

Effective 5/12/2015

63N-11-104 Creation of Office of Consumer Health Services -- Duties.

- (1) There is created within the Governor's Office of Economic Development the Office of Consumer Health Services.
- (2) The consumer health office shall:
 - (a) in cooperation with the Insurance Department, the Department of Health, and the Department of Workforce Services, and in accordance with the electronic standards developed under Sections 31A-22-635 and 63N-11-107, create a Health Insurance Exchange that:
 - (i) provides information to consumers about private and public health programs for which the consumer may qualify;
 - (ii) provides a consumer comparison of and enrollment in a health benefit plan posted on the Health Insurance Exchange; and
 - (iii) includes information and a link to enrollment in premium assistance programs and other government assistance programs;
 - (b) contract with one or more private vendors for:
 - (i) administration of the enrollment process on the Health Insurance Exchange, including establishing a mechanism for consumers to compare health benefit plan features on the exchange and filter the plans based on consumer preferences;
 - (ii) the collection of health insurance premium payments made for a single policy by multiple payers, including the policyholder, one or more employers of one or more individuals covered by the policy, government programs, and others; and
 - (iii) establishing a call center in accordance with Subsection (4);
 - (c) assist employers with a free or low cost method for establishing mechanisms for the purchase of health insurance by employees using pre-tax dollars;
 - (d) establish a list on the Health Insurance Exchange of insurance producers who, in accordance with Section 31A-30-209, are appointed producers for the Health Insurance Exchange;
 - (e) include in the annual written report described in Section 63N-1-301, a report on the operations of the Health Insurance Exchange required by this chapter; and
 - (f) in accordance with Subsection (3), provide a form to a small employer that certifies:
 - (i) that the small employer offered a qualified health plan to the small employer's employees; and
 - (ii) the period of time within the taxable year in which the small employer maintained the qualified health plan coverage.
- (3) The form required by Subsection (2)(f) shall be provided to a small employer if:
 - (a) the small employer selected a qualified health plan on the small employer health exchange created by this section; or
 - (b)
 - (i) the small employer selected a health plan in the small employer market that is not offered through the exchange created by this section; and
 - (ii) the issuer of the health plan selected by the small employer submits to the office, in a form and manner required by the office:
 - (A) an affidavit from a member of the American Academy of Actuaries stating that based on generally accepted actuarial principles and methodologies the issuer's health plan meets the benefit and actuarial requirements for a qualified health plan under PPACA as defined in Section 31A-1-301; and
 - (B) an affidavit from the issuer that includes the dates of coverage for the small employer during the taxable year.
- (4) A call center established by the consumer health office:

- (a) shall provide unbiased answers to questions concerning exchange operations, and plan information, to the extent the plan information is posted on the exchange by the insurer; and
- (b) may not:
 - (i) sell, solicit, or negotiate a health benefit plan on the Health Insurance Exchange;
 - (ii) receive producer compensation through the Health Insurance Exchange; and
 - (iii) be designated as the default producer for an employer group that enters the Health Insurance Exchange without a producer.
- (5) The consumer health office:
 - (a) may not:
 - (i) regulate health insurers, health insurance plans, health insurance producers, or health insurance premiums charged in the exchange;
 - (ii) adopt administrative rules, except as provided in Section 63N-11-107; or
 - (iii) act as an appeals entity for resolving disputes between a health insurer and an insured;
 - (b) may establish and collect a fee for the cost of the exchange transaction in accordance with Section 63J-1-504 for:
 - (i) processing an application for a health benefit plan;
 - (ii) accepting, processing, and submitting multiple premium payment sources;
 - (iii) providing a mechanism for consumers to filter and compare health benefit plans in the exchange based on consumer preferences; and
 - (iv) funding the call center; and
 - (c) shall separately itemize the fee established under Subsection (5)(b) as part of the cost displayed for the employer selecting coverage on the exchange.

Renumbered and Amended by Chapter 283, 2015 General Session