



State Association Health Plans Legislative Tracking Chart
(as of July 27, 2018)

Below is a chart tracking State Association Health Plan legislation active in the states in the 2018 legislative sessions.

State	Status	Key Provisions
Hawaii HB 2208	ENACTED	<ul style="list-style-type: none"> • Requires all association health plan policies issued in Hawaii to comply with all Hawaii laws, regardless of the domicile of the association that has issued the policy. • Requires AHPs to have a certificate of authority to transact insurance in Hawaii. • To qualify for authorization, requires association to be an employer association authorized to issue AHPs under federal regulations or voluntary unincorporated association formed for the purpose of enabling cooperative action to provide accident and health or sickness insurance. • Exempts associations authorized to issue AHPs under federal regulation from requirement that a foreign insurer have been continuously active for 5 years.
Iowa SF 2349	ENACTED	<p>Amends existing oversight provisions related to multiple employer welfare arrangements (MEWAs) and health benefit plans sponsored by non-profit agricultural organizations domiciled in Iowa.</p> <p>Among these amendments include the following:</p> <ul style="list-style-type: none"> • MEWAs can now be formed for the sole purpose of sponsoring group health coverage. • The Commissioner is directed to adopt rules that allow for the creation of association health plans that are consistent with the U.S. Department of Labor's regulations in 29 C.F.R. § 2510. • Newly formed MEWAs must file with the Commissioner within thirty calendar days a copy of the report required to be filed pursuant to 29 C.F.R. § 2520.101-2 by a newly formed MEWA with the U.S. Department of Labor thirty days before operating in any state.

State	Status	Key Provisions
		<ul style="list-style-type: none"> • A MEWA must be established by a trade, industry, or professional association of employers that have a constitution or bylaws, that is organized and maintained in good faith, and has membership stability as defined by rules as adopted by the Commissioner. • Health benefit plans sponsored by qualifying non-profit agricultural organizations domiciled in Iowa (including Iowa's Farm Bureau) are now exempted from Iowa's statutory provisions governing insurance.
Missouri SB 639	1/30 – Passed Insurance and Banking Committee	Lowers, from 50 to 25, the minimum number of members an association must have in order to purchase group health insurance.
New Jersey SB 1210	1/25 – Introduced in Senate and referred to committees	Prohibits the Commissioner of Banking and Insurance from approving or allowing to be offered issued an insured health benefits plan including a plan obtained through an association, trust, or multiple employer arrangement, unless the plan complies with specified requirements of New Jersey statutes, as applicable to a carrier and health benefits plans offered in the relevant individual, small employer, or large employer markets.
Utah HB 39	ENACTED	Among many other requirements, requires an association group to be authorized by the commissioner before purchasing a group health insurance policy.
Vermont HB 892	ENACTED	Gives the Department of Financial Regulation rulemaking authority to regulate association health plans.
Virginia HB 1268	DIED	<ul style="list-style-type: none"> • An association that sponsors a health plan in the state must: (1) have been actively in existence for five years, (2) have at least five members, (3) have been formed for purposes other than obtaining or providing health benefits, and (4) operate as a nonprofit entity. • Also requires AHPs to cover essential health benefits • Exempts such trust from state taxation and from insurance regulations.
Virginia	VETOED	<ul style="list-style-type: none"> • Authorizes an association organized as a nonstock corporation whose members are employers

State	Status	Key Provisions
SB 934		<p>conducting business in the Commonwealth to sponsor a trust.</p> <ul style="list-style-type: none"> • Authorizes the trust, called a benefits consortium, to sell benefits plans to its members. • To be eligible to sponsor a plan, the association is required to have been: actively in existence for 10 years, have at least five members, have been formed for purposes other than obtaining or providing health benefits, and operate as a nonprofit entity. • Benefits may provide medical, prescription drug, dental, and vision coverage for the employees of members and their dependents. • Benefits may be self-funded or purchased from an insurer. • The benefits consortium will be a multiple employer welfare arrangement subject to the provisions of ERISA. • Exempts the benefits consortium from state taxation and insurance regulations. Includes additional requirements on solvency, certification, guaranteed payments, and the board of directors.
<p>Virginia SB 935</p>	<p>VETOED</p>	<ul style="list-style-type: none"> • Replaces references to "bona fide association," as used in provisions applicable to health care plans in the small employer market, with the term "sponsoring association." • Defines "sponsoring association" as a nonstock corporation that, among other conditions, has been actively in existence for 10 years, has at least five members, has been formed for purposes other than obtaining or providing health benefits, and operates as a nonprofit entity.
<p>Wisconsin AB 920 / SB 806</p>	<p>DIED</p>	<p>Allows the establishment of employer groups to jointly provide health care benefits on a self-funded basis to the employers' eligible employees and their dependents under a health care benefit arrangement. Allows two or more employers that are members of the same chamber of commerce or industry-based association to form an employer group and may participate in the self-funded health benefits project. Establishes requirements to qualify as an employer group.</p>