

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

Amend the amendment in Part A in section 2 by striking out all of paragraph D (page 1, lines 24 to 33, page 2, lines 1 to 43 and page 3, lines 1 to 4 in amendment) and inserting the following:

'D. A carrier may vary the premium rate due to age, smoking status and geographic area in accordance with the limitations set out in this paragraph.

(1) For all policies, contracts or certificates that are executed, delivered, issued for delivery, continued or renewed in this State between December 1, 1993 and July 14, 1994, the premium rate may not deviate above or below the community rate filed by the carrier by more than 50%.

(2) For all policies, contracts or certificates that are executed, delivered, issued for delivery, continued or renewed in this State between July 15, 1994 and July 14, 1995, the premium rate may not deviate above or below the community rate filed by the carrier by more than 33%.

(3) For all policies, contracts or certificates that are executed, delivered, issued for delivery, continued or renewed in this State between July 15, 1995 and ~~June 30, 2009~~December 31, 2013, the premium rate may not deviate above or below the community rate filed by the carrier by more than 20%.

~~(4) For all policies, contracts or certificates that are executed, delivered, issued for delivery, continued or renewed in this State on or after July 1, 2009, for each health benefit plan offered by a carrier, the highest premium rate for each rating tier may not exceed 2.5 times the premium rate that could be charged to an eligible individual with the lowest premium rate for that rating tier in a given rating period. For purposes of this subparagraph, "rating tier" means each category of individual or family composition for which a carrier charges separate rates.~~

~~(a) In determining the rating factor for geographic area pursuant to this subparagraph, the ratio between the highest and lowest rating factor used by a carrier for geographic area may not exceed 1.5 and the ratio between highest and lowest combined rating factors for age and geographic area may not exceed 2.5.~~

~~(b) In determining rating factors for age and geographic area pursuant to this subparagraph, no resulting rates, taking into account the savings resulting from the reinsurance program created by chapter 54, may exceed the rates that would have resulted from using projected claims and expenses and the rating factors applicable prior to July 1, 2009, as determined without taking into account the savings resulting from the Maine Individual Reinsurance Association established in chapter 54.~~

~~(c) The superintendent shall adopt rules setting forth appropriate methodologies regarding determination of rating factors pursuant to this subparagraph. Rules adopted pursuant to this division are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.~~

(5) For all policies, contracts or certificates that are executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2014, the maximum rate differential due to age and geographic area filed by the carrier as determined by ratio is 3 to 1. The limitation does not apply for determining rates for an attained age of less than 19 years of age or more than 65 years of age.

(6) For all policies, contracts or certificates that are executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2014, the maximum rate differential due to smoking status filed by the carrier as determined by ratio is 1.5 to 1.

Amend the amendment in Part A in section 4 by striking out all of paragraph I (page 3, lines 8 to 42 and page 4, lines 1 to 13 in amendment) and inserting the following:

'I. A carrier that offered individual health plans prior to January 1, 2014 may close its individual book of business sold prior to January 1, 2014 and may establish a separate community rate for individuals applying for coverage under an individual health plan on or after January 1, 2014. If a carrier closes its individual book of business as permitted under this paragraph, the carrier may vary the premium rate for individuals in that closed book of business only as permitted in this paragraph.

(1) For all policies, contracts or certificates that are executed, delivered, issued for delivery, continued or renewed in this State between January 1, 2014 and December 31, 2014, the maximum rate differential due to age, geographic area and occupation and industry filed by the carrier as determined by ratio is 2 to 1. The limitation does not apply for determining rates for an attained age of less than 19 years of age or more than 65 years of age.

(2) For all policies, contracts or certificates that are executed, delivered, issued for delivery, continued or renewed in this State between January 1, 2015 and December 31, 2015, the maximum rate differential due to age, geographic area and occupation and industry filed by the carrier as determined by ratio is 2.5 to 1. The limitation does not apply for determining rates for an attained age of less than 19 years of age or more than 65 years of age.

(3) For all policies, contracts or certificates that are executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2016, the maximum rate differential due to age, geographic area and occupation and industry filed by the carrier as determined by

ratio is 3 to 1. The limitation does not apply for determining rates for an attained age of less than 19 years of age or more than 65 years of age.

(4) For all policies, contracts or certificates that are executed, delivered, issued for delivery, continued or renewed in this State on or after July 1, 2012, the maximum rate differential due to smoking status filed by the carrier as determined by ratio is 1.5 to 1.

The superintendent shall establish by rule procedures and policies that facilitate the implementation of this paragraph, including, but not limited to, notice requirements for policyholders and experience pooling requirements of individual health products. When establishing rules regarding experience pooling requirements, the superintendent shall ensure, to the greatest extent possible, the availability of affordable options for individuals transitioning from the closed book of business. Rules adopted pursuant to this paragraph are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A. The superintendent shall direct the Consumer Health Care Division, established in section 4321, to work with carriers and health advocacy organizations to provide information about comparable alternative insurance options to individuals in a carrier's closed book of business and upon request to assist individuals to facilitate the transition to an individual health plan in that carrier's or another carrier's open book of business.'

Amend the amendment in Part A in section 5 by striking out all of paragraph C (page 4, lines 16 to 22 in amendment) and inserting the following:

'C. A carrier may vary the premium rate due to family membership, ~~smoking status~~, participation in wellness programs and group size. The superintendent may adopt rules setting forth appropriate methodologies regarding rate discounts for participation in wellness programs and rating for family membership and group size pursuant to this paragraph. Rules adopted pursuant to this paragraph are routine technical rules as defined in Title 5, chapter 375, subchapter ~~H-A2-A~~.

Amend the amendment in Part A in section 6 by striking out all of paragraph D (page 4, lines 25 to 43 and page 5, lines 1 to 26 in amendment) and inserting the following:

'D. A carrier may vary the premium rate due to age, ~~occupation or industry~~ and geographic area and smoking status only under the following schedule and within the listed percentage bands.

(1) For all policies, contracts or certificates that are executed, delivered, issued for delivery, continued or renewed in this State between July 15, 1993 and July 14, 1994, the premium rate may not deviate above or below the community rate filed by the carrier by more than 50%.

(2) For all policies, contracts or certificates that are executed, delivered, issued for delivery, continued or renewed in this State between July 15, 1994 and July 14, 1995, the premium rate may not deviate above or below the community rate filed by the carrier by more than 33%.

(3) For all policies, contracts or certificates that are executed, delivered, issued for delivery, continued or renewed in this State ~~after~~between July 15, 1995 and December 31, 2013, the premium rate may not deviate above or below the community rate filed by the carrier by more than 20%; ~~except as provided in paragraph D-1.~~

(4) For all policies, contracts or certificates that are executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2014, the maximum rate differential due to age, geographic area and occupation and industry filed by the carrier as determined by ratio is 3 to 1. The limitation does not apply for determining rates for an attained age of less than 19 years of age or more than 65 years of age.

(5) For all policies, contracts or certificates that are executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2014, the maximum rate differential due to smoking status filed by the carrier as determined by ratio is 1.5 to 1.

Amend the amendment in Part A in section 8 by striking out all of paragraph H (page 5, lines 30 to 42 and page 6, lines 1 to 22 in amendment) and inserting the following:

'H. A carrier that offered small group health plans prior to January 1, 2014 may close its small group book of business sold prior to January 1, 2014 and may establish a separate community rate for eligible groups applying for coverage under a small group health plan on or after January 1, 2014. If a carrier closes its small group book of business as permitted under this paragraph, the carrier may vary the premium rate for that closed book of business only as permitted in this paragraph.

(1) For all policies, contracts or certificates that are executed, delivered, issued for delivery, continued or renewed in this State between January 1, 2014 and December 31, 2014, the maximum rate differential due to age, geographic area and occupation and industry filed by the carrier as determined by ratio is 2 to 1. The limitation does not apply for determining rates for an attained age of less than 19 years of age or more than 65 years of age.

(2) For all policies, contracts or certificates that are executed, delivered, issued for delivery, continued or renewed in this State between January 1, 2015 and December 31, 2015, the maximum rate differential due to age, geographic area and occupation and industry filed by the carrier as determined by ratio is 2.5 to 1. The limitation does not apply for determining rates for an attained age of less than 19 years of age or more than 65 years of age.

(3) For all policies, contracts or certificates that are executed, delivered, issued for delivery, continued or renewed in this State between January 1, 2016 and December 31, 2016, the maximum rate differential due to age, geographic area and occupation and industry filed by the

carrier as determined by ratio is 3 to 1. The limitation does not apply for determining rates for an attained age of less than 19 years of age or more than 65 years of age.

(4) For all policies, contracts or certificates that are executed, delivered, issued for delivery, continued or renewed in this State on or after October 1, 2011, the maximum rate differential due to smoking status filed by the carrier as determined by ratio is 1.5 to 1.

Amend the amendment in Part A by adding after section 8 the following:

‘Sec. A-9. Contingent effective date. This Part does not take effect unless a health insurance exchange established by the State pursuant to the federal Patient Protection and Affordable Care Act, Section 1311 is fully operational and subsidies are made available to eligible individuals for health coverage. The Department of Professional and Financial Regulation, Bureau of Insurance shall notify the Secretary of State, Secretary of the Senate, Clerk of the House and Revisor of Statutes of the date that the exchange is fully operational and subsidies are made available.’

Amend the bill in Part B in section 8 in §3953 in subsection 2 in paragraph A by striking out all of subparagraphs (1) and (2) (page 10, lines 7 to 14 in amendment) and inserting the following:

(1) Seven members appointed by the superintendent: 3 members who represent statewide organizations that advocate for consumers in the field of health policy; 2 members who represent medical providers; one member who represents a statewide organization that represents small businesses; and one member who represents producers. A board member appointed by the superintendent may not be removed without cause; and

(2) Four members appointed by the member insurers, at least one of whom is a domestic insurer and at least one of whom is a 3rd-party administrator.

Amend the amendment in Part B in section 8 in §3957 in subsection 1 in the 3rd line (page 13, line 13 in amendment) by inserting after the following: "necessary" the following: 'in accordance with subsection 2'

Amend the amendment in Part B in section 8 in §3957 by striking out all of subsection 2 (page 13, lines 16 to 19 in amendment) and inserting the following:

‘2. Maximum assessment. The board shall assess each insurer a dollar amount per month per covered person enrolled in medical insurance insured, reinsured or administered by the insurer as established by the superintendent pursuant to this subsection. No later than January 1, 2012, the superintendent shall adopt rules to establish the amount of the assessment on insurers paid to the association using actuarial science to determine the assessment based on the estimated number of individuals designated for reinsurance through the association and the estimated funding needed for that reinsurance. Rules adopted pursuant to this subsection are major substantive rules as defined in Title 5,

chapter 375, subchapter 2-A. An insurer may not be assessed on policies or contracts insuring federal or state employees.'

Amend the amendment by striking out all of Part E.

Amend the amendment in Part F by striking out all of sections 5, 7 and 8.

Amend the amendment in Part J by striking out all of sections 1 to 9.

Amend the amendment in Part J by striking out all of sections 19 to 21.

Amend the amendment in Part J by striking out all of sections 23 and 24.

Amend the amendment by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.

SUMMARY

This amendment incorporates the substance of Senate Amendment "B" to Committee Amendment "A" (S-82), which makes the following changes to Committee Amendment "A."

1. It changes the maximum rate differential for individual health plans on the basis of age and geographic area from 1.5:1 to 3:1 effective January 1, 2014. The committee amendment expands the rating bands to 5:1 over a period of 4 years.

2. It changes the maximum rate differential for small group health plans on the basis of age, geographic area and occupation and industry from 1.5:1 to 3:1 effective January 1, 2014.

3. It includes rating on the basis of geographic area inside of the rating bands for age instead of allowing rating outside of the bands. The changes made to community rating by this amendment take effect only if the health insurance exchange established by the federal Patient Protection and Affordable Care Act is fully operational and subsidies are available.

4. It specifies that 3 of the members of the Board of Directors of the Maine Guaranteed Access Reinsurance Association must represent consumer advocacy organizations in the field of health policy and reduces the insurer members from 5 to 4. The amendment also requires the Superintendent of Insurance to determine the assessment amount paid by insurers to fund the association after an actuarial study through rules adopted no later than January 1, 2012. The amendment designates the rules as major substantive.

5. It removes Part E of the committee amendment, which repeals the State Health Plan and the Advisory Council on Health Systems Development.

6. It changes cross-references to reflect the changes made by this amendment to Committee Amendment "A."

This amendment also removes those sections in Part F of the committee amendment that repeal geographic access standards.

FISCAL NOTE REQUIRED

(See attached)