EXCEPTION FOR
17 PROVIDERS OF SERVICES SOLELY ON
18 BEHALF OF THE SPONSOR.—Officers
19 or employees of a sponsor which is a
20 service provider (other than a contract
21 administrator) to the plan may be
22 members of the board if they con-
23 stitute not more than 25 percent of
24 the membership of the board and they

1 do not provide services to the plan
2 other than on behalf of the sponsor.

3 “(III) TREATMENT OF PRO-
4 VIDERS OF MEDICAL CARE.—In the
5 case of a sponsor which is an associa-
6 tion whose membership consists pri-
7 marily of providers of medical care,
8 subclause (I) shall not apply in the
9 case of any service provider described
10 in subclause (I) who is a provider of
11 medical care under the plan.

12 “(iii) CERTAIN PLANS EXCLUDED.—
13 Clause (i) shall not apply to an association
14 health plan which is in existence on the
15 date of the enactment of the Small Busi-
16 ness Health Fairness Act of 2017.

17 “(B) SOLE AUTHORITY.—The board has
18 sole authority under the plan to approve appli-
19 cations for participation in the plan and to con-
20 tract with a service provider to administer the
21 day-to-day affairs of the plan.

22 “(c) TREATMENT OF FRANCHISE NETWORKS.—In
23 the case of a group health plan which is established and
24 maintained by a franchiser for a franchise network con-
25 sisting of its franchisees—

1 “(1) the requirements of subsection (a) and sec-
2 tion 801(a) shall be deemed met if such require-
3 ments would otherwise be met if the franchiser were
4 deemed to be the sponsor referred to in section
5 801(b), such network were deemed to be an associa-
6 tion described in section 801(b), and each franchisee
7 were deemed to be a member (of the association and
8 the sponsor) referred to in section 801(b); and

9 “(2) the requirements of section 804(a)(1) shall
10 be deemed met.

11 The Secretary may by regulation define for purposes of
12 this subsection the terms ‘franchiser’, ‘franchise network’,
13 and ‘franchisee’.

14 **“SEC. 804. PARTICIPATION AND COVERAGE REQUIRE-**
15 **MENTS.**

16 “(a) COVERED EMPLOYERS AND INDIVIDUALS.—The
17 requirements of this subsection are met with respect to
18 an association health plan if, under the terms of the
19 plan—

20 “(1) each participating employer must be—

21 “(A) a member of the sponsor,

22 “(B) the sponsor, or

23 “(C) an affiliated member of the sponsor
24 with respect to which the requirements of sub-
25 section (b) are met,

1 except that, in the case of a sponsor which is a pro-
2 fessional association or other individual-based asso-
3 ciation, if at least one of the officers, directors, or
4 employees of an employer, or at least one of the in-
5 dividuals who are partners in an employer and who
6 actively participates in the business, is a member or
7 such an affiliated member of the sponsor, partici-
8 pating employers may also include such employer;
9 and

10 “(2) all individuals commencing coverage under
11 the plan after certification under this part must
12 be—

13 “(A) active or retired owners (including
14 self-employed individuals), officers, directors, or
15 employees of, or partners in, participating em-
16 ployers; or

17 “(B) the beneficiaries of individuals de-
18 scribed in subparagraph (A).

19 “(b) COVERAGE OF PREVIOUSLY UNINSURED EM-
20 PLOYEES.—In the case of an association health plan in
21 existence on the date of the enactment of the Small Busi-
22 ness Health Fairness Act of 2017, an affiliated member
23 of the sponsor of the plan may be offered coverage under
24 the plan as a participating employer only if—

1 “(1) the affiliated member was an affiliated
2 member on the date of certification under this part;
3 or

4 “(2) during the 12-month period preceding the
5 date of the offering of such coverage, the affiliated
6 member has not maintained or contributed to a
7 group health plan with respect to any of its employ-
8 ees who would otherwise be eligible to participate in
9 such association health plan.

10 “(c) INDIVIDUAL MARKET UNAFFECTED.—The re-
11 quirements of this subsection are met with respect to an
12 association health plan if, under the terms of the plan,
13 no participating employer may provide health insurance
14 coverage in the individual market for any employee not
15 covered under the plan which is similar to the coverage
16 contemporaneously provided to employees of the employer
17 under the plan, if such exclusion of the employee from cov-
18 erage under the plan is based on a health status-related
19 factor with respect to the employee and such employee
20 would, but for such exclusion on such basis, be eligible
21 for coverage under the plan.

22 “(d) PROHIBITION OF DISCRIMINATION AGAINST
23 EMPLOYERS AND EMPLOYEES ELIGIBLE TO PARTICI-
24 PATE.—The requirements of this subsection are met with
25 respect to an association health plan if—

1 “(1) under the terms of the plan, all employers
 2 meeting the preceding requirements of this section
 3 are eligible to qualify as participating employers for
 4 all geographically available coverage options, unless,
 5 in the case of any such employer, participation or
 6 contribution requirements of the type referred to in
 7 section 2711 of the Public Health Service Act are
 8 not met;

9 “(2) upon request, any employer eligible to par-
 10 ticipate is furnished information regarding all cov-
 11 erage options available under the plan; and

12 “(3) the applicable requirements of sections
 13 701, 702, and 703 are met with respect to the plan.

14 **“SEC. 805. OTHER REQUIREMENTS RELATING TO PLAN**
 15 **DOCUMENTS, CONTRIBUTION RATES, AND**
 16 **BENEFIT OPTIONS.**

17 “(a) IN GENERAL.—The requirements of this section
 18 are met with respect to an association health plan if the
 19 following requirements are met:

20 “(1) CONTENTS OF GOVERNING INSTRU-
 21 MENTS.—The instruments governing the plan in-
 22 clude a written instrument, meeting the require-
 23 ments of an instrument required under section
 24 402(a)(1), which—

1 “(A) provides that the board of trustees
2 serves as the named fiduciary required for plans
3 under section 402(a)(1) and serves in the ca-
4 pacity of a plan administrator (referred to in
5 section 3(16)(A));

6 “(B) provides that the sponsor of the plan
7 is to serve as plan sponsor (referred to in sec-
8 tion 3(16)(B)); and

9 “(C) incorporates the requirements of sec-
10 tion 806.

11 “(2) CONTRIBUTION RATES MUST BE NON-
12 DISCRIMINATORY.—

13 “(A) The contribution rates for any par-
14 ticipating small employer do not vary on the
15 basis of any health status-related factor in rela-
16 tion to employees of such employer or their
17 beneficiaries and do not vary on the basis of the
18 type of business or industry in which such em-
19 ployer is engaged.

20 “(B) Nothing in this title or any other pro-
21 vision of law shall be construed to preclude an
22 association health plan, or a health insurance
23 issuer offering health insurance coverage in
24 connection with an association health plan,
25 from—

1 “(i) setting contribution rates based
2 on the claims experience of the plan; or

3 “(ii) varying contribution rates for
4 small employers in a State to the extent
5 that such rates could vary using the same
6 methodology employed in such State for
7 regulating premium rates in the small
8 group market with respect to health insur-
9 ance coverage offered in connection with
10 bona fide associations (within the meaning
11 of section 2791(d)(3) of the Public Health
12 Service Act),

13 subject to the requirements of section 702(b)
14 relating to contribution rates.

15 “(3) FLOOR FOR NUMBER OF COVERED INDI-
16 VIDUALS WITH RESPECT TO CERTAIN PLANS.—If
17 any benefit option under the plan does not consist
18 of health insurance coverage, the plan has as of the
19 beginning of the plan year not fewer than 1,000 par-
20 ticipants and beneficiaries.

21 “(4) MARKETING REQUIREMENTS.—

22 “(A) IN GENERAL.—If a benefit option
23 which consists of health insurance coverage is
24 offered under the plan, State-licensed insurance
25 agents shall be used to distribute to small em-

1 ployers coverage which does not consist of
2 health insurance coverage in a manner com-
3 parable to the manner in which such agents are
4 used to distribute health insurance coverage.

5 “(B) STATE-LICENSED INSURANCE
6 AGENTS.—For purposes of subparagraph (A),
7 the term ‘State-licensed insurance agents’
8 means one or more agents who are licensed in
9 a State and are subject to the laws of such
10 State relating to licensure, qualification, test-
11 ing, examination, and continuing education of
12 persons authorized to offer, sell, or solicit
13 health insurance coverage in such State.

14 “(5) REGULATORY REQUIREMENTS.—Such
15 other requirements as the applicable authority deter-
16 mines are necessary to carry out the purposes of this
17 part, which shall be prescribed by the applicable au-
18 thority by regulation.

19 “(b) ABILITY OF ASSOCIATION HEALTH PLANS TO
20 DESIGN BENEFIT OPTIONS.—Subject to section 514(d),
21 nothing in this part or any provision of State law (as de-
22 fined in section 514(e)(1)) shall be construed to preclude
23 an association health plan, or a health insurance issuer
24 offering health insurance coverage in connection with an
25 association health plan, from exercising its sole discretion

1 in selecting the specific items and services consisting of
 2 medical care to be included as benefits under such plan
 3 or coverage, except (subject to section 514) in the case
 4 of (1) any law to the extent that it is not preempted under
 5 section 731(a)(1) with respect to matters governed by sec-
 6 tion 711, 712, or 713, or (2) any law of the State with
 7 which filing and approval of a policy type offered by the
 8 plan was initially obtained to the extent that such law pro-
 9 hibits an exclusion of a specific disease from such cov-
 10 erage.

11 **“SEC. 806. MAINTENANCE OF RESERVES AND PROVISIONS**
 12 **FOR SOLVENCY FOR PLANS PROVIDING**
 13 **HEALTH BENEFITS IN ADDITION TO HEALTH**
 14 **INSURANCE COVERAGE.**

15 “(a) IN GENERAL.—The requirements of this section
 16 are met with respect to an association health plan if—

17 “(1) the benefits under the plan consist solely
 18 of health insurance coverage; or

19 “(2) if the plan provides any additional benefit
 20 options which do not consist of health insurance cov-
 21 erage, the plan—

22 “(A) establishes and maintains reserves
 23 with respect to such additional benefit options,
 24 in amounts recommended by the qualified actu-
 25 ary, consisting of—

1 “(i) a reserve sufficient for unearned
2 contributions;

3 “(ii) a reserve sufficient for benefit li-
4 abilities which have been incurred, which
5 have not been satisfied, and for which risk
6 of loss has not yet been transferred, and
7 for expected administrative costs with re-
8 spect to such benefit liabilities;

9 “(iii) a reserve sufficient for any other
10 obligations of the plan; and

11 “(iv) a reserve sufficient for a margin
12 of error and other fluctuations, taking into
13 account the specific circumstances of the
14 plan; and

15 “(B) establishes and maintains aggregate
16 and specific excess/stop loss insurance and sol-
17 vency indemnification, with respect to such ad-
18 ditional benefit options for which risk of loss
19 has not yet been transferred, as follows:

20 “(i) The plan shall secure aggregate
21 excess/stop loss insurance for the plan with
22 an attachment point which is not greater
23 than 125 percent of expected gross annual
24 claims. The applicable authority may by
25 regulation provide for upward adjustments

1 in the amount of such percentage in speci-
2 fied circumstances in which the plan spe-
3 cifically provides for and maintains re-
4 serves in excess of the amounts required
5 under subparagraph (A).

6 “(ii) The plan shall secure specific ex-
7 cess/stop loss insurance for the plan with
8 an attachment point which is at least equal
9 to an amount recommended by the plan’s
10 qualified actuary. The applicable authority
11 may by regulation provide for adjustments
12 in the amount of such insurance in speci-
13 fied circumstances in which the plan spe-
14 cifically provides for and maintains re-
15 serves in excess of the amounts required
16 under subparagraph (A).

17 “(iii) The plan shall secure indem-
18 nification insurance for any claims which
19 the plan is unable to satisfy by reason of
20 a plan termination.

21 Any person issuing to a plan insurance described in clause
22 (i), (ii), or (iii) of subparagraph (B) shall notify the Sec-
23 retary of any failure of premium payment meriting can-
24 cellation of the policy prior to undertaking such a cancella-
25 tion. Any regulations prescribed by the applicable author-

1 ity pursuant to clause (i) or (ii) of subparagraph (B) may
 2 allow for such adjustments in the required levels of excess/
 3 stop loss insurance as the qualified actuary may rec-
 4 ommend, taking into account the specific circumstances
 5 of the plan.

6 “(b) MINIMUM SURPLUS IN ADDITION TO CLAIMS
 7 RESERVES.—In the case of any association health plan de-
 8 scribed in subsection (a)(2), the requirements of this sub-
 9 section are met if the plan establishes and maintains sur-
 10 plus in an amount at least equal to—

11 “(1) \$500,000, or

12 “(2) such greater amount (but not greater than
 13 \$2,000,000) as may be set forth in regulations pre-
 14 scribed by the applicable authority, considering the
 15 level of aggregate and specific excess/stop loss insur-
 16 ance provided with respect to such plan and other
 17 factors related to solvency risk, such as the plan’s
 18 projected levels of participation or claims, the nature
 19 of the plan’s liabilities, and the types of assets avail-
 20 able to assure that such liabilities are met.

21 “(c) ADDITIONAL REQUIREMENTS.—In the case of
 22 any association health plan described in subsection (a)(2),
 23 the applicable authority may provide such additional re-
 24 quirements relating to reserves, excess/stop loss insurance,
 25 and indemnification insurance as the applicable authority

1 considers appropriate. Such requirements may be provided
2 by regulation with respect to any such plan or any class
3 of such plans.

4 “(d) ADJUSTMENTS FOR EXCESS/STOP LOSS INSUR-
5 ANCE.—The applicable authority may provide for adjust-
6 ments to the levels of reserves otherwise required under
7 subsections (a) and (b) with respect to any plan or class
8 of plans to take into account excess/stop loss insurance
9 provided with respect to such plan or plans.

10 “(e) ALTERNATIVE MEANS OF COMPLIANCE.—The
11 applicable authority may permit an association health plan
12 described in subsection (a)(2) to substitute, for all or part
13 of the requirements of this section (except subsection
14 (a)(2)(B)(iii)), such security, guarantee, hold-harmless ar-
15 rangement, or other financial arrangement as the applica-
16 ble authority determines to be adequate to enable the plan
17 to fully meet all its financial obligations on a timely basis
18 and is otherwise no less protective of the interests of par-
19 ticipants and beneficiaries than the requirements for
20 which it is substituted. The applicable authority may take
21 into account, for purposes of this subsection, evidence pro-
22 vided by the plan or sponsor which demonstrates an as-
23 sumption of liability with respect to the plan. Such evi-
24 dence may be in the form of a contract of indemnification,
25 lien, bonding, insurance, letter of credit, recourse under

1 applicable terms of the plan in the form of assessments
2 of participating employers, security, or other financial ar-
3 rangement.

4 “(f) MEASURES TO ENSURE CONTINUED PAYMENT
5 OF BENEFITS BY CERTAIN PLANS IN DISTRESS.—

6 “(1) PAYMENTS BY CERTAIN PLANS TO ASSO-
7 CIATION HEALTH PLAN FUND.—

8 “(A) IN GENERAL.—In the case of an as-
9 sociation health plan described in subsection
10 (a)(2), the requirements of this subsection are
11 met if the plan makes payments into the Asso-
12 ciation Health Plan Fund under this subpara-
13 graph when they are due. Such payments shall
14 consist of annual payments in the amount of
15 \$5,000, and, in addition to such annual pay-
16 ments, such supplemental payments as the Sec-
17 retary may determine to be necessary under
18 paragraph (2). Payments under this paragraph
19 are payable to the Fund at the time determined
20 by the Secretary. Initial payments are due in
21 advance of certification under this part. Pay-
22 ments shall continue to accrue until a plan’s as-
23 sets are distributed pursuant to a termination
24 procedure.

1 “(B) PENALTIES FOR FAILURE TO MAKE
2 PAYMENTS.—If any payment is not made by a
3 plan when it is due, a late payment charge of
4 not more than 100 percent of the payment
5 which was not timely paid shall be payable by
6 the plan to the Fund.

7 “(C) CONTINUED DUTY OF THE SEC-
8 RETARY.—The Secretary shall not cease to
9 carry out the provisions of paragraph (2) on ac-
10 count of the failure of a plan to pay any pay-
11 ment when due.

12 “(2) PAYMENTS BY SECRETARY TO CONTINUE
13 EXCESS/STOP LOSS INSURANCE COVERAGE AND IN-
14 DEMNIFICATION INSURANCE COVERAGE FOR CER-
15 TAIN PLANS.—In any case in which the applicable
16 authority determines that there is, or that there is
17 reason to believe that there will be: (A) A failure to
18 take necessary corrective actions under section
19 809(a) with respect to an association health plan de-
20 scribed in subsection (a)(2); or (B) a termination of
21 such a plan under section 809(b) or 810(b)(8) (and,
22 if the applicable authority is not the Secretary, cer-
23 tifies such determination to the Secretary), the Sec-
24 retary shall determine the amounts necessary to
25 make payments to an insurer (designated by the

1 Secretary) to maintain in force excess/stop loss in-
2 surance coverage or indemnification insurance cov-
3 erage for such plan, if the Secretary determines that
4 there is a reasonable expectation that, without such
5 payments, claims would not be satisfied by reason of
6 termination of such coverage. The Secretary shall, to
7 the extent provided in advance in appropriation
8 Acts, pay such amounts so determined to the insurer
9 designated by the Secretary.

10 “(3) ASSOCIATION HEALTH PLAN FUND.—

11 “(A) IN GENERAL.—There is established
12 on the books of the Treasury a fund to be
13 known as the ‘Association Health Plan Fund’.
14 The Fund shall be available for making pay-
15 ments pursuant to paragraph (2). The Fund
16 shall be credited with payments received pursu-
17 ant to paragraph (1)(A), penalties received pur-
18 suant to paragraph (1)(B); and earnings on in-
19 vestments of amounts of the Fund under sub-
20 paragraph (B).

21 “(B) INVESTMENT.—Whenever the Sec-
22 retary determines that the moneys of the fund
23 are in excess of current needs, the Secretary
24 may request the investment of such amounts as
25 the Secretary determines advisable by the Sec-

1 retary of the Treasury in obligations issued or
2 guaranteed by the United States.

3 “(g) EXCESS/STOP LOSS INSURANCE.—For purposes
4 of this section—

5 “(1) AGGREGATE EXCESS/STOP LOSS INSUR-
6 ANCE.—The term ‘aggregate excess/stop loss insur-
7 ance’ means, in connection with an association
8 health plan, a contract—

9 “(A) under which an insurer (meeting such
10 minimum standards as the applicable authority
11 may prescribe by regulation) provides for pay-
12 ment to the plan with respect to aggregate
13 claims under the plan in excess of an amount
14 or amounts specified in such contract;

15 “(B) which is guaranteed renewable; and

16 “(C) which allows for payment of pre-
17 miums by any third party on behalf of the in-
18 sured plan.

19 “(2) SPECIFIC EXCESS/STOP LOSS INSUR-
20 ANCE.—The term ‘specific excess/stop loss insur-
21 ance’ means, in connection with an association
22 health plan, a contract—

23 “(A) under which an insurer (meeting such
24 minimum standards as the applicable authority
25 may prescribe by regulation) provides for pay-

1 ment to the plan with respect to claims under
2 the plan in connection with a covered individual
3 in excess of an amount or amounts specified in
4 such contract in connection with such covered
5 individual;

6 “(B) which is guaranteed renewable; and

7 “(C) which allows for payment of pre-
8 miums by any third party on behalf of the in-
9 sured plan.

10 “(h) INDEMNIFICATION INSURANCE.—For purposes
11 of this section, the term ‘indemnification insurance’
12 means, in connection with an association health plan, a
13 contract—

14 “(1) under which an insurer (meeting such min-
15 imum standards as the applicable authority may pre-
16 scribe by regulation) provides for payment to the
17 plan with respect to claims under the plan which the
18 plan is unable to satisfy by reason of a termination
19 pursuant to section 809(b) (relating to mandatory
20 termination);

21 “(2) which is guaranteed renewable and
22 noncancellable for any reason (except as the applica-
23 ble authority may prescribe by regulation); and

24 “(3) which allows for payment of premiums by
25 any third party on behalf of the insured plan.

1 “(i) RESERVES.—For purposes of this section, the
2 term ‘reserves’ means, in connection with an association
3 health plan, plan assets which meet the fiduciary stand-
4 ards under part 4 and such additional requirements re-
5 garding liquidity as the applicable authority may prescribe
6 by regulation.

7 “(j) SOLVENCY STANDARDS WORKING GROUP.—

8 “(1) IN GENERAL.—Within 90 days after the
9 date of the enactment of the Small Business Health
10 Fairness Act of 2017, the applicable authority shall
11 establish a Solvency Standards Working Group. In
12 prescribing the initial regulations under this section,
13 the applicable authority shall take into account the
14 recommendations of such Working Group.

15 “(2) MEMBERSHIP.—The Working Group shall
16 consist of not more than 15 members appointed by
17 the applicable authority. The applicable authority
18 shall include among persons invited to membership
19 on the Working Group at least one of each of the
20 following:

21 “(A) A representative of the National As-
22 sociation of Insurance Commissioners.

23 “(B) A representative of the American
24 Academy of Actuaries.

1 “(C) A representative of the State govern-
2 ments, or their interests.

3 “(D) A representative of existing self-in-
4 sured arrangements, or their interests.

5 “(E) A representative of associations of
6 the type referred to in section 801(b)(1), or
7 their interests.

8 “(F) A representative of multiemployer
9 plans that are group health plans, or their in-
10 terests.

11 **“SEC. 807. REQUIREMENTS FOR APPLICATION AND RE-**
12 **LATED REQUIREMENTS.**

13 “(a) **FILING FEE.**—Under the procedure prescribed
14 pursuant to section 802(a), an association health plan
15 shall pay to the applicable authority at the time of filing
16 an application for certification under this part a filing fee
17 in the amount of \$5,000, which shall be available in the
18 case of the Secretary, to the extent provided in appropria-
19 tion Acts, for the sole purpose of administering the certifi-
20 cation procedures applicable with respect to association
21 health plans.

22 “(b) **INFORMATION TO BE INCLUDED IN APPLICA-**
23 **TION FOR CERTIFICATION.**—An application for certifi-
24 cation under this part meets the requirements of this sec-
25 tion only if it includes, in a manner and form which shall

1 be prescribed by the applicable authority by regulation, at
2 least the following information:

3 “(1) IDENTIFYING INFORMATION.—The names
4 and addresses of—

5 “(A) the sponsor; and

6 “(B) the members of the board of trustees
7 of the plan.

8 “(2) STATES IN WHICH PLAN INTENDS TO DO
9 BUSINESS.—The States in which participants and
10 beneficiaries under the plan are to be located and
11 the number of them expected to be located in each
12 such State.

13 “(3) BONDING REQUIREMENTS.—Evidence pro-
14 vided by the board of trustees that the bonding re-
15 quirements of section 412 will be met as of the date
16 of the application or (if later) commencement of op-
17 erations.

18 “(4) PLAN DOCUMENTS.—A copy of the docu-
19 ments governing the plan (including any bylaws and
20 trust agreements), the summary plan description,
21 and other material describing the benefits that will
22 be provided to participants and beneficiaries under
23 the plan.

24 “(5) AGREEMENTS WITH SERVICE PRO-
25 VIDERS.—A copy of any agreements between the

1 plan and contract administrators and other service
2 providers.

3 “(6) FUNDING REPORT.—In the case of asso-
4 ciation health plans providing benefits options in ad-
5 dition to health insurance coverage, a report setting
6 forth information with respect to such additional
7 benefit options determined as of a date within the
8 120-day period ending with the date of the applica-
9 tion, including the following:

10 “(A) RESERVES.—A statement, certified
11 by the board of trustees of the plan, and a
12 statement of actuarial opinion, signed by a
13 qualified actuary, that all applicable require-
14 ments of section 806 are or will be met in ac-
15 cordance with regulations which the applicable
16 authority shall prescribe.

17 “(B) ADEQUACY OF CONTRIBUTION
18 RATES.—A statement of actuarial opinion,
19 signed by a qualified actuary, which sets forth
20 a description of the extent to which contribution
21 rates are adequate to provide for the payment
22 of all obligations and the maintenance of re-
23 quired reserves under the plan for the 12-
24 month period beginning with such date within
25 such 120-day period, taking into account the

1 expected coverage and experience of the plan. If
2 the contribution rates are not fully adequate,
3 the statement of actuarial opinion shall indicate
4 the extent to which the rates are inadequate
5 and the changes needed to ensure adequacy.

6 “(C) CURRENT AND PROJECTED VALUE OF
7 ASSETS AND LIABILITIES.—A statement of ac-
8 tuarial opinion signed by a qualified actuary,
9 which sets forth the current value of the assets
10 and liabilities accumulated under the plan and
11 a projection of the assets, liabilities, income,
12 and expenses of the plan for the 12-month pe-
13 riod referred to in subparagraph (B). The in-
14 come statement shall identify separately the
15 plan’s administrative expenses and claims.

16 “(D) COSTS OF COVERAGE TO BE
17 CHARGED AND OTHER EXPENSES.—A state-
18 ment of the costs of coverage to be charged, in-
19 cluding an itemization of amounts for adminis-
20 tration, reserves, and other expenses associated
21 with the operation of the plan.

22 “(E) OTHER INFORMATION.—Any other
23 information as may be determined by the appli-
24 cable authority, by regulation, as necessary to
25 carry out the purposes of this part.

1 “(c) FILING NOTICE OF CERTIFICATION WITH
2 STATES.—A certification granted under this part to an
3 association health plan shall not be effective unless written
4 notice of such certification is filed with the applicable
5 State authority of each State in which at least 25 percent
6 of the participants and beneficiaries under the plan are
7 located. For purposes of this subsection, an individual
8 shall be considered to be located in the State in which a
9 known address of such individual is located or in which
10 such individual is employed.

11 “(d) NOTICE OF MATERIAL CHANGES.—In the case
12 of any association health plan certified under this part,
13 descriptions of material changes in any information which
14 was required to be submitted with the application for the
15 certification under this part shall be filed in such form
16 and manner as shall be prescribed by the applicable au-
17 thority by regulation. The applicable authority may re-
18 quire by regulation prior notice of material changes with
19 respect to specified matters which might serve as the basis
20 for suspension or revocation of the certification.

21 “(e) REPORTING REQUIREMENTS FOR CERTAIN AS-
22 SOCIATION HEALTH PLANS.—An association health plan
23 certified under this part which provides benefit options in
24 addition to health insurance coverage for such plan year
25 shall meet the requirements of section 103 by filing an

1 annual report under such section which shall include infor-
2 mation described in subsection (b)(6) with respect to the
3 plan year and, notwithstanding section 104(a)(1)(A), shall
4 be filed with the applicable authority not later than 90
5 days after the close of the plan year (or on such later date
6 as may be prescribed by the applicable authority). The ap-
7 plicable authority may require by regulation such interim
8 reports as it considers appropriate.

9 “(f) ENGAGEMENT OF QUALIFIED ACTUARY.—The
10 board of trustees of each association health plan which
11 provides benefits options in addition to health insurance
12 coverage and which is applying for certification under this
13 part or is certified under this part shall engage, on behalf
14 of all participants and beneficiaries, a qualified actuary
15 who shall be responsible for the preparation of the mate-
16 rials comprising information necessary to be submitted by
17 a qualified actuary under this part. The qualified actuary
18 shall utilize such assumptions and techniques as are nec-
19 essary to enable such actuary to form an opinion as to
20 whether the contents of the matters reported under this
21 part—

22 “(1) are in the aggregate reasonably related to
23 the experience of the plan and to reasonable expecta-
24 tions; and

1 “(2) represent such actuary’s best estimate of
2 anticipated experience under the plan.

3 The opinion by the qualified actuary shall be made with
4 respect to, and shall be made a part of, the annual report.

5 **“SEC. 808. NOTICE REQUIREMENTS FOR VOLUNTARY TER-**
6 **MINATION.**

7 “Except as provided in section 809(b), an association
8 health plan which is or has been certified under this part
9 may terminate (upon or at any time after cessation of ac-
10 cruals in benefit liabilities) only if the board of trustees,
11 not less than 60 days before the proposed termination
12 date—

13 “(1) provides to the participants and bene-
14 ficiaries a written notice of intent to terminate stat-
15 ing that such termination is intended and the pro-
16 posed termination date;

17 “(2) develops a plan for winding up the affairs
18 of the plan in connection with such termination in
19 a manner which will result in timely payment of all
20 benefits for which the plan is obligated; and

21 “(3) submits such plan in writing to the appli-
22 cable authority.

23 Actions required under this section shall be taken in such
24 form and manner as may be prescribed by the applicable
25 authority by regulation.

1 **“SEC. 809. CORRECTIVE ACTIONS AND MANDATORY TERMI-**
2 **NATION.**

3 “(a) ACTIONS TO AVOID DEPLETION OF RE-
4 SERVES.—An association health plan which is certified
5 under this part and which provides benefits other than
6 health insurance coverage shall continue to meet the re-
7 quirements of section 806, irrespective of whether such
8 certification continues in effect. The board of trustees of
9 such plan shall determine quarterly whether the require-
10 ments of section 806 are met. In any case in which the
11 board determines that there is reason to believe that there
12 is or will be a failure to meet such requirements, or the
13 applicable authority makes such a determination and so
14 notifies the board, the board shall immediately notify the
15 qualified actuary engaged by the plan, and such actuary
16 shall, not later than the end of the next following month,
17 make such recommendations to the board for corrective
18 action as the actuary determines necessary to ensure com-
19 pliance with section 806. Not later than 30 days after re-
20 ceiving from the actuary recommendations for corrective
21 actions, the board shall notify the applicable authority (in
22 such form and manner as the applicable authority may
23 prescribe by regulation) of such recommendations of the
24 actuary for corrective action, together with a description
25 of the actions (if any) that the board has taken or plans
26 to take in response to such recommendations. The board

1 shall thereafter report to the applicable authority, in such
2 form and frequency as the applicable authority may speci-
3 fy to the board, regarding corrective action taken by the
4 board until the requirements of section 806 are met.

5 “(b) MANDATORY TERMINATION.—In any case in
6 which—

7 “(1) the applicable authority has been notified
8 under subsection (a) (or by an issuer of excess/stop
9 loss insurance or indemnity insurance pursuant to
10 section 806(a)) of a failure of an association health
11 plan which is or has been certified under this part
12 and is described in section 806(a)(2) to meet the re-
13 quirements of section 806 and has not been notified
14 by the board of trustees of the plan that corrective
15 action has restored compliance with such require-
16 ments; and

17 “(2) the applicable authority determines that
18 there is a reasonable expectation that the plan will
19 continue to fail to meet the requirements of section
20 806,

21 the board of trustees of the plan shall, at the direction
22 of the applicable authority, terminate the plan and, in the
23 course of the termination, take such actions as the appli-
24 cable authority may require, including satisfying any
25 claims referred to in section 806(a)(2)(B)(iii) and recov-

1 ering for the plan any liability under subsection
2 (a)(2)(B)(iii) or (e) of section 806, as necessary to ensure
3 that the affairs of the plan will be, to the maximum extent
4 possible, wound up in a manner which will result in timely
5 provision of all benefits for which the plan is obligated.

6 **“SEC. 810. TRUSTEESHIP BY THE SECRETARY OF INSOL-**
7 **VENT ASSOCIATION HEALTH PLANS PRO-**
8 **VIDING HEALTH BENEFITS IN ADDITION TO**
9 **HEALTH INSURANCE COVERAGE.**

10 “(a) APPOINTMENT OF SECRETARY AS TRUSTEE FOR
11 INSOLVENT PLANS.—Whenever the Secretary determines
12 that an association health plan which is or has been cer-
13 tified under this part and which is described in section
14 806(a)(2) will be unable to provide benefits when due or
15 is otherwise in a financially hazardous condition, as shall
16 be defined by the Secretary by regulation, the Secretary
17 shall, upon notice to the plan, apply to the appropriate
18 United States district court for appointment of the Sec-
19 retary as trustee to administer the plan for the duration
20 of the insolvency. The plan may appear as a party and
21 other interested persons may intervene in the proceedings
22 at the discretion of the court. The court shall appoint such
23 Secretary trustee if the court determines that the trustee-
24 ship is necessary to protect the interests of the partici-
25 pants and beneficiaries or providers of medical care or to

1 avoid any unreasonable deterioration of the financial con-
2 dition of the plan. The trusteeship of such Secretary shall
3 continue until the conditions described in the first sen-
4 tence of this subsection are remedied or the plan is termi-
5 nated.

6 “(b) POWERS AS TRUSTEE.—The Secretary, upon
7 appointment as trustee under subsection (a), shall have
8 the power—

9 “(1) to do any act authorized by the plan, this
10 title, or other applicable provisions of law to be done
11 by the plan administrator or any trustee of the plan;

12 “(2) to require the transfer of all (or any part)
13 of the assets and records of the plan to the Sec-
14 retary as trustee;

15 “(3) to invest any assets of the plan which the
16 Secretary holds in accordance with the provisions of
17 the plan, regulations prescribed by the Secretary,
18 and applicable provisions of law;

19 “(4) to require the sponsor, the plan adminis-
20 trator, any participating employer, and any employee
21 organization representing plan participants to fur-
22 nish any information with respect to the plan which
23 the Secretary as trustee may reasonably need in
24 order to administer the plan;

1 “(5) to collect for the plan any amounts due the
2 plan and to recover reasonable expenses of the trust-
3 eeship;

4 “(6) to commence, prosecute, or defend on be-
5 half of the plan any suit or proceeding involving the
6 plan;

7 “(7) to issue, publish, or file such notices, state-
8 ments, and reports as may be required by the Sec-
9 retary by regulation or required by any order of the
10 court;

11 “(8) to terminate the plan (or provide for its
12 termination in accordance with section 809(b)) and
13 liquidate the plan assets, to restore the plan to the
14 responsibility of the sponsor, or to continue the
15 trusteeship;

16 “(9) to provide for the enrollment of plan par-
17 ticipants and beneficiaries under appropriate cov-
18 erage options; and

19 “(10) to do such other acts as may be nec-
20 essary to comply with this title or any order of the
21 court and to protect the interests of plan partici-
22 pants and beneficiaries and providers of medical
23 care.

1 “(c) NOTICE OF APPOINTMENT.—As soon as prac-
2 ticable after the Secretary’s appointment as trustee, the
3 Secretary shall give notice of such appointment to—

4 “(1) the sponsor and plan administrator;

5 “(2) each participant;

6 “(3) each participating employer; and

7 “(4) if applicable, each employee organization
8 which, for purposes of collective bargaining, rep-
9 resents plan participants.

10 “(d) ADDITIONAL DUTIES.—Except to the extent in-
11 consistent with the provisions of this title, or as may be
12 otherwise ordered by the court, the Secretary, upon ap-
13 pointment as trustee under this section, shall be subject
14 to the same duties as those of a trustee under section 704
15 of title 11, United States Code, and shall have the duties
16 of a fiduciary for purposes of this title.

17 “(e) OTHER PROCEEDINGS.—An application by the
18 Secretary under this subsection may be filed notwith-
19 standing the pendency in the same or any other court of
20 any bankruptcy, mortgage foreclosure, or equity receiver-
21 ship proceeding, or any proceeding to reorganize, conserve,
22 or liquidate such plan or its property, or any proceeding
23 to enforce a lien against property of the plan.

24 “(f) JURISDICTION OF COURT.—

1 “(1) IN GENERAL.—Upon the filing of an appli-
2 cation for the appointment as trustee or the issuance
3 of a decree under this section, the court to which the
4 application is made shall have exclusive jurisdiction
5 of the plan involved and its property wherever lo-
6 cated with the powers, to the extent consistent with
7 the purposes of this section, of a court of the United
8 States having jurisdiction over cases under chapter
9 11 of title 11, United States Code. Pending an adju-
10 dication under this section such court shall stay, and
11 upon appointment by it of the Secretary as trustee,
12 such court shall continue the stay of, any pending
13 mortgage foreclosure, equity receivership, or other
14 proceeding to reorganize, conserve, or liquidate the
15 plan, the sponsor, or property of such plan or spon-
16 sor, and any other suit against any receiver, conser-
17 vator, or trustee of the plan, the sponsor, or prop-
18 erty of the plan or sponsor. Pending such adjudica-
19 tion and upon the appointment by it of the Sec-
20 retary as trustee, the court may stay any proceeding
21 to enforce a lien against property of the plan or the
22 sponsor or any other suit against the plan or the
23 sponsor.

24 “(2) VENUE.—An action under this section
25 may be brought in the judicial district where the

1 sponsor or the plan administrator resides or does
2 business or where any asset of the plan is situated.
3 A district court in which such action is brought may
4 issue process with respect to such action in any
5 other judicial district.

6 “(g) PERSONNEL.—In accordance with regulations
7 which shall be prescribed by the Secretary, the Secretary
8 shall appoint, retain, and compensate accountants, actu-
9 aries, and other professional service personnel as may be
10 necessary in connection with the Secretary’s service as
11 trustee under this section.

12 **“SEC. 811. STATE ASSESSMENT AUTHORITY.**

13 “(a) IN GENERAL.—Notwithstanding section 514, a
14 State may impose by law a contribution tax on an associa-
15 tion health plan described in section 806(a)(2), if the plan
16 commenced operations in such State after the date of the
17 enactment of the Small Business Health Fairness Act of
18 2017.

19 “(b) CONTRIBUTION TAX.—For purposes of this sec-
20 tion, the term ‘contribution tax’ imposed by a State on
21 an association health plan means any tax imposed by such
22 State if—

23 “(1) such tax is computed by applying a rate to
24 the amount of premiums or contributions, with re-
25 spect to individuals covered under the plan who are

1 residents of such State, which are received by the
2 plan from participating employers located in such
3 State or from such individuals;

4 “(2) the rate of such tax does not exceed the
5 rate of any tax imposed by such State on premiums
6 or contributions received by insurers or health main-
7 tenance organizations for health insurance coverage
8 offered in such State in connection with a group
9 health plan;

10 “(3) such tax is otherwise nondiscriminatory;
11 and

12 “(4) the amount of any such tax assessed on
13 the plan is reduced by the amount of any tax or as-
14 sessment otherwise imposed by the State on pre-
15 miums, contributions, or both received by insurers or
16 health maintenance organizations for health insur-
17 ance coverage, aggregate excess/stop loss insurance
18 (as defined in section 806(g)(1)), specific excess/stop
19 loss insurance (as defined in section 806(g)(2)),
20 other insurance related to the provision of medical
21 care under the plan, or any combination thereof pro-
22 vided by such insurers or health maintenance organi-
23 zations in such State in connection with such plan.

24 **“SEC. 812. DEFINITIONS AND RULES OF CONSTRUCTION.**

25 “(a) DEFINITIONS.—For purposes of this part—

1 “(1) GROUP HEALTH PLAN.—The term ‘group
2 health plan’ has the meaning provided in section
3 733(a)(1) (after applying subsection (b) of this sec-
4 tion).

5 “(2) MEDICAL CARE.—The term ‘medical care’
6 has the meaning provided in section 733(a)(2).

7 “(3) HEALTH INSURANCE COVERAGE.—The
8 term ‘health insurance coverage’ has the meaning
9 provided in section 733(b)(1).

10 “(4) HEALTH INSURANCE ISSUER.—The term
11 ‘health insurance issuer’ has the meaning provided
12 in section 733(b)(2).

13 “(5) APPLICABLE AUTHORITY.—The term ‘ap-
14 plicable authority’ means the Secretary, except that,
15 in connection with any exercise of the Secretary’s
16 authority regarding which the Secretary is required
17 under section 506(d) to consult with a State, such
18 term means the Secretary, in consultation with such
19 State.

20 “(6) HEALTH STATUS-RELATED FACTOR.—The
21 term ‘health status-related factor’ has the meaning
22 provided in section 733(d)(2).

23 “(7) INDIVIDUAL MARKET.—

24 “(A) IN GENERAL.—The term ‘individual
25 market’ means the market for health insurance

1 coverage offered to individuals other than in
2 connection with a group health plan.

3 “(B) TREATMENT OF VERY SMALL
4 GROUPS.—

5 “(i) IN GENERAL.—Subject to clause
6 (ii), such term includes coverage offered in
7 connection with a group health plan that
8 has fewer than 2 participants as current
9 employees or participants described in sec-
10 tion 732(d)(3) on the first day of the plan
11 year.

12 “(ii) STATE EXCEPTION.—Clause (i)
13 shall not apply in the case of health insur-
14 ance coverage offered in a State if such
15 State regulates the coverage described in
16 such clause in the same manner and to the
17 same extent as coverage in the small group
18 market (as defined in section 2791(e)(5) of
19 the Public Health Service Act) is regulated
20 by such State.

21 “(8) PARTICIPATING EMPLOYER.—The term
22 ‘participating employer’ means, in connection with
23 an association health plan, any employer, if any indi-
24 vidual who is an employee of such employer, a part-
25 ner in such employer, or a self-employed individual

1 who is such employer (or any dependent, as defined
2 under the terms of the plan, of such individual) is
3 or was covered under such plan in connection with
4 the status of such individual as such an employee,
5 partner, or self-employed individual in relation to the
6 plan.

7 “(9) APPLICABLE STATE AUTHORITY.—The
8 term ‘applicable State authority’ means, with respect
9 to a health insurance issuer in a State, the State in-
10 surance commissioner or official or officials des-
11 ignated by the State to enforce the requirements of
12 title XXVII of the Public Health Service Act for the
13 State involved with respect to such issuer.

14 “(10) QUALIFIED ACTUARY.—The term ‘quali-
15 fied actuary’ means an individual who is a member
16 of the American Academy of Actuaries.

17 “(11) AFFILIATED MEMBER.—The term ‘affili-
18 ated member’ means, in connection with a sponsor—

19 “(A) a person who is otherwise eligible to
20 be a member of the sponsor but who elects an
21 affiliated status with the sponsor,

22 “(B) in the case of a sponsor with mem-
23 bers which consist of associations, a person who
24 is a member of any such association and elects
25 an affiliated status with the sponsor, or

1 “(C) in the case of an association health
2 plan in existence on the date of the enactment
3 of the Small Business Health Fairness Act of
4 2017, a person eligible to be a member of the
5 sponsor or one of its member associations.

6 “(12) LARGE EMPLOYER.—The term ‘large em-
7 ployer’ means, in connection with a group health
8 plan with respect to a plan year, an employer who
9 employed an average of at least 51 employees on
10 business days during the preceding calendar year
11 and who employs at least 2 employees on the first
12 day of the plan year.

13 “(13) SMALL EMPLOYER.—The term ‘small em-
14 ployer’ means, in connection with a group health
15 plan with respect to a plan year, an employer who
16 is not a large employer.

17 “(b) RULES OF CONSTRUCTION.—

18 “(1) EMPLOYERS AND EMPLOYEES.—For pur-
19 poses of determining whether a plan, fund, or pro-
20 gram is an employee welfare benefit plan which is an
21 association health plan, and for purposes of applying
22 this title in connection with such plan, fund, or pro-
23 gram so determined to be such an employee welfare
24 benefit plan—

1 “(A) in the case of a partnership, the term
2 ‘employer’ (as defined in section 3(5)) includes
3 the partnership in relation to the partners, and
4 the term ‘employee’ (as defined in section 3(6))
5 includes any partner in relation to the partner-
6 ship; and

7 “(B) in the case of a self-employed indi-
8 vidual, the term ‘employer’ (as defined in sec-
9 tion 3(5)) and the term ‘employee’ (as defined
10 in section 3(6)) shall include such individual.

11 “(2) PLANS, FUNDS, AND PROGRAMS TREATED
12 AS EMPLOYEE WELFARE BENEFIT PLANS.—In the
13 case of any plan, fund, or program which was estab-
14 lished or is maintained for the purpose of providing
15 medical care (through the purchase of insurance or
16 otherwise) for employees (or their dependents) cov-
17 ered thereunder and which demonstrates to the Sec-
18 retary that all requirements for certification under
19 this part would be met with respect to such plan,
20 fund, or program if such plan, fund, or program
21 were a group health plan, such plan, fund, or pro-
22 gram shall be treated for purposes of this title as an
23 employee welfare benefit plan on and after the date
24 of such demonstration.”.

1 (b) CONFORMING AMENDMENTS TO PREEMPTION
2 RULES.—

3 (1) Section 514(b)(6) of such Act (29 U.S.C.
4 1144(b)(6)) is amended by adding at the end the
5 following new subparagraph:

6 “(E) The preceding subparagraphs of this paragraph
7 do not apply with respect to any State law in the case
8 of an association health plan which is certified under part
9 8.”.

10 (2) Section 514 of such Act (29 U.S.C. 1144)
11 is amended—

12 (A) in subsection (b)(4), by striking “Sub-
13 section (a)” and inserting “Subsections (a) and
14 (f)”;

15 (B) in subsection (b)(5), by striking “sub-
16 section (a)” in subparagraph (A) and inserting
17 “subsection (a) of this section and subsections
18 (a)(2)(B) and (b) of section 805”, and by strik-
19 ing “subsection (a)” in subparagraph (B) and
20 inserting “subsection (a) of this section or sub-
21 section (a)(2)(B) or (b) of section 805”; and

22 (C) by adding at the end the following new
23 subsection:

24 “(f)(1) Except as provided in subsection (b)(4), the
25 provisions of this title shall supersede any and all State

1 laws insofar as they may now or hereafter preclude, or
2 have the effect of precluding, a health insurance issuer
3 from offering health insurance coverage in connection with
4 an association health plan which is certified under part
5 8.

6 “(2) Except as provided in paragraphs (4) and (5)
7 of subsection (b) of this section—

8 “(A) In any case in which health insurance cov-
9 erage of any policy type is offered under an associa-
10 tion health plan certified under part 8 to a partici-
11 pating employer operating in such State, the provi-
12 sions of this title shall supersede any and all laws
13 of such State insofar as they may preclude a health
14 insurance issuer from offering health insurance cov-
15 erage of the same policy type to other employers op-
16 erating in the State which are eligible for coverage
17 under such association health plan, whether or not
18 such other employers are participating employers in
19 such plan.

20 “(B) In any case in which health insurance cov-
21 erage of any policy type is offered in a State under
22 an association health plan certified under part 8 and
23 the filing, with the applicable State authority (as de-
24 fined in section 812(a)(9)), of the policy form in
25 connection with such policy type is approved by such

1 State authority, the provisions of this title shall su-
2 persede any and all laws of any other State in which
3 health insurance coverage of such type is offered, in-
4 sofar as they may preclude, upon the filing in the
5 same form and manner of such policy form with the
6 applicable State authority in such other State, the
7 approval of the filing in such other State.

8 “(3) Nothing in subsection (b)(6)(E) or the preceding
9 provisions of this subsection shall be construed, with re-
10 spect to health insurance issuers or health insurance cov-
11 erage, to supersede or impair the law of any State—

12 “(A) providing solvency standards or similar
13 standards regarding the adequacy of insurer capital,
14 surplus, reserves, or contributions, or

15 “(B) relating to prompt payment of claims.

16 “(4) For additional provisions relating to association
17 health plans, see subsections (a)(2)(B) and (b) of section
18 805.

19 “(5) For purposes of this subsection, the term ‘asso-
20 ciation health plan’ has the meaning provided in section
21 801(a), and the terms ‘health insurance coverage’, ‘par-
22 ticipating employer’, and ‘health insurance issuer’ have
23 the meanings provided such terms in section 812, respec-
24 tively.”.

1 (3) Section 514(b)(6)(A) of such Act (29
2 U.S.C. 1144(b)(6)(A)) is amended—

3 (A) in clause (i)(II), by striking “and” at
4 the end;

5 (B) in clause (ii), by inserting “and which
6 does not provide medical care (within the mean-
7 ing of section 733(a)(2)),” after “arrange-
8 ment,”, and by striking “title.” and inserting
9 “title, and”; and

10 (C) by adding at the end the following new
11 clause:

12 “(iii) subject to subparagraph (E), in the case
13 of any other employee welfare benefit plan which is
14 a multiple employer welfare arrangement and which
15 provides medical care (within the meaning of section
16 733(a)(2)), any law of any State which regulates in-
17 surance may apply.”.

18 (4) Section 514(d) of such Act (29 U.S.C.
19 1144(d)) is amended—

20 (A) by striking “Nothing” and inserting
21 “(1) Except as provided in paragraph (2), noth-
22 ing”; and

23 (B) by adding at the end the following new
24 paragraph:

1 “(2) Nothing in any other provision of law enacted
2 on or after the date of the enactment of the Small Busi-
3 ness Health Fairness Act of 2017 shall be construed to
4 alter, amend, modify, invalidate, impair, or supersede any
5 provision of this title, except by specific cross-reference to
6 the affected section.”.

7 (c) PLAN SPONSOR.—Section 3(16)(B) of such Act
8 (29 U.S.C. 102(16)(B)) is amended by adding at the end
9 the following new sentence: “Such term also includes a
10 person serving as the sponsor of an association health plan
11 under part 8.”.

12 (d) DISCLOSURE OF SOLVENCY PROTECTIONS RE-
13 LATED TO SELF-INSURED AND FULLY INSURED OPTIONS
14 UNDER ASSOCIATION HEALTH PLANS.—Section 102(b)
15 of such Act (29 U.S.C. 102(b)) is amended by adding at
16 the end the following: “An association health plan shall
17 include in its summary plan description, in connection
18 with each benefit option, a description of the form of sol-
19 vency or guarantee fund protection secured pursuant to
20 this Act or applicable State law, if any.”.

21 (e) SAVINGS CLAUSE.—Section 731(c) of such Act is
22 amended by inserting “or part 8” after “this part”.

23 (f) REPORT TO THE CONGRESS REGARDING CERTIFI-
24 CATION OF SELF-INSURED ASSOCIATION HEALTH
25 PLANS.—Not later than January 1, 2022, the Secretary

1 of Labor shall report to the Committee on Education and
 2 the Workforce of the House of Representatives and the
 3 Committee on Health, Education, Labor, and Pensions of
 4 the Senate the effect association health plans have had,
 5 if any, on reducing the number of uninsured individuals.

6 (g) CLERICAL AMENDMENT.—The table of contents
 7 in section 1 of the Employee Retirement Income Security
 8 Act of 1974 is amended by inserting after the item relat-
 9 ing to section 734 the following new items:

“PART 8. RULES GOVERNING ASSOCIATION HEALTH PLANS

“801. Association health plans.

“802. Certification of association health plans.

“803. Requirements relating to sponsors and boards of trustees.

“804. Participation and coverage requirements.

“805. Other requirements relating to plan documents, contribution rates, and
 benefit options.

“806. Maintenance of reserves and provisions for solvency for plans providing
 health benefits in addition to health insurance coverage.

“807. Requirements for application and related requirements.

“808. Notice requirements for voluntary termination.

“809. Corrective actions and mandatory termination.

“810. Trusteeship by the Secretary of insolvent association health plans pro-
 viding health benefits in addition to health insurance coverage.

“811. State assessment authority.

“812. Definitions and rules of construction.”.

10 **SEC. 3. CLARIFICATION OF TREATMENT OF SINGLE EM-**
 11 **PLOYER ARRANGEMENTS.**

12 Section 3(40)(B) of the Employee Retirement Income
 13 Security Act of 1974 (29 U.S.C. 1002(40)(B)) is amend-
 14 ed—

15 (1) in clause (i), by inserting after “control
 16 group,” the following: “except that, in any case in
 17 which the benefit referred to in subparagraph (A)

1 consists of medical care (as defined in section
2 812(a)(2)), two or more trades or businesses, wheth-
3 er or not incorporated, shall be deemed a single em-
4 ployer for any plan year of such plan, or any fiscal
5 year of such other arrangement, if such trades or
6 businesses are within the same control group during
7 such year or at any time during the preceding 1-year
8 period,”;

9 (2) in clause (iii), by striking “(iii) the deter-
10 mination” and inserting the following:

11 “(iii)(I) in any case in which the benefit re-
12 ferred to in subparagraph (A) consists of medical
13 care (as defined in section 812(a)(2)), the deter-
14 mination of whether a trade or business is under
15 ‘common control’ with another trade or business
16 shall be determined under regulations of the Sec-
17 retary applying principles consistent and coextensive
18 with the principles applied in determining whether
19 employees of two or more trades or businesses are
20 treated as employed by a single employer under sec-
21 tion 4001(b), except that, for purposes of this para-
22 graph, an interest of greater than 25 percent may
23 not be required as the minimum interest necessary
24 for common control, or

25 “(II) in any other case, the determination”;

1 (3) by redesignating clauses (iv) and (v) as
2 clauses (v) and (vi), respectively; and

3 (4) by inserting after clause (iii) the following
4 new clause:

5 “(iv) in any case in which the benefit referred
6 to in subparagraph (A) consists of medical care (as
7 defined in section 812(a)(2)), in determining, after
8 the application of clause (i), whether benefits are
9 provided to employees of two or more employers, the
10 arrangement shall be treated as having only one par-
11 ticipating employer if, after the application of clause
12 (i), the number of individuals who are employees and
13 former employees of any one participating employer
14 and who are covered under the arrangement is
15 greater than 75 percent of the aggregate number of
16 all individuals who are employees or former employ-
17 ees of participating employers and who are covered
18 under the arrangement,”.

19 **SEC. 4. ENFORCEMENT PROVISIONS RELATING TO ASSO-**
20 **CIATION HEALTH PLANS.**

21 (a) **CRIMINAL PENALTIES FOR CERTAIN WILLFUL**
22 **MISREPRESENTATIONS.**—Section 501 of the Employee
23 Retirement Income Security Act of 1974 (29 U.S.C. 1131)
24 is amended by adding at the end the following new sub-
25 section:

1 “(c) Any person who willfully falsely represents, to
2 any employee, any employee’s beneficiary, any employer,
3 the Secretary, or any State, a plan or other arrangement
4 established or maintained for the purpose of offering or
5 providing any benefit described in section 3(1) to employ-
6 ees or their beneficiaries as—

7 “(1) being an association health plan which has
8 been certified under part 8;

9 “(2) having been established or maintained
10 under or pursuant to one or more collective bar-
11 gaining agreements which are reached pursuant to
12 collective bargaining described in section 8(d) of the
13 National Labor Relations Act (29 U.S.C. 158(d)) or
14 paragraph Fourth of section 2 of the Railway Labor
15 Act (45 U.S.C. 152, paragraph Fourth) or which are
16 reached pursuant to labor-management negotiations
17 under similar provisions of State public employee re-
18 lations laws; or

19 “(3) being a plan or arrangement described in
20 section 3(40)(A)(i),

21 shall, upon conviction, be imprisoned not more than 5
22 years, be fined under title 18, United States Code, or
23 both.”.

24 (b) CEASE ACTIVITIES ORDERS.—Section 502 of the
25 Employee Retirement Income Security Act of 1974 (29

1 U.S.C. 1132) is amended by adding at the end the fol-
2 lowing new subsection:

3 “(n) ASSOCIATION HEALTH PLAN CEASE AND DE-
4 SIST ORDERS.—

5 “(1) IN GENERAL.—Subject to paragraph (2),
6 upon application by the Secretary showing the oper-
7 ation, promotion, or marketing of an association
8 health plan (or similar arrangement providing bene-
9 fits consisting of medical care (as defined in section
10 733(a)(2))) that—

11 “(A) is not certified under part 8, is sub-
12 ject under section 514(b)(6) to the insurance
13 laws of any State in which the plan or arrange-
14 ment offers or provides benefits, and is not li-
15 censed, registered, or otherwise approved under
16 the insurance laws of such State; or

17 “(B) is an association health plan certified
18 under part 8 and is not operating in accordance
19 with the requirements under part 8 for such
20 certification,

21 a district court of the United States shall enter an
22 order requiring that the plan or arrangement cease
23 activities.

24 “(2) EXCEPTION.—Paragraph (1) shall not
25 apply in the case of an association health plan or

1 other arrangement if the plan or arrangement shows
2 that—

3 “(A) all benefits under it referred to in
4 paragraph (1) consist of health insurance cov-
5 erage; and

6 “(B) with respect to each State in which
7 the plan or arrangement offers or provides ben-
8 efits, the plan or arrangement is operating in
9 accordance with applicable State laws that are
10 not superseded under section 514.

11 “(3) ADDITIONAL EQUITABLE RELIEF.—The
12 court may grant such additional equitable relief, in-
13 cluding any relief available under this title, as it
14 deems necessary to protect the interests of the pub-
15 lic and of persons having claims for benefits against
16 the plan.”.

17 (c) RESPONSIBILITY FOR CLAIMS PROCEDURE.—
18 Section 503 of the Employee Retirement Income Security
19 Act of 1974 (29 U.S.C. 1133) is amended by inserting
20 “(a) IN GENERAL.—” before “In accordance”, and by
21 adding at the end the following new subsection:

22 “(b) ASSOCIATION HEALTH PLANS.—The terms of
23 each association health plan which is or has been certified
24 under part 8 shall require the board of trustees or the
25 named fiduciary (as applicable) to ensure that the require-

1 ments of this section are met in connection with claims
2 filed under the plan.”.

3 **SEC. 5. COOPERATION BETWEEN FEDERAL AND STATE AU-**
4 **THORITIES.**

5 Section 506 of the Employee Retirement Income Se-
6 curity Act of 1974 (29 U.S.C. 1136) is amended by adding
7 at the end the following new subsection:

8 “(d) CONSULTATION WITH STATES WITH RESPECT
9 TO ASSOCIATION HEALTH PLANS.—

10 “(1) AGREEMENTS WITH STATES.—The Sec-
11 retary shall consult with the State recognized under
12 paragraph (2) with respect to an association health
13 plan regarding the exercise of—

14 “(A) the Secretary’s authority under sec-
15 tions 502 and 504 to enforce the requirements
16 for certification under part 8; and

17 “(B) the Secretary’s authority to certify
18 association health plans under part 8 in accord-
19 ance with regulations of the Secretary applica-
20 ble to certification under part 8.

21 “(2) RECOGNITION OF PRIMARY DOMICILE
22 STATE.—In carrying out paragraph (1), the Sec-
23 retary shall ensure that only one State will be recog-
24 nized, with respect to any particular association

1 health plan, as the State with which consultation is
2 required. In carrying out this paragraph—

3 “(A) in the case of a plan which provides
4 health insurance coverage (as defined in section
5 812(a)(3)), such State shall be the State with
6 which filing and approval of a policy type of-
7 fered by the plan was initially obtained, and

8 “(B) in any other case, the Secretary shall
9 take into account the places of residence of the
10 participants and beneficiaries under the plan
11 and the State in which the trust is main-
12 tained.”.

13 **SEC. 6. EFFECTIVE DATE AND TRANSITIONAL AND OTHER**
14 **RULES.**

15 (a) **EFFECTIVE DATE.**—The amendments made by
16 this Act shall take effect 1 year after the date of the enact-
17 ment of this Act. The Secretary of Labor shall first issue
18 all regulations necessary to carry out the amendments
19 made by this Act within 1 year after the date of the enact-
20 ment of this Act.

21 (b) **TREATMENT OF CERTAIN EXISTING HEALTH**
22 **BENEFITS PROGRAMS.**—

23 (1) **IN GENERAL.**—In any case in which, as of
24 the date of the enactment of this Act, an arrange-
25 ment is maintained in a State for the purpose of

1 providing benefits consisting of medical care for the
2 employees and beneficiaries of its participating em-
3 ployers, at least 200 participating employers make
4 contributions to such arrangement, such arrange-
5 ment has been in existence for at least 10 years, and
6 such arrangement is licensed under the laws of one
7 or more States to provide such benefits to its par-
8 ticipating employers, upon the filing with the appli-
9 cable authority (as defined in section 812(a)(5) of
10 the Employee Retirement Income Security Act of
11 1974 (as amended by this subtitle)) by the arrange-
12 ment of an application for certification of the ar-
13 rangement under part 8 of subtitle B of title I of
14 such Act—

15 (A) such arrangement shall be deemed to
16 be a group health plan for purposes of title I
17 of such Act;

18 (B) the requirements of sections 801(a)
19 and 803(a) of the Employee Retirement Income
20 Security Act of 1974 shall be deemed met with
21 respect to such arrangement;

22 (C) the requirements of section 803(b) of
23 such Act shall be deemed met, if the arrange-
24 ment is operated by a board of directors
25 which—

1 (i) is elected by the participating em-
2 ployers, with each employer having one
3 vote; and

4 (ii) has complete fiscal control over
5 the arrangement and which is responsible
6 for all operations of the arrangement;

7 (D) the requirements of section 804(a) of
8 such Act shall be deemed met with respect to
9 such arrangement; and

10 (E) the arrangement may be certified by
11 any applicable authority with respect to its op-
12 erations in any State only if it operates in such
13 State on the date of certification.

14 The provisions of this subsection shall cease to apply
15 with respect to any such arrangement at such time
16 after the date of the enactment of this Act as the
17 applicable requirements of this subsection are not
18 met with respect to such arrangement.

19 (2) DEFINITIONS.—For purposes of this sub-
20 section, the terms “group health plan”, “medical
21 care”, and “participating employer” shall have the
22 meanings provided in section 812 of the Employee
23 Retirement Income Security Act of 1974, except
24 that the reference in paragraph (7) of such section
25 to an “association health plan” shall be deemed a

1 reference to an arrangement referred to in this sub-
2 section.

3 (c) COORDINATION WITH EXISTING LAW.—Nothing
4 in this Act shall require plans to become certified under
5 section 802 of the Employee Retirement Income Security
6 Act of 1974, as amended by this Act, or require plans
7 that are not certified under such section to comply with
8 the requirements under part 8 of such Act, except to the
9 extent provided in section 809 of such Act.

Passed the House of Representatives March 22,
2017.

Attest:

Clerk.

115TH CONGRESS
1ST SESSION

H. R. 1101

AN ACT

To amend title I of the Employee Retirement Income Security Act of 1974 to improve access and choice for entrepreneurs with small businesses with respect to medical care for their employees.