

Calendar No. 190

116TH CONGRESS
1ST SESSION**S. 1378****[Report No. 116–86]**

To repeal the multi-State plan program.

IN THE SENATE OF THE UNITED STATES

MAY 8, 2019

Mr. JOHNSON (for himself, Mr. BARRASSO, Mr. BRAUN, Mr. WICKER, Mr. LEE, Mr. ALEXANDER, Mr. ENZI, Mr. CRAMER, and Mr. PAUL) introduced the following bill; which was read twice and referred to the Committee on Homeland Security and Governmental Affairs

SEPTEMBER 10, 2019

Reported by Mr. JOHNSON, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italic*]**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 of 2019” or the
 6 “RIP MSP Act”.

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

2 (a) **DEFINITIONS.**—In this section, the terms “multi-
 3 State plan issuer” and “MSP issuer” mean a health insur-
 4 ance issuer or group of health insurance issuers that has
 5 a contract with the Office of Personnel Management to
 6 offer multi-State plan options pursuant to section 1334
 7 of the Patient Protection and Affordable Care Act (Public
 8 Law 111–148).

9 (b) **PROGRAM REPEAL.**—Effective January 1, 2020,
 10 section 1334 of the Patient Protection and Affordable
 11 Care Act (Public Law 111–148) shall have no force or
 12 effect.

13 (c) **REQUIRED REPORTING.**—Not later than 60 days
 14 after the date of enactment of this Act, the Director of
 15 the Office of Personnel Management shall provide the
 16 Committee on Homeland Security and Governmental Af-
 17 fairs of the Senate and the Committee on Oversight and
 18 Reform of the House of Representatives a briefing con-
 19 cerning the efforts of the Office of Personnel Management
 20 (referred to in this section as “OPM”) to wind down the
 21 multi-State program under section 1334 of the Patient
 22 Protection and Affordable Care Act. Such briefing shall
 23 contain such information as may be required, including
 24 information regarding—

25 (1) the methods of communication OPM and an
 26 MSP issuer will use to notify current enrollees that

1 the multi-State plan will not be offered during the
 2 next open season, including a timeline of the planned
 3 communications;

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

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

12 (d) RESCISSION OF UNUSED FUNDS.—Of the
 13 amounts made available to OPM for the purposes of staff-
 14 ing and administering the program under section 1334 of
 15 the Patient Protection and Affordable Care Act, the unob-
 16 ligated balance is rescinded, effective January 1, 2020.

17 (e) SENSE OF CONGRESS.—It is the sense of Con-
 18 gress that—

19 (1) the Director of the Office of Personnel
 20 Management should assign employees of the Office
 21 whose duties on the date of enactment relate to ear-
 22 nying out section 1334 of the Patient Protection and
 23 Affordable Care Act (Public Law 111–148) to duties
 24 relating to processing appeals brought by individuals
 25 or employers pursuant to such section 1334; and

1 ~~(2) no additional amounts should be appro-~~
 2 ~~priated for salaries and expenses relating to proe-~~
 3 ~~essing such appeals.~~

4 **SECTION 1. SHORT TITLE.**

5 *This Act may be cited as the “Repeal Insurance Plans*
 6 *of the Multi-State Program Act” or the “RIP MSP 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 offer*
 12 *multi-State plan options pursuant to section 1334 of the*
 13 *Patient Protection and Affordable Care Act (Public Law*
 14 *111–148).*

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

18 (c) *TERMINATION OF EXTERNAL REVIEW.*—*The ad-*
 19 *ministration of external review pursuant to section 1334*
 20 *of the Patient Protection and Affordable Care Act shall con-*
 21 *clude upon the issuance by the Director of the Office of Per-*
 22 *sonnel Management (referred to in this section as “OPM”)*
 23 *of all final decisions for enrollees enrolled in a multi-State*
 24 *plan during or before the 2019 plan year.*

1 (d) *REQUIRED REPORTING.*—Not later than 60 days
2 after the date of enactment of this Act, the Director of OPM
3 shall provide the Committee on Homeland Security and
4 Governmental Affairs and the Committee on Health, Edu-
5 cation, Labor, and Pensions of the Senate and the Com-
6 mittee on Oversight and Reform and the Committee on En-
7 ergy and Commerce of the House of Representatives a brief-
8 ing concerning the efforts of the OPM to wind down the
9 multi-State program under section 1334 of the Patient Pro-
10 tection and Affordable Care Act. Such briefing shall contain
11 such information as may be required, including informa-
12 tion regarding—

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

18 (2) a description of how the Director of OPM
19 will work with the Secretary of Health and Human
20 Services to ensure that no plans previously offered
21 pursuant to such section 1334 are offered on State or
22 Federal Exchanges; and

23 (3) a timeline detailing how OPM will close
24 down the information technology portal that MSP
25 issuers utilize.

1 (e) *CONFORMING AMENDMENTS.*—

2 (1) *IN GENERAL.*—*Title I of the Patient Protec-*
 3 *tion and Affordable Care Act is amended—*

4 (A) *in section 1301(a) (42 U.S.C.*
 5 *18021(a))—*

6 (i) *in paragraph (2)—*

7 (I) *in the heading, by striking*
 8 *“AND MULTI-STATE QUALIFIED*
 9 *HEALTH PLANS”;* *and*

10 (II) *by striking “and a multi-*
 11 *State plan under section 1334,”; and*

12 (ii) *in paragraph (4), by striking “,*
 13 *including a multi-State qualified health*
 14 *plan,”; and*

15 (B) *in section 1324(a) (42 U.S.C.*
 16 *18044(a)), by striking “, or a multi-State quali-*
 17 *fied health plan under section 1334,”.*

18 (2) *EFFECTIVE DATE.*—*The amendments made*
 19 *by paragraph (1) shall take effect on January 1,*
 20 *2020.*

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