

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

Mr. ALEXANDER (for himself and Mrs. MURRAY) 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 “Bipartisan Health
5 Care Stabilization Act of 2017”.

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

7 (a) STREAMLINING THE STATE APPLICATION PROC-
8 ESS.—Section 1332 of the Patient Protection and Afford-
9 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 deficit 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 or terms
3 and conditions in effect on the date of en-
4 actment of the Bipartisan Health Care
5 Stabilization Act of 2017 under title XI,
6 XVIII, XIX, or XXI of the Social Security
7 Act, or any other Federal law relating to
8 the provision of health care items or serv-
9 ices; and

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

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

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

20 (1) in paragraph (1) by striking “180” and in-
21 serting “90”; and

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

23 “(3) EXPEDITED DETERMINATION.—

24 “(A) IN GENERAL.—With respect to any
25 application under subsection (a)(1) submitted

1 on or after the date of enactment of the Bipar-
2 tisan Health Care Stabilization Act of 2017 or
3 any such application submitted prior to such
4 date of enactment and under review by the Sec-
5 retary on such date of enactment, the Secretary
6 shall make a determination on such application,
7 using the criteria for approval otherwise appli-
8 cable under this section, not later than 45 days
9 after the receipt of such application, and shall
10 allow the public notice and comment at the
11 State and Federal levels described under sub-
12 section (a)(4) to occur concurrently if such
13 State application—

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

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

25 “(B) APPROVAL.—

1 “(i) URGENT SITUATIONS.—

2 “(I) PROVISIONAL APPROVAL.—A
3 waiver approved under the expedited
4 determination process under subpara-
5 graph (A)(i) shall be in effect for a
6 period of 3 years, unless the State re-
7 quests a shorter duration.

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

1 “(ii) APPROVAL OF SAME OR SIMILAR
2 APPLICATIONS.—An approval of a waiver
3 under subparagraph (A)(ii) shall be subject
4 to the terms of subsection (e).

5 “(C) GAO STUDY.—Not later than 5 years
6 after the date of enactment of the Bipartisan
7 Health Care Stabilization Act of 2017, the
8 Comptroller General of the United States shall
9 conduct a review of all waivers approved pursu-
10 ant to an application under subparagraph
11 (A)(ii) to evaluate whether such waivers met
12 the requirements of subsection (b)(1) and
13 whether the applications should have qualified
14 for such expedited process.”.

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

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

23 “(2) may be renewed, subject to the State meet-
24 ing the criteria for approval otherwise applicable

1 under this section, for unlimited additional 6-year
2 periods upon application by the State; and

3 “(3) may not be suspended or terminated, in
4 whole or in part, by the Secretary at any time before
5 the date of expiration of the waiver period (including
6 any renewal period under paragraph (2)), unless the
7 Secretary determines that the State materially failed
8 to comply with the terms and conditions of the waiv-
9 er.”.

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

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

14 “(f) GUIDANCE AND REGULATIONS.—

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

17 “(A) issue guidance, not later than 30
18 days after the date of enactment of the Bipar-
19 tisan Health Care Stabilization Act of 2017,
20 that includes initial examples of model State
21 plans that meet the requirements for approval
22 under this section; and

23 “(B) periodically review the guidance
24 issued under subparagraph (A) and when ap-
25 propriate, issue additional examples of model

1 State plans that meet the requirements for ap-
2 proval under this section, which may include—

3 “(i) State plans establishing reinsur-
4 ance or invisible high-risk pool arrange-
5 ments for purposes of covering the cost of
6 high-risk individuals;

7 “(ii) State plans expanding insurer
8 participation, access to affordable health
9 plans, network adequacy, and health plan
10 options over the entire applicable health in-
11 surance market in the State;

12 “(iii) waivers encouraging or requiring
13 health plans in such State to deploy value-
14 based insurance designs which structure
15 enrollee cost-sharing and other health plan
16 design elements to encourage enrollees to
17 consume high-value clinical services;

18 “(iv) State plans allowing for signifi-
19 cant variation in health plan benefit de-
20 sign; or

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

23 “(2) RESCISSION OF PREVIOUS REGULATIONS
24 AND GUIDANCE.—Beginning on the date of enact-
25 ment of the Bipartisan Health Care Stabilization

1 Act of 2017, the regulations promulgated, and the
2 guidance issued, under this section prior to the date
3 of enactment of the Bipartisan Health Care Sta-
4 bilization Act of 2017 shall have no force or effect.”;
5 and

6 (2) in subsection (a)(4)—

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

9 (B) in subparagraph (B), by striking “Not
10 later than 180 days after the date of enactment
11 of this Act, the Secretary shall” and inserting
12 “The Secretary may”.

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

16 (1) with respect to applications for waivers
17 under such section 1332 submitted after the date of
18 enactment of this Act and applications for such
19 waivers submitted prior to such date of enactment
20 and under review by the Secretary on the date of en-
21 actment, shall take effect on the date of enactment
22 of this Act; and

23 (2) with respect to applications for waivers ap-
24 proved under such section 1332 before the date of
25 enactment of this Act, shall not require reconsider-

1 ation of whether such applications meet the require-
2 ments of such section 1332, except that, at the re-
3 quest of a State, the Secretary shall recalculate the
4 amount of funding provided under subsection (a)(3)
5 of such section.

6 (h) CLARIFYING BUDGET NEUTRALITY.—Section
7 1332(a)(1)(B)(ii) of the Patient Protection and Affordable
8 Care Act (42 U.S.C. 18052(a)(1)(B)(ii)) is amended by
9 inserting “over both the term of the proposed waiver and
10 the term of the 10-year budget plan” after “Government”.

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

12 (a) IN GENERAL.—There is appropriated to the Sec-
13 retary of Health and Human Services (referred to in this
14 section as the “Secretary”), out of any funds in the Treas-
15 ury not otherwise obligated, such sums as may be nec-
16 essary for payments for cost-sharing reductions authorized
17 by section 1402 of the Patient Protection and Affordable
18 Care Act (42 U.S.C. 18071) for the portion of plan year
19 2017 that begins **【on the date of enactment of this Act】**
20 and ends on December 31, 2017, and for plan years 2018
21 and 2019.

22 **【(b) ENSURING CONSUMER BENEFIT IN 2018.—】**

23 **【(1) COST-SHARING PAYMENTS.—】**

24 **【(A) IN GENERAL.—】**

1 **[(i) AVAILABILITY OF FUNDS.—**For
2 plan year 2018, except with respect to
3 issuers of qualified health plans in a State
4 described in clause (ii)(I), amounts appro-
5 priated under subsection (a) shall be made
6 available for payments for cost-sharing re-
7 ductions under such section 1402 to
8 issuers of qualified health plans.]

9 **[(ii) STATE FLEXIBILITY.—**

10 **[(I) STATE DESCRIBED.—**A
11 State described in this clause is a
12 State in which the State insurance
13 regulator, before the date of enact-
14 ment of this Act, directed issuers of
15 qualified health plans to decline cost-
16 sharing reduction payments under
17 section 1402 of the Patient Protection
18 and Affordable Care Act (42 U.S.C.
19 18071) for the 2018 plan year,
20 through a formal notice or cor-
21 respondence.]

22 **[(II) STATE OPTION TO REVERSE**
23 **DIRECTIVE.—**Nothing in this clause
24 shall prevent a State insurance regu-

1 lator from reversing a directive de-
2 scribed in subclause (I).】

3 【(B) STATE PLAN.—

4 【(i) IN GENERAL.—Not later than 60
5 days after the date of enactment of this
6 Act, each State insurance regulator not de-
7 scribed in subparagraph (A)(ii)(I) shall
8 submit to the Secretary of Health and
9 Human Services a certification that, with
10 respect to plan year 2018, the State will
11 ensure that each applicable issuer of a
12 qualified health plan in the State provides
13 a direct financial benefit to consumers and
14 the Federal Government, as applicable,
15 and a State plan for so ensuring such ben-
16 efit. The Secretaries of the Treasury and
17 of Health and Human Services shall assist
18 the States in developing and implementing
19 plans as needed, including by providing
20 technical assistance.】

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

23 【(I) providing monthly rebates to
24 affected consumers and the Federal
25 Government;】

1 **[(II) one-time rebates for con-**
2 **sumers to affected consumers and the**
3 **Federal Government;]**

4 **[(III) after-the-year rebates for**
5 **affected consumers and the Federal**
6 **Government;]**

7 **[(IV) rebates paid through the**
8 **process under section 2718 of the**
9 **Public Health Service Act (42 U.S.C.**
10 **300gg-18), allowing for the appro-**
11 **priate portion of rebates to be pro-**
12 **vided to the Federal Government;**
13 **and]**

14 **[(V) other means of providing a**
15 **direct financial benefit to consumers**
16 **and the Federal Government approved**
17 **by the State insurance regulator, pro-**
18 **vided such means of providing a fi-**
19 **nancial benefit does not result in in-**
20 **creased costs for applicable taxpayers**
21 **described in section 36B of the Inter-**
22 **nal Revenue Code of 1986 or the Fed-**
23 **eral Government.]**

24 **[(iii) CONSIDERATIONS.—Any rebate**
25 **amount described in clause (ii)—]**

1 【(I) shall be treated as part of
2 the premium, but the premium under
3 section 36B(b)(2) of the Internal Rev-
4 enue Code of 1986 or section
5 36B(f)(3)(B) of such Code shall not
6 be affected by the rebate amount;】

7 【(II) shall be treated as if it were
8 an expenditure described in paragraph
9 (1) or (2) of section 2718(a) of the
10 Public Health Service Act (42 U.S.C.
11 300gg-18);】

12 【(III) shall be accounted for by
13 the Secretary in calculating risk ad-
14 justment and reconciling any other
15 relevant downstream financial calcula-
16 tions; and】

17 【(IV) shall be provided so as not
18 to create an inducement to purchase
19 health insurance coverage from an ap-
20 plicable issuer.】

21 【(iv) NOTICE REQUIREMENTS.—
22 States that adopt a State plan under this
23 subparagraph shall prominently post a no-
24 tice that enrollees may qualify for rebates

1 or other means and explain how such re-
2 bates will be provided.】

3 【(2) REPORT.—Not later than 90 days after
4 the date of enactment of this Act, the Secretary of
5 Health and Human Services shall issue a report de-
6 scribing the activities taken by issuers of qualified
7 health plans in States that submitted certifications
8 and State plans under paragraph (1)(B) to provide
9 a direct financial benefit to individuals enrolled in a
10 qualified health plan and the Federal Government,
11 as applicable, for the 2018 plan year.】

12 **SEC. 4. ALLOWING ALL INDIVIDUALS PURCHASING HEALTH**
13 **INSURANCE IN THE INDIVIDUAL MARKET**
14 **THE OPTION TO PURCHASE A LOWER PRE-**
15 **MIUM COPPER PLAN.**

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

19 (1) in paragraph (1)—

20 (A) by redesignating clauses (i) and (ii) of
21 subparagraph (B) as subparagraphs (A) and
22 (B), respectively, and adjusting the margins ac-
23 cordingly;

24 (B) by striking “plan year if—” and all
25 that follows through “the plan provides—” and

1 inserting “plan year if the plan provides—”;
2 and

3 (C) in subparagraph (A), as redesignated
4 by paragraph (1), by striking “clause (ii)” and
5 inserting “subparagraph (B)”;

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

7 (3) by redesignating paragraph (3) as para-
8 graph (2).

9 (b) RISK POOLS.—Section 1312(c)(1) of the Patient
10 Protection and Affordable Care Act (42 U.S.C. 18032(e))
11 is amended by inserting “and including enrollees in cata-
12 strophic plans described in section 1302(e)” after “Ex-
13 change”.

14 (c) CONFORMING AMENDMENT.—Section
15 1312(d)(3)(C) of the Patient Protection and Affordable
16 Care Act (42 U.S.C. 18032(d)(3)(C)) is amended by strik-
17 ing “, except that in the case of a catastrophic plan de-
18 scribed in section 1302(e), a qualified individual may en-
19 roll in the plan only if the individual is eligible to enroll
20 in the plan under section 1302(e)(2)”.

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

1 **SEC. 5. CONSUMER OUTREACH, EDUCATION, AND ASSIST-**
2 **ANCE.**

3 (a) OPEN ENROLLMENT REPORTS.—For plan years
4 2018 and 2019, the Secretary of Health and Human Serv-
5 ices (referred to in this section as the “Secretary”), in co-
6 ordination with the Secretary of the Treasury and the Sec-
7 retary of Labor, shall issue biweekly public reports during
8 the annual open enrollment period on the performance of
9 the Federal Exchange and the Small Business Health Op-
10 tions Program (SHOP) Marketplace. Each such report
11 shall include a summary, including information on a
12 State-by-State basis where available, of—

13 (1) the number of unique website visits;

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

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

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

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

21 (6) the percentage of individuals who enroll in
22 a qualified health plan through each of—

23 (A) the website;

24 (B) the call center;

25 (C) navigators;

26 (D) agents and brokers;

- 1 (E) the enrollment assistant program;
2 (F) directly from issuers or web brokers;
3 and
4 (G) other means.

5 (b) OPEN ENROLLMENT AFTER ACTION REPORT.—

6 For plan years 2018 and 2019, the Secretary, in coordina-
7 tion with the Secretary of the Treasury and the Secretary
8 of Labor, shall publish an after action report not later
9 than 3 months after the completion of the annual open
10 enrollment period regarding the performance of the Fed-
11 eral Exchange and the Small Business Health Options
12 Program (SHOP) Marketplace for the applicable plan
13 year. Each such report shall include a summary, including
14 information on a State-by-State basis where available,
15 of—

16 (1) the open enrollment data reported under
17 subsection (a) for the entirety of the enrollment pe-
18 riod; and

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

23 (A) the performance objectives established
24 by the Secretary for such patient navigators;

1 (B) the number of consumers enrolled by
2 such a patient navigator;

3 (C) an assessment of how such patient
4 navigators have met established performance
5 metrics, including a detailed list of all patient
6 navigators, funding received by patient naviga-
7 tors, and whether established performance ob-
8 jectives of patient navigators were met; and

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

11 (i) whether such objectives assess the
12 full scope of patient navigator responsibil-
13 ities, including general education, plan se-
14 lection, and determination of eligibility for
15 tax credits, cost-sharing reductions, or
16 other coverage;

17 (ii) how the Secretary worked with pa-
18 tient navigators to establish such objec-
19 tives; and

20 (iii) how the Secretary adjusted such
21 objectives for case complexity and other
22 contextual factors.

23 (c) REPORT ON ADVERTISING AND CONSUMER OUT-
24 REACH.—Not later than 3 months after the completion of
25 the annual open enrollment period for the 2018 plan year,

1 the Secretary shall issue a report on advertising and out-
2 reach to consumers for the open enrollment period for the
3 2018 plan year. Such report shall include a description
4 of—

5 (1) the division of spending on individual adver-
6 tising platforms, including television and radio ad-
7 vertisements and digital media, to raise consumer
8 awareness of open enrollment;

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

12 (3) whether the Secretary conducted targeted
13 outreach to specific demographic groups and geo-
14 graphic areas.

15 (d) OUTREACH AND ENROLLMENT ACTIVITIES.—

16 (1) OPEN ENROLLMENT.—Of the amounts col-
17 lected through the user fees on participating health
18 insurance issuers pursuant to section 156.50 of title
19 45, Code of Federal Regulations (or any successor
20 regulations), the Secretary shall obligate
21 \$105,800,000 for outreach and enrollment activities
22 for each of the open enrollment periods for plan
23 years 2018 and 2019.

24 (2) OUTREACH AND ENROLLMENT ACTIVI-
25 TIES.—

1 (A) IN GENERAL.—For purposes of this
2 subsection, the term “outreach and enrollment
3 activities” means—

4 (i) activities to educate consumers
5 about coverage options or to encourage
6 consumers to enroll in or maintain health
7 insurance coverage (excluding allocations
8 to the call center for the Federal Ex-
9 change); and

10 (ii) activities conducted by an in-per-
11 son consumer assistance program that does
12 not have a conflict of interest and that,
13 among other activities, facilitates enroll-
14 ment of individuals through the Federal
15 Exchange, and distributes fair and impar-
16 tial information concerning enrollment
17 through such Exchange and the availability
18 of tax credits and cost-sharing reductions.

19 (B) CONNECTION WITH FEDERAL EX-
20 CHANGE.—Activities conducted under this sub-
21 section shall be in connection with the operation
22 of the Federal Exchange, to provide special
23 benefits to health insurance issuers partici-
24 pating in the Federal Exchange.

1 (3) CONTRACT AUTHORITY.—The Secretary
2 may contract with a State to conduct outreach and
3 enrollment activities for plan years 2018 and 2019.
4 Any outreach and enrollment activities conducted by
5 a State or other entity at the direction of the State,
6 in accordance with such a contract, shall be treated
7 as Federal activities to provide special benefits to
8 participating health insurance issuers consistent
9 with OMB Circular No. A-25R.

10 (4) CLARIFICATIONS.—

11 (A) PRIOR FUNDING.—Nothing in this
12 subsection should be construed as rescinding or
13 cancelling any funds already obligated on the
14 date of enactment of this Act for outreach and
15 enrollment activities for plan year 2018.

16 (B) AVAILABILITY OF FUNDING.—The
17 Secretary shall ensure that outreach and enroll-
18 ment activities are conducted in all applicable
19 States, including, as necessary, by providing for
20 such activities through contracts described in
21 paragraph (3).

22 **SEC. 6. OFFERING HEALTH PLANS IN MORE THAN ONE**
23 **STATE.**

24 Not later than 1 year after the date of enactment
25 of this Act, the Secretary of Health and Human Services,

1 in consultation with the National Association of Insurance
2 Commissioners, shall issue regulations for the implemen-
3 tation of health care choice compacts established under
4 section 1333 of the Patient Protection and Affordable
5 Care Act (42 U.S.C. 18053) to allow for the offering of
6 health plans in more than one State.