

117TH CONGRESS
1ST SESSION

H. R. 1872

To amend the Patient Protection and Affordable Care Act to provide for Federal Exchange outreach and educational activities, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 12, 2021

Ms. BLUNT ROCHESTER (for herself and Ms. SCANLON) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Patient Protection and Affordable Care Act to provide for Federal Exchange outreach and educational activities, 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 “Marketing and Out-
5 reach Restoration to Empower Health Education Act of
6 2021” or the “MORE Health Education Act”.

1 **SEC. 2. FEDERAL EXCHANGE OUTREACH AND EDU-**
2 **CATIONAL ACTIVITIES.**

3 Section 1321(c) of the Patient Protection and Afford-
4 able Care Act (42 U.S.C. 18041(c)) is amended by adding
5 at the end the following new paragraphs:

6 “(3) OUTREACH AND EDUCATIONAL ACTIVI-
7 TIES.—

8 “(A) IN GENERAL.—In the case of an Ex-
9 change established or operated by the Secretary
10 within a State pursuant to this subsection, the
11 Secretary shall carry out outreach and edu-
12 cational activities for purposes of informing po-
13 tential enrollees in qualified health plans offered
14 through the Exchange of the availability of cov-
15 erage under such plans and financial assistance
16 for coverage under such plans. Such outreach
17 and educational activities shall be provided in a
18 manner that is culturally and linguistically ap-
19 propriate to the needs of the populations being
20 served by the Exchange (including hard-to-
21 reach populations, such as racial and sexual mi-
22 norities, limited English proficient populations,
23 and young adults).

24 “(B) LIMITATION ON USE OF FUNDS.—No
25 funds appropriated under this paragraph shall

1 be used for expenditures for promoting non-
2 ACA compliant health insurance coverage.

3 “(C) NON-ACA COMPLIANT HEALTH IN-
4 SURANCE COVERAGE.—For purposes of this
5 subparagraph (B):

6 “(i) The term ‘non-ACA compliant
7 health insurance coverage’ means health
8 insurance coverage, or a group health plan,
9 that is not a qualified health plan.

10 “(ii) Such term includes the following:

11 “(I) An association health plan.

12 “(II) Short-term limited duration
13 insurance.

14 “(D) FUNDING.—Out of any funds in the
15 Treasury not otherwise appropriated, there are
16 hereby appropriated for fiscal year 2023 and
17 each subsequent fiscal year, \$100,000,000 to
18 carry out this paragraph. Funds appropriated
19 under this subparagraph shall remain available
20 until expended.

21 “(4) ANNUAL ENROLLMENT TARGETS.—For
22 plan year 2022 and each subsequent plan year, in
23 the case of an Exchange established or operated by
24 the Secretary within a State pursuant to this sub-

1 section, the Secretary shall establish annual enroll-
 2 ment targets for such Exchange for such year.”.

3 **SEC. 3. IMPROVING TRANSPARENCY AND ACCOUNTABILITY**
 4 **IN THE MARKETPLACE.**

5 (a) OPEN ENROLLMENT REPORTS.—For plan year
 6 2022 and each subsequent year, the Secretary of Health
 7 and Human Services (referred to in this section as the
 8 “Secretary”), in coordination with the Secretary of the
 9 Treasury and the Secretary of Labor, shall issue biweekly
 10 public reports during the annual open enrollment period
 11 on the performance of the federally facilitated Exchange
 12 operated pursuant to section 1321(c) of the Patient Pro-
 13 tection and Affordable Care Act (42 U.S.C. 18041(c)).
 14 Each such report shall include a summary, including in-
 15 formation on a State-by-State basis where available, of—

- 16 (1) the number of unique website visits;
- 17 (2) the number of individuals who create an ac-
 18 count;
- 19 (3) the number of calls to the call center;
- 20 (4) the average wait time for callers contacting
 21 the call center;
- 22 (5) the number of individuals who enroll in a
 23 qualified health plan; and
- 24 (6) the percentage of individuals who enroll in
 25 a qualified health plan through each of—

- 1 (A) the website;
- 2 (B) the call center;
- 3 (C) navigators;
- 4 (D) agents and brokers;
- 5 (E) the enrollment assistant program;
- 6 (F) directly from issuers or web brokers;
- 7 and
- 8 (G) other means.

9 (b) OPEN ENROLLMENT AFTER ACTION REPORT.—

10 For plan year 2022 and each subsequent year, the Sec-
11 retary, in coordination with the Secretary of the Treasury
12 and the Secretary of Labor, shall publish and make public
13 an after action report not later than 3 months after the
14 completion of the annual open enrollment period regarding
15 the performance of the Exchange described in subsection
16 (a) for the applicable plan year. Each such report shall
17 be public and include a summary, including information
18 on a State-by-State basis where available, of—

19 (1) the open enrollment data reported under
20 subsection (a) for the entirety of the enrollment pe-
21 riod; and

22 (2) activities related to patient navigators de-
23 scribed in section 1311(i) of the Patient Protection
24 and Affordable Care Act (42 U.S.C. 18031(i)), in-
25 cluding—

1 (A) the performance objectives established
2 by the Secretary for such patient navigators;

3 (B) the number of consumers enrolled by
4 such a patient navigator;

5 (C) an assessment of how such patient
6 navigators have met established performance
7 metrics, including a detailed list of all patient
8 navigators, funding received by patient naviga-
9 tors, and whether established performance ob-
10 jectives of patient navigators were met; and

11 (D) with respect to the performance objec-
12 tives described in subparagraph (A)—

13 (i) whether such objectives assess the
14 full scope of patient navigator responsibil-
15 ities, including general education, plan se-
16 lection, and determination of eligibility for
17 tax credits, cost-sharing reductions, or
18 other coverage;

19 (ii) how the Secretary worked with pa-
20 tient navigators to establish such objec-
21 tives; and

22 (iii) how the Secretary adjusted such
23 objectives for case complexity and other
24 contextual factors.

1 (c) REPORT ON ADVERTISING AND CONSUMER OUT-
2 REACH.—Not later than 3 months after the completion of
3 the annual open enrollment period for plan year 2022, the
4 Secretary shall issue a public report on advertising and
5 outreach to consumers for the open enrollment period for
6 plan year 2022. Such report shall include a description
7 of—

8 (1) the division of spending on individual adver-
9 tising platforms, including television and radio ad-
10 vertisements and digital media, to raise consumer
11 awareness of open enrollment;

12 (2) the division of spending on individual out-
13 reach platforms, including email and text messages,
14 to raise consumer awareness of open enrollment; and

15 (3) whether the Secretary conducted targeted
16 outreach to specific demographic groups and geo-
17 graphic areas.

18 (d) PROMOTING TRANSPARENCY AND ACCOUNT-
19 ABILITY IN THE ADMINISTRATION’S EXPENDITURES OF
20 EXCHANGE USER FEES.—For plan year 2022 and each
21 subsequent plan year, not later than the date that is 3
22 months after the end of such plan year, the Secretary of
23 Health and Human Services shall submit to the appro-
24 priate committees of Congress and make available to the
25 public an annual report on the expenditures by the De-

1 partment of Health and Human Services of user fees col-
2 lected pursuant to section 156.50 of title 45, Code of Fed-
3 eral Regulations (or any successor regulations). Each such
4 report for a plan year shall include a detailed accounting
5 of the amount of such user fees collected during such plan
6 year and of the amount of such expenditures used during
7 such plan year for the federally facilitated Exchange oper-
8 ated pursuant to section 1321(c) of the Patient Protection
9 and Affordable Care Act (42 U.S.C. 18041(c)) on out-
10 reach and enrollment activities, navigators, maintenance
11 of Healthcare.gov, and operation of call centers.

12 (e) STUDIES AND REPORTS.—Not later than 30 days
13 after the date of the enactment of this Act, the Secretary
14 of Health and Human Services shall release to Congress
15 all aggregated documents relating to studies and data sets
16 that were created on or after January 1, 2014, and related
17 to marketing and outreach with respect to qualified health
18 plans offered through Exchanges under title I of the Pa-
19 tient Protection and Affordable Care Act (42 U.S.C.
20 18001 et seq.).

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