

116TH CONGRESS
1ST SESSION

H. R. 2061

To facilitate the efforts of States to establish auto-enrollment systems to enroll certain individuals in health insurance coverage, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 3, 2019

Mr. BERA (for himself, Mr. CARBAJAL, Miss RICE of New York, Mr. CISNEROS, Ms. WILD, and Mr. SCHRADER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To facilitate the efforts of States to establish auto-enrollment systems to enroll certain individuals in health insurance coverage, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Pathway to Universal
5 Coverage Act of 2019”.

6 **SEC. 2. ENCOURAGEMENT OF AUTO-ENROLLMENT FOR**
7 **STATES.**

8 (a) STATE INNOVATIONS TO EXPAND COVERAGE.—

1 (1) IN GENERAL.—Subject to paragraph (4),
2 the Secretary of Health and Human Services shall
3 award grants to eligible State agencies to enable
4 such States to explore innovative solutions to pro-
5 mote greater enrollment in health insurance cov-
6 erage in the individual and small group markets, in-
7 cluding activities described in paragraph (3).

8 (2) ELIGIBILITY.—For purposes of paragraph
9 (1), eligible State agencies are Exchanges estab-
10 lished by a State under title I of the Patient Protec-
11 tion and Affordable Care Act and State agencies
12 with primary responsibility over health and human
13 services for the State involved.

14 (3) USE OF FUNDS.—For purposes of para-
15 graph (1), the activities described in this subsection
16 are the following:

17 (A) State efforts to streamline health in-
18 surance enrollment procedures in order to re-
19 duce burdens on consumers and facilitate great-
20 er enrollment in health insurance coverage in
21 the individual and small group markets, includ-
22 ing automatic enrollment and reenrollment of,
23 or pre-populated applications for, individuals
24 without health insurance who are eligible for
25 tax credits under section 36B of the Internal

1 Revenue Code of 1986, with the ability to opt
2 out of such enrollment.

3 (B) State investment in technology to im-
4 prove data sharing and collection for the pur-
5 poses of facilitating greater enrollment in health
6 insurance coverage in such markets.

7 (C) Implementation of a State version of
8 an individual mandate to be enrolled in health
9 insurance coverage.

10 (D) Feasibility studies to develop com-
11 prehensive and coherent State plan for increas-
12 ing enrollment in the individual and small
13 group market.

14 (4) FUNDING.—For purposes of carrying out
15 this subsection, there is hereby appropriated, out of
16 any funds in the Treasury not otherwise appro-
17 priated, \$200,000,000 for each of the fiscal years
18 2020 through 2022. Such amount shall remain
19 available until expended.

20 (b) AVAILABILITY OF SUBSIDY INFORMATION.—The
21 information available under section 1411 of the Patient
22 Protection and Affordable Care Act for determination of
23 eligibility for and amount of credit against tax allowed
24 under section 36B shall be made available to State agen-

1 cies for determining eligibility for automatic enrollment
2 described in subsection (f)(1).

3 (c) RECONCILIATION OF ADVANCED PAYMENTS FOR
4 AUTO-ENROLLED INDIVIDUALS.—Paragraph (2) of sec-
5 tion 36B(f) of the Internal Revenue Code of 1986 is
6 amended by adding at the end the following new subpara-
7 graph:

8 “(C) EXCEPTION FOR AUTO-ENROLLED IN-
9 DIVIDUALS.—In the case of an individual who is
10 enrolled through an auto-enrollment system (as
11 defined in subsection (f) of the Pathway to Uni-
12 versal Coverage Act of 2019), subparagraph (A)
13 shall not apply.”.

14 (d) FACILITATION OF STATE AUTO-ENROLLMENT.—

15 (1) PROVISION OF ELIGIBILITY INFORMA-
16 TION.—Section 1411 of the Patient Protection and
17 Affordable Care Act (42 U.S.C. 18081) is amend-
18 ed—

19 (A) in subsection (b)—

20 (i) in the header, by striking “BY AP-
21 PPLICANTS”; and

22 (ii) in paragraph (1), by inserting
23 “(or, in the case of an individual to be en-
24 rolled in such plan under an auto-enroll-
25 ment system (as defined in subsection

1 (f)(1) of the Pathway to Universal Cov-
2 erage Act of 2018), a State)” after “indi-
3 vidual market”; and

4 (B) in subsection (c)(1), by striking “pro-
5 vided by an applicant under” and inserting “de-
6 scribed in”.

7 (2) MEDICAID ENROLLMENT.—The requirement
8 specified in section 435.907(f) of title 42, Code of
9 Federal Regulations, shall not apply with respect to
10 an individual enrolled under a State plan under title
11 XIX of the Social Security Act (or under a waiver
12 of such plan) through an auto-enrollment system.

13 (3) REPORTING OF TERMINATED COVERAGE.—

14 (A) GROUP HEALTH PLANS AND HEALTH
15 INSURANCE ISSUERS.—The first subpart II of
16 part A of title XXVII of the Public Health
17 Service Act (42 U.S.C. 300gg–11 et seq.) is
18 amended by adding at the end the following
19 new section:

20 **“SEC. 2729. REPORTING OF TERMINATED COVERAGE.**

21 “For each month occurring in a plan year beginning
22 on or after January 1, 2021, a group health plan and a
23 health insurance issuer offering group or individual health
24 insurance coverage shall notify the Secretary, in a time
25 and manner specified by the Secretary, of each individual

1 whose enrollment under such coverage or such plan was
2 terminated during such month.”.

3 (B) MEDICAID.—Section 1902 of the So-
4 cial Security Act (42 U.S.C. 1396a) is amended
5 by adding at the end the following new sub-
6 section:

7 “(nn) REPORTING ON DISENROLLMENT OF MED-
8 ICAID ENROLLEES.—For each month beginning on or
9 after January 1, 2021, a State shall submit to the Sec-
10 retary a report, at such time, in such manner, and con-
11 taining such information as the Secretary may require, on
12 each individual who was disenrolled from the State plan
13 (or a waiver of such plan) during such month.”.

14 (C) CHIP.—Section 2107(e)(1) of the So-
15 cial Security Act (42 U.S.C. 1397gg(e)(1)) is
16 amended—

17 (i) by redesignating subparagraphs
18 (L) through (S) as subparagraphs (M)
19 through (T), respectively; and

20 (ii) by inserting after subparagraph
21 (K) the following new subparagraph:

22 “(L) Section 1902(nn) (relating to report-
23 ing on disenrollment of enrollees).”.

24 (e) REPORT.—Not later than 6 months after the date
25 of enactment of this Act, the Secretary of Health and

1 Human Services, in coordination with the Commissioner
2 of the Internal Revenue Service, shall submit to Congress
3 a report with best practice recommendations on how a
4 State may establish an auto-enrollment system (as defined
5 in subsection (f)). Such report shall include the following:

6 (1) Identification of any statutory barriers to
7 establishing such a system, including data-sharing,
8 administrative, and technological barriers.

9 (2) How such a system would interact with en-
10 rollment periods for qualified health plans (as de-
11 fined in section 1301 of the Patient Protection and
12 Affordable Care Act (42 U.S.C. 18021)) and income
13 eligibility determinations for premium assistance tax
14 credits under section 36B of the Internal Revenue
15 Code, the impact of such system on enrollment in
16 health insurance coverage in a State establishing
17 such system, and the effects of changing the enroll-
18 ment periods for such system to align with the filing
19 of individual Federal tax returns.

20 (3) An evaluation of prior outreach efforts tar-
21 geted to individuals without health insurance cov-
22 erage eligible for such tax credits.

23 (f) DEFINITIONS.—For purposes of this Act:

24 (1) AUTO-ENROLLMENT SYSTEM.—The term
25 “auto-enrollment system” means a system designed

1 and operated by a State that provides for an eligible
2 individual residing in such State to be automatically
3 enrolled in a qualified health plan offered through
4 an Exchange in the State, or, if eligible, in the State
5 plan under title XIX of the Social Security Act (or
6 under a waiver of such plan), provided that the sys-
7 tem exempts such individual from paying any pre-
8 mium imposed by the State under such plan (or
9 waiver). Such automatic enrollment shall be void if
10 within 60 days after first being notified of the auto-
11 matic enrollment the eligible individual declines such
12 coverage.

13 (2) ELIGIBLE INDIVIDUAL.—

14 (A) IN GENERAL.—Subject to subpara-
15 graph (B), the term “eligible individual” means,
16 with respect to a taxable year, an individual
17 who is not eligible for minimum essential cov-
18 erage, other than minimum essential coverage
19 described in subparagraph (A)(ii) or (C) of sec-
20 tion 5000A(f)(1) of the Internal Revenue Code
21 of 1986, for such year.

22 (B) LIMITATION.—An individual who is
23 only eligible for minimum essential coverage de-
24 scribed in section 5000A(f)(1)(C) of the Inter-
25 nal Revenue Code of 1986 may only be treated

1 as an eligible individual for purposes of this sec-
2 tion if the amount that would be calculated
3 under section 36B(b)(2)(B) of such Code for
4 such individual for a coverage month is not less
5 than the monthly premium for the least expen-
6 sive plan offered on the Exchange for which
7 such individual is eligible. This subclause shall
8 be calculated on the basis of the individual's
9 household income for the most recent taxable
10 year for which the Secretary determines infor-
11 mation is available.

12 (3) STATE.—The term “State” means each of
13 the several States, the District of Columbia, and
14 each territory or possession of the United States.

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