

115TH CONGRESS
2D SESSION

H. R. 5624

To facilitate the efforts of States to establish auto-enrollment systems to enroll certain individuals in health insurance coverage, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 26, 2018

Mr. BERA (for himself, Ms. KUSTER of New Hampshire, Mr. SCHRADER, Mr. SCHNEIDER, Miss RICE of New York, Mr. DELANEY, and Mr. PETERS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To facilitate the efforts of States to establish auto-enrollment systems to enroll certain individuals in health insurance coverage, and for other purposes.

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 “Pathway to Universal
5 Coverage Act of 2018”.

1 **SEC. 2. ENCOURAGEMENT OF AUTO-ENROLLMENT FOR**
2 **STATES.**

3 (a) STATE INNOVATIONS TO EXPAND COVERAGE.—

4 (1) IN GENERAL.—Subject to paragraph (4),
5 the Secretary of Health and Human Services shall
6 award grants to eligible State agencies to enable
7 such States to explore innovative solutions to pro-
8 mote greater enrollment in health insurance cov-
9 erage in the individual and small group markets, in-
10 cluding activities described in paragraph (3).

11 (2) ELIGIBILITY.—For purposes of paragraph
12 (1), eligible State agencies are Exchanges estab-
13 lished by a State under title I of the Patient Protec-
14 tion and Affordable Care Act and State agencies
15 with primary responsibility over health and human
16 services for the State involved.

17 (3) USE OF FUNDS.—For purposes of para-
18 graph (1), the activities described in this subsection
19 are the following:

20 (A) State efforts to streamline health in-
21 surance enrollment procedures in order to re-
22 duce burdens on consumers and facilitate great-
23 er enrollment in health insurance coverage in
24 the individual and small group markets, includ-
25 ing automatic enrollment and reenrollment of,
26 or pre-populated applications for, individuals

1 without health insurance who are eligible for
2 tax credits under section 36B of the Internal
3 Revenue Code of 1986, with the ability to opt
4 out of such enrollment.

5 (B) State investment in technology to im-
6 prove data sharing and collection for the pur-
7 poses of facilitating greater enrollment in health
8 insurance coverage in such markets.

9 (C) Implementation of a State version of
10 an individual mandate to be enrolled in health
11 insurance coverage.

12 (D) Feasibility studies to develop com-
13 prehensive and coherent State plan for increas-
14 ing enrollment in the individual and small
15 group market.

16 (4) FUNDING.—For purposes of carrying out
17 this subsection, there is hereby appropriated, out of
18 any funds in the Treasury not otherwise appro-
19 priated, \$200,000,000 for each of the fiscal years
20 2019 through 2021. Such amount shall remain
21 available until expended.

22 (b) AVAILABILITY OF SUBSIDY INFORMATION.—The
23 information available under section 1411 of the Patient
24 Protection and Affordable Care Act for determination of
25 eligibility for and amount of credit against tax allowed

1 under section 36B shall be made available to State agen-
 2 cies for determining eligibility for automatic enrollment
 3 described in subsection (f)(1).

4 (c) RECONCILIATION OF ADVANCED PAYMENTS FOR
 5 AUTO-ENROLLED INDIVIDUALS.—Paragraph (2) of sec-
 6 tion 36B(f) of the Internal Revenue Code of 1986 is
 7 amended by adding at the end the following new subpara-
 8 graph:

9 “(C) EXCEPTION FOR AUTO-ENROLLED IN-
 10 DIVIDUALS.—In the case of an individual who is
 11 enrolled through an auto-enrollment system (as
 12 defined in subsection (f) of the Pathway to Uni-
 13 versal Coverage Act of 2018), subparagraph (A)
 14 shall not apply.”.

15 (d) FACILITATION OF STATE AUTO-ENROLLMENT.—

16 (1) PROVISION OF ELIGIBILITY INFORMA-
 17 TION.—Section 1411 of the Patient Protection and
 18 Affordable Care Act (42 U.S.C. 18081) is amend-
 19 ed—

20 (A) in subsection (b)—

21 (i) in the header, by striking “BY AP-
 22 PPLICANTS”; and

23 (ii) in paragraph (1), by inserting
 24 “(or, in the case of an individual to be en-
 25 rolled in such plan under an auto-enroll-

ment system (as defined in subsection (f)(1) of the Pathway to Universal Coverage Act of 2018), a State)” after “individual market”; and

(B) in subsection (c)(1), by striking “provided by an applicant under” and inserting “described in”.

(2) MEDICAID ENROLLMENT.—The requirement specified in section 435.907(f) of title 42, Code of Federal Regulations, shall not apply with respect an individual enrolled under a State plan under title XIX of the Social Security Act (or under a waiver of such plan) through an auto-enrollment system.

(3) REPORTING OF TERMINATED COVERAGE.—

(A) GROUP HEALTH PLANS AND HEALTH INSURANCE ISSUERS.—The first subpart II of part A of title XXVII of the Public Health Service Act (42 U.S.C. 300gg–11 et seq.) is amended by adding at the end the following new section:

“SEC. 2729. REPORTING OF TERMINATED COVERAGE.

“For each month occurring in a plan year beginning on or after January 1, 2020, a group health plan and a health insurance issuer offering group or individual health insurance coverage shall notify the Secretary, in a time

1 and manner specified by the Secretary, of each individual
2 whose enrollment under such coverage or such plan was
3 terminated during such month.”.

4 (B) MEDICAID.—Section 1902 of the So-
5 cial Security Act (42 U.S.C. 1396a) is amended
6 by adding at the end the following new sub-
7 section:

8 “(nn) REPORTING ON DISENROLLMENT OF MED-
9ICAID ENROLLEES.—For each month beginning on or
10 after January 1, 2020, a State shall submit to the Sec-
11 retary a report, at such time, in such manner, and con-
12 taining such information as the Secretary may require, on
13 each individual who was disenrolled from the State plan
14 (or a waiver of such plan) during such month.”.

15 (C) CHIP.—Section 2107(e)(1) of the So-
16 cial Security Act (42 U.S.C. 1397gg(e)(1)) is
17 amended—

18 (i) by redesignating subparagraphs
19 (L) through (S) as subparagraphs (M)
20 through (T), respectively; and

21 (ii) by inserting after subparagraph
22 (K) the following new subparagraph:

23 “(L) Section 1902(nn) (relating to report-
24 ing on disenrollment of enrollees).”.

1 (e) REPORT.—Not later than 6 months after the date
2 of enactment of this Act, the Secretary of Health and
3 Human Services, in coordination with the Commissioner
4 of the Internal Revenue Service, shall submit to Congress
5 a report with best practice recommendations on how a
6 State may establish an auto-enrollment system (as defined
7 in subsection (f)). Such report shall include the following:

8 (1) Identification of any statutory barriers to
9 establishing such a system, including data-sharing,
10 administrative, and technological barriers.

11 (2) How such a system would interact with en-
12 rollment periods for qualified health plans (as de-
13 fined in section 1301 of the Patient Protection and
14 Affordable Care Act (42 U.S.C. 18021) and income
15 eligibility determinations for premium assistance tax
16 credits under section 36B of the Internal Revenue
17 Code, the impact of such system on enrollment in
18 health insurance coverage in a State establishing
19 such system, and the effects of changing the enroll-
20 ment periods for such system to align with the filing
21 of individual Federal tax returns.

22 (3) An evaluation of prior outreach efforts tar-
23 geted to individuals without health insurance cov-
24 erage eligible for such tax credits.

25 (f) DEFINITIONS.—For purposes of this Act:

1 (1) AUTO-ENROLLMENT SYSTEM.—The term
2 “auto-enrollment system” means a system designed
3 and operated by a State that provides for an eligible
4 individual residing in such State to be automatically
5 enrolled in a qualified health plan offered through
6 an Exchange in the State, or, if eligible, in the State
7 plan under title XIX of the Social Security Act (or
8 under a waiver of such plan), provided that the sys-
9 tem exempts such individual from paying any pre-
10 mium imposed by the State under such plan (or
11 waiver). Such automatic enrollment shall be void if
12 within 60 days after first being notified of the auto-
13 matic enrollment the eligible individual declines such
14 coverage.

15 (2) ELIGIBLE INDIVIDUAL.—

16 (A) IN GENERAL.—Subject to subpara-
17 graph (B), the term “eligible individual” means,
18 with respect to a taxable year, an individual
19 who is not eligible for minimum essential cov-
20 erage, other than minimum essential coverage
21 described in subparagraph (A)(ii) or (C) of sec-
22 tion 5000A(f)(1) of the Internal Revenue Code
23 of 1986, for such year.

24 (B) LIMITATION.—An individual who is
25 only eligible for minimum essential coverage de-

1 scribed in section 5000A(f)(1)(C) of the Inter-
2 nal Revenue Code of 1986 may only be treated
3 as an eligible individual for purposes of this sec-
4 tion if the amount that would be calculated
5 under section 36B(b)(2)(B) of such Code for
6 such individual for a coverage month is not less
7 than the monthly premium for the least expen-
8 sive plan offered on the Exchange for which
9 such individual is eligible. This subclause shall
10 be calculated on the basis of the individual's
11 household income for the most recent taxable
12 year for which the Secretary determines infor-
13 mation is available.

14 (3) STATE.—The term “State” means each of
15 the several States, the District of Columbia, and
16 each territory or possession of the United States.

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