

Law and Policy Group

GRIST

Some states require group health plan sponsor reporting

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Group health plan (GHP) sponsors are subject to many state reporting requirements, which essentially fall into three categories: individual health coverage mandate reporting, health plan covered-lives assessment (CLA)/surcharge reporting and other health plan-related reporting. As a reminder, ERISA arguably preempts some, but not all, state reporting requirements for GHP sponsors, but there are no current legal challenges to these mandates.

This article has been updated to address state reporting issues in light of the [Paperwork Burden Reduction Act](#) (Pub. L. 118-167) (PBRA), which provides applicable large employers (ALEs) an alternative method of sending Affordable Care Act (ACA) forms — specifically IRS Forms [1095-B](#) and [1095-C](#) — to all employees and covered individuals. See the [Disclosure and reporting](#) section.

ERISA preemption concerns

While ERISA preempts state laws that regulate key facets of plan administration, including claims reporting, a state’s “innocuous and peripheral set of additional rules” may withstand preemption ([Gobeille v. Liberty Mutual Ins. Co.](#), 577 US 312 (2016)). Also, the US Supreme Court has upheld certain incidental health assessments and related reporting that indirectly apply to ERISA plans ([New York State Conference of Blue Cross & Blue Shield Plans v. Travelers Ins. Co.](#), 514 US 645 (1995)).

In addition, ERISA ([29 USC § 1181\(f\)\(3\)\(B\)\(ii\)](#)) requires GHP sponsors to disclose plan details if requested by state Medicaid premium-assistance programs described in the [model Children's Health Insurance Program \(CHIP\) notice](#). This allows state Medicaid agencies to evaluate the feasibility of providing premium assistance.

To date, no final court decision has held that employers are exempt from these mandates due to ERISA preemption.

Individual health coverage mandates

The ACA does not penalize individuals who fail to maintain minimum essential coverage (MEC); the [Tax Cuts and Jobs Act](#) (Pub. L. 115-97) repealed the so-called “individual mandate” effective beginning in 2019. Six jurisdictions — California, Massachusetts (pre-ACA), New Jersey, Rhode Island, Washington, DC, and Vermont (no penalties) — impose individual mandates with penalties to ensure compliance.

Coverage

Four of the five jurisdictions with post-ACA individual mandates generally give residents a choice between maintaining ACA-defined MEC or paying a state tax penalty. Vermont does not impose penalties on residents who fail to maintain MEC. Only Massachusetts differs in its coverage mandate, setting a more stringent [minimum creditable coverage](#) (MCC) standard. The other jurisdictions define MEC as any plan meeting the federal statutory definition ([26 USC § 5000A\(f\)](#)) and [implementing regulations](#). Those coverage options include:

- Government-sponsored health programs, including Medicare, Medicaid, TRICARE, CHIP, Veterans Affairs, Peace Corps and other government plans
- Employer-sponsored health plans, including grandfathered health plans
- Individual health coverage through a public exchange

MEC excludes plans that offer only excepted benefits, such as limited-scope stand-alone vision or dental plans, health flexible spending arrangements, long-term care insurance, certain hospital or other fixed indemnity insurance, specified disease or illness insurance, onsite medical clinics, most employee assistance programs, supplemental insurance (e.g., Medigap) and accident or disability insurance. Other programs like short-term, limited-duration insurance and healthcare sharing ministries also do not count as MEC.

The following table summarizes individual shared responsibility tax liability for individuals who are not enrolled in MEC (or MCC in Massachusetts):

| State | Tax liability | Resource |
|---------------|--|--|
| California | Penalty is the smaller of (i) the greater of the flat dollar amount or percentage income amount, and (ii) the state average bronze plan premium. | Form FTB 3853 Instructions, Part IV |
| Massachusetts | Penalty is up to 50% of minimum monthly premium for insurance through Health Connector. | TIR 25-1: Individual mandate penalties for tax year 2025 |

| State | Tax liability | Resource |
|----------------|---|--|
| New Jersey | Penalty is generally based on household income and family size and is capped at the statewide average annual premium for Bronze Health Plans in New Jersey. | NJ shared responsibility payment webpage |
| Rhode Island | Penalty is the smaller of (i) the greater of the flat dollar amount or percentage of income methods, and (ii) the average bronze plan amount (determined by HealthSource RI). | RI individual mandate instructions and calculation worksheet |
| Vermont | No penalty. Uninsured residents receive “targeted outreach” to help identify and enroll them in appropriate and affordable health coverage. | VT Stat. title 32 § 10454 |
| Washington, DC | Penalty is the greater of (i) 2.5% of household income that is over the federal tax filing threshold, and (ii) flat dollar amount. | DC Health Link individual responsibility requirement webpage |

Disclosure and reporting

Most state-required disclosures and reporting due in 2026 for the 2025 coverage year will follow the same schedule as the IRS Forms 1094/1095 deadlines described in the [instructions](#). [Final IRS regulations](#) permanently establish an automatic 30-day extension of the Jan. 31 deadline for employers and insurers to furnish the federal Forms 1095-B and 1095-C to individuals. In most years, this means March 2 (March 1 in leap years), unless that day falls on a weekend or legal holiday, in which case the deadline is extended to the next business day (“weekend-holiday rule”). Form 1095 individual statements for 2025 will be due March 2, 2026. No additional extensions are available.

The instructions establish IRS reporting deadlines of March 31 (Feb. 28 for paper filing), also subject to the weekend-holiday rule. This means that IRS reporting for 2025 will be due March 2, 2026 (paper filing; Feb. 28 falls on a Saturday) and March 31, 2026 (electronic filing). An automatic 30-day extension of time to file is available by completing [Form 8809](#).

Most jurisdictions have indicated they will accept the federal forms that GHP sponsors or other MEC providers must send to IRS and will not require furnishing duplicative statements to residents. Per [final regulations](#), the threshold for electronic filing of these forms is 10 or more returns (determined by aggregating Forms 1094, 1095 and W-2, among others).

Paperwork Burden Reduction Act (PBRA)

Under this law, ALEs do not have to automatically furnish copies of Forms [1095-B](#) and [1095-C](#) to all employees and covered individuals if their website contains a “clear, conspicuous and accessible notice”

that they may receive copies of the Form (paper, or electronic if consent is provided) upon request. If a request is made, a form must be provided by the later of Jan. 31 of the year following the calendar year of the applicable report, or 30 days after the date of the request. Previously, this “alternative manner” disclosure relief applied only to forms delivered to nonemployees and employees not considered ACA full-time. While the ACA reporting relief applied for the 2024 reporting year, the December 2024 enactment of the PBRA gave employers little time to take advantage of the change before the March 3, 2025, deadline.

The PBRA notice requirements are very precise:

- Contact information must include email and postal addresses for requests, and a telephone number for questions.
- Content must be in plain, nontechnical terms and in sufficiently large font (including visual clues or graphics) to flag that the information relates to individual health coverage tax statements.
- Here is an acceptable [example](#): A statement on the main webpage (or a secondary webpage linked to the words “Tax Information” on the main webpage) in capital letters that says, “IMPORTANT HEALTH COVERAGE INFORMATION,” and provides guidance on how an individual may request a copy of their Form 1095-B or 1095-C.
- The website notice must be retained until Oct. 15 of the year after the calendar year to which the statement relates (e.g., Oct. 15, 2026, for 2025 forms).

Employers considering the PBRA alternative manner should consider the requirements for the jurisdictions that have their own individual mandate, disclosure and reporting requirements: California, New Jersey, Rhode Island and Washington, DC. PBRA implications are addressed in each subsection below.

California

By Feb. 2, 2026 (Jan. 31, 2026, falls on a Saturday), GHP sponsors and other MEC providers must furnish coverage statements to individuals unless they receive a Form 1095-B or 1095-C (duplicative statements are not required). Unlike the federal rules, California does not extend its Jan. 31 due date for individual statements. Nonetheless, the [Franchise Tax Board](#) (FTB) webpage indicates that California does not impose penalties for missing the Jan. 31 deadline.

By March 31, 2026, GHP sponsors and other MEC providers must file coverage reports with the FTB. However, the FTB has now provided an automatic extension to June 1, 2026 (May 31, 2026, falls on a Sunday) before a penalty of \$50 per employee may apply.

The FTB requires MEC providers to submit the same information reported to IRS under [§ 6055](#) of the Internal Revenue Code. Entities filing Forms 1094/1095 to the IRS may submit the same forms to the FTB. In contrast to the federal requirement, entities submitting at least 250 returns (as opposed to 10

returns under the federal rules) to the FTB in a year must file electronically, unless granted a waiver due to technology constraints or undue financial hardship.

Informal guidance from state authorities indicate that California will allow employers to use the PBRA alternative manner to satisfy the state's individual mandate disclosure requirements.

Massachusetts

By Jan. 31, 2026 (the weekend-holiday rule does not apply), GHP sponsors and other MEC providers (or their vendors) that provide [MCC](#) to Massachusetts residents age 18 or older must distribute [Form MA 1099-HC](#) to covered Massachusetts residents. By the same day, these same entities must file this information with the state [Department of Revenue](#) (DOR). These deadlines are generally earlier than the federal deadlines.

Most self-funded GHP sponsors rely on a third-party administrator (TPA) to determine MCC status, distribute the forms to covered persons and file the DOR report. Insurers subject to Massachusetts regulation [must determine](#) MCC status and typically complete the reporting requirements. However, employers that sponsor self-funded GHPs or contract with more than one vendor for a single GHP may need to complete an [attestation form](#) before their vendor will complete the annual reporting. GHP sponsors and other MEC providers whose plans do not meet MCC standards [may apply for MCC certification](#) by Nov. 1 of the plan year.

All DOR reporting must be electronic. A GHP sponsor whose insurer or TPA will not file Form MA 1099-HC can upload [XML files](#) through [MassTaxConnect](#) and distribute the forms to covered residents. By [regulation](#), a penalty of \$50 per individual not to exceed \$50,000 per year applies to each reporting violation.

Because the MCC program predates the ACA and involves a completely different form, the PBRA alternative manner cannot be used to satisfy the state's individual mandate disclosure requirements.

New Jersey

By March 2, 2026, GHP sponsors and other MEC providers must [furnish](#) coverage statements to primary enrollees unless they receive Form 1095-B or 1095-C (duplicative statements are not required). This deadline aligns with the federal deadline.

By March 31, 2026, GHP sponsors and other MEC providers must transmit to the state [Division of Revenue and Enterprise Services](#) health coverage information about primary enrollees and their dependents residing in the state during the prior year. The state will accept [NJ-1095](#) forms, fully completed federal Forms 1095-B and 1095-C, and/or Form 1095-C with at least Parts I and III completed. Form 1095-C with only Parts I and II completed will not meet New Jersey filing requirements. (Employers with fully insured coverage typically complete only Parts I and II.) The state does not require Forms 1094 but will accept them as part of a larger file that includes Forms 1095.

MEC providers filing fewer than 50 forms can [register](#) to complete Form NJ-1095 online. MEC providers submitting 50 or more forms must file electronically using the Division of Taxation's [system](#) for W-2 submissions ([Axway](#)). Fully insured plan sponsors should file Forms 1095 with New Jersey only if their insurer does not. MEC providers can submit reporting [questions](#) to the state. The filing requirement applies to businesses that withhold New Jersey payroll taxes and out-of-state plan sponsors that cover New Jersey residents — including part-year residents who live in the state at least 15 days in any month. No penalties are identified in the statute or existing guidance for failing to file the reports; however, Mercer has received informal guidance indicating a \$50-per-return penalty applies.

State authorities have confirmed that New Jersey will not allow employers to use the PBRA alternative manner to satisfy the state's individual mandate disclosure requirements.

Rhode Island

By March 2, 2026, GHP sponsors and other MEC providers must [furnish](#) coverage statements to individuals unless they already receive a Form 1095-B or 1095-C (duplicative statements are not required). This deadline aligns with the federal deadline.

By March 31, 2026, GHP sponsors and other MEC providers that cover any Rhode Island resident generally must send reports to the Division of Taxation (DOT), based on state guidance ([Advisory 2022-29](#)). The DOT will accept Forms 1095. [File uploading](#) is on the DOT's [health insurance mandate webpage](#). No penalties are identified in the statute or existing guidance for failing to file the reports. [Regulations](#) state that the DOT “may take any appropriate action to enforce the requirements,” but that appears to be mainly in the context of the individual mandate, not reporting.

State authorities have yet to confirm whether Rhode Island will allow employers to use the PBRA alternative manner to satisfy the state's individual mandate disclosure requirements.

Vermont

Vermont's individual mandate requires residents to maintain MEC and self-report compliance. The state's [general tax instructions](#) require individual income tax return filings to indicate whether the resident had MEC during the tax year and, if requested by the state, to submit a Form 1095 as proof. Reporting failures are subject to the state's [interest and penalties scheme](#), per [statute](#).

Vermont does not require GHP sponsor reporting, unless the federal ACA's MEC reporting requirement is suspended or eliminated. As a result, the PBRA alternative manner is not applicable.

Washington, DC

By March 2, 2026, GHP sponsors and other MEC providers must furnish coverage statements to individuals unless they receive a Form 1095-B or 1095-C (duplicative statements are not required). This deadline aligns with the federal deadline.

By April 30, 2026 (i.e., 30 days after the federal March 31 deadline), including any extensions granted, for submitting Forms 1095), GHP sponsors and other MEC providers covering at least 50 full-time employees and at least one DC resident during the calendar year must sign up with the [Office of Tax and Revenue](#) (OTR) to upload files through [MyTax DC](#). MEC providers should electronically file with the OTR the same information filed with the IRS. No penalties are identified in the [statute](#) or [existing guidance](#) for failing to file the reports.

MEC providers may contract with TPAs to complete the filing. Any filer that does not currently have a MyTax DC account will have to obtain login credentials. Special bulk-filing accounts apply for filers that are not DC taxpayers.

District authorities have yet to confirm whether Washington, DC, will allow employers to use the PBRA alternative manner to satisfy the District’s individual mandate disclosure requirements.

Health plan assessment/surcharge reporting

Several states (particularly those in the Northeast) require GHPs (fully insured and self-funded) to pay a regular assessment that involves periodic reporting, often based on plan covered lives in that state. These plan fees are used for various purposes. For example, New York surcharges help finance indigent care and graduate medical education. Several other states apply assessments to subsidize vaccination programs. Very often, a plan’s insurer or TPA will take care of the assessments and associated reporting. Plan sponsors should confirm this fact in the applicable states.

Alaska

Alaska assesses a vaccination CLA for covered Alaska residents. Reporting and payments are due to the Alaska Vaccine Assessment Program (AVAP) 45 days after each calendar quarter ends. For details, see this [AVAP webpage](#) and [FAQ](#).

Connecticut

Connecticut imposes a childhood vaccination CLA for covered Connecticut residents. The annual [reporting](#) due date is Sept. 1, based on the number of covered lives as of May 1 of that year. The insurance department then determines the fee (Nov. 1), later notifying applicable entities of the payable amount (Dec. 1), due by Feb. 1 of the following year. For details, see this [Office of Legislative Research guidance](#).

Idaho

Idaho imposes a childhood immunization CLA for covered Idaho residents under age 19. The annual reporting due date is March 15 of each year, based on the number of covered individuals under age 19. Covered individuals include those who turn 19 in the assessment year. The insurance department then determines the fee, notifying applicable entities of the payable amount (April 15), due by June 15 of the

same year; quarterly payments are available where the assessment is \$50,000 or above. For details, see this [Department of Insurance guidance](#), [FAQ](#) and [Plan of Operation](#).

Maine

Maine imposes a childhood vaccination CLA for covered Maine residents under age 18. Reporting and payment due dates are 45 days after each calendar quarter ends. For details, see this [Vaccine Board webpage](#) and [FAQ](#).

Massachusetts

The state imposes two additional health-related reporting obligations, in addition to the MCC requirements described above.

First, Massachusetts imposes a Health Safety Net (HSN) surcharge on entities that make payments to acute hospitals and ambulatory surgical centers. These entities include TPAs (working on behalf of self-funded plans) and insurers (working on behalf of fully insured plans). Once a surcharge-paying entity [registers](#) with the state's HSN office, it will send monthly invoices to the entity. Annual reporting is required by July 1. HSN may require reporting at other times (perhaps even on a monthly basis) within its discretion. For details, see this [FAQ](#).

Second, Massachusetts requires an [Employer Medical Assistance Contribution](#) (EMAC) for employers subject to the state's unemployment insurance law. The requirement does not apply for quarters where the average employee count is five or less. Employers must pay contributions, based on a certain percentage of the first \$15,000 of each employee's wages paid during the calendar year. New employers are exempt for the first three years after first becoming subject to the unemployment insurance law. Employers must [submit an employment and wage detail report](#) to the Department of Unemployment Assistance by the end of the first month after every calendar quarter (i.e., by Jan. 31, April 30, July 31 and Oct. 31).

New Hampshire

New Hampshire imposes a childhood vaccination CLA for covered New Hampshire residents under age 19. Reporting and payment due dates are 45 days after each calendar quarter ends. For details, see this [FAQ](#).

New Mexico

New Mexico imposes a childhood vaccination CLA for covered New Mexico residents under age 19. The annual reporting due date is July 1, based on the number of covered lives as of Dec. 31 of the prior year. The Department of Health invoices the applicable entity on a quarterly basis (Sept. 1, Dec. 1, March 1, June 1), and payments are due a month later (Oct. 1, Jan. 1, April 1, July 1). For details, see this [Vaccine Purchase Act webpage](#).

New York

The [New York Health Care Reform Act](#) (HCRA) imposes two separate surcharges on health claim payors, including self-funded employer-sponsored GHPs:

- One surcharge, which [subsidizes](#) indigent care and state healthcare initiatives, applies to payments for New York hospital inpatient and outpatient services, comprehensive diagnostic and treatment centers, and ambulatory surgery centers. For this surcharge, nonelecting payors must pay an additional amount — essentially a penalty for not electing direct payment to the state Public Goods Pool administrator.
- The other surcharge, which [funds](#) a graduate medical education pool, applies to health claim payors that cover New York residents. For this surcharge, electing payors pay an annual CLA directly to the state pool administrator, while nonelecting payors instead incur a surcharge on direct payments to in-state hospital expenses for covered services.

The two surcharges are subject to slightly different operating guidelines. Monthly online reports on CLAs are due to the state [Office of Pool Administration](#) (OPA) for the first year after a claim payor becomes an electing payor. The OPA may notify payors that subsequent reports will be due annually, which is the typical schedule for out-of-state health plan sponsors with few or no New York employees. Reports must be filed electronically within 30 days after the end of the reporting month or year, even if a payor has no activity to report. Self-funded health plan sponsors commonly rely on TPAs to file the monthly or annual report. However, the ultimate responsibility falls to the plan sponsor.

Rhode Island

Rhode Island imposes a vaccination CLA for covered Rhode Island residents. Reporting and payment due dates are 30 days after each calendar quarter ends. For details, see this [Vaccine Assessment Program webpage](#) and [FAQ](#).

Vermont

Vermont has two reports and assessments.

First, Vermont requires certain employers to pay a quarterly fee for “uncovered employees” who do not have qualifying health coverage. Employers must file their uncovered employee report with any required payment on Form [WHT-436 and HC-1](#), *Quarterly Withholding Reconciliation and Health Care Contributions Worksheet*. Employers can file through [myVTax](#) or by paper, using the most recent forms and information on the [Department of Taxes webpage](#). All employers with Vermont employees must complete and submit the report within 25 calendar days after the end of each calendar quarter, even if no payment is due.

Second, Vermont imposes a vaccination CLA for covered Vermont residents. Reporting and payment due dates are 45 days after each calendar quarter ends. For details, see this [Vaccine Purchasing Program webpage](#) and [FAQ](#).

Washington

Washington imposes a behavioral healthcare CLA for covered Washington residents with reporting obligations on health plan insurers and sponsors. The CLA funds the Washington Partnership Access Lines (WAPAL). Quarterly [reports](#) are due within 45 calendar days after the end of each calendar quarter and must contain information on covered state residents. Though reports and assessments are due quarterly, assessments are computed monthly. For details, see this [WAPAL Fund webpage](#).

Other health plan sponsor reporting

The jurisdictions below have imposed reporting requirements for various purposes. In San Francisco, reporting documents an employer's compliance with an employer health coverage mandate. Hawaii's waiver reporting requirement supports the state's unique health coverage requirements. Massachusetts has a separate reporting requirement besides the MCC mandate discussed above.

California — San Francisco

The [Health Care Security Ordinance](#) (HCSO) requires employers with San Francisco employees and a valid San Francisco business registration certificate to electronically submit by May 1, 2026, an [annual Health Care Expenditure \(HCE\) reporting form](#) (ARF) for the preceding year.

The HCE is the minimum amount employers must spend on healthcare for each hour worked by a covered employee. Covered employees include anyone employed for more than 90 days who regularly works at least eight hours a week in San Francisco. Minimum HCE amounts change annually and vary by employer size. To determine workforce size, employers must count all employees, no matter where they live or work. However, the expenditure applies only to hours worked in San Francisco.

Self-funded health plans have the ability to reconcile health care expenditures annually (instead of quarterly). If there is a shortfall, the [required "top-off payments"](#) must be made to the Office of Labor Standards Enforcement by the end of February.

Hawaii

The [Prepaid Health Care Act](#) (PHCA) requires employers to offer health coverage to all eligible employees in the state. The PHCA predates ERISA and is exempt from ERISA preemption. The law caps employee contributions and requires minimum benefit levels and certain plan provisions. The state's Department of Labor and Industrial Relations (DLIR) must approve all employer health plans — fully insured and self-funded (which are relatively rare) — before they are offered to employees. Approval also is required before an employer makes plan changes, including changes to deductibles and out-of-pocket maximums (OOPMs). Plan approvals typically occur only if they are at least actuarially equivalent to the two most prevalent plans offered in the state, commonly called [plans 7\(a\) and 7\(b\)](#).

An employee may waive coverage under the employer's health plan if certain conditions apply, including having other health coverage. To claim an exemption, the employee must complete and provide [Form](#)

[HC-5](#) to the employer. This notice is binding for only one year, so employees waiving coverage must annually complete a new form by Dec. 31.

If employees waive employer-sponsored coverage because they have other health coverage, they must include the plan name and health plan contractor on Form HC-5, which the employer must forward to the DLIR. ACA public exchange plans for individuals do not qualify for the other health coverage exemption because those plans do not meet or exceed Hawaii’s minimum requirements. The employer must keep this form on file. If an employee who works two jobs waives coverage of the second employer, that employer must file the notification with DLIR.

Massachusetts

In addition to the state’s individual mandate reports due each January, Massachusetts requires every employer with six or more employees in the state to submit an annual [Health Insurance Responsibility Disclosure](#) (HIRD). The [HIRD form](#) is due by Dec. 15 of each year; online submission starts Nov. 15. Employers must complete the HIRD form if they included six or more employees in any [Department of Unemployment Assistance](#) wage report during the 12 months before the HIRD due date.

Required data may include the availability of coverage, eligibility requirements, employment-based classifications, plan description, MCC status, wellness plan credits, employee contributions per tier, deductibles and OOPMs. Employers must file a separate form for each covered entity that has its own federal employer identification number, even if all other information is the same. Employers with multiple plans or substantive variations must report information about each plan offered in Massachusetts. A payroll vendor can file forms on behalf of client employers if it has the relevant information. Employers complete the form by logging into their withholding account on [MassTaxConnect](#). Massachusetts’ reporting requirement helps to identify residents with access to employer-sponsored health coverage for the purposes of its [premium assistance program](#).

Table: State/city GHP reporting and disclosure schedules and due dates

This table identifies state reporting schedules for GHP sponsors (deadlines subject to the weekend-holiday rule are marked with an *):

| Jurisdiction | Covered entities | Report type | Report due to individual/jurisdiction | Penalties for reporting noncompliance |
|--------------|---|--------------------|---|---|
| Alaska | Plan sponsors covering Alaska residents | CLA reporting form | State: reporting/payment 45 days after each calendar quarter ends | Enforcement action at discretion of AVAP Council, per FAQ |

| Jurisdiction | Covered entities | Report type | Report due to individual/jurisdiction | Penalties for reporting noncompliance |
|-------------------|---|--|---|---|
| California | Plan sponsors providing MEC to California residents | Forms 1094/1095 or equivalent state form | Individual: annually by Jan. 31* (Feb. 2, 2026) State: annually by March 31* (however, FTB provides an automatic extension to May 31* (June 2, 2026) before penalties may apply) | Individual: no late penalties State: \$50 per individual, per FTB webpage |
| San Francisco, CA | Employers with 20 or more employees, business registration and at least one employee in San Francisco | Employer Annual Reporting Form | City: annually by April 30* | \$500 per quarter missed (i.e., \$2,000 per annual report missed), per OLSE penalties guidance |
| | Employers with 20 or more employees, business registration and at least one employee in San Francisco | Self-funded plan top-off payments | Annual by the end of February | Up to 150% of the total Health Care Expenditures that the covered employer failed to make, not to exceed \$100 per employee per quarter, per Rule 9 |
| Connecticut | Plan sponsors covering Connecticut residents | CLA reporting form | State: reporting annually by Sept. 1; payment annually by Feb. 1 | \$100 per day, per Office of Legislative Research report |
| Hawaii | Employers with a Hawaii employee who waives health plan participation due to other coverage | Form HC-5 | State: annually by Dec. 31 | Unclear |

| Jurisdiction | Covered entities | Report type | Report due to individual/jurisdiction | Penalties for reporting noncompliance |
|---------------|--|---|---|--|
| Idaho | Plan sponsors covering Idaho residents | CLA reporting form | State: reporting annually by March 15; payment annually by June 15 (unless assessment is \$50,000+, in which case quarterly payment is allowed) | Enforcement action at discretion of Department of Health and Welfare, per statute |
| Maine | Plan sponsors covering Maine residents | CLA reporting form | State: reporting/payment 45 days after each calendar quarter ends | 12% per annum interest for each late day, per FAQ |
| Massachusetts | Plan sponsors providing MCC to Massachusetts residents | Form MA 1099-HC | Individual: annually by Jan. 31 (apparently, the weekend-holiday rule does not apply) State: annually by Jan. 31 | \$50 per individual not to exceed \$50,000 per year, per regulations |
| | Plan sponsors seeking MCC certification for health plan | MCC Certification Application | State: Nov. 1 of plan year | Not applicable |
| | Employers with six or more Massachusetts employees | HIRD Form | State: annually by Dec. 15 | \$1,000 – \$5,000 per violation, per statute |
| | Entities making payments on behalf of plans to acute hospitals and ambulatory surgical centers | Annual report required; monthly and ad hoc reporting as requested | State: annually by July 1; initial registration also required | Monthly 1.5% penalty for unpaid invoices, per the FAQ , and up to \$5,000 per day per violation penalty for certain filing failures, per statute |

| Jurisdiction | Covered entities | Report type | Report due to individual/jurisdiction | Penalties for reporting noncompliance |
|---------------|--|---------------------------------|---|--|
| | Employers with an average employee count of at least six during the prior calendar quarter | Quarterly report required | State: by Jan. 31, April 30, July 31, Oct. 31 | Penalty varies based on employer size, per statute |
| New Hampshire | Plan sponsors covering New Hampshire residents | CLA reporting form | State: reporting/payment 45 days after each calendar quarter ends | Unclear |
| New Jersey | Plan sponsors providing MEC to New Jersey residents | Forms 1094/1095 or Form NJ-1095 | Individual: annually by March 2* State: annually by March 31* | \$50 per individual, per informal guidance |
| New Mexico | Plan sponsors covering New Mexico residents | CLA reporting form | State: reporting annually by July 1; quarterly payment by Oct. 1, Jan. 1, April 1, July 1 | \$500 per day, per FAQ |
| New York | Self-funded employers that elect to participate for lower HCRA surcharge | Public Goods Pool report | State: 30 days after end of reporting month or year* | Unclear |

| Jurisdiction | Covered entities | Report type | Report due to individual/jurisdiction | Penalties for reporting noncompliance |
|----------------|--|--|---|--|
| Rhode Island | Plan sponsors providing MEC to Rhode Island residents | Forms 1094/1095 or equivalent state form | Individual: annually by March 2* State: annually by March 31 (unclear if weekend-holiday rule applies) | Unclear; regulations indicate Department of Taxation “may take any appropriate action to enforce the requirements,” but that appears to be mainly in the context of the individual mandate, not reporting. |
| | Plan sponsors covering Rhode Island residents | CLA reporting form | State: reporting/payment 30 days after each calendar quarter ends | Late penalty of 18% per annum, additional 10% penalty for failures due to negligence or intentional disregard, per FAQ |
| Vermont | Employers paying Vermont wages | Form WHT-436 | State: 25 days after each calendar quarter ends | \$50 late filing fee if over 60 days late, per Department of Taxes webpage |
| | Plan sponsors covering Vermont residents | CLA reporting form | State: reporting/payment 45 days after each calendar quarter ends | Enforcement action at discretion of Department of Health, per FAQ |
| Washington | Plan sponsors covering Washington residents | CLA reporting form | State: reporting/payment 45 days after each calendar quarter ends | Unclear, per FAQ |
| Washington, DC | Plan sponsors providing MEC to Washington, DC, residents | Forms 1094/1095 | Individual: annually by March 2* City: April 30* (30 days after federal deadline — including any extensions — to file Form 1095-B or 1095-C) | No penalty, per Office of Tax and Revenue |

Looking ahead

The movement to remote work has required employers to become more cognizant of statutory requirements in states where they historically have not had employees. Reporting laws are no exception. Compliance will entail working with the appropriate vendor, such as a TPA, insurer or payroll processor, to clarify who will report and which employees will be reported.

Related resources

Non-Mercer resources

Federal

- [Forms 1094-C/1095-C instructions](#) (IRS, Oct. 31, 2025)
- [26 CFR §1.6055-1](#) (Information reporting of health insurance coverage and other issues)
- [26 CFR § 301.6011-2](#) (Electronic-filing requirements for specified returns)
- [45 CFR Part 156, Subpart G](#) (MEC definition)
- [Model Children's Health Insurance Program \(CHIP\) notice](#)
- [Paperwork Burden Reduction Act](#) (Pub. L. 118-167, Dec. 23, 2024)
- [Tax Cuts and Jobs Act](#) (Pub. L. 115-97, Dec. 22, 2017)
- [Gobeille v. Liberty Mutual Ins. Co.](#), 577 US 312 (2016)
- [New York State Conference of Blue Cross & Blue Shield Plans v. Travelers Ins. Co.](#), 514 US 645 (1995)

Alaska

- [AK Stat. § 18.09.220](#) (Alaska Legislature)
- [Vaccine assessment program FAQ](#) (AVAP)

California

- [CA Gov't Code § 100700 et seq.](#), California individual MEC mandate (Legislature)
- [CA Rev. & Tax. Code § 61000 et seq.](#), California individual-mandate tax penalty law (Legislature)
- [Individual-mandate reporting regulations](#) (FTB)
- [MEC information reporting webpage](#) (FTB)

- [Instructions for filing federal Forms 1094-C and 1095-C](#) (FTB)

Connecticut

- [CT Gen. Stat. Ch. 368A, § 19a-7j](#) (CT Legislature)
- [Vaccine program: insurance assessment](#) (CT Office of Legislative Research, Dec. 12, 2017)

Hawaii

- [Form HC-5](#) (Disability Compensation Division)
- [Prepaid Health Care Act](#) (Disability Compensation Division)

Idaho

- [ID Stat. § 41-6001 et seq.](#) (ID Legislature)
- [Immunization board FAQ](#) (Department of Insurance)
- [Plan of operation](#) (Immunization assessment board, Sept. 25, 2019)
- [Immunization assessment information for carriers, plan sponsors and TPAs](#) (Department of Insurance, Aug. 24, 2018)

Maine

- [ME Rev. Stat. Tit. 22, § 1066](#) (Maine Legislature, effective until July 1, 2026)
- [ME Rev. Stat. Tit. 22, § 1066](#) (Maine Legislature, effective on July 1, 2026)
- [Vaccine assessment FAQ](#) (Vaccine Board)

Massachusetts

- [MA Gen. Laws Ch. 118E, § 78](#), HIRD reporting mandate (MA Legislature)
- [MA Gen. Laws Ch. 149, § 189](#), EMAC (MA Legislature)
- [MA Gen. Laws Ch. 151A, § 14P](#), EMAC reporting penalty (MA Legislature)
- [830 MA Code Regs. 111M.2.1](#), Health Insurance Individual Mandate; Personal Income Tax Return Requirements
- [101 MA Code Regs. 614](#), Health Safety Net payments and funding
- [Surcharge FAQ](#) (Health & Social Services)
- [MCC standards](#) (DOR)

- [HIRD reporting FAQ](#) (DOR)
- [Requirements for MCC disclosure](#) (Division of Insurance, June 29, 2010)
- [MassTaxConnect](#) (DOR)
- [Form MA 1099-HC](#) (DOR)
- [MCC Certification Application](#) (Health Connector, July 11, 2024)
- [Note on HDHPs and MCC](#) (Health Connector, Jan. 31, 2017)
- [Plan sponsor MCC attestation form](#) (DOR, Dec. 7, 2011)

New Hampshire

- [NH Stat. Ch. 126-Q](#) (NH Legislature)
- [Vaccine assessment FAQ](#) (NH Vaccine Association)

New Jersey

- [NJ Stat. Ch. 54A:11 *et seq.*](#), New Jersey individual mandate (NJ Legislature)
- [NJ-1095 instructions](#) (Treasury Department)
- [E-file system](#) (Treasury Department)
- [Central Forms Repository & Payment Collection System](#) (Division of Revenue & Enterprise Systems)
- [Payroll taxes and wage withholding filing, payment and reporting service](#) (Division of Taxation)
- [Reporting guidance](#) (Treasury Department, Oct. 30, 2025)

New Mexico

- [NM Stat. Ann. Ch. 24, art. 5A](#) (New Mexico Legislature)
- [NM Admin. Code § 7.5.4](#) (Department of Health)
- [Vaccine Purchasing Act](#) (Department of Health)

New York

- [HCRA guidance](#) (Health Department)
- [Electronic reporting obligations](#) (Office of Pool Administration)
- [Regional covered-lives assessment rates](#) (Department of Health)

Rhode Island

- [RI Gen. Laws §§ 44-30-101 and -102](#), Rhode Island individual mandate (DOT)
- [Final individual health insurance mandate regulations](#) (DOT)
- [Health insurance mandate webpage](#) (DOT)
- [Vaccine assessment program FAQ](#) (RI Vaccine Assessment Program)
- [Advisory 2022-29](#) (DOT, Oct. 19, 2022)
- [Health insurance mandate: Reporting requirements FAQ](#) (DOT, Nov. 5, 2020)

San Francisco

- [Health Care Security Ordinance](#) (OLSE)
- [Annual Reporting Form instructions](#) (OLSE, March 18, 2025)
- [Self-funded plans top-off payments instructions](#) (OLSE, Jan. 13, 2025)

Vermont

- [VT Stat. tit. 32 § 10451 et seq.](#), Vermont individual mandate (VT General Assembly)
- [General tax instructions](#) (IN-111)
- [myVTax](#)
- [Form WHT-436 and HC-1](#) (Department of Taxes)
- [Health care fund contribution assessment](#) (Department of Taxes)
- [Vaccine purchasing program FAQ](#) (VT Vaccine Purchasing Program)

Washington

- [Covered-lives assessment FAQ](#) (WAPAL Fund)
- [WAPAL Fund webpage](#)

Washington, DC

- [DC Code § 47-5101 et seq.](#), Washington, DC's individual mandate (City Council)
- [OTR Notice 2020-04](#), Updated guidance on city's individual mandate (Office of Tax and Revenue, March 31, 2020)
- [Health Link individual responsibility requirement webpage](#)

- [MyTax.DC.gov](https://mytax.dc.gov) (Office of Tax and Revenue)

Mercer Law & Policy resources

- [Top 10 health, fringe and leave benefit compliance and policy issues in 2026](#) (section 8, Other ACA ongoing concerns, [pp. 55-56](#)) (Oct. 30, 2025)
- [Congress eases ACA employer reporting, looks for year-end healthcare deal](#) (Dec. 12, 2024)
- [San Francisco hikes 2026 Health Care Expenditure rates](#) (Aug. 12, 2025)
- [Massachusetts sets 2026 individual-mandate coverage dollar limits](#) (March 13, 2025)
- [New York announces 2025 HCRA covered-lives assessment rates](#) (Jan. 10, 2025)
- [Hawaii employee health and leave benefits may need special attention](#) (July 26, 2024)
- [San Francisco's annual Health Care Expenditure report due May 2](#) (March, 31, 2022)
- [Roundup of selected state health developments, second-quarter 2021](#) (July 30, 2021)
- [Massachusetts employers' health coverage reports due by Dec. 15](#) (Nov. 13, 2019)
- [Massachusetts employers need to gear up for health coverage reporting](#) (Oct. 1, 2019)
- [Vermont reissues employer health plan assessment reporting guidelines](#) (Sept. 24, 2019)
- [DC details employer reporting for individual health coverage mandate](#) (Aug. 20, 2019)
- [California individual health coverage mandate includes employer reporting](#) (July 16, 2019)
- [New Jersey posts update on health-coverage reports due in 2020](#) (April 16, 2019)

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