

**§ 300gg-93. Health insurance consumer information**

**(a) In general**

The Secretary shall award grants to States to enable such States (or the Exchanges operating in such States) to establish, expand, or provide support for—

- (1) offices of health insurance consumer assistance; or
- (2) health insurance ombudsman programs.

**(b) Eligibility**

**(1) In general**

To be eligible to receive a grant, a State shall designate an independent office of health insurance consumer assistance, or an ombudsman, that, directly or in coordination with State health insurance regulators and consumer assistance organizations, receives and responds to inquiries and complaints concerning health insurance coverage with respect to Federal health insurance requirements and under State law.

**(2) Criteria**

A State that receives a grant under this section shall comply with criteria established by the Secretary for carrying out activities under such grant.

**(c) Duties**

The office of health insurance consumer assistance or health insurance ombudsman shall—

- (1) assist with the filing of complaints and appeals, including filing appeals with the internal appeal or grievance process of the group health plan or health insurance issuer involved and providing information about the external appeal process;
- (2) collect, track, and quantify problems and inquiries encountered by consumers;
- (3) educate consumers on their rights and responsibilities with respect to group health plans and health insurance coverage;
- (4) assist consumers with enrollment in a group health plan or health insurance coverage by providing information, referral, and assistance; and
- (5) resolve problems with obtaining premium tax credits under section 36B of title 26.

**(d) Data collection**

As a condition of receiving a grant under subsection (a), an office of health insurance consumer assistance or ombudsman program shall be required to collect and report data to the Secretary on the types of problems and inquiries encountered by consumers. The Secretary shall utilize such data to identify areas where more enforcement action is necessary and shall share such information with State insurance regulators, the Secretary of Labor, and the Secretary of the Treasury for use in the enforcement activities of such agencies.

**(e) Funding**

**(1) Initial funding**

There is hereby appropriated to the Secretary, out of any funds in the Treasury not otherwise appropriated, \$30,000,000 for the first fiscal year for which this section applies to

carry out this section. Such amount shall remain available without fiscal year limitation.

**(2) Authorization for subsequent years**

There is authorized to be appropriated to the Secretary for each fiscal year following the fiscal year described in paragraph (1), such sums as may be necessary to carry out this section.

(July 1, 1944, ch. 373, title XXVII, §2793, as added Pub. L. 111-148, title I, §1002, Mar. 23, 2010, 124 Stat. 138.)

EFFECTIVE DATE

Section effective for fiscal years beginning with fiscal year 2010, see section 1004(a) of Pub. L. 111-148, set out as a note under section 300gg-11 of this title.

Section effective Mar. 23, 2010, see section 1004(b) of Pub. L. 111-148, set out as a note under section 300gg-11 of this title.

**§ 300gg-94. Ensuring that consumers get value for their dollars**

**(a) Initial premium review process**

**(1) In general**

The Secretary, in conjunction with States, shall establish a process for the annual review, beginning with the 2010 plan year and subject to subsection (b)(2)(A), of unreasonable increases in premiums for health insurance coverage.

**(2) Justification and disclosure**

The process established under paragraph (1) shall require health insurance issuers to submit to the Secretary and the relevant State a justification for an unreasonable premium increase prior to the implementation of the increase. Such issuers shall prominently post such information on their Internet websites. The Secretary shall ensure the public disclosure of information on such increases and justifications for all health insurance issuers.

**(b) Continuing premium review process**

**(1) Informing Secretary of premium increase patterns**

As a condition of receiving a grant under subsection (c)(1), a State, through its Commissioner of Insurance, shall—

(A) provide the Secretary with information about trends in premium increases in health insurance coverage in premium rating areas in the State; and

(B) make recommendations, as appropriate, to the State Exchange about whether particular health insurance issuers should be excluded from participation in the Exchange based on a pattern or practice of excessive or unjustified premium increases.

**(2) Monitoring by Secretary of premium increases**

**(A) In general**

Beginning with plan years beginning in 2014, the Secretary, in conjunction with the States and consistent with the provisions of subsection (a)(2), shall monitor premium increases of health insurance coverage offered through an Exchange and outside of an Exchange.