

1 existing Federal and State entities to the maximum  
2 extent feasible consistent with this division and in a  
3 manner that prevents conflicts of interest in duties  
4 and ensures effective enforcement.

5 (2) UNIFORM STANDARDS.—The Commissioner,  
6 in coordination with such entities, shall seek to  
7 achieve uniform standards that adequately protect  
8 consumers in a manner that does not unreasonably  
9 affect employers and insurers.

10 **SEC. 244. HEALTH INSURANCE OMBUDSMAN.**

11 (a) IN GENERAL.—The Commissioner shall appoint  
12 within the Health Choices Administration a Qualified  
13 Health Benefits Plan Ombudsman who shall have exper-  
14 tise and experience in the fields of health care and edu-  
15 cation of (and assistance to) individuals.

16 (b) DUTIES.—The Qualified Health Benefits Plan  
17 Ombudsman shall, in a linguistically appropriate man-  
18 ner—

19 (1) receive complaints, grievances, and requests  
20 for information submitted by individuals through  
21 means such as the mail, by telephone, electronically,  
22 and in person;

23 (2) provide assistance with respect to com-  
24 plaints, grievances, and requests referred to in para-  
25 graph (1), including—

1 (A) helping individuals determine the rel-  
2 evant information needed to seek an appeal of  
3 a decision or determination;

4 (B) assistance to such individuals in choos-  
5 ing a qualified health benefits plan in which to  
6 enroll;

7 (C) assistance to such individuals with any  
8 problems arising from disenrollment from such  
9 a plan; and

10 (D) assistance to such individuals in pre-  
11 senting information under subtitle C (relating  
12 to affordability credits); and

13 (3) submit annual reports to Congress and the  
14 Commissioner that describe the activities of the Om-  
15 budsman and that include such recommendations for  
16 improvement in the administration of this division as  
17 the Ombudsman determines appropriate. The Om-  
18 budsman shall not serve as an advocate for any in-  
19 creases in payments or new coverage of services, but  
20 may identify issues and problems in payment or cov-  
21 erage policies.