

116TH CONGRESS
1ST SESSION

H. R. 2524

To repeal the multi-State plan program.

IN THE HOUSE OF REPRESENTATIVES

MAY 3, 2019

Mr. MEADOWS introduced the following bill; which was referred to the
Committee on Energy and Commerce

A BILL

To repeal the multi-State plan program.

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 “Repeal Insurance
5 Plans of the Multi-State Program Act” or the “RIP MSP
6 Act”.

7 **SEC. 2. REPEAL OF MULTI-STATE PLAN PROGRAM.**

8 (a) DEFINITIONS.—In this section, the terms “multi-
9 State plan issuer” and “MSP issuer” mean a health insur-
10 ance issuer or group of health insurance issuers that has
11 a contract with the Office of Personnel Management to
12 offer multi-State plan options pursuant to section 1334

1 of the Patient Protection and Affordable Care Act (Public
2 Law 111–148).

3 (b) PROGRAM REPEAL.—Effective January 1, 2020,
4 section 1334 of the Patient Protection and Affordable
5 Care Act (Public Law 111–148) shall have no force or
6 effect.

7 (c) TERMINATION OF EXTERNAL REVIEW.—The ad-
8 ministration of external review pursuant to section 1334
9 of the Patient Protection and Affordable Care Act shall
10 conclude upon the issuance by the Director of Office of
11 Personnel Management (referred to in this section as
12 “OPM”) of all final decisions for enrollees enrolled in a
13 multi-State plan during or before the 2019 plan year.

14 (d) REQUIRED REPORTING.—Not later than 60 days
15 after the date of enactment of this Act, the Director of
16 OPM shall provide the Committee on Homeland Security
17 and Governmental Affairs and the Committee on Health,
18 Education, Labor, and Pensions of the Senate and the
19 Committee on Oversight and Government Reform and the
20 Committee on Energy and Commerce of the House of
21 Representatives a briefing concerning the efforts of the
22 OPM to wind down the multi-State program under section
23 1334 of the Patient Protection and Affordable Care Act.
24 Such briefing shall contain such information as may be
25 required, including information regarding—

1 (1) the methods of communication OPM and an
2 MSP issuer will use to notify current enrollees that
3 the multi-State plan will not be offered during the
4 next open season, including a timeline of the planned
5 communications;

6 (2) a description of how the Director of OPM
7 will work with the Secretary of Health and Human
8 Services to ensure that no plans previously offered
9 pursuant to such section 1334 are offered on State
10 or Federal Exchanges; and

11 (3) a timeline detailing how OPM will close
12 down the information technology portal that MSP
13 issuers utilize.

14 (e) CONFORMING AMENDMENTS.—

15 (1) IN GENERAL.—Title I of the Patient Pro-
16 tection and Affordable Care Act is amended—

17 (A) in section 1301(a) (42 U.S.C.
18 18021(a))—

19 (i) in paragraph (2)—

20 (I) in the heading, by striking

21 “AND MULTI-STATE QUALIFIED

22 HEALTH PLANS”; and

23 (II) by striking “and a multi-

24 State plan under section 1334,”; and

1 (ii) in paragraph (4), by striking “,
2 including a multi-State qualified health
3 plan,”; and

4 (B) in section 1324(a) (42 U.S.C.
5 18044(a)), by striking “, or a multi-State quali-
6 fied health plan under section 1334,”.

7 (2) EFFECTIVE DATE.—The amendments made
8 by paragraph (1) shall take effect on January 1,
9 2020.

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