

2015 State Legislation on Health Exchanges / Marketplaces Structure

Updated July 30, 2015

WEB EDITION online at: www.ncsl.org/Documents/Health/Changes in Health Exchange Structure-2015- Final2.pdf

The pending U.S. Supreme Court case, *King v. Burwell*, has renewed interest in states' health insurance exchange structures. The court case centers on whether people enrolled in federally facilitated exchanges (or "marketplaces") qualify for federal subsidies.

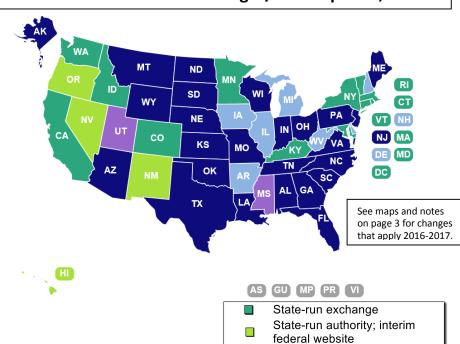
The Affordable Care Act (ACA) defines three structural exchange categories:

- 1. State-run exchanges
- 2. "Federally facilitated" exchanges
- 3. "Federal-state partnership" exchanges

For the 2015 plan year, 16 states and the District of Columbia have state-run exchanges. The other 34 states are classified as federally facilitated exchanges; among these, several states are operating a partnership or a hybrid version. See the map and NCSL's online <u>50-state report</u>.

States may change the administrative responsibilities for their exchanges—by legislative or executive action—depending on each state's process and subject to federal approval for state-run exchanges. Regardless of the court's ruling in June, almost all the state bills listed in this report remain valid options for legislatures.

Status of Health Insurance Exchanges/Marketplaces, 2015



State-federal partnership Federally run individual Marketplace: State-run SHOP

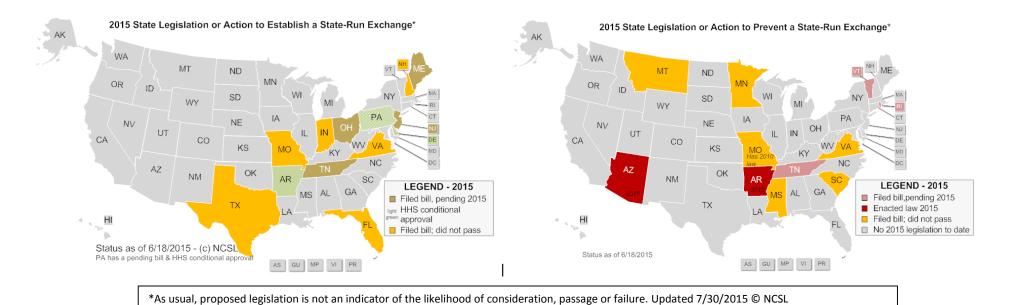
Federally facilitated marketplace (exchange)

In **2015**, at least 11 states have bills that propose converting their current federally facilitated marketplaces into state-run or state-federal partnership exchanges. Separately, at least 11 states have bills proposing to eliminate their state-run exchange or prohibit forming one. Two of these measures, in Arizona and Arkansas have been signed into law. As usual, proposed legislation is not an indicator of the likelihood of consideration, passage or failure.

*2015 bills to change federally facilitated to state-run exchanges	*2015 bills to prevent or eliminate state-run exchanges
Florida (Federally facilitated (FFM) to state-run): <u>S 1498</u> by Senator Soto (D) Did not pass by end of session.	Arizona (keep FFM) H 2643 by Representative Olson (R) Enacted; signed into law 4/10/2015
Indiana (FFM to state-run): <u>S 417</u> by Senator Tallian (D) Did not pass by end of session.	Arkansas (prohibit state-run unless voted by legislature; move from Partnership to FFM): SB 343 by Senator Hendren (R) Enacted; became law 3/12/2015 HB 1492 by Representative Bentley (R) Filed; withdrawn 3/6/2015
Maine (FFM to partnership or state-run): <u>\$ 152</u> , resolve by Senator Gratwick (D) Passed Senate; pending House 6/10/2015. <u>HP 865</u> (FFM to state oversight) Did not pass 5/6/2015.	Minnesota (repeal state-run to FFM) <u>S 1232</u> by Senator Gazelka (R). Did not pass by end of session/carryover possible 5/27/2015.
Missouri (FFM to state-run): <u>H 870</u> by Representative McNeil (D) Did not pass by end of 2015 session 5/15/2015.	Missouri (keep FFM): <u>S 51</u> and <u>H 601</u> by Senator Onder (R) and Representative Frederick (R) Did not pass by end of 2015 session 5/15/2015. A 2010 enacted law already provides that it is against Missouri public policy to
New Hampshire (Partnership to state-run): <u>H 548</u> by Representative Butler (D) Did not pass by end of 2015 session.	implement or operate a health insurance exchange in Missouri.
New Jersey (FFM to state-run): <u>S 540</u> and <u>A 3953</u> by Senator Gill (D) and Assemblyman Conaway (D) Pending.	Mississippi (keep FFM): <u>S 2768</u> by Senator McDaniel (R) Did not pass committee 2/3/2015.
Ohio (FFM to state-run): H 109 and S 132 by Representative Stinziano and Senator Skindell (D) Filed 3/10/2015; Pending.	Montana (Keep FFM): <u>HB 256</u> by Representative Monforton (R) Indefinitely postponed; did not pass – 3/28/2015.
Pennsylvania (FFM to state-run): <u>H 330</u> by Representative DeLuca (D) Pending.	Rhode Island (state-run to FFM): <u>H 5329</u> by Representative Morgan (R) held for further study 3/10/2015; did not pass by end of session 7/2015.
Tennessee (FFM to state-run, if the court eliminates FFM subsidies): HB 1209 and SB 1124 by Representative Love (D) and Senator Yarbro (D) Pending/carryover; held in committees 4/8/2015.	South Carolina (keep FFM): <u>H 3020</u> and <u>S 103</u> by Representative Chumley (R) and Senator Bright (R) Pending/carryover; 2015 session ended 6/2015.
Texas (FFM to state-run: <u>HB 817</u> and <u>HB 818</u> by Representative Turner (D) Held in committees; did not pass by end of session, 6/1/2015.	Tennessee (keep FFM): <u>HB 61</u> and <u>SB 72</u> by Representative Durham (R) and Senator Kelsey (R) Pending/carryover; held in committees 1/17/2015 & 2/10/2015.
Virginia (FFM to state-run): <u>SB 1328</u> and <u>SB 1363</u> by Senator Watkins (R) and Senator Alexander (D) Did not pass.	Vermont (state-run to FFM): <u>H 177</u> by Representative Gage (R) Pending; held in committee

Virginia (repeal 2011 Partnership authorization; keep FFM): <u>HB 1530</u> by Delegate Berg (R) | Did not pass committee, 2/10/2015

^{*} As usual, proposed legislation is not an indicator of the likelihood of consideration, passage or failure.



State Variations

Three states—**Missouri, Tennessee** and **Virginia**—have bills with opposing goals, one proposing to have only a federally facilitated exchange and another proposing to move to a state-run exchange.

A bill in West Virginia would authorize only the legislature to create a state-based exchange | HB 2216 by Delegate Ellington (R) | Did not pass by the end of session.

Governors in **three states** applied for and received approval from HHS on June 15, 2015 for contingency proposals to move to a state-run exchange, while continuing to use the federal healthcare.gov website.

- Arkansas Governor Asa Hutchinson (R) updated an existing plan and received <u>conditional approval</u>² to run the small business marketplace in 2016 and the individual marketplace in 2017. Also see SB 343 prohibiting a state-run exchange, by Senator Hendren (R), enacted; became law 3/12/2015
- **Delaware** already has an operational partnership exchange; Gov. Jack Markell (D) received <u>conditional approval</u> for a state-run exchange in 2016.
- **Pennsylvania** Governor Tom Wolf (D) submitted an <u>application</u> on June 2 and received <u>conditional approval</u> for a state-run exchange in 2016; on 6/25/2015 the state withdrew the application, which leaves the federally facilitated marketplace intact.

Related Resources

- State Actions to Address Health Insurance Exchanges. This NCSL online report contains detailed information on state actions and responses to implementing exchanges as outlined in the Affordable Care Act, between 2010 and the present. This material includes links to activities, with 2015 deadlines and early enrollment figures by state. It also includes current state information about insurers and premiums
- In 2014 legislative sessions, at least 14 states considered 24 bills to convert their current federally facilitated marketplaces into a state run or state-federal partnership. Measures were passed in Maine and New Jersey but none of the 14 states legally moved to a state-run exchange. NCSL's 2014 report is online.
- Blueprint for Approval of Affordable Health Insurance Marketplaces (Updated for 2014), CMS/HHS online [link verified 6/10/2015]
- Health Insurance Exchanges Under the Patient Protection and Affordable Care Act (ACA). This 2012 Congressional Research Service (CRS) report outlines the
 required minimum functions of the marketplace, and explains how marketplaces are expected to be established and administered under the ACA. Aug. 15, 2012.
 http://www.ncsl.org/documents/health/CRS-ExchgRpt81512.pdf

NCSL has additional resources describing earlier (2010-2014) state actions and decisions, to expand or implement, and to restrict or prohibit, involvement with the provisions of the Affordable Care Act, including insurance reforms, exchanges, Medicaid and other topics. Visit www.ncsl.org/healthreform for more information.

- 1 SHOP refers to the Small Business Health Options Program
- 2 "Conditional Approval" is the standard terminology used for all state-run marketplaces or exchanges.

For information contact: Richard Cauchi, NCSL Health Program, Denver | For media inquiries, contact Mick Bullock, Mick.Bullock@ncsl.org

This summary is a work in progress and is subject to future updates – request latest edition via dick.cauchi@ncsl.org



The Forum for America's Ideas

Denver 7700 East First Place Denver, CO 80230

Tel: 303-364-7700 | Fax: 303-364-7800

Washington

444 North Capitol Street, N.W., Suite 515 Washington, D.C. 20001

Tel: 202-624-5400 | Fax: 202-737-1069.

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