THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL No. 1268 ^{Session of} 2014

INTRODUCED BY EICHELBERGER, SCARNATI, ALLOWAY, ARGALL, WHITE, RAFFERTY, FOLMER, ERICKSON, VOGEL, HUTCHINSON, VULAKOVICH, MENSCH, BRUBAKER AND BROWNE, MARCH 10, 2014

SENATOR WHITE, BANKING AND INSURANCE, AS AMENDED, JUNE 25, 2014

AN ACT

1 2	Regulating navigators, assisters and insurance producers in the < education and promotion of health insurance exchanges.
3	The General Assembly of the Commonwealth of Pennsylvania
4	hereby enacts as follows:
5	Section 1. Short title.
6	This act shall be known and may be cited as the Navigator
7	Accessibility and Regulation Act.
8	Section 2. Definitions.
9	The following words and phrases when used in this act shall
10	have the meanings given to them in this section unless the
11	context clearly indicates otherwise:
12	"Affiliate." A person that directly or indirectly, through
13	one or more intermediaries or controls, is controlled by or is
14	under common control with a specified person.
15	"Certificate." A registration confirmation certificate <
16	issued by the Insurance Commissioner under section 5(b).
17	"Commissioner." The Insurance Commissioner of the

1 Commonwealth.

2 "Department." The Insurance Department of the Commonwealth. 3 "Exchange." A health insurance exchange established or operating in this Commonwealth, including an exchange 4 established or operated by the United States Department of 5 Health and Human Services, under the Patient Protection and 6 7 Affordable Care Act (Public Law 111-148, 124 Stat. 119). 8 "Federal health care act." The Patient Protection and Affordable Care Act (Public Law 111-148, 124 Stat. 119), as 9 10 amended by the Health Care Education Reconciliation Act of 2010 (Public Law 111-152, 124 Stat. 1029), and regulations or 11 12 quidance issued under those acts.

Health insurance carrier or "carrier CARRIER." An entity, <--</p>
subject to the insurance laws of this Commonwealth or under the
jurisdiction of the Insurance Commissioner, that contracts or
offers to contract to provide, deliver, arrange for, pay for or
reimburse any of the cost of a health care service. The term
includes:

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20

(1) A sickness and accident insurance company. (2) A health maintenance organization.

21 (3) A nonprofit hospital and health service

22 organization.

23 (4) An entity providing a plan of health insurance,
 24 health benefits or health services.

25 (5) A qualified health plan and multistate exchange 26 where a navigator would be used.

27 "Health insurance producer" or "producer." An individual

28 licensed to sell, solicit or negotiate the sale of a contract of

29 insurance in this Commonwealth under Article VI-A of the act of

30 May 17, 1921 (P.L.789, No.285), known as The Insurance-

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1	Dependence let of 1001 The term includes on individual
1	Department Act of 1921. The term includes an individual
2	enrolling or supervising the enrollment of an individual or
3	small employer into an exchange.
4	"Navigator." An organization or individual certified by the-
5	Insurance Commissioner under the Federal health care act to
6	provide public education or consumer assistance activities for
7	or on behalf of an exchange to uninsured individuals and groups
8	seeking health insurance coverage. The term shall include an-
9	individual performing navigator duties for an organization,
10	association or business entity, if the organization, association-
11	or business entity is serving as a navigator.
12	"Negotiate." To confer directly with or offer advice-
13	directly to a purchaser or prospective purchaser of a contract
14	of insurance with respect to the substantive benefits, terms or
15	conditions of the contract, if the person engaged in the
16	conference or offering sells insurance or obtains insurance from
17	insurers, including insurers participating in the exchange, for-
18	purchasers.
19	"Qualified employer" or "small employer." An employer with
20	50 or fewer full time and part time employees that elects to
21	make its full-time employees and, at the employer's option, some-
22	or all of its part-time employees eligible for one or more-
23	qualified health plans offered through the Small Business Health-
24	Options Program Exchange.
25	"Qualified health plan." A health benefit plan that has in-
26	effect a certification that the plan meets the criteria for-
27	certification described in section 1311(c) of the Federal health-
28	care act.
29	"Qualified individual." An individual, including a minor,
30	who:

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1	(1) Seeks to enroll in a qualified health plan offered	
2	by an exchange as an individual or through the Small Business	
3	Health Options Program Exchange.	
4	(2) Resides in this Commonwealth or is employed by a	
5	small employer whose principal place of business is in this	
6	Commonwealth.	
7	(3) Is a citizen of the United States or an alien	
8	lawfully present in the United States.	
9	"Sell." To receive compensation from a source for the	
10	enrollment of an individual or qualified employer into an-	
11	exchange or the SHOP exchange.	
12	"SHOP exchange." The Small Business Health Options Program	
13	described under section 1311(b)(1)(B) of the Federal health care-	
14	act (42 U.S.C. § 18031(b)(1)(B)).	
15	"Solicit." To attempt to sell insurance or to ask or urge an-	
16	individual or qualified employer to apply for a kind of	
17	insurance from a particular company. The term shall include any-	
18	of the following:	
19	(1) Presenting a specific comparison of a qualified	
20	health plan offered through an exchange.	
21	(2) Offering to assist or assisting in the enrollment in	
22	a qualified health plan on an exchange or the SHOP exchange.	
23	Section 3. Certification of navigators.	
24	(a) Prohibition. An individual may not advertise a service	
25	as a navigator or operate in this Commonwealth as a navigator	
26	without first registering with the department.	
27	(b) Application. An individual shall register as a	
28	navigator, on a form developed by the commissioner, and declare	
29	under penalty of perjury that the statements made in the-	
30	application are true, correct and complete to the best of the	
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1	individual's knowledge and belief. Prior to approving an
2	application, the commissioner must determine that the applicants-
3	have met the following requirements:
4	(1) Is at least 18 years of age.
5	(2) Resides in this Commonwealth or maintains a
6	principal place of business in this Commonwealth.
7	(3) Is not disqualified for having committed an act that-
8	would be grounds for denial, suspension or revocation of a
9	license as a health insurance producer.
10	(4) Has not had a license as a health insurance producer-
11	denied, suspended or revoked.
12	(5) Has submitted a full set of fingerprints to the
13	commissioner and successfully completed a criminal history
14	and regulatory record check.
15	(6) Has provided evidence of liability coverage held by-
16	the individual or organization seeking to be registered.
17	(7) Has identified the entity with which the individual
18	is affiliated.
19	(8) Has paid the fees prescribed by the commissioner.
20	(9) Does not have a conflict of interest.
21	(c) TermThe term of registration shall be two years from-
22	the date of issue.
23	(d) Prohibited registrationIt is a conflict of interest-
24	for any entity which provides health care services, or affiliate-
25	thereof, to serve as a navigator in this Commonwealth.
26	Section 4. Navigator scope of activity.
27	(a) Registration requiredAn individual or organization
28	may not act or present itself to be a navigator or receive-
29	funding as a navigator unless the individual or organization is
30	registered as a navigator under this act.

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1	(b) Powers A navigator may do the following:
2	(1) Conduct public education activities designed to
3	raise awareness of exchanges among underserved insurance
4	populations and the potential availability of Federal tax-
5	subsidies in ways that are culturally and linguistically
6	appropriate to an underserved insurance population.
7	(2) Distribute fair and impartial general information
8	concerning enrollment in the exchange and the levels of
9	insurance available in the exchange without specifically
10	referencing or comparing the relative merits of a specific
11	qualified health plan.
12	(3) Educate underserved insurance populations on the
13	enrollment process without suggesting or facilitating
14	enrollment in a particular qualified health plan.
15	(4) Require specific membership to an organization, if
16	the organization is serving as a navigator. The following
17	shall apply to an organization under this paragraph:
18	(i) the organization must provide at least one-
19	additional service, other than navigator services, to the
20	members of its organization; and
21	(ii) no other fee may be charged for utilization of
22	the navigator services.
23	(5) Receive funds from an insurance carrier which offers
24	a qualified health plan in this Commonwealth if the funds are
25	not associated with an individual who is enrolled through the
26	exchange.
27	(c) Limitations A navigator may not do any of the
28	following:
29	(1) Sell, solicit or negotiate insurance.
30	(2) Knowingly contact a person or business that is-

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1	currently insured under an existing health benefit plan.
2	(3) Make a specific recommendation for a particular
3	qualified health plan.
4	(4) Provide information or services related to health
5	benefit plans or other products not offered in the exchange-
6	or SHOP exchange.
7	(5) Require that a potential enrollee in an exchange-
8	perform some action, including paying a separate fee to an
9	organization, as a requirement for receiving navigator
10	assistance.
11	Section 5. Powers of the commissioner.
12	(a) Approval. The commissioner shall approve an application
13	for navigator registration after review.
14	(b) Confirmation. The commissioner shall issue a
15	certificate and identification card to each navigator, which-
16	shall prominently list the expiration date of the registration-
17	and which must be shown upon request to potential enrollees.
18	(c) Certification. The commissioner may suspend, revoke or
19	refuse to issue or renew the certification of a navigator for
20	conduct which would prohibit an individual from being certified
21	under section 3 or a violation of this act or Article VI-A of
22	the act of May 17, 1921 (P.L.789, No.285), known as The-
23	Insurance Department Act of 1921.
24	(d) Penalties. The commissioner may do any of the
25	following:
26	(1) Impose a civil penalty of up to \$1,000 for each
27	violation of this act or of section 611-A of The Insurance-
28	Department Act of 1921.
29	(2) Place a navigator under supervision.
30	(e) Rules. The commissioner may promulgate rules necessary

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1 to carry out this act.

2 Section 6. Effective date.

3 This act shall take effect immediately AN ENTITY ORGANIZED <--</p>
4 UNDER:

5 (1) THE ACT OF MAY 17, 1921 (P.L.682, NO.284), KNOWN AS 6 THE INSURANCE COMPANY LAW OF 1921, INCLUDING SECTION 630 AND 7 ARTICLE XXIV THEREOF.

8 (2) THE ACT OF DECEMBER 29, 1972 (P.L.1701, NO.364),
9 KNOWN AS THE HEALTH MAINTENANCE ORGANIZATION ACT.

10 (3) 40 PA.C.S. CHS. 61 (RELATING TO HOSPITAL PLAN
11 CORPORATIONS) AND 63 (RELATING TO PROFESSIONAL HEALTH
12 SERVICES PLAN CORPORATIONS).

13 "HEALTH INSURANCE PRODUCER." AN INSURANCE PRODUCER WITH AN 14 ACCIDENT AND HEALTH LINE OF AUTHORITY AS DEFINED IN SECTION 601-15 A OF THE ACT OF MAY 17, 1921 (P.L.789, NO.285), KNOWN AS THE 16 INSURANCE DEPARTMENT ACT OF 1921.

17 "INSURANCE PRODUCER." INSURANCE PRODUCER HAS THE MEANING
18 GIVEN IT IN SECTION 601-A OF THE ACT OF MAY 17, 1921 (P.L.789,
19 NO.285), KNOWN AS THE INSURANCE DEPARTMENT ACT OF 1921.

20 "NAVIGATOR." AN ORGANIZATION OR INDIVIDUAL UNDER THE FEDERAL HEALTH CARE ACT THAT PROVIDES PUBLIC EDUCATION OR CONSUMER 21 ASSISTANCE ACTIVITIES FOR OR ON BEHALF OF AN EXCHANGE TO 22 23 UNINSURED INDIVIDUALS AND GROUPS SEEKING HEALTH INSURANCE 24 COVERAGE. THE TERM SHALL INCLUDE AN INDIVIDUAL PERFORMING 25 NAVIGATOR DUTIES FOR AN ORGANIZATION, ASSOCIATION OR BUSINESS 26 ENTITY, IF THE ORGANIZATION, ASSOCIATION OR BUSINESS ENTITY IS 27 SERVING AS A NAVIGATOR.

28 "NEGOTIATE." THE TERM HAS THE SAME MEANING GIVEN IT IN 29 SECTION 601-A OF THE ACT OF MAY 17, 1921 (P.L.789, NO.285), 30 KNOWN AS THE INSURANCE DEPARTMENT ACT OF 1921.

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"QUALIFIED EMPLOYER." THE TERM HAS THE SAME MEANING GIVEN IT
 IN THE FEDERAL HEALTH CARE ACT.

3 "QUALIFIED HEALTH PLAN." THE TERM HAS THE SAME MEANING GIVEN4 IT IN THE FEDERAL HEALTH CARE ACT.

5 "QUALIFIED INDIVIDUAL." THE TERM HAS THE SAME MEANING GIVEN6 IT IN THE FEDERAL HEALTH CARE ACT.

7 "SELL." THE TERM HAS THE SAME MEANING GIVEN IT IN SECTION
8 601-A OF THE ACT OF MAY 17, 1921 (P.L.789, NO.285), KNOWN AS THE
9 INSURANCE DEPARTMENT ACT OF 1921.

10 "SHOP EXCHANGE." THE TERM HAS THE SAME MEANING GIVEN IT IN 11 THE FEDERAL HEALTH CARE ACT.

12 "SMALL EMPLOYER." AN EMPLOYER THAT PURCHASERS ACCIDENT AND 13 HEALTH INSURANCE IN THE SMALL GROUP MARKET, AS DEFINED IN 14 SECTION 2791(E)(5) OF THE PUBLIC HEALTH SERVICE ACT (110 STAT. 15 1972, 42 U.S.C. § 300GG-91(E)(5)), EXCEPT THAT FOR PLAN YEARS 16 BEGINNING PRIOR TO JANUARY 1, 2016, OR OTHER DATE AS ESTABLISHED 17 IN FEDERAL LAW, 50 EMPLOYEES SHALL BE REQUIRED.

18 "SOLICIT." THE TERM HAS THE SAME MEANING GIVEN IT IN SECTION 19 601-A OF THE ACT OF MAY 17, 1921 (P.L.789, NO.285), KNOWN AS THE 20 INSURANCE DEPARTMENT ACT OF 1921.

21 SECTION 3. REGISTRATION.

(A) PROHIBITION.--AN INDIVIDUAL OR ORGANIZATION MAY NOT
ADVERTISE A SERVICE AS A NAVIGATOR OR AN EXCHANGE ASSISTER OR
OPERATE IN THIS COMMONWEALTH AS A NAVIGATOR OR AN EXCHANGE
ASSISTER WITHOUT FIRST REGISTERING WITH THE DEPARTMENT.

(B) REGISTRATION APPLICATION.--AN INDIVIDUAL OR ORGANIZATION
SHALL REGISTER WITH THE DEPARTMENT AS A NAVIGATOR OR EXCHANGE
ASSISTER, ON A FORM APPROVED BY THE DEPARTMENT. THE DEPARTMENT
SHALL REVIEW EACH APPLICATION AND MAY CONDUCT AN INVESTIGATION
OF EACH APPLICANT WHO APPLIES FOR A REGISTRATION IN ACCORDANCE

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WITH THIS ACT. THE DEPARTMENT SHALL ISSUE A REGISTRATION, AS
 APPROPRIATE, TO AN APPLICANT WHEN THE DEPARTMENT DETERMINES THAT
 THE APPLICANT:

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(1) IS AT LEAST 18 YEARS OF AGE.

5 (2) RESIDES IN THIS COMMONWEALTH OR MAINTAINS A
6 REGISTERED PLACE OF BUSINESS IN THIS COMMONWEALTH.

7 (3) IS NOT DISQUALIFIED FOR HAVING COMMITTED AN ACT THAT
8 WOULD BE GROUNDS FOR DENIAL, SUSPENSION OR REVOCATION OF A
9 LICENSE AS AN INSURANCE PRODUCER.

10 (4) HAS NOT HAD A LICENSE AS AN INSURANCE PRODUCER
11 DENIED, SUSPENDED OR REVOKED.

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(5) HAS SUBMITTED A COMPLETED APPLICATION.

13 (6) HAS SUBMITTED THE APPLICANT'S FINGERPRINTS, FOR THE
14 DEPARTMENT TO RECEIVE NATIONAL CRIMINAL HISTORY RECORDS
15 INFORMATION FROM THE CRIMINAL JUSTICE INFORMATION SERVICES
16 DIVISION OF THE FEDERAL BUREAU OF INVESTIGATION.

17 (7) HAS PAID THE REQUIRED REGISTRATION FEE AND FEES FOR
18 OBTAINING NATIONAL CRIMINAL HISTORY RECORDS INFORMATION
19 AS PRESCRIBED BY THE DEPARTMENT.

(B) CONFIRMATION.--THE DEPARTMENT SHALL ISSUE, IN PAPER OR
ELECTRONIC FORM, A NONTRANSFERABLE REGISTRATION CERTIFICATION,
WHICH SHALL PROMINENTLY LIST THE EXPIRATION DATE OF THE
REGISTRATION AND WHICH MUST BE SHOWN UPON REQUEST TO POTENTIAL
ENROLLEES.

25 (C) TERM.--THE TERM OF REGISTRATION SHALL BE TWO YEARS FROM26 THE DATE OF ISSUE.

(D) SEARCHABLE LIST.--THE DEPARTMENT SHALL MAINTAIN AND MAKE
AVAILABLE TO THE PUBLIC A SEARCHABLE LIST OF ALL REGISTRANTS ON
ITS PUBLICLY ACCESSIBLE INTERNET WEBSITE.

30 SECTION 4. SCOPE OF ACTIVITY.

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(A) REGISTRATION REQUIRED.--AN INDIVIDUAL OR ORGANIZATION
 MAY NOT ACT OR PRESENT ITSELF TO BE A NAVIGATOR OR AN EXCHANGE
 ASSISTER UNLESS THE INDIVIDUAL OR ORGANIZATION IS REGISTERED AS
 A NAVIGATOR OR AN EXCHANGE ASSISTER UNDER THIS ACT.

5 (B) LIMITATIONS.--A NAVIGATOR OR AN EXCHANGE ASSISTER MAY 6 NOT ENGAGE IN AN ACTIVITY FOR WHICH LICENSURE AS A PRODUCER IS 7 REQUIRED, EXCEPT AS EXPLICITLY PERMITTED BY FEDERAL LAW OR 8 REGULATION, INCLUDING ANY OF THE FOLLOWING:

9

(1) SELL, SOLICIT OR NEGOTIATE INSURANCE.

10 (2) DISCUSS THE EFFECT OF AGE, HEALTH OR OTHER RISK 11 RELATED CONDITIONS OF THE PROSPECTIVE POLICYHOLDERS.

12 (3) URGE OR ADVISE A PROSPECTIVE PURCHASER TO BUY A
13 PARTICULAR POLICY OR TO INSURE WITH A PARTICULAR COMPANY.

INITIATE SALES OVER THE TELEPHONE OR OTHERWISE.

14

15

(5) COLLECT PREMIUMS.

(4)

16 (6) MAKE OR PROPOSE TO MAKE AN INSURANCE CONTRACT.

(7) OTHER THAN AS NECESSARY TO INFORM A PROSPECTIVE 17 18 PURCHASER OF THE AVAILABILITY OF HEALTH INSURANCE OFF THE 19 EXCHANGE, PROVIDE INFORMATION OR SERVICES RELATED TO HEALTH BENEFIT PLANS OR OTHER PRODUCTS OTHER THAN THOSE OFFERED IN 20 THE HEALTH INSURANCE MARKETPLACE, SHOP EXCHANGE, THE 21 CHILDREN'S HEALTH INSURANCE PROGRAM OR PRODUCT AVAILABLE 22 23 THROUGH THE SOCIAL SECURITY ACT (49 STAT. 620, 42 U.S.C. §301 24 ET SEQ.).

(8) INITIATE AN INQUIRY AS TO THE TERMS OF EXISTINGCOVERAGE.

(9) DISCUSS OR DESCRIBE THE SPECIFIC COVERAGES OR TERMS
OF A PROPOSED CONTRACT OF INSURANCE WITH A PROSPECTIVE
POLICYHOLDER, INCLUDING COUNSELING AS TO WHICH COVERAGES TO
BUY.

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(10) RECOMMEND OR INITIATE ADDITIONS OR DELETIONS TO AN
 INSURED'S POLICY.

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(11) SIGN BINDERS, ENDORSEMENTS AND INSURANCE POLICIES.

4 (12) AUTHORIZE THE ISSUANCE OR DELIVERY OF CERTIFICATES
5 OF INSURANCE, ENDORSEMENTS, BINDERS OR INSURANCE POLICIES ON
6 INSURANCE IDENTIFICATION CARDS.

7 (13) RESPOND TO A POLICYHOLDER'S REQUEST FOR ADVICE OR
 8 COUNSEL REGARDING POLICY PROVISIONS OR COVERAGE.

9 SECTION 5. ENFORCEMENT BY DEPARTMENT.

10 (A) NOTICE.--UPON EVIDENCE OF A VIOLATION OF THIS ACT OR 11 ARTICLE VI-A OF THE ACT OF MAY 17, 1921 (P.L.789, NO.285), KNOWN 12 AS THE INSURANCE DEPARTMENT ACT OF 1921, THE DEPARTMENT SHALL 13 NOTIFY THE PERSON OF THE ALLEGED VIOLATION. THE NOTICE SHALL 14 SPECIFY THE NATURE OF THE ALLEGED VIOLATION AND FIX A TIME AND 15 PLACE, AT LEAST TEN DAYS THEREAFTER, WHEN A HEARING ON THE 16 MATTER SHALL BE HELD.

(B) HEARING.--THE DEPARTMENT SHALL CONDUCT THE HEARING ON 17 18 THE VIOLATION IN ACCORDANCE WITH 2 PA.C.S. CH. 5 SUBCH. A 19 (RELATING TO PRACTICE AND PROCEDURE OF COMMONWEALTH AGENCIES). 20 (C) EVIDENCE.--NO PERSON SHALL BE EXCUSED FROM TESTIFYING OR FROM PRODUCING ANY BOOKS, PAPERS, CONTRACTS, AGREEMENTS OR 21 22 DOCUMENTS AT ANY HEARING HELD BY THE COMMISSIONER ON THE GROUND 23 THAT THE TESTIMONY OR EVIDENCE MAY TEND TO INCRIMINATE THAT 24 PERSON.

(D) PENALTIES.--AFTER THE HEARING OR UPON FAILURE OF THE PERSON TO APPEAR AT THE HEARING, IF A VIOLATION IS FOUND, THE COMMISSIONER MAY, IN ADDITION TO ANY PENALTY WHICH MAY BE IMPOSED BY A COURT, DO ANY COMBINATION OF THE FOLLOWING DEEMED APPROPRIATE:

30 (1) DENY, SUSPEND, REFUSE TO RENEW OR REVOKE THE 20140SB1268PN2192 - 12 - 1 REGISTRATION, IF ANY, OF THE PERSON.

2 (2) IMPOSE A CIVIL PENALTY OF UP TO \$5,000 FOR EACH
3 VIOLATION OF THIS ACT.

4 (3) IMPOSE AN ORDER TO CEASE AND DESIST.

5 (4) REPORT VIOLATIONS OF THIS ACT TO THE UNITED STATES
6 DEPARTMENT OF HEALTH AND HUMAN SERVICES.

7 (5) REFER POTENTIAL VIOLATIONS OF ANY LAWS OF THIS
8 COMMONWEALTH RELATING TO PRIVACY OF PERSONAL INFORMATION TO
9 THE OFFICE OF ATTORNEY GENERAL.

10 (6) ENFORCE OTHER VIOLATIONS OF THE INSURANCE DEPARTMENT 11 ACT OF 1921, AS APPLICABLE.

12 (7) IMPOSE ANY OTHER CONDITIONS THE COMMISSIONER DEEMS13 APPROPRIATE.

14 (E) REGULATIONS AND FORM. -- THE DEPARTMENT MAY PROMULGATE 15 REGULATIONS AND PUBLISH FORMS AS NECESSARY AND APPROPRIATE TO 16 CARRY OUT THIS ACT.

17 SECTION 6. EFFECTIVE DATE.

18 THIS ACT SHALL TAKE EFFECT FEBRUARY 15, 2015, OR THE CLOSE OF 19 THE 2015 OPEN ENROLLMENT PERIOD, WHICHEVER IS LATER.

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