DC Health Benefit Exchange Authority

SECTION BY SECTION
DC HEALTH BENEFIT EXCHANGE LEGISLATION

Title: Better Prices, Better Quality, Better Choices for Health Coverage Amendment Act of 2013

"Metal Level" defined - section 2(a)
Metal Level is defined as the bronze, silver, gold, and platinum levels of coverage established by the federal health reform law, the Affordable Care Act.

Bronze Plan Required - section 2(b)(1)(A)
Requires insurers to offer a qualified health plan at the bronze metal level in the District's exchange marketplace. This is in addition to the federal requirement that insurers offer a qualified health plan at the silver and gold metal level.

Accurate Attestations - section 2(b)(1)(C)
Requires insurer accuracy in any confirmations made as a part of their filing for certification to participate in the District's exchange marketplace. That includes having an adequate provider network and having a plan structure that does not discriminate again specific groups such as those with cancer or women.

Standardized Plans - section 2(b)(1)(C)
Requires insurers to offer one or more standardized qualified health plan in each metal level in which an insurer is participating to allow for an apples-to-apples shopping experience for individuals and small business. The Executive Board of the DC Health Benefit Exchange Authority will approve such plans for 2015.

Meaningful Difference in Plan Offerings - section 2(b)(1)(C)
Requires all qualified health plans offered by a single insurer to be meaningfully different from one another to protect residents from being confused or overwhelmed by a flood of "look-alike" policies.

Mental Health Parity and Addiction Equity - section 2(b)(1)(C)
Ensures that treatment for mental health and substance use disorders is on par with medical benefits in all qualified health plans offered in the District's Exchange marketplace. This includes prohibiting day and visit limitations on behavioral health services for mental health or substance use disorders.

Prescription Drug Formularies - section 2(b)(1)(C)
The drug formularies for qualified health plans offered in the Exchange marketplace shall have one or more drugs in each category and class (that would be the greater of one drug or the number of drugs covered in each category and class by the District's base benchmark plan).

Coverage of Essential Health Benefits - section 2(b)(1)(C)
All qualified health plans in the District's Exchange marketplace will cover the benefits equivalent to the District's defined essential health benefits package with no substitutions.

Maximum Plan Choice - section 2(b)(2)
Certification of health benefit plans to operate in the District's Exchange marketplace will not be denied based on the number of plans being offered.

Offering Additional Benefits - section 2(b)(3)
Qualified health plans being offered in the District's Exchange marketplace have the option of including additional benefits that are not in the essential health benefits.

Establishing a Competitive, Transparent Marketplace - section 2(c)
- All individuals and families who are uninsured will be able to purchase coverage and, if eligible, receive tax credits to reduce costs, solely in the District's Exchange marketplace starting January 1, 2014;
- Small businesses (50 or fewer full-time equivalent employees) that do not currently offer health benefits to workers but wish to begin to do so will be able to purchase coverage and, if eligible, receive tax credits to reduce costs, solely in the District's Exchange marketplace starting January 1, 2014;
- Small businesses currently offering health benefits to workers that wish to continue to do so will have the option of renewing coverage outside the District Exchange marketplace in 2014, or to purchase coverage in the marketplace; and
- Small businesses seeking to establish, renew, or change coverage options in 2015 or later will do so in the District's Exchange marketplace.

"Habilitative Services" Defined - section 2(c)
Federal law requires coverage of "habilitative services" as part of an essential health benefit package. The legislation defines habilitative services as health care services that "help a person keep, learn, or improve skills and functioning for daily living," including, but not limited to, applied behavioral analysis for the treatment of autism spectrum disorders in children.

Grandfathered Health Plans - section 2(c)
The requirements in this legislation do not apply to plans that meet federal requirements as "grandfathered health plans" allowing individuals and businesses to maintain coverage in place prior to March 23, 2010.