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2 To amend the Health Benefit Exchange Authority Establishment Act of 2011 to promote
3 meaningful choice, provide enhanced benefits, and build a competitive private insurance
4 marketplace for the residents and small business owners of the District of Columbia by
5 not limiting the number of qualified health plans in the Exchange, requiring health plans
6 to offer plan options at the bronze, silver and gold metal levels, developing at least one
7 standardized plan option at each metal level to promote meaningful choice, creating one
8 large marketplace that provides individuals, small businesses, and their employees the
9 same clout as large companies, and defining habilitative services to include keeping or
10 improving functioning, including treatment of autism.

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12 BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this
13 act may be cited as the “Better Prices, Better Quality, Better Choices for Health Coverage
14 Amendment Act of 2013”.

15 Sec. 2. The Health Benefit Exchange Authority Establishment Act of 2011, effective
16 March 4, 2012 (D.C. Law 19-94; D.C. Official Code § 31-3171.01 *et seq.*) (“Act”), is amended as
17 follows:

18 (a) Section 2 of the Act (D.C. Official Code §31-3171.01) is amended as follows:
19 (1) A new paragraph (18) is added to read as follows:

20 “(18) “Metal level” means the bronze, silver, gold, and platinum levels of coverage as
21 defined in section 1302(d)(1) of the Federal Act.”

22 (b) Section 10 of the Act (D.C. Official Code §31-3171.09) is amended as follows:
23 (1) Subsection (a) is amended as follows:

24 (A) Sub subparagraph (5)(B)(i) is amended by replacing “at least one
25 plan at the gold level” with “at least one qualified health plan at the gold level and at least one
26 qualified health plan at the bronze level”.

27 (B) Paragraph (7) is amended by striking the period at the end of the
28 paragraph and inserting a semi-colon in its place.

1 (C) New paragraphs (8), (9), (10), (11), (12), and (13) are added to
2 read as follows:

“(8) Provide accurate attestations as required in the initial certification process;

“(9) Offer one or more standardized plan(s) as approved by the Executive Board for the
city, at each metal level in which the carrier is participating, in addition to other plans the
may offer;

“(10)(A) Offers plans subject to a meaningful difference standard.

“(B) The meaningful difference standard is defined in “Affordable Exchanges Guidance”
Centers for Consumer Information and Insurance Oversight at the Centers for Medicare
and Medicaid Services in the U.S. Department of Health and Human Services on March 1, 2013,
may be defined by the Executive Board for the Authority;

“(11) Comply with the Mental Health Parity and Addiction Equity Act of 2008 as applied Federal Act, including, but not limited to, covering behavioral health inpatient and outpatient services for mental health and substance use disorders without day or visit limitations;

“(12) Provide a drug formulary that includes at least the greater of the number of drugs in each category and class found in District’s base-benchmark plan formulary, or the sum number of drugs, by category and class, as established by the Center for Consumer Protection and Insurance Oversight in the Centers for Medicare and Medicaid Services at the Department of Health and Human Services; and

“(13) Provide benefits identical to the base-benchmark plan as defined by the District
t benefit substitution.”

(2) Subsection (b) is amended as follows:

(A) Paragraph (2) is amended by striking “or”.

(B) Paragraph (3) is amended by striking the period at the end of the paragraph and inserting “; or” in its place.

3 (C) A new paragraph (4) is added to read as follows:

4 “(4) On the basis of the number of qualified health plans being offered.”

5 (3) A new subsection (g) is added to read as follows:

“(g) A qualified health plan may provide services eligible for claims submission and reimbursement that are not in the essential health benefits package required in paragraph (a)(1).”

8 (c) A new section 10a is added to read as follows:

9 “Sec. 10a. Distribution of individual and small group health benefit plans.

10 “(a) A carrier that offers individual or small group health benefit plans shall offer such
11 plans solely through the District’s American Health Benefit Exchange, as established pursuant to
12 § 5(a), subject to the following transition:

13 “(1) Individual health benefit plans with plan years beginning on or after January
14 1, 2014 shall be offered solely through the District’s American Health Benefit Exchange;

15 “(2) On or after January 1, 2014, small group health benefit plans offered to a
16 small business not insured as of December 31, 2013 shall be offered solely through the District’s
17 American Health Benefit Exchange;

18 “(3) Small group health benefit plans offered or renewed for a small business that
19 was insured as of December 31, 2013 may be issued or renewed during 2014 through existing
20 distribution channels with the same carrier or a new carrier, except that such plans shall meet the
21 qualifications for certification of a qualified health plan as provided in § 10 of the Act; and

22 “(4) On or after January 1, 2015, all small group health benefit plans shall be
23 offered and issued or renewed solely through the District’s American Health Benefit Exchange.

1 “(b) “Habilitative services” are defined as health care services that help a person keep,
2 learn, or improve skills and functioning for daily living, including, but not limited to, applied
3 behavioral analysis for the treatment of autism spectrum disorder.

4 “(c) The requirements of this section shall not apply to grandfathered health plans as
5 defined in § 1251 of the Federal Act.”

6 Sec. 3. Fiscal impact statement.

7 The Council adopts the fiscal impact statement in the committee report as the fiscal
8 impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act,
9 approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(3)).

10 Sec. 4. Effective Date.

11 This Act shall take effect following approval by the Mayor (or in the event of veto by the
12 Mayor, action by the Council to override the veto), a 30 day period of Congressional review as
13 provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December
14 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of
15 Columbia Register.