A BILL FOR AN ACT

RELATING TO HEALTH.

	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:			
1	SECTION 1. Health insurance exchanges are a central			
2	component of the federal Patient Protection and Affordable Care			
3	Act, and the federal act gives states broad discretion in			
4	establishing the structure and governance of their own			
5	exchanges. The legislature finds that the Hawaii health			
6	connector was established by Act 205, Session Laws of Hawaii			
7	2011, as Hawaii's health insurance exchange and was charged with			
8	the responsibility of implementing applicable parts of the			
9	federal act.			
10	The successful and efficient operation of the Hawaii health			
11	connector is essential for the State, health insurers, and			
12	insured persons in Hawaii to comply with the new requirements of			
13	the federal act. The legislature also finds that the Hawaii			

health connector was established as a private nonprofit entity, 14

rather than a state agency, to provide the connector with a

16 certain degree of freedom and autonomy in establishing and

17 operating the State's health insurance exchange.

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         However, the legislature believes that evolving federal
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    health care regulations and the need for greater transparency
    and oversight over Hawaii's health insurance exchange
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    necessitate that the State revise the structure of the Hawaii
    health connector's board of directors. In addition, the
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    legislature finds that the Hawaii health connector should engage
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    with advisory groups that represent various stakeholder
    interests and allow for their input and recommendations for the
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    activities of the connector. The legislature also believes that
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    it should take a proactive oversight role to monitor the
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    connector and review its financial and operational plans.
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         The Patient Protection and Affordable Care Act mandates
    health insurance exchanges to be self-sustaining beginning in
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    January 2015. The legislature further recognizes that the
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    financial sustainability of the Hawaii health connector must be
    facilitated in a way that promotes competition and ensures
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    equity among the competitors. The legislature finds that a
    sustainability fee on insurers is an appropriate financing
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    method that will strike a proper balance by promoting
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    competition, facilitating a self-sustaining health insurance
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    exchange market, and maintaining reasonable health insurance
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    rates.
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•	The purpose of this net is to:
2	(1) Provide for greater transparency, stakeholder
3	engagement, and legislative involvement in the
4	activities of the Hawaii health connector; and
5	(2) Provide for the sustainability of the Hawaii health
6	connector by authorizing the insurance commissioner to
7	assess a fee on all issuers selling plans, both insid
8	and outside of the connector, until June 30, 2018.
9	SECTION 2. Chapter 435H, Hawaii Revised Statutes, is
10	amended by adding seven new sections to be appropriately
11	designated and to read as follows:
12	"§435H-A Consumer, patient, business, and health care
13	advisory group. The board shall establish a consumer, patient,
14	business, and health care advisory group to provide input and
15	recommendations to the board. The advisory group shall reflect
16	geographic diversity and a diversity of interests. Members
17	shall include individuals with education, training, or
18	professional experience in the fields of consumer advocacy,
19	patient advocacy, public health, health care provision,
20	economics, financial management, risk management, and small
21	business. Members of the advisory group shall serve in an
22	advisory capacity only and shall not be considered members of
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the board. Members shall not be compensated but may be 1 2 reimbursed for necessary expenses incurred in the performance of 3 their duties. §435H-B Health insurers advisory group. The board shall 4 establish a health insurers advisory group to provide input and 5 recommendations to the board. Members shall consist of 6 7 representatives of the insurers that offer qualified plans or qualified dental plans through the connector. Members of the 8 9 advisory group shall serve in an advisory capacity only and 10 shall not be considered members of the board. Members of the 11 advisory group shall not be compensated but may be reimbursed for necessary expenses incurred in the performance of their 12 13 duties. 14 \$435H-C Insurance producers advisory group. The board shall establish an insurance producers advisory group to provide 15 input and recommendations to the board. The advisory group 16 17 shall reflect geographic diversity and members shall include

insurance agents and brokers that sell qualified plans through

the connector. Members of the advisory group shall serve in an

advisory capacity only and shall not be considered members of

the board. Members shall not be compensated but may be

1	reimburse	ed for necessary expenses incurred in the performance of
2	their dut	ies.
3	<u>§435</u>	H-D Connector legislative oversight committee. (a)
4	There is	created the connector legislative oversight committee,
5	which sha	all consist of the following members:
6	(1)	Two members of the house standing committee on
7		consumer protection and commerce;
8	(2)	Two members of the house standing committee on health;
9	(3)	Two members of the house standing committee on
10		<pre>finance;</pre>
11	(4)	Two members of the senate standing committee on
12		commerce and consumer protection;
13	(5)	Two members of the senate standing committee on
14		health; and
15	(6)	Two members of the senate standing committee on ways
16		and means.
17	Memb	ers of the connector legislative oversight committee
18	shall be	appointed by the senate president and the speaker of
19	the house	of representatives, respectively, provided that one
20	appointme	nt from each house shall be a member of the minority
21	party sel	ected by the minority leader.

1	(b) The committee shall select co-chairs from among its
2	members and shall meet at the call of the co-chairs as often as
3	is needed.
4	(c) The committee shall promote and protect the interests
5	of the residents of Hawaii by reviewing the financial and
6	operational plans of the connector and providing input and
. 7	recommendations to the board.
8	(d) The committee shall annually review the sustainability
9	plan that is submitted by the board pursuant to section 435H-F
10	and shall recommend to the commissioner the amount of the Hawaii
11	health connector universal federally mandated sustainability
12	fee.
13	(e) The connector legislative oversight committee shall be
14	dissolved on June 30, 2018.
15	§435H-E Agents and brokers. (a) Certified insurance
16	agents and brokers may enroll individuals and employers in
17	qualified plans through the connector and assist individuals and
18	employers in applying for applicable premium tax credits and
19	cost-sharing reductions for which they may be eligible. The
20	commissioner shall adopt rules for certifying insurance agents
21	and brokers pursuant to this section; provided that the rules

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1	shall include qualifications and educational requirements for
2	agents and brokers that comply with the federal act.
3	(b) Certified insurance agents and brokers shall be
4	compensated for these activities in a manner to be determined by
5	the board.
6	§435H-F Hawaii health connector universal federally
7	mandated sustainability fee; annual sustainability plan. (a)
8	Until June 30, 2018, the board shall submit a sustainability
9	plan to the connector legislative oversight committee and the
10	commissioner no later than ninety days prior to the start of
11	each fiscal year of the connector. The sustainability plan
12	shall specify the amount of funding required to finance the
13	operations and cash reserve of the connector for each ensuing
14	fiscal year beginning on July 1; provided that the balance of
15	the cash reserve does not exceed the value of the cost of six
16	months of administering and operating the connector.
17	(b) The sustainability plan submitted pursuant to

(1) A detailed itemized budget based upon zero-based

budgeting principles for the upcoming fiscal year;

subsection (a) shall include:

1	(2)	A detailed justification for the release of moneys
2		from the Hawaii health connector sustainability
3		special fund pursuant to section 435H-G; and
4	(3)	Minutes of meetings of the consumer, patient,
5		business, and health care advisory group, the health
, 6		insurers advisory group, and the insurance producers
7		advisory group, including the results of any votes
8		taken, and any recommendations made by those advisory
9		groups.
10	For	the purposes of formulating the budget, "zero-based
11	budgeting	principles" means that the Hawaii health connector
12	shall jus	tify all projected allocations and expenditures,
13	starting	with an initial balance of zero dollars to spend.
14	(c)	Any other provision notwithstanding, beginning on July
15	1, 2015,	and on each July 1 thereafter until June 30, 2018, the
16	commissio	ner, taking into account the recommendation of the
17	connector	legislative oversight committee pursuant to section
18	435H-D(d)	, shall assess upon and collect from each insurer the
19	Hawaii he	alth connector universal federally mandated
20	sustainab	ility fee. At the discretion of the commissioner, the
21	fee or a	percentage thereof may be assessed upon and collected
22	from each	dental insurer subject to chapter 432G. The fee shall
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1	be assessed upon a pro rata basis, based upon the number of
2	individuals covered by each insurer, or dental insurer, as
3	appropriate, on the preceding December 31, excluding individuals
4	covered under a medicaid plan pursuant to Title XIX of the
5	Social Security Act, 42 U.S.C. section 1396 et seq. The total
6	of all revenues collected from the fee shall not exceed the
7	amount of funding required to finance the operations and cash
8	reserve of the connector as specified in subsection (a).
9	(d) Before July 1, 2018, any fee that is assessed upon an
10	insurer or a dental insurer for the purpose of funding the
11	operations and cash reserve of the connector shall be void,
12	except as follows:
13	(1) The Hawaii health connector universal federally
14	mandated sustainability fee assessed pursuant to
15	subsection (c); or
16	(2) Any fee imposed pursuant to section 435H-3(b).
17	(e) After June 30, 2018, the board shall not be required
18	to file a sustainability plan pursuant to subsection (a) and the
19	insurance commissioner shall not assess or collect the Hawaii
20	health connector universal federally mandated sustainability fee
21	pursuant to subsection (c)

1	§435H-G Hawaii health connector sustainability special
2	fund. (a) There is established the Hawaii health connector
3	sustainability special fund, into which shall be deposited:
4	(1) Hawaii health connector universal federally mandated
5	sustainability fee revenues collected pursuant to
6	section 435H-F; and
7	(2) Any appropriations that may be made by the legislature
8	to the fund.
9	Moneys in the Hawaii health connector sustainability
10	special fund shall not be considered part of the general fund.
11	(b) Moneys in the Hawaii health connector sustainability
12	special fund are to be expended by the commissioner only as
13	provided in this subsection. Moneys in the special fund shall
14	be transferred to the connector according to procedures
15	established by the commissioner and shall only be used for the
16	administration, operations, and prudent cash management of the
17	connector.
18	(c) The Hawaii health connector sustainability special
19	fund shall be audited annually by an independent auditor
20	retained by the connector. The auditor's report of each annual
21	audit shall be submitted to the commissioner and the connector

legislative oversight committee not later than thirty days from 1 2 the date the audit report is received by the connector. 3 The Hawaii health connector sustainability special fund shall be dissolved on June 30, 2018, and all unencumbered 4 5 and unexpended moneys remaining on balance in the special fund 6 on that date shall lapse to the credit of the general fund." 7 SECTION 3. Section 435H-2, Hawaii Revised Statutes, is amended by amending subsections (a) and (b) to read as follows: 8 9 There is established the Hawaii health insurance 10 exchange to be known as the Hawaii health connector. The 11 connector shall be a nonprofit incorporated entity. 12 connector shall not be an agency of the State and shall not be subject to laws or rules regulating rulemaking, public 13 14 employment, or public procurement. [The connector shall be a 15 Hawaii nonprofit corporation organized and governed pursuant to 16 chapter 414D, the Hawaii nonprofit corporations act.] The debts and liabilities of the connector shall not constitute the debts 17 18 and liabilities of the State. 19 (b) The purposes of the connector shall include:

Facilitating the purchase and sale of qualified plans

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and qualified dental plans;

(1)

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1	(2)	Connecting consumers to the information necessary to	
2		make informed health care choices; [and]	
3	(3)	Enabling consumers to purchase coverage and manage	
4		health and dental plans electronically [-]; and	
5	(4)	Performing any and all other duties required of a	
6		health insurance exchange pursuant to the federal	
7		act."	
8	SECT	ION 4. Section 435H-3, Hawaii Revised Statutes, is	
9	amended t	o read as follows:	
10	"[+]	§435H-3[+] Funding. (a) The connector may receive	
11	contributions, grants, endowments, fees, or gifts in cash or		
12	otherwise from public and private sources including		
13	corporations, businesses, foundations, governments, individuals		
14	and other sources subject to rules adopted by the board. The		
15	State may	appropriate moneys to the connector. As required by	
16	section 1311(d)(5)(A) of the Federal Act, the connector shall b		
17	self-sustaining by January 1, 2015, and may charge assessments		
18	or user fees to participating health and dental carriers, or ma		
19	otherwise	generate funding to support its operations. Moneys	
20	received by or under the supervision of the connector shall not		
21	be placed	into the state treasury and the State shall not	
22	administe	r any moneys of the connector nor be responsible for	
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1	the finan	cial operations or solvency of the connector $[-]$ except	
2	as provid	ed in section 435H-G.	
3	(b)	In addition to any other means of generating revenue	
4	pursuant	to subsection (a), the connector may charge fees for	
5	displayin	g advertisements for ancillary services on the	
6	connector	connector's website."	
7	SECTION 5. Section 435H-4, Hawaii Revised Statutes, is		
8	amended b	y amending subsections (a) through (c) to read as	
9	follows:		
10	"(a)	The [Hawaii health] connector shall be [a nonprofit	
11	entity] g	overned by a board of directors that shall comprise	
12	[fifteen]	ten members as follows:	
13	(1)	The director of commerce and consumer affairs or the	
14		director's designee, who shall be an ex officio,	
15		nonvoting member;	
16	(2)	The director of human services or the director's	
17		designee, who shall be an ex officio, nonvoting	
18		member;	
19	(3)	The healthcare transformation coordinator, who shall	
20		be an ex officio, nonvoting member;	
21	(4)	Three members who shall be appointed by the governor	

[and with the advice and consent of the senate

1		pursuant to section 26-34; provided that the governor
2		shall submit nominations to the senate for advice and
3		consent no later than February 1, 2012; and provided
4		further that the senate shall timely advise and
5		consent to nominations for terms to begin July 1,
6		2012. Members of the interim board shall be eligible
7	·	for appointment to the board.];
8	(5)	Two members who shall be appointed by the president of
9		the senate; and
10	(6)	Two members who shall be appointed by the speaker of
11		the house of representatives.
12	The board	shall elect one of its members as the chairperson of
13	the board	. The board, by majority vote, may remove or suspend
14	for cause	any member after due notice and public hearing.
15	(b)	The membership of the board shall reflect geographic
16	diversity	and the diverse interests of stakeholders including
17	consumers	, employers, insurers, and dental benefit providers.
18	Each pers	on appointed to the board shall have education,
19	training,	or professional experience in at least one of the
20	following	areas:
21	(1)	Health care policy;

1	(2)	Health benefits plan administration, including
2		medicaid administration;
3	(3)	Health insurance; provided that no employee of an
4		insurer shall be appointed to the board;
5	(4)	Health care financing and purchasing;
6	(5)	Health care delivery;
7	(6)	Information technology; or
8	(7)	Economics and actuarial science.
9	In m	aking appointments, the appointing authorities shall
10	consider	the background and expertise of all members of the
11	board and	the geographic, socioeconomic, and other
12	character	istics of the State, so that the board's composition
13	reflects	a diversity of expertise, skills, and background
14	relevant	to the State; provided that members appointed pursuant
15	to subsec	tion (a)(4) through (6) shall not be employees of the
16	State.	
17	[The	director of commerce and consumer affairs or the
18	director'	s designee, the director of health or the director's
19	designee,	the director of human services or the director's
20	designee,	and the director of labor and industrial relations or
21	the direct	tor's designee shall be ex officio, voting members of
22	the board	

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The director of commerce and consumer affairs, the director 1 of health, the director of human services, and the director of 2 labor and industrial relations may select a designee for a 3 4 specified meeting or meetings. Such selection of the designee shall be submitted in writing to the board of directors prior to 5 or at the meeting in which the designee will serve.] 6 7 Board members shall serve staggered terms and the interim board shall recommend an appropriate schedule for 8 staggered terms; provided that this subsection shall not apply 9 10 to [ex officio members,] members appointed pursuant to subsection (a)(1) through (3), who shall serve during their 11 12 [entire] term of office." SECTION 6. In codifying the new sections added by section 13 2 of this Act, the revisor of statutes shall substitute 14 appropriate section numbers for the letters used in designating 15 the new sections in this Act. 16 SECTION 7. Statutory material to be repealed is bracketed 17 and stricken. New statutory material is underscored. 18

SECTION 8. This Act shall take effect on July 1, 2112.

Report Title:

Health; Hawaii Health Connector; Sustainability Fee

Description:

Reduces the membership of the Connector board of directors from fifteen to ten members and changes the composition and voting status of the board. Creates the consumer, patient, business, and health care advisory group; health insurers advisory group; and the insurance producers advisory group to advise the Connector board of directors. Creates the Connector legislative oversight committee to review the financial and operational plans of the Connector. Establishes a sustainability fee to be collected through 6/30/2018, to support operations of the Connector, and establishes a special fund. Effective 7/1/2112. (HD3)

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