

770 Exchange; and

771 (e) report to the Business and Labor Interim Committee and the Health System Reform  
772 Task Force [~~prior to November 1, 2011, and~~] prior to the Legislative interim day in November  
773 of each year [~~thereafter~~] regarding the operations of the Health Insurance Exchange required by  
774 this chapter.

775 (3) A call center established by the office:

776 (a) shall provide unbiased answers to questions concerning exchange operations, and  
777 plan information, to the extent the plan information is posted on the exchange by the insurer;  
778 and

779 (b) may not:

780 (i) sell, solicit, or negotiate a health benefit plan on the Health Insurance Exchange;

781 (ii) [~~beginning July 1, 2011,~~] receive producer compensation through the Health  
782 Insurance Exchange; and

783 (iii) [~~beginning July 1, 2011,~~] be designated as the default producer for an employer  
784 group that enters the Health Insurance Exchange without a producer.

785 (4) The office:

786 (a) may not:

787 (i) regulate health insurers, health insurance plans, health insurance producers, or  
788 health insurance premiums charged in the exchange;

789 (ii) adopt administrative rules, except as provided in Section 63M-1-2506; or

790 (iii) act as an appeals entity for resolving disputes between a health insurer and an  
791 insured;

792 (b) may establish and collect a fee ~~H~~→ [~~from the employers~~] ←~~H~~ for the cost of the  
792a exchange

793 transaction in accordance with Section 63J-1-504 for:

794 [~~(i) the transaction cost of:~~]

795 [~~(A)~~] (i) processing an application for a health benefit plan;

796 [~~(B)~~] (ii) accepting, processing, and submitting multiple premium payment sources;

797 [~~and~~]

798 [~~(C)~~] (iii) providing a mechanism for consumers to filter and compare health benefit  
799 plans in the exchange based on consumer preferences; and

800 [~~(ii)~~] (iv) funding the call center [~~established in accordance with Subsection (3)~~]; and