

[DISCUSSION DRAFT]

119TH CONGRESS
2^D SESSION

H. R. _____

To amend title XXVII of the Public Health Service Act and title XVIII of the Social Security Act to ensure health insurer accountability through publishing of overhead costs and claim payments.

IN THE HOUSE OF REPRESENTATIVES

M. _____ introduced the following bill; which was referred to the
Committee on _____

A BILL

To amend title XXVII of the Public Health Service Act and title XVIII of the Social Security Act to ensure health insurer accountability through publishing of overhead costs and claim payments.

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

1 **SECTION 1. ENSURING HEALTH INSURER ACCOUNTABILITY**
2 **THROUGH PUBLISHING OF OVERHEAD COSTS**
3 **AND CLAIM PAYMENTS.**

4 (a) IN GENERAL.—Section 2718(a) of the Public
5 Health Service Act (42 U.S.C. 300gg–18(a)) is amend-
6 ed—

7 (1) by redesignating paragraphs (1) through
8 (3) as subparagraphs (A) through (C), and adjust-
9 ing the margins accordingly;

10 (2) by striking “A health insurance issuer” and
11 inserting the following:

12 “(1) IN GENERAL.—A health insurance issuer”;

13 and

14 (3) by adding at the end the following new
15 paragraph:

16 “(2) OVERHEAD COSTS AND CLAIM PAYMENT
17 INFORMATION.—

18 “(A) IN GENERAL.—A health insurance
19 issuer offering group or individual health insur-
20 ance coverage (including a grandfathered health
21 plan) shall, with respect to each plan year be-
22 ginning on or after January 1, 2027, submit to
23 the Secretary (and, in the case such coverage
24 was offered through an Exchange established
25 under subtitle D of title I of the Patient Protec-
26 tion and Affordable Care Act, to such Ex-

1 change) and publish on the public website of
2 such issuer the following information in a con-
3 sumer-friendly format specified by the Sec-
4 retary:

5 “(i) the percentage of total premium
6 revenue expended for each category de-
7 scribed in subparagraphs (A) through (C)
8 of paragraph (1);

9 “(ii) the explanation described in
10 paragraph (1)(C); and

11 “(iii) the percentage of total premium
12 revenue not expended and retained by such
13 issuer.

14 “(B) MANNER OF PUBLICATION.—Infor-
15 mation submitted and published by a health in-
16 surance issuer under subparagraph (A) shall be
17 so submitted and published at the coverage level
18 and shall in addition, if determined appropriate
19 by the Secretary, be so submitted and published
20 in the aggregate in such manner as specified by
21 the Secretary (such as across all such coverage
22 offered by such issuer that are offered within
23 the same insurance market (as specified in sub-
24 clause (I), (II), (III), or (IV) of section 2799A-
25 1(a)(3)(E)(iv)).”.

1 (b) MEDICARE ADVANTAGE.—Section 1857(e) of the
2 Social Security Act (42 U.S.C. 1395w–27(e)) is amended
3 by adding at the end the following new paragraph:

4 “(7) OVERHEAD COSTS AND CLAIM PAYMENT
5 INFORMATION.—

6 “(A) IN GENERAL.—Beginning with plan
7 years beginning on or after January 1, 2027, a
8 contract under this section with an MA organi-
9 zation shall require the organization, with re-
10 spect to each MA plan offered by such organi-
11 zation during such plan year, to submit to the
12 Secretary and publish on the public website of
13 such organization the following information in a
14 consumer-friendly format specified by the Sec-
15 retary:

16 “(i) The amount of total revenue (as
17 determined under section 422.2420(c) of
18 title 42, Code of Federal Regulations (or a
19 successor regulation)) collected under such
20 plan.

21 “(ii) The amount and percentage of
22 such revenue expended on incurred claims
23 (as determined in accordance with para-
24 graphs (2) through (4) of section

1 422.2420(b) of title 42, Code of Federal
2 Regulations (or a successor regulation)).

3 “(iii) The amount and percentage of
4 such revenue expended on non-claims costs
5 (as defined in section 422.2401 of title 42,
6 Code of Federal Regulations (or a suc-
7 cessor regulation)).

8 “(iv) The amount of the difference be-
9 tween the MLR numerator (as determined
10 under paragraph (b) of section 422.2420
11 of title 42, Code of Federal Regulations (or
12 a successor regulation) and the MLR de-
13 nominator (as determined under paragraph
14 (c) of such section (or a successor regula-
15 tion)).

16 “(v) The amount described in clause
17 (iv), expressed as a percentage of such rev-
18 enue.

19 “(B) MANNER OF PUBLICATION.—Infor-
20 mation submitted and published by an MA or-
21 ganization under subparagraph (A) shall be so
22 submitted and published at the MA plan level
23 and shall in addition, if determined appropriate
24 by the Secretary, be so submitted and published
25 in the aggregate in such manner as specified by

1 the Secretary (such as across all MA plans of-
2 fered by such organization).”.

3 **SEC. 2. PROMOTING COMPARABILITY OF QUALIFIED**
4 **HEALTH PLANS OFFERED THROUGH AN EX-**
5 **CHANGE.**

6 Section 1311(d)(4)(C) of the Patient Protection and
7 Affordable Care Act (42 U.S.C. 18031(d)(4)(C)) is
8 amended—

9 (1) by striking “website through which” and in-
10 sserting the following: “website—

11 “(i) through which”;

12 (2) in clause (i), as so inserted, by striking the
13 semicolon and inserting “; and”; and

14 (3) by adding at the end the following new
15 clause:

16 “(ii) that includes, as part of such
17 comparative information for enrollments
18 for plan years beginning on or after Janu-
19 ary 1, 2029, in the case a qualified health
20 plan offered through such Exchange for
21 such plan year was offered through such
22 Exchange for a previous plan year, the
23 most recent information submitted to such
24 Exchange with respect to such plan by the
25 health insurance issuer of such plan under

1 section 2718(a)(2) of the Public Health
2 Service Act;”.