

115TH CONGRESS
1ST SESSION

S. _____

To stabilize individual market premiums for the 2018 and 2019 plan years
and provide meaningful State flexibility.

IN THE SENATE OF THE UNITED STATES

_____ introduced the following bill; which was read twice
and referred to the Committee on _____

A BILL

To stabilize individual market premiums for the 2018 and
2019 plan years and provide meaningful State flexibility.

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 **[xxx].]**

5 **SEC. 2. WAIVERS FOR STATE INNOVATION.**

6 (a) STREAMLINING THE STATE APPLICATION PROC-
7 ESS.—Section 1332 of the Patient Protection and Afford-
8 able Care Act (42 U.S.C. 18052) is amended—

1 (1) in subsection (a)(1)(C), by striking “the
2 law” and inserting “a law or has in effect a certifi-
3 cation”; and

4 (2) in subsection (b)(2)—

5 (A) in the paragraph heading, by inserting
6 “OR CERTIFY” after “LAW”;

7 (B) in subparagraph (A)—

8 (i) by striking “A law” and inserting
9 the following:

10 “(i) LAWS.—A law”; and

11 (ii) by adding at the end the fol-
12 lowing:

13 “(ii) CERTIFICATIONS.—A certifi-
14 cation described in this paragraph is a doc-
15 ument, signed by the Governor of the
16 State, that certifies that such Governor
17 has the authority under existing Federal
18 and State law to take action under this
19 section, including implementation of the
20 State plan under subsection (a)(1)(B).”;
21 and

22 (C) in subparagraph (B)—

23 (i) in the subparagraph heading, by
24 striking “OF OPT OUT”; and

1 (ii) by striking “may repeal a law”
2 and all that follows through the period at
3 the end and inserting the following: “may
4 terminate the authority provided under the
5 waiver with respect to the State by—

6 “(i) repealing a law described in sub-
7 paragraph (A)(i); or

8 “(ii) terminating a certification de-
9 scribed in subparagraph (A)(ii), through a
10 certification for such termination signed by
11 the Governor of the State.”.

12 (b) GIVING STATES MORE FUNDING FLEXIBILITY,
13 TO ESTABLISH REINSURANCE, HIGH RISK POOLS, INVIS-
14 IBLE HIGH RISK POOLS, INSURANCE STABILITY FUNDS
15 AND OTHER PROGRAMS.—Section 1332(a)(3) of the Pa-
16 tient Protection and Affordable Care Act (42 U.S.C.
17 18052(a)(3)) is amended—

18 (1) in the first sentence—

19 (A) by inserting “or would qualify for a re-
20 duced portion of” after “would not qualify for”;

21 (B) by inserting “, or the State would not
22 qualify for or would qualify for a reduced por-
23 tion of basic health program funds under sec-
24 tion 1331,” after “subtitle E”;

1 (C) by inserting “, or basic health program
2 funds the State would have received,” after
3 “this title”; and

4 (D) by inserting “or for implementing the
5 basic health program established under section
6 1331” before the period;

7 (2) in the second sentence, by inserting before
8 the period, “, and with respect to participation in
9 the basic health program and funds provided to such
10 other States under section 1331”; and

11 (3) by adding after the second sentence the fol-
12 lowing: “A State may request that all of, or any por-
13 tion of, such aggregate amount of such credits, re-
14 ductions, or funds be paid to the State as described
15 in the first sentence.”.

16 (c) ENSURING PATIENT ACCESS TO MORE FLEXIBLE
17 HEALTH PLANS.—Section 1332 of the Patient Protection
18 and Affordable Care Act (42 U.S.C. 18052) is amended—

19 (1) in subsection (b)—

20 (A) in paragraph (1)—

21 (i) in subparagraph (B), by striking
22 “at least as affordable” and inserting “of
23 comparable affordability, including for low-
24 income individuals, individuals with serious

1 health needs, and other vulnerable popu-
2 lations,”; and

3 (ii) by amending subparagraph (D) to
4 read as follows:

5 “(D)(i) will not increase the Federal deficit
6 over the term of the waiver; and

7 “(ii) will not increase the Federal deficit
8 over the term of the 10-year budget plan sub-
9 mitted under subsection (a)(1)(B)(ii).”;

10 (B) by redesignating paragraph (2) (as
11 amended by subsection (a)) as paragraph (3);
12 and

13 (C) by inserting after paragraph (1) the
14 following:

15 “(2) BUDGETARY EFFECT.—

16 “(A) IN GENERAL.—In determining wheth-
17 er a State plan submitted under subsection (a)
18 meets the budget neutrality requirements of
19 paragraph (1)(D), the Secretary may take into
20 consideration the direct budgetary effect of the
21 provisions of such plan on sources of Federal
22 funding other than the funding described in
23 subsection (a)(3).

24 “(B) LIMITATION.—A determination made
25 by the Secretary under subparagraph (A)—

1 “(i) shall not be construed to affect
2 any waiver process or standards in effect
3 on the date of enactment of the [short
4 title] under title XVIII, XIX, or XXI of
5 the Social Security Act, or any other Fed-
6 eral law relating to the provision of health
7 care items or services; and

8 “(ii) shall be made without regard to
9 any changes in policy with respect to any
10 waiver process or provision of health care
11 items or services described in clause (i).”;
12 and

13 (2) in subsection (a)(1)(C), by striking “sub-
14 section (b)(2)” and inserting “subsection (b)(3)”.

15 (d) PROVIDING EXPEDITED APPROVAL OF STATE
16 WAIVERS.—Section 1332(d) of the Patient Protection and
17 Affordable Care Act (42 U.S.C. 18052(d)) is amended—

18 (1) in paragraph (1) by striking “180” and in-
19 serting “90”; and

20 (2) by adding at the end the following:

21 “(3) EXPEDITED DETERMINATION.—

22 “(A) IN GENERAL.—With respect to any
23 application under subsection (a)(1) submitted
24 on or after the date of enactment of the [short
25 title] or any such application submitted prior to

1 such date of enactment and under review by the
2 Secretary on such date of enactment, the Sec-
3 retary shall make a determination on such ap-
4 plication, using the criteria for approval other-
5 wise applicable under this section, not later
6 than 45 days after the receipt of such applica-
7 tion, and shall allow the public notice and com-
8 ment at the State and Federal levels described
9 under subsection (a)(4) to occur concurrently if
10 such State application—

11 “(i) is submitted in response to an ur-
12 gent situation, with respect to areas in the
13 State that the Secretary determines are at
14 risk for excessive premium increases or
15 having no health plans offered in the appli-
16 cable health insurance market for the cur-
17 rent or following plan year; or

18 “(ii) is for a waiver that is the same
19 or substantially similar to a waiver that
20 the Secretary already has approved for an-
21 other State.

22 “(B) APPROVAL.—

23 “(i) URGENT SITUATIONS.—

24 “(I) PROVISIONAL APPROVAL.—A
25 waiver approved under the expedited

1 determination process under subpara-
2 graph (A)(i) shall be in effect for a
3 period of 3 years, unless the State re-
4 quests a shorter duration.

5 “(II) FULL APPROVAL.—Subject
6 to the requirements for approval oth-
7 erwise applicable under this section,
8 not later than 1 year before the expi-
9 ration of a provisional waiver period
10 described in subclause (I) with respect
11 to an application described in sub-
12 paragraph (A)(i), the Secretary shall
13 make a determination on whether to
14 extend the approval of such waiver for
15 the full term of the waiver requested
16 by the State, for a total approval pe-
17 riod not to exceed 6 years. The Sec-
18 retary may request additional infor-
19 mation as the Secretary determines
20 appropriate to make such determina-
21 tion.

22 “(ii) APPROVAL OF SAME OR SIMILAR
23 APPLICATIONS.—An approval of a waiver
24 under subparagraph (A)(ii) shall be subject
25 to the terms of subsection (e).

1 “(C) GAO STUDY.—Not later than 5 years
2 after the date of enactment of the [short title],
3 the Comptroller General of the United States
4 shall conduct a review of all waivers approved
5 pursuant to an application under subparagraph
6 (A)(ii) to evaluate whether such waivers met
7 the requirements of subsection (b)(1) and
8 whether the applications should have qualified
9 for such expedited process.”.

10 (e) PROVIDING CERTAINTY FOR STATE-BASED RE-
11 FORMS.—Section 1332(e) of the Patient Protection and
12 Affordable Care Act (42 U.S.C. 18052(e)) is amended by
13 striking “No waiver” and all that follows through the pe-
14 riod at the end and inserting the following: “A waiver
15 under this section—

16 “(1) shall be in effect for a period of 6 years
17 unless the State requests a shorter duration;

18 “(2) may be renewed, subject to the State meet-
19 ing the criteria for approval otherwise applicable
20 under this section, for unlimited additional 6-year
21 periods upon application by the State; and

22 “(3) may not be suspended or terminated, in
23 whole or in part, by the Secretary at any time before
24 the date of expiration of the waiver period (including
25 any renewal period under paragraph (2)), unless the

1 Secretary determines that the State materially failed
2 to comply with the terms and conditions of the waiv-
3 er.”.

4 (f) GUIDANCE AND REGULATIONS.—Section 1332 of
5 the Patient Protection and Affordable Care Act (42
6 U.S.C. 18052) is amended—

7 (1) by adding at the end the following:

8 “(f) GUIDANCE AND REGULATIONS.—

9 “(1) IN GENERAL.—With respect to carrying
10 out this section, the Secretary shall—

11 “(A) issue guidance, not later than 30
12 days after the date of enactment of the [short
13 title], that includes initial examples of model
14 State plans that meet the requirements for ap-
15 proval under this section; and

16 “(B) periodically review the guidance
17 issued under subparagraph (A) and when ap-
18 propriate, issue additional examples of model
19 State plans that meet the requirements for ap-
20 proval under this section, which may include—

21 “(i) State plans establishing reinsur-
22 ance or invisible high-risk pool arrange-
23 ments for purposes of covering the cost of
24 high-risk individuals;

1 “(ii) State plans expanding insurer
2 participation, access to affordable health
3 plans, network adequacy, and health plan
4 options over the entire applicable health in-
5 surance market in the State;

6 “(iii) waivers encouraging or requiring
7 health plans in such State to deploy value-
8 based insurance designs which structure
9 enrollee cost-sharing and other health plan
10 design elements to encourage enrollees to
11 consume high-value clinical services;

12 “(iv) State plans allowing for signifi-
13 cant variation in health plan benefit de-
14 sign; or

15 “(v) any other State plan as the Sec-
16 retary determines appropriate.

17 “(2) RESCISSION OF PREVIOUS REGULATIONS
18 AND GUIDANCE.—Beginning on the date of enact-
19 ment of the **【short title】**, the regulations promul-
20 gated, and the guidance issued, under this section
21 prior to the date of enactment of the **【short title】**
22 shall have no force or effect.”; and

23 (2) in subsection (b)(4)—

24 (A) in subparagraph (A), by inserting “, as
25 applicable” before the semicolon; and

1 (B) in subparagraph (B), by striking “Not
2 later than 180 days after the date of enactment
3 of this Act, the Secretary shall” and inserting
4 “The Secretary may”.

5 (g) APPLICABILITY.—The amendments made by this
6 Act to section 1332 of the Patient Protection and Afford-
7 able Care Act (42 U.S.C. 18052)—

8 (1) with respect to applications for waivers
9 under such section 1332 submitted after the date of
10 enactment of this Act and applications for such
11 waivers submitted prior to such date of enactment
12 and under review by the Secretary on the date of en-
13 actment, shall take effect on the date of enactment
14 of this Act; and

15 (2) with respect to applications for waivers ap-
16 proved under such section 1332 before the date of
17 enactment of this Act, shall not require reconsider-
18 ation of whether such applications meet the require-
19 ments of such section 1332, except that, at the re-
20 quest of a State, the Secretary shall recalculate the
21 amount of funding provided under subsection (a)(3)
22 of such section.

23 (h) CLARIFYING BUDGET NEUTRALITY.—Section
24 1332(a)(1)(B)(ii) of the Patient Protection and Affordable
25 Care Act (42 U.S.C. 18052(a)(1)(B)(ii)) is amended by

1 inserting “over both the term of the proposed waiver and
2 the term of the 10-year budget plan” after “Government”.

3 **SEC. 3. COST-SHARING PAYMENTS.**

4 (a) IN GENERAL.—There is appropriated to the Sec-
5 retary of Health and Human Services (referred to in this
6 section as the “Secretary”), out of any funds in the Treas-
7 ury not otherwise obligated, such sums as may be nec-
8 essary for payments for cost-sharing reductions authorized
9 by section 1402 of the Patient Protection and Affordable
10 Care Act (42 U.S.C. 18071) for the portion of plan year
11 2017 that begins on the date of enactment of this Act
12 and ends on December 31, 2017, and for plan years 2018
13 and 2019.

14 **[(b) ENSURING CONSUMER BENEFIT IN 2018.—]**

15 **[(1) COST-SHARING PAYMENTS.—]**

16 **[(A) IN GENERAL.—]**

17 **[(i) AVAILABILITY OF FUNDS.—]**For
18 plan year 2018, except with respect to
19 issuers of qualified health plans in a State
20 described in clause (ii)(I), amounts appro-
21 priated under subsection (a) shall be made
22 available for payments for cost-sharing re-
23 ductions under such section 1402 to
24 issuers of qualified health plans.]

25 **[(ii) STATE FLEXIBILITY.—]**

1 **[(I) STATE DESCRIBED.—**A
2 State described by this clause is a
3 State in which the State insurance
4 regulator, before the date of enact-
5 ment of this Act, directed issuers of
6 qualified health plans to decline cost-
7 sharing reduction payments under
8 section 1402 of the Patient Protection
9 and Affordable Care Act (42 U.S.C.
10 18071) for the 2018 plan year,
11 through a formal notice or cor-
12 respondence.]

13 **[(II) STATE OPTION TO REVERSE**
14 DIRECTIVE.—Nothing in this clause
15 shall prevent a State insurance regu-
16 lator from reversing a directive de-
17 scribed in subclause (I).]

18 **[(B) STATE PLAN.—**

19 **[(i) IN GENERAL.—**Not later than 60
20 days after the date of enactment of this
21 Act, each State insurance regulator not de-
22 scribed in subparagraph (A)(ii)(I) shall
23 submit to the Secretary of Health and
24 Human Services a certification that, with
25 respect to plan year 2018, the State will

1 ensure that each applicable issuer of a
2 qualified health plan in the State provides
3 a direct financial benefit to consumers and
4 the Federal Government, as applicable,
5 and a State plan for so ensuring such ben-
6 efit. The Secretaries of the Treasury and
7 of Health and Human Services shall assist
8 the States in developing and implementing
9 plans as needed, including by providing
10 technical assistance.】

11 【(ii) CONTENT.—A State plan under
12 clause (i) shall include, as applicable—】

13 【(I) providing monthly rebates to
14 affected consumers and the Federal
15 Government;】

16 【(II) one-time rebates for con-
17 sumers to affected consumers and the
18 Federal Government;】

19 【(III) after-the-year rebates for
20 affected consumers and the Federal
21 Government;】

22 【(IV) rebates paid through the
23 process under section 2718 of the
24 Public Health Service Act (42 U.S.C.
25 300gg-18), allowing for the appro-

1 prorate portion of rebates to be pro-
2 vided to the Federal Government;
3 and】

4 【(V) other means of providing a
5 direct financial benefit to consumers
6 and the Federal Government approved
7 by the State insurance regulator, pro-
8 vided such means of providing a fi-
9 nancial benefit does not result in in-
10 creased costs for applicable taxpayers
11 described in section 36B of the Inter-
12 nal Revenue Code of 1986 or the Fed-
13 eral Government.】

14 【(iii) CONSIDERATIONS.—Any rebate
15 amount described in clause (ii)(I)—】

16 【(I) shall be treated as part of
17 the premium, but the premium under
18 section 36B(b)(2) of the Internal Rev-
19 enue Code of 1986 or section
20 36B(f)(3)(B) of such Code shall not
21 be affected by the rebate amount;】

22 【(II) shall be treated as if it were
23 an expenditure described in paragraph
24 (1) or (2) of section 2718(a) of the

1 Public Health Service Act (42 U.S.C.
2 300gg-18); and】

3 【(III) shall be accounted for by
4 the Secretary in calculating risk ad-
5 justment and reconciling any other
6 relevant downstream financial calcula-
7 tions.】

8 【(iv) NOTICE REQUIREMENTS.—
9 States that adopt a State plan under this
10 subparagraph shall prominently post a no-
11 tice that enrollees may qualify for rebates
12 or other means and explain how such re-
13 bates will be provided.】

14 【(2) REPORT.—Not later than 90 days after
15 the date of enactment of this Act, the Secretary of
16 Health and Human Services shall issue a report de-
17 scribing the activities taken by issuers of qualified
18 health plans in States that submitted certifications
19 and State plans under paragraph (1)(B) to provide
20 a direct financial benefit to individuals enrolled in a
21 qualified health plan and the Federal Government,
22 as applicable, for the 2018 plan year.】

1 **SEC. 4. ALLOWING ALL INDIVIDUALS PURCHASING HEALTH**
2 **INSURANCE IN THE INDIVIDUAL MARKET**
3 **THE OPTION TO PURCHASE A LOWER PRE-**
4 **MIUM COPPER PLAN.**

5 (a) IN GENERAL.—Section 1302(e) of the Patient
6 Protection and Affordable Care Act (42 U.S.C. 18022(e))
7 is amended—

8 (1) in paragraph (1)—

9 (A) by redesignating clauses (i) and (ii) of
10 subparagraph (B) as subparagraphs (A) and
11 (B), respectively, and adjusting the margins ac-
12 cordingly;

13 (B) by striking “plan year if—” and all
14 that follows through “the plan provides—” and
15 inserting “plan year if the plan provides—”;
16 and

17 (C) in subparagraph (A), as redesignated
18 by paragraph (1), by striking “clause (ii)” and
19 inserting “subparagraph (B)”;

20 (2) by striking paragraph (2); and

21 (3) by redesignating paragraph (3) as para-
22 graph (2).

23 (b) RISK POOLS.—Section 1312(c)(1) of the Patient
24 Protection and Affordable Care Act (42 U.S.C. 18032(c))
25 is amended by inserting “and including enrollees in cata-

1 strophic plans described in section 1302(e)” after “Ex-
2 change”.

3 (c) CONFORMING AMENDMENT.—Section
4 1312(d)(3)(C) of the Patient Protection and Affordable
5 Care Act (42 U.S.C. 18032(d)(3)(C)) is amended by strik-
6 ing “, except that in the case of a catastrophic plan de-
7 scribed in section 1302(e), a qualified individual may en-
8 roll in the plan only if the individual is eligible to enroll
9 in the plan under section 1302(e)(2)”.

10 (d) EFFECTIVE DATE.—The amendments made by
11 subsections (a), (b), and (c) shall apply with respect to
12 plan years beginning on or after January 1, 2019.

13 **SEC. 5. CONSUMER OUTREACH, EDUCATION, AND ASSIST-**
14 **ANCE.**

15 (a) OPEN ENROLLMENT REPORTS.—For plan years
16 2018 and 2019, the Secretary of Health and Human Serv-
17 ices (referred to in this section as the “Secretary”), in co-
18 ordination with the Secretary of the Treasury and the Sec-
19 retary of Labor, shall issue biweekly public reports during
20 the annual open enrollment period on the performance of
21 the Federal Exchange and the Small Business Health Op-
22 tions Program (SHOP) Marketplace. Each such report
23 shall include a summary, including information on a
24 State-by-State basis where available, of—

25 (1) the number of unique website visits;

1 (2) the number of individuals who create an ac-
2 count;

3 (3) the number of calls to the call center;

4 (4) the average wait time for callers contacting
5 the call center;

6 (5) the number of individuals who enroll in a
7 qualified health plan; and

8 (6) the percentage of individuals who enroll in
9 a qualified health plan through each of the following
10 channels—

11 (A) the website;

12 (B) the call center;

13 (C) navigators;

14 (D) agents and brokers;

15 (E) the enrollment assistant program;

16 (F) directly from issuers or web brokers;

17 or

18 (G) by other means.

19 (b) OPEN ENROLLMENT AFTER ACTION REPORT.—

20 For plan years 2018 and 2019, the Secretary, in coordina-
21 tion with the Secretary of the Treasury and the Secretary
22 of Labor, shall publish an after action report not later
23 than 3 months after the completion of the annual open
24 enrollment period regarding the performance of the Fed-
25 eral Exchange and the Small Business Health Options

1 Program (SHOP) Marketplace for the applicable plan
2 year. Each such report shall include a summary, including
3 information on a State-by-State basis where available,
4 of—

5 (1) the open enrollment data reported under
6 subsection (a) for the entirety of the enrollment pe-
7 riod; and

8 (2) activities related to patient navigators de-
9 scribed in section 1311(i) of the Patient Protection
10 and Affordable Care Act (42 U.S.C. 18031(i)), in-
11 cluding—

12 (A) the performance objectives established
13 by the Secretary for such patient navigators;

14 (B) the number of consumers enrolled by
15 such a patient navigator;

16 (C) an assessment of how such patient
17 navigators have met established performance
18 metrics, including a detailed list of all patient
19 navigators, funding received by patient naviga-
20 tors, and whether established performance ob-
21 jectives of patient navigators were met; and

22 (D) with respect to the performance objec-
23 tives described in subparagraph (A)—

24 (i) whether such objectives assess the
25 full scope of patient navigator responsibil-

1 ities, including general education, plan se-
2 lection, and determination of eligibility for
3 tax credits, cost-sharing reductions, or
4 other coverage;

5 (ii) how the Secretary worked with pa-
6 tient navigators to establish such objec-
7 tives; and

8 (iii) how the Secretary adjusted such
9 objectives for case complexity and other
10 contextual factors.

11 (c) REPORT ON ADVERTISING AND CONSUMER OUT-
12 REACH.—Not later than 3 months after the completion of
13 the annual open enrollment period for the 2018 plan year,
14 the Secretary shall issue a report on advertising and out-
15 reach to consumers for the open enrollment period for the
16 2018 plan year. Such report shall include a description
17 of—

18 (1) the division of spending on individual adver-
19 tising platforms, including television and radio ad-
20 vertisements and digital media, to raise consumer
21 awareness of open enrollment;

22 (2) the division of spending on individual out-
23 reach platforms, including email and text messages,
24 to raise consumer awareness of open enrollment; and

1 (3) whether the Secretary conducted targeted
2 outreach to specific demographic groups and geo-
3 graphic areas.

4 (d) OUTREACH AND ENROLLMENT ACTIVITIES.—

5 (1) OPEN ENROLLMENT.—Of the amounts col-
6 lected through the user fees on participating health
7 insurance issuers pursuant to section 156.60 of title
8 45, Code of Federal Regulations (or any successor
9 regulations), the Secretary shall obligate
10 **【\$105,800,000】** for outreach and enrollment activi-
11 ties for each of the open enrollment periods for plan
12 years 2018 and 2019.

13 (2) OUTREACH AND ENROLLMENT ACTIVI-
14 TIES.—

15 (A) IN GENERAL.—For purposes of this
16 subsection, the term “outreach and enrollment
17 activities” means—

18 (i) activities to educate consumers
19 about coverage options or to encourage
20 consumers to enroll in or maintain health
21 insurance coverage (excluding allocations
22 to the **【call center for the Federal or State**
23 **Exchanges】**); or

24 (ii) activities conducted by an in-per-
25 son consumer assistance program that does

1 not have a conflict of interest and that,
2 among other activities, facilitates enroll-
3 ment of individuals through the Federal
4 Exchange or State Exchanges, and distrib-
5 utes fair and impartial information con-
6 cerning enrollment through such Ex-
7 changes and the availability of tax credits
8 and cost-sharing reductions.

9 (B) CONNECTION WITH FEDERAL EX-
10 CHANGE.—Activities conducted under this sec-
11 tion shall be in connection with the operation of
12 the Federal Exchange, to provide special bene-
13 fits to health insurance issuers participating in
14 the Federal Exchange.

15 (3) CONTRACT AUTHORITY.—The Secretary
16 may contract with a State to conduct outreach and
17 enrollment activities for plan years 2018 and 2019.
18 Any outreach and enrollment activities conducted by
19 a State or other entity at the direction of the State,
20 in accordance with such a contract, shall be treated
21 as Federal activities to provide special benefits to
22 participating health insurance issuers consistent
23 with OMB Circular No. A–25R.

24 (4) CLARIFICATIONS.—

1 (A) PRIOR FUNDING.—Nothing in this
2 subsection should be construed as rescinding or
3 cancelling any funds already obligated on the
4 date of enactment of this Act for outreach and
5 enrollment activities for plan year 2018.

6 (B) AVAILABILITY OF FUNDING.—The
7 Secretary shall ensure that outreach and enroll-
8 ment activities are conducted in all applicable
9 States, including, as necessary, by providing for
10 such activities through contracts described in
11 paragraph (3).

12 **SEC. 6. OFFERING HEALTH PLANS IN MORE THAN ONE**
13 **STATE.**

14 Not later than 1 year after the date of enactment
15 of this Act, the Secretary of Health and Human Services,
16 in consultation with the National Association of Insurance
17 Commissioners, shall issue regulations for the implemen-
18 tation of health care choice compacts established under
19 section 1333 of the Patient Protection and Affordable
20 Care Act (42 U.S.C. 18053) to allow for the offering of
21 health plans in more than one State.