

JAN 22 2016

A BILL FOR AN ACT

RELATING TO THE HAWAII HEALTH CONNECTOR.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that the federal Patient
2 Protection and Affordable Care Act of 2010 (Affordable Care Act)
3 requires states to establish health insurance exchanges to
4 connect buyers and sellers of health and dental insurance and
5 facilitate the purchase and sale of federally qualified health
6 insurance plans and qualified dental plans. Hawaii's health
7 insurance exchange, known as the Hawaii Health Connector
8 (Connector), was established in 2011 and charged with
9 implementing applicable parts of the Affordable Care Act.

10 The legislature further finds that due to Hawaii's small
11 population, the highly successful Prepaid Health Care Act of
12 1974 (Prepaid Health Care Act), and expanded medicaid coverage
13 that resulted in lower numbers of uninsured residents in the
14 State, and despite substantial federal investment in technology
15 and assistance, the efforts of the board of directors and the
16 staff of the Connector, work contributed by public sector
17 employees, and the support of the legislature, the Connector was



1 unable to meet the financial sustainability requirements imposed
2 by the federal government.

3 In June 2015, the federal Department of Health and Human
4 Services determined that Hawaii was not in compliance with
5 certain provisions of the Affordable Care Act. The governor,
6 state cabinet officials, and Connector leadership agreed to
7 accelerate the transition of the Connector's authority to the
8 State in November 2015. The legislature notes that this
9 transition was in the best interests of Hawaii residents, as the
10 State had already begun the transition into the federal
11 marketplace for the enrollment period slated to last through
12 January 1, 2016. The Connector officially ceased operations in
13 December 2015.

14 The legislature recognizes that some of the challenges
15 faced by the Connector can be attributed to the overwhelming
16 success of the State's Prepaid Health Care Act, which has
17 defined employer-sponsored health insurance in Hawaii and
18 fundamentally shaped Hawaii's health insurance marketplace for
19 over forty years. The Prepaid Health Care Act was the first law
20 of its kind in the nation, and requires nearly all employers to
21 provide a uniformly high level of coverage for their employees.



1 Under the Prepaid Health Care Act, employees who work at least
2 twenty hours a week must be offered employer-sponsored health
3 insurance and cannot be required to pay more than 1.5 per cent
4 of their wages for employee-only coverage. Furthermore,
5 employer-based coverage under the Prepaid Health Care Act is
6 robust and provides significantly better benefits than those
7 required under the Affordable Care Act.

8 The legislature additionally finds that the Prepaid Health
9 Care Act's long history of mandated health care coverage has
10 resulted in a rate of uninsured individuals that is amongst the
11 lowest in the nation. The uninsured rate in Hawaii has
12 historically fallen between five and seven per cent, with a
13 recent analysis putting the current percentage of uninsured
14 residents at 5.3 per cent. However, the tremendous success of
15 the Prepaid Health Care Act also created challenges for the
16 Connector. Given Hawaii's small population, small insurance
17 marketplace, and historically low uninsured rate, implementing a
18 state-run exchange that could maintain financial sustainability
19 was difficult. Overall, the State lacked the high population
20 and high percentage of uninsured individuals needed to ensure
21 the long-term sustainability of the Connector.



1 The legislature notes that although the state-based
2 exchange model did not end up working in Hawaii's unique
3 marketplace, the Connector was successful in reaching many
4 previously uninsured individuals. Furthermore, Hawaii residents
5 will still have the opportunity to access affordable health care
6 coverage through the federally-supported state-based exchange,
7 similar to those in Oregon, Nevada, and New Mexico.

8 Finally, the legislature acknowledges and appreciates the
9 work of the board of directors and the staff of the Connector
10 and notes that neither the board nor the Connector staff are
11 responsible for the ultimate repeal of the Connector.

12 Accordingly, due to the Connector ceasing operations and
13 the transition to a federally-supported state-based exchange,
14 the purpose of this Act is to repeal the Connector and
15 associated references from the Hawaii Revised Statutes.

16 SECTION 2. Section 432F-2, Hawaii Revised Statutes, is
17 amended to read as follows:

18 " [†] §432F-2 [†] Health care provider network adequacy. (a)
19 On or before January 1 of each calendar year, each managed care
20 plan shall demonstrate the adequacy of its provider network to
21 the commissioner. A provider network shall be considered



1 adequate if it provides access to sufficient numbers and types
2 of providers to ensure that all covered services will be
3 accessible without unreasonable delay, after taking into
4 consideration geography. The commissioner shall also consider
5 any applicable federal standards on network adequacy. A
6 certification from a national accreditation organization shall
7 create a rebuttable presumption that the network of a managed
8 care plan is adequate. This presumption may be rebutted by
9 evidence submitted to, or collected by, the commissioner.

10 (b) A managed care plan that does not have a certification
11 from a national accreditation organization may submit to the
12 commissioner a plan to become accredited by a national
13 accreditation organization within a period of two years if the
14 managed care plan has provided sufficient evidence that its
15 network is reasonably adequate at the time of submission of the
16 plan. The commissioner shall also consider any applicable
17 federal standards on network adequacy. The commissioner may
18 extend the period of time for accreditation.

19 (c) The commissioner shall approve or disapprove a managed
20 care plan's annual filing on network adequacy. If the
21 commissioner deems the filing incomplete, additional information



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1 and supporting documentation may be requested. A managed care
 2 plan shall have sixty days to appeal an adverse decision by the
 3 commissioner in an administrative hearing pursuant to chapter
 4 91.

5 ~~[(d) To enable the commissioner to determine the network~~
 6 ~~adequacy for qualified health plans to be listed with the Hawaii~~
 7 ~~health connector under section 435H 11, the commissioner may~~
 8 ~~request that a managed care plan demonstrate the adequacy of its~~
 9 ~~provider network at the time that it files its health plan~~
 10 ~~benefit document with the commissioner.~~

11 ~~(e)]~~ (d) This section shall apply to any managed care plan
 12 qualified as a prepaid health care plan pursuant to chapter
 13 393."

14 SECTION 3. Chapter 435H, Hawaii Revised Statutes, is
 15 repealed.

16 SECTION 4. Statutory material to be repealed is bracketed
 17 and stricken. New statutory material is underscored.

18 SECTION 5. This Act shall take effect upon its approval.

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INTRODUCED BY: Ronald H Baker
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Report Title:

Hawaii Health Insurance Exchange; Hawaii Health Connector;
Repeal

Description:

Repeals the Hawaii Health Connector and associated references in the Hawaii Revised Statutes.

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