January 4, 2013

Director John O'Brien
National Healthcare Operations, Healthcare and Insurance
U.S. Office of Personnel Management
1900 E Street NW, Room 2347
Washington, DC 20415

RE: RIN 3206-AM47; Patient Protection and Affordable Care Act; Establishment of the Multi-State Plan Program for the Affordable Insurance Exchanges

Dear Director O'Brien,

The undersigned organizations, committed to ensuring women have access to the full range of reproductive health services, appreciate the opportunity to comment on the proposed rule regarding the multi-state plan program under the Patient Protection and Affordable Care Act (ACA). Sex discrimination is a particularly important issue for women who need access to comprehensive reproductive health services. The Agency must clarify the nondiscrimination protections and provide further guidance as to what constitutes discriminatory plan design. The Agency must amend § 800.602 to comply with § 1334(a)(6) and § 1303(c) of the ACA, ensure that MSP issuers can provide coverage of all essential health benefits, including contraception, and at least one multi-state plan in each exchange provides coverage of abortion services, and ensure that women's access to this critical health coverage is not impeded. We commend the Agency for requiring that benefits packages must be uniform within a state, but can vary between states and that all multi-state plan benefits packages, including prescription drug lists, be reviewed. We recommend that the Agency require states to reimburse multi-state plan issuers directly for state-required benefits in excess of the essential health benefits. The Agency should also take steps to ensure that women can access services without delay in multi-state plan program networks.

Ensure that the Multi-State Plan Program, Multi-State Plan Issuers, and Multi-State Plans Do Not Discriminate

The proposed regulations make clear that neither the Multi-State Plan Program (MSPP), nor issuers of Multi-State Plans (MSPs), nor MSPs can discriminate based on race, color, national origin, disability, age, sex, gender identity, or sexual orientation.[1] Protections against sex discrimination are particularly important for women who need access to comprehensive reproductive health services. We commend the Office of Personnel Management (the Agency) for including the full range of classes protected against discrimination under the ACA.

This provision reflects the broad scope of discrimination protection included in § 1557 of the ACA, which provides that no health program or activity receiving federal financial assistance, administered by an executive agency, or established under Title I of the ACA may discriminate "on the ground prohibited under title VI of the Civil Rights Act of 1964, title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, or § 504 of the Rehabilitation Act of

[1] Establishment of the Multi-State Plan Program for the Affordable Insurance Exchanges, 77 Fed. Reg. 72,582, 72,583 (proposed Dec. 5, 2012) (to be codified at 45 C.F.R. § 800.101(i)(2)).

1973."[2] This protection flows from the core purpose of the ACA's assurance that health care is provided without arbitrary barriers unrelated to individuals' health needs. Because the MSPP and MSPs are federally administered, they are subject to the requirements of § 1557.[3] Further, because the MSPs are Qualified Health Plans (QHPs) and thus will be offered on the Exchanges, they are subject to § 1557 for that reason as well.

We do note that in the proposed rule, the Agency uses language in stating the nondiscrimination standard that is different than that used in other ACA regulations. We recommend changing the language in the proposed rule so that it is consistent with those other regulations, which state that plans "[n]ot. . . discriminate based on race, color, national origin, disability, age, sex, gender identity or sexual orientation."[4] This is important because the difference may confuse some into incorrectly believing there are different standards under the two rules. The rules are administering the same statute (and thus the same standards), so it must be clear that there is no difference in the legal obligations the rules set out. In addition, as noted above, MSPs are QHPs and are thus obligated to abide by the standards set forth for QHPs.[5] To ensure clarity and consistency, and because there is no substantive difference between the standards, the rules should use the same text.

We also urge the Agency to expressly state that, under § 1557, it has the authority and obligation to ensure that MSPP issuers and MSPs do not discriminate. In the preamble to § 800.105(d), the Agency states it plans to review an MSPP issuer's benefit package for discriminatory design pursuant to § 1302(b)(4) of the ACA, along with the proposed Essential Health Benefits regulations 45 C.F.R. §§ 156.110(d), 156.110(e), and 156.125.[6] The proposed rule fails to state that it will also conduct its review pursuant to § 1557.

Section 1557 requires that covered plans be reviewed for discriminatory design. Only referring to § 1302 in the preamble fails to recognize the full scope of the Agency's role in guaranteeing that MSPP issuers and MSPs do not discriminate. We therefore recommend that the Agency clarify that it will evaluate MSPP issuers and MSPs for compliance with the full range of nondiscrimination protections, including § 1557.

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[2] Patient Protection and Affordable Care Act, Pub. L. No. 111-148, § 1557 (2010), *amended by* Health Care and Education Affordability and Reconciliation Act, Pub. L. No. 111-152 (2010) (codified at 42 U.S.C. § 18116).

[3] *See, e.g.*, Establishment of the Multi-State Plan Program for the Affordable Insurance Exchanges, 77 Fed. Reg. at 72,583 ("[L]ike the health plans offered in the Federal Employees Health Benefits Program (FEHBP), consumers will benefit from OPM oversight and contract negotiation experience to ensure consumers get the greatest value for their premium dollars. Section 1334 of the Affordable Care Act directs OPM to enter into contracts with participating issuers, including negotiating premiums and benefits, as is done in the FEHBP. In addition, OPM will monitor MSP performance in the market, and oversee plan compliance with legal requirements and contractual terms."); *Id.* at 72,601 ("*Multi-State Plan Program or MSPP* means the programs administered by OPM pursuant to section 1334 of the Affordable Care Act").

[4] 45 C.F.R. § 156.200(e) (2012). *See also*, 45 C.F.R. §155.120(c) (2012) ("In carrying out the requirements of this part, the State and the Exchange must: (1) Comply with applicable nondiscrimination statutes; and (2) Not discriminate based on race, color, national origin, disability, age, sex, gender identity or sexual orientation.).

[5] *Id.* ("A QHP issuer must not, with respect to its QHP, discriminate on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation.").

[6] Establishment of the Multi-State Plan Program for the Affordable Insurance Exchanges, 77 Fed. Reg. at 72,590.

Provide Further Guidance as to What Constitutes Discriminatory Plan Design and Evaluate Multi-State Plans for Discriminatory Design

We commend the Director for prohibiting discrimination by MSPP issuers and MSPs.[7] This is critically important to guaranteeing access to reproductive health care. Unfortunately, the proposed rule provides only a cursory indication of what constitutes discriminatory design.[8]

Because the MSPs providing the EHB cannot discriminate,[9] we urge the Director to evaluate and affirm that each MSPP issuer and MSP in fact does not do so. Any discrimination in benefit design must be addressed and corrected before the plan is finalized as an MSP. Further, the Director has an ongoing obligation to ensure that the EHB and plans offering the EHB do not discriminate. To that end, we provide a framework for identifying plan design that discriminates based on sex in violation of § 1557 and other applicable antidiscrimination laws.

Some key standards of nondiscrimination in health care are set forth in current civil rights law. Benefits packages must comply with these rules at a minimum to be nondiscriminatory on the basis of sex. Regulations and guidance promulgated under Title VII of the Civil Rights Act of 1964, including the Pregnancy Discrimination Act (PDA), and Title IX of the Education Amendments of 1972, as well as case law interpreting these provisions, provide some key markers for determining when benefit packages discriminate on the basis of sex. Title VII and Title IX make clear that at a minimum, to avoid discriminating on the basis of sex, MSPP issuers and MSPs:

- Must provide comprehensive coverage for women, including full coverage for gynecological and maternity care on the same terms as other benefits;[10]
- Cannot subject conditions that disproportionately affect women or services primarily used by women, including reproductive health services, to lower standards, arbitrary limitation, or exclusion;[11] and,
- Cannot deny medically necessary tests, treatments, or services, such as contraception or other reproductive health services, to an individual based on sex or gender identity.[12]

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[7] *Id*. at 72,601.

[8] *See id*. at 72,590.

[9] Patient Protection and Affordable Care Act, § 1334(c)(1)(a) (requiring MSP to consist of EHB described in § 1302); Patient Protection and Affordable Care Act, §§ 1302(b)(4)(B), (b)(4)(C), and (b)(4)(D) (2010); Patient Protection and Affordable Care Act, § 1557 (2010).

[10] *See, e.g*., 29 C.F.R. pt. 1604 app. (2012) (stating that Title VII, amended by the Pregnancy Discrimination Act, requires that any employer-provided health insurance must cover expenses for pregnancy related conditions on the same basis as expenses for other medical conditions); 34 C.F.R. § 106.39 (2012) (stating that Title IX requires comprehensive gynecological care when a recipient provides full coverage for health services); U.S. Equal Employment Opportunity Commission Compliance Manual on Employee Benefits, Health Insurance Benefits (Title VII/EPA Issues), *available at* http://www.eeoc.gov/policy/docs/benefits.html#B (stating that an employer's health insurance plan may not exclude pregnancy or related conditions altogether and must offer the same terms for coverage of pregnancy, childbirth, and related conditions as for other medical conditions).

[11] *See, e.g.,* U.S. Equal Employment Opportunity Commission Compliance Manual on Employee Benefits, Health Insurance Benefits (Title VII/EPA Issues), *available at* http://www.eeoc.gov/policy/docs/benefits.html#B (stating that where an employer uses a facially neutral standard to deny insurance coverage for a condition or treatment that disproportionately affects members of a protected group, the employer must then show that the standards it relied on for the exclusion are based on generally accepted medical criteria).

[12] *See, e.g., id*. (stating that an employer cannot provide different coverage to men and women where the underlying condition affects, or the treatment test could be effective for, both men and women). *See also,* Macy v. Holder, E.E.O.C. Appeal No. 0120120821, *7 (Apr. 23, 2012) (interpreting Title VII's prohibition against sex discrimination to include discrimination based on a person's transgender status).

These rules, developed from laws that have provided important protections for women, should inform the Director's evaluation of discriminatory benefit design in MSPs and his ongoing obligation to ensure MSPP issuers and MSPs do not discriminate. Moreover, some issuers are directly bound by these antidiscrimination laws (in addition to provisions of the ACA including § 1557), so it is important to ensure that MSPP issuers and MSPs comply with these laws as well.[13]

The Agency Must Amend § 800.602 to Ensure Compliance with § 1334(a)(6) and § 1303(c) of the ACA

The language in the proposed rule at § 800.602 is problematic for two reasons. First, the proposed rule is inconsistent with the statutory requirement that at least one MSP offered in an exchange will not provide coverage of services described in § 1303(b)(1)(B)(i). Second, the proposed rule ignores § 1303(c) which addresses state laws on abortion.

Section 1334(a)(6) of the ACA requires that at least one MSP offered in an exchange will not provide coverage of services described in § 1303(b)(1)(B)(i) (abortions for which public funding is prohibited).[14,15] In the preamble to the rule, the Agency acknowledges this requirement and purports that § 800.602(a) complies with it.[16] However, there appears to be an inadvertent error in the proposed rule itself, which refers to "section 1303(b)(1)(B) of the Affordable Care Act"[17] instead of § 1303(b)(1)(B)(i). The result of this effort is that it would ban coverage of abortions for which the statute specifically permitted coverage, when the pregnancy is the result of rape or incest, or when the woman's life is endangered. Given that the preamble correctly states the legal requirement and claims that the proposed rule complies with it, we assume that the reference in § 800.602 was in error. In the final rule, the Agency must correct this error to ensure that § 800.602(a) complies with the statutory requirement.

Additionally, the final rule must comply with § 1303(c) of the ACA. As drafted, § 800.602 considers § 1303(a) in isolation, thereby ignoring § 1303(c), and implies that the MSP cannot offer *any* abortion coverage in a state, even in a state which has opted out of only *some* abortion coverage. Section 1303(c)(1) says:

> NO PREEMPTION OF STATE LAWS REGARDING ABORTION.— Nothing in this Act shall be construed to preempt or otherwise have any effect on State laws regarding the prohibition of (or requirement of) coverage, funding, or procedural requirements on abortions, including parental notification or consent for the performance of an abortion on a minor.[18]

This section makes clear that state laws regarding both the prohibition *and* requirement of abortion coverage are not preempted by anything in the ACA. Therefore, should a MSP be

[13] Title VII, for example, covers employers who have fifteen or more employees. 42 U.S.C. § 2000e(b) (2012). Title IX prohibits a program or activity that receives federal financial assistance from discriminating against individuals on the basis of sex. 20 U.S.C. § 1681, et seq. (2012).
[14] Patient Protection and Affordable Care Act, § 1334(a)(6).
[15] Section 1303(b)(1)(B)(i) states, "ABORTIONS FOR WHICH PUBLIC FUNDING IS PROHIBITED.—The services described in this clause are abortions for which the expenditure of Federal funds appropriated for the Department of Health and Human Services is not permitted, based on the law as in effect as of the date that is 6 months before the beginning of the plan year involved."
[16] Establishment of the Multi-State Plan Program for the Affordable Insurance Exchanges, 77 Fed. Reg. at 72,584 and 72,597.
[17] Patient Protection and Affordable Care Act, § 800.602(a).
[18] Patient Protection and Affordable Care Act, § 1303(c)(1).

offered in a state that prohibits or requires abortion coverage, the MSP must comply with that requirement, not only requirements that prohibit coverage, as the proposed rule states. Furthermore, the phrase "not offer abortion coverage" is used in such a way that it could imply that the MSP cannot offer any abortion coverage when a state has opted out of only *some* coverage of abortion. Bans on abortion coverage in exchanges vary from state to state, with some states banning coverage of abortions except in cases of rape, incest, or when the woman's life is endangered.[19] In such a state, the Agency's phrase "not offer abortion coverage" could effectively prohibit coverage of abortions in cases of rape, incest, or when the woman's life is endangered when the state specifically did not opt out of such coverage. Not only is coverage of abortions in these cases particularly important, this result would conflict with § 1303(c) providing for no preemption of state laws regarding abortion. For these reasons, the Agency should revise both the preamble to apply the full meaning of § 1303, both sub-section (a) and sub-section (c), to MSPs and the final rule to require MSPs to comply with all state laws regarding coverage of abortion, both laws prohibiting or requiring such coverage.

In the final rule, § 800.602 should read as follows:

> § 800.602 Consumer choice with respect to certain services.
> (a) Assured availability of varied coverage. Consistent with § 800.104, OPM will ensure that at least one of the MSPP issuers on each Exchange in each State offers at least one MSP that does not provide coverage of services described in section 1303(b)(1)(B)(i) of the Affordable Care Act.
> (b) Compliance with state law. An MSP must comply with state law regarding abortion coverage in such State.

The Agency Must Ensure that MSP Issuers Provide Coverage of All Essential Health Benefits

In § 800.303(e), the proposed rule indicates that the Agency may elect to negotiate with an MSPP issuer additional terms, conditions, and requirements of the MSPP contract. However, as a baseline requirement, when contracting with an MSP issuer, the Agency must ensure that the plan will provide coverage of all of the EHBs in any state in which it operates, including coverage of contraceptives as part of the preventive services in EHB.[20]

The Agency Must Ensure that At Least One Multi-State Plan in Each Exchange Provides Coverage of Abortion Services

When negotiating contracts, we also urge the Agency to ensure that at least one MSP in each state provides coverage of abortion services. Insurance coverage in the MSPP should provide a full range of legal medical procedures, including abortion care, as permitted by the ACA. Insurance coverage in the MSPP that excludes coverage of abortion would represent a radical departure from the status quo that would result in women losing benefits they currently have.[21] In addition, some women who would have had insurance coverage of abortion could be forced to postpone abortion care while attempting to find the necessary funds. Although abortion is an

[19] Nat'l Women's Law Ctr., State Bans on Insurance Coverage of Abortion Endanger Women's Health and Take Benefits Away from Women (2012), *available at* http://www.nwlc.org/sites/default/files/pdfs/state_bans_on_abortion_covg_factsheet_9-13-12.pdf.

[20] The proposed rule requires MSPPs to provide the EHBs (§ 800.105(a)). Thus, we refer the Agency to our comments submitted on the EHB proposed rule submitted to the Department of Health and Human Services on Dec. 26, 2012.

[21] Guttmacher Inst., *Memo on Private Insurance Coverage of Abortion* (Jan. 19, 2011), *available at* http://www.guttmacher.org/media/inthenews/2011/01/19/index.html.

extremely safe procedure, delays in obtaining care increase the health risks of the procedure.[22] If women are unable to access insurance coverage for abortion, they may face high out-of-pocket costs for these services. On average, women already have lower incomes than men and therefore have greater difficulty paying premiums, are more likely than men to have higher out-of-pocket health care expenses, and use more health care services than men.[23] Insurance coverage that excludes coverage of abortion only worsens these barriers women face. While the ACA requires that at least one MSP does not offer coverage of certain abortion services,[24] the Agency should ensure that at least one MSP provides coverage of all abortion services to ensure women enrolling in MSP plans do not lose benefits they currently have or face unnecessarily high out-of-pocket costs.

The Contradictory Abortion Coverage Standards in the FEHBP and ACA Necessitate that the Department Ensure that Women's Access to this Critical Health Coverage Is Not Impeded

We are concerned that the Agency has proposed the Federal Employees Health Benefits Program (FEHBP) as one of the two options for the MSPP EHB-benchmark. Congress has explicitly prohibited coverage of abortion in FEHBP, with exceptions for coverage in cases of rape, incest, or life endangerment.[25] The choice of this plan as an MSPP EHB-benchmark option is at odds with the approach Congress took in the ACA, which allows plans to offer abortion coverage as long as they comply with § 1303 and, for the MSPP, § 1334(a)(6). In fact, as discussed above, most plans currently provide abortion coverage. By making one of the two MSPP EHB-benchmark options the FEHBP, some women could lose access to this important coverage. Should the Agency finalize the benchmark options as proposed in § 800.105(b), to prevent women from losing access to coverage of abortion, the Agency should explicitly inform MSPs that (1) they can augment the FEHBP benchmark option to include abortion coverage beyond the limited circumstances of life, rape, and incest, and (2) if abortion coverage is included in the EHB benchmark of the state in which the MSP is operating, they should defer to that benchmark. Additionally, we reiterate our comments above that in contracting with MSPP issuers, OPM must ensure that at least one MSP in each Exchange provides coverage of all abortion services, recognizing that plans must comply with state laws on abortion under § 1303(c)(1).

Benefits Packages Must Be Uniform within a State, But Can Vary Between States

We commend the Agency for clarifying in § 800.105(a) that while benefits for each MSP must be uniform within a state, they need not be uniform across states. This policy is consistent with the ACA, which provides special rules regarding abortion coverage, including the provision that allows health care issuers to determine whether or not to cover any and all abortion services.[26] This clarification will allow state laws prohibiting abortion coverage to stand while, consistent with the intent of the law, allowing MSP issuers to decide whether or not to cover abortion.

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[22] Heather D. Boonstra, et. al., Guttmacher Inst., *Abortion in Women's Lives* 15-17 (2006), *available at* http://www.guttmacher.org/pubs/2006/05/04/AiWL.pdf.

[23] Elizabeth M. Patchias & Judy Waxman, Nat'l Women's Law Ctr., *Women and Health Coverage: The Affordability Gap* (The Commonwealth Fund, pub. 1020, vol. 25), Apr. 2007, *available at* http://www.commonwealthfund.org/usr_doc/1020_Patchias_women_hlt_coverage_affordability_gap.pdf.

[24] Patient Protection and Affordable Care Act, § 1334(a)(6).

[25] As the Agency is aware, the ban on abortion coverage in FEHBP, with exceptions for cases of rape, incest, or where the woman's life is endangered, was originally enacted in Pub.L. 104-52, 104th Cong. (1995). It has been renewed every year since.

[26] Patient Protection and Affordable Care Act, §1303(b)(1)(A)(ii).

The Agency Must Review MSP Benefits Packages, Including Prescription Drug Lists

We also support the Agency's requirement that the MSPP issuer's benefits package be submitted to the Agency for approval in section 800.105(d). We applaud the Agency for specifically requiring the prescription drug list to be submitted as part of the benefits package to be reviewed. Prescription drug coverage is incredibly important for women, as women are more likely than men to use prescription drugs.[27] We urge the Agency to pay particular attention to coverage of contraception as it reviews MSPP issuers' benefits packages and ensure that all MSPs comply with the requirement to provide coverage of all FDA-approved contraceptive methods.[28]

Require States to Reimburse MSPP Issuers Directly for State-required Benefits in Excess of EHB

We ask that the Agency require states to reimburse MSPP issuers directly for any state-required benefits that are in excess of EHB. The statute requires that states must make the payments "(I) to an individual enrolled in a multi-State qualified health plan offered in such State; or (II) on behalf of an individual described in subparagraph (A) directly to the multi-State qualified health plan in which such individual is enrolled."[29] There is no language in the statute requiring states to provide both options for payments; rather, the statute lays out two possible payment options. The use of "or" provides flexibility to the Agency to allow only one of the options.

We are concerned that payments made directly to an enrollee may be confusing, misleading, unduly burdensome, and limit enrollees' ability to access services. We are also concerned it would be economically burdensome if the premium is due before the reimbursement is received, or if an individual has to pay a check cashing fee to cash the reimbursement check. In addition, enrollees could easily mistake the payment for state-required benefits with medical loss ratio rebates, or otherwise pocket the payment without realizing they should use this payment to cover part of their MSP premium. Given the number of insurance market changes brought about by the ACA and the fact that some women and families will be entering this market for the first time, we encourage the Agency to streamline as many administrative complexities as possible. Requiring states to reimburse the MSPP issuer directly would eliminate the risk of an enrollee receiving a payment upfront, failing to forward this payment to their MSPP issuer, and incurring a new financial liability.

Women Must Be Able to Access Services Without Delay in MSPP Networks

The Agency proposes that the network adequacy standards for the MSPP mirror those HHS set forth in 45 C.F.R. 156.230, the final exchange rule. The Agency explained that it intends to use this standard to ensure that an MSP's services are available to all enrollees.[30] We ask the Agency to improve upon this standard. Specifically, the Agency must ensure that all MSP networks include an adequate number of participating obstetric and gynecologic providers to ensure that women in MSPs are able to access important health services from a network provider without delay. The Agency must also ensure that there are a sufficient number of providers in a

[27] NWLC analysis of data on page 321 of Nat'l Ctr. for Health Statistics, Health, United States, 2011: with Special Feature on Socioeconomic Status and Health, *available at* http://www.cdc.gov/nchs/data/hus/hus11.pdf#099.

[28] As new health plans, MSPs will necessarily be non-grandfathered. The ACA requires all non-grandfathered health plans to provide coverage of all FDA-approved contraceptive methods and sterilization. Patient Protection and Affordable Care Act, § 1001.

[29] Patient Protection and Affordable Care Act, § 1334(c)(4).

[30] Establishment of the Multi-State Plan Program for the Affordable Insurance Exchanges, 77 Fed. Reg. at 72,590-91.

network to provide access to the full range of FDA-approved contraceptive drugs and devices, and the outpatient services associated with their use. The Agency should also require MSPs to explicitly include family planning providers so that enrollees seeking sensitive sexual health services can access care from the providers of their choice. Furthermore, although the final Exchange rule fails to require that QHPs contract with any willing provider, the preamble to the rule emphasizes that "Exchanges have the discretion to set higher, more stringent standards with respect to essential community provider participation, including a standard that QHP issuers offer a contract to 'any willing essential community provider.'"[31] Based on this rationale and the important role essential community providers play in providing health services to women, the Agency should take the important step of requiring MSPs to contract with any willing ECP.

Additionally, § 800.110 details requirements an MSPP issuer must meet in accordance with service area standards outlined in 45 C.F.R. 155.1055. The Agency should make clear that MSPP issuers who are phasing in coverage or are permitted to offer partial coverage within a state must also adhere to requirements in § 800.109. While we do not necessarily disagree with the approaches outlined in § 800.104 and § 800.110, we ask the Agency to clarify that § 800.104 and § 800.110 must not be construed to permit phased in coverage or partial coverage in a service area that does not meet the requirements of § 800.109.

We commend the Agency's efforts to implement the MSPP in time for enrollment in fall 2013. This new program is full of promise for women. The Agency must ensure that the MSPP lives up to that promise, particularly for women's ability to access coverage of reproductive health services. We appreciate the opportunity to provide comments as the MSPP is being implemented.

Sincerely,
American Association of University Women (AAUW)
American Civil Liberties Union
American Congress of Obstetricians and Gynecologists
American Medical Student Association
Center for Reproductive Rights
NARAL Pro-Choice America
National Abortion Federation
National Council of Jewish Women
National Family Planning & Reproductive Health Association
National Health Law Program
National Partnership for Women & Families
National Women's Health Network
National Women's Law Center
Physicians for Reproductive Choice and Health
Planned Parenthood Federation of America
Raising Women's Voices for the Health Care We Need
Religious Coalition for Reproductive Choice
Reproductive Health Technologies Project

[31] Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans; Exchange Standards for Employers, 77 Fed. Reg. 18,421 (March 27, 2012).