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Date: (Filing No. H- )

**HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES**

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**STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
131ST LEGISLATURE  
FIRST SPECIAL SESSION**

COMMITTEE AMENDMENT “ ” to H.P. 800, L.D. 1252, “An Act to Ensure Choices in Health Insurance Markets by Limiting the Requirement to Offer Clear Choice Design Health Plans”

Amend the bill by striking out everything after the enacting clause and inserting the following:

**'Sec. 1. 24-A MRSA §2792, sub-§1**, as amended by PL 2021, c. 361, §1, is further amended to read:

**1. Pooled market established.** Subject to the requirements of subsection 5, all individual and small group health plans offered in this State with effective dates of coverage on or after January 1, 2023 must be offered through a pooled market. ~~A health insurance carrier offering an individual health plan subject to this section shall make the plan available to all eligible small employers within the plan's approved service area, and a health insurance carrier offering a small group health plan subject to this section shall make the plan available to all eligible individuals residing within the plan's approved service area. This subsection does not require the Maine Health Insurance Marketplace established in Title 22, chapter 1479 to offer identical choices of health plans to individuals and to small employers under Title 22, chapter 1479.~~

**Sec. 2. 24-A MRSA §2792, sub-§2**, as enacted by PL 2019, c. 653, Pt. B, §2, is amended to read:

**2. Premium rates.** Premium rates for a health plan offered in the pooled market described in subsection 1 may not vary based on whether the plan is issued to an individual or to a small employer. Rate filings and review for the pooled market are subject to the provisions of sections 2736 to 2736-C. ~~For health plans that are issued on other than a calendar year basis, rates applicable on and after January 1st of any plan year must be the approved rates for the most similar plan offered during the new calendar year, adjusted by a factor, approved by the superintendent as part of the rating plan, that appropriately accounts for any differences in plan design.~~

**COMMITTEE AMENDMENT**

1           **Sec. 3. 24-A MRSA §2793**, as amended by PL 2021, c. 361, §3, is further amended  
2 to read:

3           **§2793. Clear choice designs**

4           The superintendent shall develop clear choice designs for health plans in order to  
5 reduce consumer confusion and provide meaningful choices for consumers by promoting  
6 a level playing field on which carriers compete on the basis of price and quality. The  
7 superintendent shall develop separate clear choice designs for individual health plans and  
8 small group health plans.

9           **1. Clear choice design.** For the purposes of this section, "clear choice design" means  
10 a set of annual copayments, coinsurance and deductibles for all or a designated subset of  
11 the essential health benefits. An individual health plan subject to section 2736-C or a pooled  
12 market health plan subject to section 2792 must conform to one of the clear choice designs  
13 developed pursuant to this section unless it is approved as an alternative plan under  
14 subsection 4.

15           **2. Development of clear choice designs.** The superintendent shall develop clear  
16 choice designs in consultation with working groups consisting of consumers, carriers,  
17 health policy experts and other interested persons. The superintendent shall adopt rules for  
18 clear choice designs, taking into consideration the ability of plans to conform to actuarial  
19 value ranges, consumer needs and promotion of benefits with high value and return on  
20 investment. The superintendent shall develop at least one clear choice design for each tier  
21 of health insurance plan designated as bronze, silver, gold and platinum in accordance with  
22 the federal Affordable Care Act. Rules adopted pursuant to this subsection are routine  
23 technical rules as defined in Title 5, chapter 375, subchapter 2-A. Clear choice designs  
24 apply to all individual health plans offered in this State with effective dates of coverage on  
25 or after January 1, 2022 and to all small group health plans offered through the pooled  
26 market under section 2792. No later than January 31st of each year, the superintendent shall  
27 release the proposed clear choice plan designs to be used in the following plan year for  
28 review and comment by stakeholders.

29           **3. Annual review.** The superintendent shall consider annually whether to revise,  
30 discontinue or add any clear choice designs for use by carriers in the following calendar  
31 year, including but not limited to considering whether deductible and copayment levels  
32 should be changed to reflect medical inflation and conform with actuarial value and annual  
33 maximum out-of-pocket limits.

34           **4. Alternative plan designs.** In addition to one or more health plans that include cost-  
35 sharing parameters consistent with a clear choice design developed pursuant to this section,  
36 a carrier may offer up to 3 individual health plan designs and up to 3 small group health  
37 plans that modify one or more specific cost-sharing parameters in a clear choice design if  
38 the carrier submits an actuarial certification to the satisfaction of the superintendent that  
39 the alternative plan design offers significant consumer benefits and does not result in  
40 adverse selection. An alternative plan design may be offered only in a service area where  
41 the carrier offers at least one clear choice design plan at the same tier.

42           **Sec. 4. Appropriations and allocations.** The following appropriations and  
43 allocations are made.

44           **PROFESSIONAL AND FINANCIAL REGULATION, DEPARTMENT OF**

1 **Insurance - Bureau of 0092**

2 Initiative: Provides a one-time allocation to allow expenditures for consulting services to  
3 develop separate clear choice plan designs for individual health plans and small group  
4 health plans.

5 <b>OTHER SPECIAL REVENUE FUNDS</b>	<b>2023-24</b>	<b>2024-25</b>
6 All Other	\$45,000	\$0
7		
8 OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$45,000</u>	<u>\$0</u>

9

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

12 **SUMMARY**

13 This amendment, which is the minority report of the committee, replaces the bill. The  
14 amendment eliminates the requirement that health insurance carriers offer the same plans  
15 in the individual and small group markets. It also allows carriers to offer up to 3 alternative  
16 individual health plans and 3 alternative small group plans. Finally, it requires the  
17 Superintendent of Insurance to release the proposed plan designs for stakeholder review  
18 and comment by January 31st of the year in which the plans must be filed.

19 **FISCAL NOTE REQUIRED**

20 **(See attached)**