**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 38‑71‑35 SO AS TO ALLOW THE PAYMENT OF INSURANCE PREMIUMS AND OTHER COST SHARING BY THIRD PARTIES ON BEHALF OF INDIVIDUALS INSURED BY QUALIFIED HEALTH PLANS.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Article 1, Chapter 71, Title 38 of the 1976 Code is amended by adding:

“Section 38‑71‑35. (A) A qualified individual enrolled in a qualified health plan may allow certain third parties to pay any applicable premium or cost sharing owed by the qualified individual to the health insurance issuer issuing the qualified health plan, and the health insurance issuer shall accept any payments made on behalf of the qualified individual, including payments from:

(1) a state or federal government program, including assistance provided under a grant awarded pursuant to Title XXVI of the Public Health Service Act;

(2) Indian tribes, tribal organizations, or urban Indian organizations;

(3) a program conducted by an organization which is:

(a) exempt from taxation pursuant to Section 501(a) of the Internal Revenue Code of 1986;

(b) described in clause (i) or (vi) of Section 170(b)(1)(A) of the Internal Revenue Code of 1986; and

(c) operated in compliance with applicable federal law, including the False Claims Act, 31 U.S.C. Sections 3729 through 3733.

(B) For purposes of this section:

(1) ‘Affordable Care Act’ means the federal Patient Protection and Affordable Care Act, as amended.

(2) ‘Health insurance marketplace’ means the health insurance marketplace established for South Carolina pursuant to the Affordable Care Act.

(3) ‘Qualified health plan’ means an insurance plan that is certified by the health insurance marketplace and meets the requirements of the Affordable Care Act, including coverage of essential health benefits.

(4) ‘Qualified individual’ means an individual who has been determined eligible to enroll through the health insurance marketplace in a qualified health plan in the individual market.”

SECTION 2. This act takes effect upon approval of the Governor and applies to qualified health plans issued beginning January 1, 2017.

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