

ANNUAL REPORT

Joint Health Care Reform Oversight Committee

**HB 601, Chapter 264, Laws of 2011
RSA 420-N**

November 18, 2015

MEMBERS

Rep. John B. Hunt, Chairman
Rep. Laura Jones, Clerk
Rep. Cindy Rosenwald

Sen. Jeb Bradley
Sen. Andy Sanborn
Sen. Molly Kelly

BACKGROUND AND CHARGE

The 2010 Health Insurance Reform Oversight Committee was established with the adoption of SB 455 (Chapter 243, Laws of 2010; RSA 420-L). Pursuant to this law, the Insurance Commissioner was required to make periodic reports to the initial Oversight Committee relative to the department's federal insurance reform implementation plans and initiatives. This committee met in September and in October of 2010, but did not issue a report. A sunset clause included in the 2010 law repealed the oversight committee on July 1, 2011.

A new Joint Health Care Reform Oversight Committee ("the Oversight Committee") was established in 2011, effective July 1, 2011, with the adoption of HB 601 (Chapter 264, Laws of 2011; RSA 420-N). Pursuant to RSA 420-N:3, III, the Oversight Committee is responsible for providing legislative oversight, policy direction, and recommendations for legislation with respect to the Patient Protection and Affordable Care Act of 2009 (the ACA), as it determines appropriate. The Oversight Committee is also required to review existing rules, bulletins, or policies adopted pursuant to Chapter 243, Laws of 2010 and may require the repeal of such rules, bulletins, or policies. The Oversight Committee has filed annual reports every year since 2011.

The Oversight Committee has continued to meet with representatives from the state Departments of Insurance and Health and Human Services to receive reports on ongoing developments on both the state and federal levels with regard to the ACA. This report summarizes the discussions and actions taken by the Oversight Committee this year.

The Oversight Committee has met twice since filing its 2014 annual report.

MEETINGS

April 7, 2015 – Discussion and approval of Insurance Department bulletins and proposed rules; Discussion of the Selection Process for Essential Health Benefits (EHB) Benchmark Plan for 2017

Jennifer Patterson, Legal Unit, Department of Insurance, presented two draft departmental bulletins and proposed rules for the review and approval of the committee.

Draft Bulletin re: 2016 Plan Year QHP/Continuity of Care Issuers detailed the process that issuers are required to follow to have their non-grandfathered individual and small group health plans certified as Qualified Health Plans (QHPs) to be offered on the federally-operated New Hampshire Health Insurance Marketplace for calendar year 2016. The bulletin describes required filing procedures, deadlines for filing and provides guidance to issuers on select QHP requirements.

Draft Bulletin re: Continuity of Care Issuers detailed certain provisions with which QHP issuers must comply to offer coverage on the New Hampshire Marketplace once the Premium Assistance Program (PAP) begins. Eligible low-income adults in the state were able to select QHPs sold on the Marketplace beginning on November 1, 2015. Coverage could be purchased on their behalf by the Medicaid program through the PAP under a waiver approved by the CMS in March 2015.

Proposed Rule revisions Ins 4100 addressed rate submission requirements for individual and small group health insurance plans. The changes addressed standards for the effective period for rates, filing dates and dates when rates are available to the public. They required filings for products certified for sale on the exchange to be available to the public on the first day of open enrollment.

Rep. Butler, seconded by Sen. Bradley, moved to approve the bulletins and proposed rules. Adopted 5-1.

Discussion of Selection Process for Essential Health Benefits (EHB) Benchmark Plan for 2017

Al Couture, Health Reform Coordinator, Department of Insurance, explained the process and options for selecting an EHB benchmark plan. The menu of plans that could be selected was the same in 2015 as in 2012.

May 19, 2015 – Selection of EHB Benchmark Plan for 2017

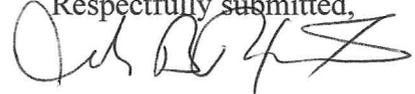
Jennifer Patterson presented a comparison of ten potential EHB Benchmarks for the New Hampshire individual and small group markets for 2017. The DOI recommended selecting the

Matthew Thornton Blue Plan. This is the same plan that was selected in 2012. Rep. Jones, seconded by Rep. Rosenwald, moved the selection of the Matthew Thornton Blue Plan. Adopted 4-0.

Action taken in 2015

1. approved draft DOI Bulletin re: 2016 Plan Year QHP/Continuity of Care Issuers, *April 7, 2015*
2. approved draft DOI Bulletin re: Continuity of Care Issuers, *April 7, 2015*
3. approved proposed revisions to administrative rule Ins 4100, *April 7, 2015*
4. voted to select Matthew Thornton Blue (Anthem Blue Cross/Blue Shield) as the 2017 benchmark plan for New Hampshire, vote, 4-0, *May 19, 2015*
5. sent a letter to US Health and Human Services Secretary Sylvia Burwell, notifying her of the selection of Matthew Thornton Blue as the 2017 benchmark plan for New Hampshire, *May 22, 2015*

Respectfully submitted,



Rep. John B. Hunt, Chairman