

115TH CONGRESS
1ST SESSION

S. 1546

To amend the Patient Protection and Affordable Care Act to provide greater flexibility in offering health insurance coverage across State lines.

IN THE SENATE OF THE UNITED STATES

JULY 12, 2017

Mr. WARNER (for himself, Mr. MANCHIN, Ms. HEITKAMP, and Mr. KING) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Patient Protection and Affordable Care Act to provide greater flexibility in offering health insurance coverage across State lines.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Commonsense Com-
5 petition and Access to Health Insurance Act”.

6 **SEC. 2. PROVIDING SMALL BUSINESS HEALTH INSURANCE**
7 **ACROSS STATE LINES.**

8 Section 1333(a)(1)(A) of the Patient Protection and
9 Affordable Care Act (42 U.S.C. 18053(a)(1)(A)) is

1 amended by inserting “and small group markets” after
2 “individual markets”.

3 **SEC. 3. REPORT AND MODELS.**

4 Section 1333 of the Patient Protection and Afford-
5 able Care Act (42 U.S.C. 18053) is amended by adding
6 at the end the following:

7 “(b) NAIC REPORT AND MODELS.—

8 “(1) IN GENERAL.—Not later than December
9 31, 2018, the Secretary shall request that the Na-
10 tional Association of Insurance Commissioners sub-
11 mit to the Secretary a report concerning health
12 plans provided for under this section. Such report
13 shall include—

14 “(A) a description of the challenges that
15 States would face by permitting issuers of
16 qualified health plans to offer such plans in
17 States other than those States where such plan
18 was originally written or issued;

19 “(B) an assessment of how an out-of-State
20 insurer would go about building an adequate
21 provider network;

22 “(C) a description of how such challenges
23 could be lessened without weakening the en-
24 forcement of laws and regulations described in

1 subsection (a)(1)(B)(i) in any State that is in-
 2 cluded in a compact under this section;

3 “(D) a description of the commonalities
 4 that exist in State laws and opportunities to
 5 allow issuers of qualified health plans to offer
 6 such plans in States other than those States
 7 where such plan was originally written or
 8 issued; and

9 “(E) models to be used by States to estab-
 10 lish and enter into interstate health care choice
 11 compacts under this section, which—

12 “(i) may include model legislation for
 13 use by States to enact laws to enter into
 14 such compacts;

15 “(ii) shall identify how States would
 16 continue to enforce, and not weaken, the
 17 laws and regulations described in sub-
 18 section (a)(1)(B)(i) in any State that is in-
 19 cluded in such compact; and

20 “(iii) shall identify how such models
 21 would ensure that there is no violation of
 22 the conditions for Secretarial approval
 23 under subsection (a)(3).

24 “(2) OTHER ORGANIZATIONS AND ENTITIES.—

25 In making the request under paragraph (1), the Sec-

1 retary may also request that the National Associa-
2 tion of Insurance Commissioners gather concepts for
3 inclusion in the report under such paragraph from
4 organizations and entities that have experience in of-
5 fering qualified health plans in States in which such
6 plans were not originally issued.”.

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