BUSINESS & LABOR
EXHIBIT NO. 3
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BILL NO. HB 250

540.-1pNavigators

An Exchange must establish a navigator program under which it awards grants to entities to carry out certain duties.

To be eligible to receive a grant, an entity must demonstrate to the Exchange that the entity has existing relationships (or could readily establish relationships), with employers and employees, consumers (including uninsured and underinsured consumers), or selfemployed individuals likely to be qualified to enroll in a qualified health plan.

Eligible entities may include trade, industry, and professional associations, commercial fishing industry organizations, ranching and farming organizations, community and consumer-focused nonprofit groups, chambers of commerce, unions, resource partners of the Small Business Administration, other licensed insurance agents and brokers, and other entities that are capable of carrying out required duties and can meet required standards and provide required information.

An entity that serves as a navigator must do the following:

• conduct public education activities to raise awareness of the availability of qualified health plans;

• distribute fair and impartial information regarding qualified health plan enrollment, and the availability of premium tax credits and cost-sharing reductions;

• facilitate enrollment in qualified health plans;

• provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman or any other appropriate state agency or agencies, for any enrollee with a grievance, complaint, or question regarding his or her health plan, coverage, or a determination under such plan or coverage; and

• provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange or Exchanges.

HHS must establish standards for navigators. These standards are to include provisions to ensure that any private or public entity that is selected as a navigator is qualified, and licensed if appropriate, to engage in the navigator activities, and to avoid conflicts of interest.

Under the standards, a navigator cannot be a health insurance issuer; or receive any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any qualified individuals or employees of a qualified employer in a qualified health plan.

HHS, in collaboration with states, must develop standards to ensure that information made available by navigators is fair, accurate, and impartial. Grants are to be made from the operational funds of the Exchange and not federal funds received by the state to establish the Exchange (ACA Sec. 1311(i)).