BYLAWS FOR THE HEALTH BENEFIT EXCHANGE AUTHORITY

PREAMBLE

The Health Benefit Exchange Authority of the District of Columbia is an independent authority of the District of Columbia government responsible for the centralized, transparent insurance marketplace through which individuals and small business owners will have access to comprehensive, affordable health insurance.

ARTICLE I NAME

The District of Columbia Health Benefit Exchange Authority "Authority."

ARTICLE II (MISSION)

The Mission of the District of Columbia Health Insurance Exchange is to increase the number of individuals in the District who have access to comprehensive and affordable health insurance, provide access to information about health insurance; promote high quality health services and empower consumers to select the health plan and provider that provide the best value for them.

ARTICLE III PURPOSE

The purposes of the authority shall be to:

1. Enable individuals and small employers to find more affordable and easier-to-understand health insurance;
2. Facilitate the purchase and sale of qualified health plans;
3. Assist small employers in facilitating the enrollment of their employees in qualified health plans;
4. Reduce the number of uninsured;
5. Provide a transparent marketplace for health benefit plans;
6. Educate consumers; and,

7. Assist individuals and groups to access programs, premium assistance tax credits and cost-sharing reductions.

ARTICLE IV FUNCTIONS OF THE AUTHORITY

The Authority shall have the following Authority, Duties and Powers

1. Establish the American Health Benefit Exchange to assist qualified individuals in the District with enrollment in qualified health plans, including providing for a toll-free telephone hotline to respond to requests for assistance, utilizing staff that is trained to provide assistance in a culturally and linguistically appropriate manner, maintaining a publically accessible website, conducting public education activities, and provide referrals to the Office of Health Care Ombudsman and Bill of Rights or other appropriate District agency for any enrollee grievance or questions about health benefits or coverage;
2. Establish a Small Business Health Options Plan (SHOP) through which qualified employers may choose the level of coverage they will provide and offer their employees choices among qualified health plans within that level of coverage.;
3. Certify plans as qualified health plans as set forth in Section 10 of the Health Benefit Authority Establishment Act of 2011, and make plans available to qualified individuals and qualified employers as required by the Federal Act with effective dates January 1, 2014; provided that, the Authority shall not make available any health plan that is not a qualified health plan;
4. Have independent personnel authority to hire, retain and terminate personnel as appropriate to perform the functions of the Authority consistent with the District of Columbia Comprehensive Merit Personnel Act of 1978, effective March 3, 1979 (DC Law 2-139; DC Official Code 51-601.01 et. Seq.) including establishing compensation and reimbursement consistent with the District's wage grade and non-wage grade schedules;
5. Have procurement authority independent of the Office of Contracting and Procurement; consistent with the Procurement Practices Reform Act of 2010, effective April 8, 2011 (D.C. Law 18-371; D.C. Official Code § 2-352.01 et seq.)

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("PPRA"); except, that section 12 202(a), (b), (c), and (e) of the PPRA shall apply.

6. Publish the average costs of licensing, regulatory fees and any other payments required by the Authority, and the administrative costs of the Authority, on a website that is publically accessible, to educate consumers on such costs; This information shall include information on monies lost to waste, fraud and abuse;
7. Implement procedures for the certification, recertification and decertification consistent with guidelines developed by the Secretary under section 1311 (c) of the Federal Act and of the District of Columbia Health Benefit Authority Establishment Act of 2011; of health benefit plans as qualified health plans;
8. Perform the duties required of the Authority by the Secretary, or the Secretary of the United States Department of the Treasury, related to determining eligibility for:
    a. Premium tax credits;
    b. Reduced cost-sharing; or
    c. Individual responsibility requirement exemptions;
9. Maintain accounting records of all activities, receipts and expenditures and report annually to the Secretary, Mayor, Council and the Commissioner in a format specified by the requestors;
10. Determine, review, and recommend operational policies for the Authority.
11. Create such standing and ad hoc committees as are deemed necessary to carry out the functions of the Authority.

ARTICLE V COMMITTEES

1. The Executive Board, by resolution adopted by a majority of the directors in office, may designate and appoint one or more committees, each consisting of two or more directors, which committees shall have and exercise the authority of the Executive Board in the governance of the Authority. However, no committee shall have the authority to amend or repeal these Bylaws, elect or remove any officer or director, adopt a plan of merger, or authorize the voluntary dissolution of the Authority.

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2. Between meetings of the Executive Board, on-going oversight of the affairs of the Corporation may be conducted by an Executive Committee, the membership of which shall include the officers of the Board. Actions taken by the Executive Committee of the Executive Board shall be ratified by the full board at its next meeting.
3. The Finance/Audit Committee is responsible for ensuring that the Authority's financial statements and procedures are evaluated to determine that adequate fiscal controls and procedures are in place and that the Authority is in good financial health. The Treasurer of the Board shall always be a member of the Finance/Audit Committee.
4. The Executive Board may create and appoint members to such other committees and task forces as they shall deem appropriate. Such committees and task forces shall have the power and duties designated by the Executive Board, and shall give advice and make non-binding recommendations to the Board.

ARTICLE VI LOCATION

The principal office of the Authority shall be located within the District of Columbia, at such place as the Executive Board shall from time to time designate. The Corporation may maintain additional offices at such other places as the Executive Board may designate. However, the Authority shall continuously maintain within the District of Columbia a registered office at such place as may be designated by the Executive Board.

ARTICLE VII DISTRICT OF COLUMBIA HEALTH BENEFIT EXCHANGE AUTHORITY FUND

1. The District of Columbia Health Benefit Exchange Authority Fund shall be established as a nonlasping fund and shall be administered by the Authority in accordance with generally accepted accounting principles and shall be used solely for the purposes set forth.
2. At a minimum, the Fund shall consist of:
    a. Any user fees, licensing fees or other assessments collected by the Authority;
    b. Income from investments made on behalf of the Fund;
    c. Interest on money in the Fund;
    d. Money collected by the Executive Board as a result of legal or other action;

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e. Donations;
f. Grants;
g. All general revenue funds appropriated by a line item in the budget submitted pursuant to section 446 of the District of Columbia Home Rule Act, approved December 24, 1073 (87 Stat; D.C. Official 1-204.46, and authorized by Congress for the purposes of the Authority; and
h. Any other money from any other source accepted for the benefit of the Fund; and,
i. All revenue, income from investments, proceeds and other monies, from whatever source derived, that are collected or received by the Authority shall be deposited into the Fund.

3. All funds deposited into the Fund, and any interest earned on those funds, shall not revert to the unrestricted fund balance of the General Fund of the District of Columbia at the end of a fiscal year, or at any other time, but shall be continually available for the uses and purposes set forth without regard to fiscal year limitation, subject to authorization by Congress.
4. The Chief Financial Officer shall invest the money of the Fund in the same manner as other District of Columbia money may be invested;
5. The Authority is authorized to charge, through rulemaking:
    a. User fees;
    b. Licensing fees; and,
    c. Other assessments on health carriers selling qualified dental plans or qualified health plans in the District of Columbia.

ARTICLE VIII MEMBERSHIP

The Authority shall be governed by an Executive Board whose membership shall consist of:

1. Seven voting members who are residents of the District of Columbia and appointed by the Mayor, with the advice and consent of the District of Columbia City Council
2. Four non-voting ex-officio members, or their designees, who shall be the:
    a. Director of the Department of Health Care Finance;

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    b. Commissioner of the Department of Insurance, Securities and Banking;
    c. Director of the Department of Health; and,
    d. Director of the Department of Human Services
3. Each person appointed to the Executive Board as a voting member shall have demonstrated and acknowledged expertise in at least 2 (two) of the following areas:
    a. Individual or small employer health care coverage;
    b. Health benefits plan administration;
    c. Health care finance
    d. Administering a public or private health care delivery system;
    e. Purchasing health plan coverage;
    f. Prior experience in commercial insurance management;
    g. Actuarial analysis;
    h. Health Care Economics;
    i. Human Services administration;
    j. Health Care Consumer Interest Advocacy;
    k. Public Health programs; or,
    l. Enrolling individuals into health benefit plans.
4. At least one (1) voting member of the Executive Board shall demonstrate knowledge in health care consumer interest advocacy.

ARTICLE IX OFFICERS

1. The members of the Executive Board shall elect from within its membership officers of the Board. At a minimum the members shall elect a Chair, a Vice-Chair, Treasurer, and a Secretary.
2. The Chair shall be elected by majority vote of those present and eligible to vote, excluding abstentions, a quorum being present.
3. The Vice-Chair shall be elected by majority vote of those present and eligible to vote, excluding abstentions, a quorum being present.
4. The Secretary shall be elected by a majority vote of those present and eligible to vote, excluding abstentions a quorum being present.
5. The Treasurer shall be elected by a majority vote of those present and eligible to vote, excluding abstentions, a quorum being present.

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6. No member of the Executive Board may hold more than one office concurrently.
7. The term of office shall be one year and vacancies shall be filled by special election (within 30 days of vacancy) and not exceed the term of the officer being replaced.

ARTICLEX MEETINGS

1. Regular meetings of the members shall be held no less than every other -month at a time and place designated by the chair.
2. An annual meeting of the members shall take place in the month of June, the specific date, time and location of which will be designated by the chair. At the annual meeting the members shall elect directors and officers, receive reports on the activities of the association, and determine the direction of the association for the coming year.
3. Special meetings may be called by the chair, the Executive Committee, or a simple majority of the Executive Board.
4. Meeting notices will be distributed consistent with the requirements of the Sunshine Act.
5. A simple majority of voting members shall constitute a quorum.
6. All issues bought up for vote shall be decided by a simple majority of the voting members present at the meeting in which a quorum is established.
7. Each Executive Board member shall have one vote. All voting at meetings shall be done personally and no proxy shall be allowed.
8. Unless otherwise restricted by these by-laws or District of Columbia regulations, any or all directors may participate in a meeting of the Board or a committee of the Board by means of conference call or by any means by which all persons participating in the meeting are able to communicate with one another. Such participation shall constitute presence in person at the meeting.
9. Each Board member is expected to communicate with the Chair in advance of all Board meetings stating whether or not s/he is able to attend or participate by conference telephone or other agreed-upon means of communication. Any Board member who is absent from [three] successive Board meetings or fails to participate

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for a full year shall be deemed to have resigned due to non-participation, and his/her position shall be declared vacant, unless the Board affirmatively votes to retain that director as a member of the Board.

ARTICLE XI TERM OF OFFICE

1. Members of the Executive Board, other than an ex-officio member, shall be appointed for a term of four(4) years, except that:
    a. Two (2) of the initial appointments shall be for a term of two (2) years;
    b. One (1) of the initial appointments shall be for a term of three (3) years;
    c. Two (2) of the initial appointments shall be for a term of four (4) years; and
    d. Two (2) of the initial appointments shall be for a term of 5 years.
2. A member of the Executive Board may continue to serve until a replacement Member has been appointed by the Mayor and confirmed by the Council of his or her successor;
3. Vacancies shall be filled by Mayoral appointment for the unexpired term in the same manner of the original appointment;
4. A member of the Executive Board, upon findings by the Mayor, may be removed for incompetence, misconduct, or failure to perform the duties of the position;
5. A member of the Executive Board may be removed by a majority vote of the Executive Board, at any regularly scheduled or special meeting of the Board of whenever in its judgment the best interests of the Authority would be served. Reasons for removal of a member include but are not limited to absenteeism as defined in these by-laws, malfeasance, conflict of interest and criminal behavior.
6. Except as otherwise required by law, a director may resign from the Board at any time by giving notice in writing to the Board. Such resignation shall take effect at the time specified therein, and unless otherwise specified therein, no acceptance of such resignation shall be necessary to make it effective.

ARTICLE XII POWERS AND DUTIES OF THE EXECUTIVE BOARD

1. The affairs of Health Benefit Exchange Authority of the District of Columbia

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shall be managed by the Executive Board.

2. The Executive Board shall have all powers necessary to carry out the functions authorized by the Federal Act and consistent with the purposes of the Authority;
3. The enumeration for specific powers is not intended to restrict the Executive Board's power to take any lawful actions deemed necessary to carry out the functions authorized by the Federal Act and consistent with the purposes of the Authority;
4. In addition to the powers set forth elsewhere in the Health Benefit Exchange Authority Establishment Act of 2011, the Executive Board may:
    a. Adopt and alter an official seal;
    b. Sue, be sued, pleas and be impleaded;
    c. Adopt bylaws, rules and policies;
    d. Maintain an office in the District at the place designated by the Executive Board;
    e. Enter into agreements or contracts and execute the instruments necessary to manage its affairs and to carry out the purposes of the Act;
    f. Apply for and receive grants, contracts, or other public or private funding; and,
    g. Do all things necessary in conformity with the law to exercise powers granted in the Act;
    h. The Executive Board may enter into memoranda of understanding or contracts with eligible entities including the:
        i. Department of Health Care Finance;
        ii. Department of Human Services;
        iii. Department of Securities, Insurance and Banking;
        iv. Insurance producers and third party administrators registered in the District; and,
        v. Any other entities that have experience in individual and small group public and private insurance plans or facilitating enrollment in those plans.

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i. The Executive Board shall adopt written policies and procedures governing all procurements of the Authority;
j. The Executive Board may limit the number of plans offered in the Exchange, provided that individuals and employers have an adequate number and selection of choices;
k. The Executive Board may merge the exchange for individual coverage within the American Health Benefits Exchange and the SHOP Exchange if a merger is considered by the Authority, to be in the best interest of the District.

XIII Advisory Board

1. In addition to the Executive Board, there shall be a standing advisory board consisting of nine (9) members who are residents of the District;
2. The Executive Board may create additional advisory boards as it deems appropriate;
3. The Executive Board shall solicit the recommendations of, and consult with, the advisory boards on:
    a. Insurance standards;
    b. Covered benefits;
    c. Premiums;
    d. Plan certification;
    e. Internet technology system development; and,
    f. Any other policy or operational issues within the Executive Board's discretion.
4. The Executive Board shall select the members of the advisory boards, establish the terms of their appointment, determine the residency requirements, appoint the chair of any advisory boards established and ensure that at least one member of the standing advisory board demonstrates expertise as a health insurance broker or agent;
5. An advisory board member may continue to serve until the appointment and qualifications of his or her successor;
    a. Vacancies shall be filled by appointment by the Executive Board for the unexpired term;

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b. Each person appointed to an advisory board shall have demonstrated and acknowledged expertise on issues related to one of the following groups:
   i. Health professionals;
   ii. Health insurance consumers;
   iii. Disease and demographic-specific advocacy groups;
   iv. Commercial and public sector health plans;
   v. Public sector health plan
   vi. Health insurance brokers;
   vii. Health care consumer interest advocacy;
   viii. Health care foundations;
   ix. Exchange consumers; or
   x. Such other interest deemed necessary.

SECTION XIV EXECUTIVE DIRECTOR AND AUTHORITY STAFF

1. The Executive Board shall hire an executive director to organize, administer, and manage the operations of the Authority
   a. The executive director shall not be an employee in the career service and shall serve at the pleasure of the Executive Board;
   b. The executive director if living outside of the District of Columbia must become a resident of the District of Columbia within 180 days of such hire;
2. The executive director shall attend all Executive Board meetings and shall report on the operations of the Authority;
3. The Executive Board shall determine the appropriate compensation for the executive director; provided, that the executive director's compensation shall not exceed the maximum allowable salary contained within the District of Columbia Excepted Service Salary Schedule;
4. Under the direction of the Executive Board, the executive director shall;
   a. Be the chief administrative officer of the Authority;
   b. Direct, administer, and manage the operations of the Authority; and,
   c. Perform all duties necessary to comply with and carry out the provisions of this act, other District laws and regulations and the Federal Act;
5. The executive director may employ and retain staff for the Authority;

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a. The executive director may retain as independent contractors or employees and set compensation for:
    i. Attorneys;
    ii. Financial consultants; and
    iii. Other professionals or consultants necessary to carry out the planning, development and operations of the Authority and the provisions of the Act.
b. Employee compensation shall not exceed the maximum allowable salary contained within the District of Columbia Excepted Service Salary Schedule

6. Except as otherwise provided in this Act, an employee or independent contractor of the Authority, is not subject to any law, regulation or Mayor's Order governing District government compensation including furloughs, pay cuts, or any other general fund cost saving measure.

SECTION XV HEALTH BENEFIT PLAN CERTIFICATION

1. To be certified as a qualified health plan, a health benefit plan shall, at a minimum:
    a. Provide the essential health benefits package described in section 1302(a) of the Federal Act, except that the plan is not required to provide essential benefits that duplicate the minimum benefits of qualified dental plans, as provided in paragraph (e) of this section, if:
        i. The Authority has determined that at least one qualified dental plan is available to supplement the plan's coverage; and
        ii. The health carrier makes prominent disclosure at the time it offers the plan, in a form approved by the Authority, that the plan does not provide the full range of essential pediatric dental benefits, and that qualified dental plans providing those benefits and other dental benefits not covered by the plan are offered through the exchanges;
    b. Obtain prior approval of premium rates and contract language from the Commissioner;
    c. Provide at least a bronze level of coverage, as determined by section 5(a)(11) 13 of this act unless the plan is certified as a qualified catastrophic plan, meets

the requirements of 14 section 1302(e) of the Federal Act, and will only be offered to individuals eligible for 15 catastrophic coverage;

d. Ensure the cost-sharing requirements of the plan do not exceed the limits 17 established under section 1302(c)(1) of the Federal Act, and if the plan is offered through the 18 SHOP Exchange, the plan's deductible does not exceed the limits established under section 19 1302(c)(2) of the Federal Act;

e. Be offered by a health carrier that:

    i. Is licensed and in good standing to offer health insurance coverage in the District;

    ii. Offers at least one qualified health plan at the silver level and at least one plan at the gold level through each component of the Authority in which the health carrier participates, where "component" refers to the SHOP Exchange and the exchange for individual coverage within the American Health Benefit Exchange;

    iii. Charges the same premium rate for each qualified health plan without regard to whether the plan is offered through the exchanges and without regard to whether the plan is offered directly from the health carrier or through an insurance producer;

    iv. Does not charge any cancellation fees or penalties in violation of section 5(a)(3)(C); and

    v. Complies with the regulations established by the Secretary under 10 section 1311(d) of the Federal Act and such other requirements as the Authority may establish;

f. Meet the requirements of certification pursuant to the authority provided in this act and by the Secretary under section 1311(c) of the Federal Act, and the rules promulgated thereunder, respectively, which include, but are not limited to:

    i. Minimum standards in the areas of marketing practices;

    ii. Network adequacy;

    iii. Essential community providers in underserved areas;

iv. Accreditation; Quality improvement; Uniform enrollment forms and descriptions of coverage; and
v. Information on quality measures for health benefit plan performance;

g. Be determined by the Authority that making the plan available through the exchanges is in the interest of qualified individuals and qualified employers.
   i. The Authority shall not withhold certification from a health benefit plan:
      1. On the basis that the plan is a fee-for-service plan;
      2. Through the imposition of premium price controls by the Authority; or
      3. On the basis that the health benefit plan provides treatments necessary to prevent patients' deaths in circumstances the Authority determines are inappropriate or too costly.
   ii. The Authority shall require each health carrier seeking certification of a plan as a qualified health plan to:
      1. Submit a justification for any premium increase before implementation of that increase. The health carrier shall prominently post the information on its publically accessible website. The Authority shall take this information, along with the information and the recommendations provided to the Authority by the Commissioner under section 2794(b) of the PHSA, into consideration when determining whether to allow the health carrier to make plans available through the exchanges;
      2. Make available to the public, in the format described in subparagraph (B) 15 of this paragraph, and submit to the Authority, the Secretary, and the Commissioner, accurate and timely disclosure of the following:
         a. Claims payment policies and practices;
         b. Periodic financial disclosures;
         c. Data on enrollment;

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d. Data on disenrollment;

e. Data on the number of claims that are denied;

f. Data on rating practices;

g. Information on cost-sharing and payments with respect to any out-of-network coverage;

h. Information on enrollee and participant rights under title I of 3 the Federal Act; and

i. Other information as determined appropriate by the Secretary.

3. The information required in subparagraph (A) of this paragraph shall be provided in plain language, as that term is defined in section 1311(e)(3)(B) of the Federal Act;

iii. Permit individuals to learn, in a timely manner upon the request of the individual, the amount of cost-sharing, including deductibles, copayments, and coinsurance, under the individual's plan or coverage that the individual would be responsible for paying with respect to the furnishing of a specific item or service by a participating provider. At a minimum, this information shall be made available to the individual through a website, that is publically accessible, and through other means for individuals without access to the Internet.

iv. Promptly notify affected individuals of price and benefit changes, or other changes in circumstances that could materially impact enrollment or coverage.

h. The Authority shall not exempt any health carrier seeking certification as a qualified health plan, regardless of the type or size of the health carrier, from District licensure or solvency requirements, and shall apply the criteria of this section in a manner that assures a level playing field between or among health carriers participating in the exchanges.

i. The provisions of this act that are applicable to qualified health plans shall also apply, to the extent relevant, to qualified dental plans except as modified

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in accordance with the provisions of paragraphs (2), (3) and (4) of this subsection or by regulations adopted by the Authority;

j. The health carrier shall be licensed to offer dental coverage, but need not be licensed to offer other health benefits;

k. The plan shall be limited to dental and oral health benefits, without substantially duplicating the benefits typically offered by health benefit plans without dental coverage and shall include, at a minimum, the essential pediatric dental benefits prescribed by the Secretary pursuant to section 1302(b)(1)(J) of the Federal Act, and such other dental benefits as the Authority or the Secretary may specify by regulation;

l. Health carriers may jointly offer a comprehensive plan through the exchanges in which the dental benefits are provided by a health carrier through a qualified dental plan and the other benefits are provided by a health carrier through a qualified health plan, provided that the plans are priced separately and are also made available for purchase separately at the same price.

SECTION XVI CONFLICT OF INTEREST

1. A member of the Executive Board or of the staff of the Authority shall not be employed by, a consultant to, a member of the Executive Board of, affiliated with, or otherwise a representative of, a health carrier or other insurer, an agent or broker, a health professional, or a health care facility or health clinic while serving on the board or on the staff of the Authority.
    a. A member of the Executive Board or of the staff of the Authority shall not be a member, a board member, or an employee of a trade association of health carriers, health facilities, health clinics, or health professionals while serving on the board or on the staff of the Authority.
    b. A member of the Executive Board or of the staff of the Authority shall not be a health professional unless he or she receives no compensation for rendering services as a health professional and does not have an ownership interest in a professional health care practice.

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2. No member of the Executive Board or of the staff of the Authority shall, for one year after the end of such member's service on the board or employment by the Authority, accept employment with any health carrier that offers a qualified health benefit plan through the exchanges.

3. No member of the Executive Board shall make, participate in making, or in any way attempt to use his or her official position to influence the making of any decision that he or she knows or has reason to know will have a reasonably foreseeable material financial effect, distinguishable from its effect on the public generally, on him or her or a member of his or her immediate family, or on either of the following:

   a. Any source of income, other than gifts and other than loans by a commercial lending institution in the regular course of business on terms available to the public without regard to official status aggregating two hundred fifty dollars ($250) or more in value provided to, received by, or promised to the member within 12 months prior to the time when the decision is made.

   b. Any business entity in which the member is a director, officer, partner, trustee, employee, or holds any position of management.

SECTION XVII OPEN MEETINGS

The executive and advisory boards shall be subject to the Open Meetings Act, effective March 31, The executive and advisory boards shall be subject to the Open Meetings Act, effective March 31, 2011 (D.C. Law 18-350; D.C. Official Code § 2-571 *et seq.*), except that the executive board may hold closed sessions when considering matters related to litigation, personnel, contracting, or rates.

SECTION XVIII LIMITATION OF LIABILITY

There shall not be any liability, in a private capacity, on the part of the executive or advisory board members, or any officer, or employee of the executive or advisory boards, for or on account of any act performed or obligation entered into in an official capacity, when done in good faith, without intent to defraud, and in connection with the administration, management, or conduct of this act or affairs related to this act.

SECTION XIX DISSOLUTION OF AUTHORITY

Upon dissolution, liquidation or other termination of the Authority:

1. All rights and properties of the Authority shall pass to and be vested in the District, subject to the rights of lien holders and other creditors;
2. Any net earnings of the Authority, beyond that necessary for retirement of any indebtedness or to implement the public purpose or purposes or program of the District, shall not inure to the benefit of any person other than the District;
3. The expenditure of any such net earnings shall be restricted to costs related to the direct delivery of health care to residents of the District.

SECTION XX IMPLEMENTATION AND REPORTS

The Executive Board shall:

1. Study, in consultation with the advisory boards established under this act and with other stakeholders:
2. The feasibility and desirability of the Authority engaging in:
   a. Selective contracting, either through competitive bidding or a negotiation process to reduce health care costs and improve quality of care by certifying only those health benefit plans that meet certain requirements such as:
      i. Promoting patient–centered medical homes;
      ii. Adopting electronic health records;
      iii. Meeting minimum outcome standards;
      iv. Implementing payment reforms to reduce medical errors and preventable hospitalizations;
      v. Reducing disparities;
      vi. Ensuring adequate reimbursements;
      vii. Enrolling high–risk members and underserved populations;
      viii. Managing chronic conditions and promoting healthy consumer lifestyles;
      ix. Value–based insurance design;
      x. Adhering to transparency guidelines; and

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xi. Uniform price and quality reporting.

b. Multistate contracting; and

c. Entering into a regional exchange.

3. The rules under which health benefit plans should be offered inside and outside the exchanges in order to mitigate adverse selection and encourage enrollment in the exchanges, including:
   a. Whether any benefits should be required of qualified health plans beyond those mandated by the Federal Act, and whether any such additional benefits should be required of health benefit plans offered outside the exchanges;
   b. Whether health carriers offering health benefit plans outside the exchanges should be required to offer either all the same health benefit plans inside the exchanges, or alternatively, at least one health benefit plan inside the exchanges; and
   c. Whether managed care organizations with Health Choice contracts should be required to offer products inside the exchanges;
   d. Whether health carriers offering health benefit plans inside the exchanges should be required to also participate in the District Medical Assistance Program; and
   e. Which provisions applicable to qualified health plans should be made applicable to qualified dental plans.
   f. How to ensure that Navigators provide information in manner culturally, linguistically, and otherwise appropriate to the needs of the diverse populations served by the Authority
   g. The design and function of the SHOP Exchange beyond the requirements of the Federal Act, to promote quality, affordability, and portability

ARTICLE XXI AMENDMENTS TO BYLAWS

These bylaws may be altered, amended, or repealed and new bylaws may be adopted by a two- thirds majority of the academic senate at any regular meeting or at any special meeting. Amendments must be introduced at a duly called meeting of the academic senate, circulated for 30 days and be voted upon at the next duly called meeting of the academic senate.

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