117TH CONGRESS
1ST SESSION

S. 2519

To repeal the multi-State plan program.

IN THE SENATE OF THE UNITED STATES

JULY 28, 2021

Mr. JOHNSON (for himself, Mr. WICKER, Mr. TOOMEY, Mr. LEE, Ms. LUMMIS, Mr. BRAUN, Mr. CRAMER, Mr. BARRASSO, Mr. LANKFORD, Mrs. HYDE-SMITH, Mr. INHOFE, Mrs. BLACKBURN, and Mr. PAUL) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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A BILL

To repeal the multi-State plan program.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Repeal Insurance Plans of the Multi-State Program Act'' or the ''RIP MSP Act''.

SEC. 2. REPEAL OF MULTI-STATE PLAN PROGRAM.

(a) DEFINITIONS.—In this section, the terms ''multi-State plan issuer'' and ''MSP issuer'' mean a health insurance issuer or group of health insurance issuers that has

a contract with the Office of Personnel Management to offer multi-State plan options pursuant to section 1334 of the Patient Protection and Affordable Care Act (Public Law 111–148).

(b) PROGRAM REPEAL.—Effective January 1, 2022, section 1334 of the Patient Protection and Affordable Care Act (Public Law 111–148) shall have no force or effect.

(c) TERMINATION OF EXTERNAL REVIEW.—The administration of external review pursuant to section 1334 of the Patient Protection and Affordable Care Act shall conclude upon the issuance by the Director of the Office of Personnel Management (referred to in this section as ''OPM'') of all final decisions for enrollees enrolled in a multi-State plan during or before the 2021 plan year.

(d) REQUIRED REPORTING.—Not later than 60 days after the date of enactment of this Act, the Director of OPM shall provide the Committee on Homeland Security and Governmental Affairs and the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Oversight and Reform and the Committee on Energy and Commerce of the House of Representatives a briefing concerning the efforts of the OPM to wind down the multi-State program under section 1334 of the Patient Protection and Affordable Care Act. Such briefing shall

contain such information as may be required, including information regarding—

(1) the methods of communication OPM and an MSP issuer will use to notify current enrollees that the multi-State plan will not be offered during the next open season, including a timeline of the planned communications;

(2) a description of how the Director of OPM will work with the Secretary of Health and Human Services to ensure that no plans previously offered pursuant to such section 1334 are offered on State or Federal Exchanges; and

(3) a timeline detailing how OPM will close down the information technology portal that MSP issuers utilize.

(e) CONFORMING AMENDMENTS.—

(1) IN GENERAL.—Title I of the Patient Protection and Affordable Care Act is amended—

(A) in section 1301(a) (42 U.S.C. 18021(a))—

(i) in paragraph (2)—

(I) in the heading, by striking ''AND MULTI-STATE QUALIFIED HEALTH PLANS''; and

(II) by striking ''and a multi-State plan under section 1334,''; and

(ii) in paragraph (4), by striking '', including a multi-State qualified health plan,''; and

(B) in section 1324(a) (42 U.S.C. 18044(a)), by striking '', or a multi-State qualified health plan under section 1334,''.

(2) EFFECTIVE DATE.—The amendments made by paragraph (1) shall take effect on January 1, 2022.

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