

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 54th LEGISLATURE - REGULAR SESSION

SELECT COMMITTEE ON HEALTH CARE

Call to Order: By **CHAIRMAN SCOTT ORR**, on March 2, 1995, at
3:10 P.M.

ROLL CALL

Members Present:

Rep. Scott J. Orr, Chairman (R)
Rep. Carley Tuss, Vice Chairman (D)
Rep. Betty Lou Kasten (R)
Rep. Thomas E. Nelson (R)
Rep. Bruce T. Simon (R)
Rep. Richard D. Simpkins (R)
Rep. Liz Smith (R)
Rep. Carolyn M. Squires (D)

Members Excused: None

Members Absent:

Rep. Beverly Barnhart (D)
Rep. John Johnson (D)
Rep. Royal C. Johnson (R)

Staff Present: David Niss, Legislative Council
Susan Fox, Legislative Council
Vivian Reeves, Committee Secretary

Please Note: These are summary minutes. Testimony and
discussion are paraphrased and condensed.

Committee Business Summary:

Hearing: Informative meeting regarding the
restructuring of the Select Committee on
Health Care.

Executive Action: None

CHAIRMAN ORR called the meeting to order. The meeting was originally scheduled to hear some Senate bills. The hearings on the Senate bills were cancelled. Executive action was then scheduled, which has also been cancelled as the bills may be re-referred to other committees, including the Joint Committee which has just been formed.

CHAIRMAN ORR explained how the Joint Committee will work. The members of the Joint Committee are: **SEN. STEVE BENEDICT, SEN. JUDY JACOBSON, SEN. KEN MILLER, SEN. DOROTHY ECK, SEN. MIKE**

FOSTER, REP. SCOTT ORR, REP. TOM NELSON, REP. DUANE GRIMES, REP. CARLEY TUSS, REP. CAROLYN SQUIRES.

CHAIRMAN ORR announced that the first meeting of the Joint Committee would be held on Monday, March 6, 1995, at 5:00 P.M. The meetings, thereafter, will be held from 5:30 P.M. to 7:00 or 9:00 P.M., each weekday, and Saturdays, if necessary, in the Old Supreme Court Chambers.

CHAIRMAN ORR announced that the meeting on Monday, March 6, 1995, at 5:00 P.M. will be an informational meeting where the Committee will decide how it will function. **CHAIRMAN ORR** said that everyone who is interested in this process should submit a list of the bills that they think this Committee should deal with to **SEN. BENEDICT** or himself by Saturday, March 4, 1995. This is to ensure that all bills having to do with health care will be heard by the Joint Committee. Finally, **SEN. BENEDICT** and **REP. ORR** would then determine which bills would go to the Joint Committee, and which could go to another committee. The issues that need to go to the Joint Committee deal with portability, preexisting conditions, medical savings accounts, etc. Other issues dealing with health care, but are "outside of the scope" of those issues can go to other committees. All those bills would be heard a second time during the rest of that first week. The second week, the Committee would be devoted to determining how those bills will be handled. The third week would be devoted to executive action on those bills. The bills will then go through transmittal. He stated that a motion will be made to allow the Joint Committee to act as a majority of the Committee of the whole.

CHAIRMAN ORR stated that Select Committee on Health will not meet unless necessary. If a bill cannot be re-referred out of this Committee, then executive action would be taken to move it out of the Select Committee on Health.

CHAIRMAN ORR announced that there is a health care conference in Salt Lake City, Utah, on March 9-10, 1995. Anyone who wants to attend may apply through **Mike Craig, Montana Health Care Authority.**

REP. BEVERLY BARNHART inquired how a bill could be referred out of a House Committee to a Joint Committee without going through the House.

CHAIRMAN ORR stated that the remaining bills are Revenue bills, and will probably be referred to House Taxation rather than to the Joint Committee.

CHAIRMAN ORR announced that **David Niss** and **Susan Fox** will be the staffers. The secretary will be **Jennifer Gaasch, from the Senate.**

HOUSE SELECT HEALTH CARE COMMITTEE

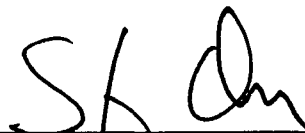
March 2, 1995

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REP. LIZ SMITH provided information for the Joint Committee in regards to health care in other states. **EXHIBIT 1**

ADJOURNMENT

Adjournment: 3:35 P.M.



SCOTT ORR, Chairman



VIVIAN REEVES, Secretary

SO/vr

HOUSE OF REPRESENTATIVES

Select Committee on Health Care

ROLL CALL

DATE March 2, 1995

NAME	PRESENT	ABSENT	EXCUSED
Rep. Scott Orr, Chairman	✓		
Rep. Carley Tuss, Vice Chairman	✓		
Rep. Beverly Barnhart		✓	
Rep. John Johnson		✓	
Rep. Royal Johnson		✓	
Rep. Betty Lou Kasten	✓		
Rep. Tom Nelson	✓		
Rep. Bruce Simon	✓		
Rep. Dick Simpkins	✓		
Rep. Liz Smith	✓		
Rep. Carolyn Squires	✓		

WASHINGTON MEMO

February 17, 1995

Volume 3, Number 2

CAHI Meets With White House

Executive Director Greg Scandlen and Vice President Mark Litow met with Special Assistant to the President Chris Jennings, on January 27, to discuss Medical Savings Accounts and other health care reform topics. They were accompanied by Kevin Kearns and Dan Perrin of the Business Coalition for Affordable Health Care.

Mr. Jennings told the group that the President is very interested in MSAs and that the White House staff has been charged with exploring the issue for the Administration. He said that they have some concerns about the idea, but are keeping their minds open.

Mr. Jennings identified five

points of concerns with regard to MSAs:

- Will MSAs encourage or discourage the use of preventive services?
 - How well will they work with managed care programs?
 - What expenses will be considered eligible for tax-free withdrawals?
 - What are the revenue consequences of MSAs?
 - Will MSAs cause adverse selection; i.e., will only the healthy or wealthy choose them leaving sicker individuals in
- (Continued next page.)

On the Inside

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U.S. House Begins Health Bill Drafting Process, page 2 and page 5.

Great American Heroes in Health Care Reform, page 3.

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104th Congress MSA Side-By-Side, page 4.

Tax Relief for Self-Employed, page 5.

CAHI Committees Need New Members, page 6.

Staff Activities and Committee Reports, pages 7- 8.

Special Enclosures

Latest CAHI news releases.

CAHI testimony on HR 8 -- Contract With America's "Senior Citizen Fairness."

Special Notice

The *Washington Memo* will be published only once a month. The *Washington Memo* has been restructured to provide more information per issue, however.



**Council for
Affordable Health
Insurance**

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"Anytime you design a system that has incentives, Americans do well. Anytime you design a system that has a third party head [sic] getting the check, Americans do badly. And the system, as it's currently designed, is wrong." -- House Speaker Newt Gingrich (R-GA), The Washington Times, February 2, 1995, speaking on federal student loan initiatives, but the same logic can be applied to a national health care system.

(Continued from previous page.)
the pool for traditional insurance?

Mr. Jennings expressed special concern with proposals that allow individuals to withdraw money on a tax-free basis for any purpose at years end. CAHI explained that such non-medical withdrawals are not part of the CAHI's plan and would not support such a proposal. Scandlen and Litow emphasized that the intention of CAHI's position is that any MSA proposal be revenue-neutral.

When asked what the President had in mind in proposing to allow IRA withdrawals for medical expenses, as he did in the State of the Union Address, Jennings indicated that there was no specific proposal behind that idea.

Jennings urged the meeting attendees to work the Joint Committee on Taxation and the Treasury Department on refining the financial impact estimates. He mentioned both Marina Weiss at Treasury (who spoke at CAHI's annual meeting in 1993) and Judy Xanthopoulos at Joint Tax (with whom CAHI has met on several occasions to discuss MSAs). He also invited the representatives to work with the White House staff to answer their questions, and promised additional meetings in the future.

Editor's note: The Council for Affordable Health Insurance is a member of the Business Coalition for Affordable Health Care.

U.S. House Begins Health Bill Drafting Process

By Jack Strayer

While the national media focuses on elements of the House Republican Contract for America, including the balanced budget amendment, unfunded state mandates, the Presidential line-item veto, and Congressional and welfare reform, the chairmen of several pertinent committees and subcommittees with jurisdiction over health care reform are already beginning to float their proposals on Capitol Hill.

House Commerce Committee Chairman Tom Bliley (R-VA) and Health Subcommittee Chairman Michael Bilirakis (R-FL) are working on a package that includes Medical Savings Accounts, insurance reform, medical malpractice reform, restoration of the tax deductibility of health insurance premiums for the self-employed and other key elements of CAHI's eight-point plan.

Similar legislation is also being drafted by the Chairman of the House Economic and Educational Opportunities Committee Rep. Bill Goodling (R-PA) and the Employer-Employee Relations Subcommittee Chairman Harris Fawell (R-IL). It is anticipated that the Fawell-Goodling proposal will include CAHI's eight-point plan and will

be similar to the Bliley-Bilirakis package. Both bills are still in the drafting stages. According to a summary provided by Rep. Fawell, his legislation will include:

- limits on state mandated benefits;
- restructure state anti-managed care laws and institute uniform standards;
- pre-empt state laws relating to provider health networks, employee health coalitions, insured plans, and self-insured plans;
- establish Medical Savings Accounts for consumers;
- improve the process of benefit claims;
- require self-insured plans, under certain conditions, to maintain unpaid claims reserves;
- phase in a 100 percent tax deduction for health insurance for the self-employed;
- encourage multiple employer health plans through tax-exempt trusts;
- clarify the tax-exempt status of state high-risk pools; and
- institute some medical malpractice reforms.

House Ways and Means Committee Chairman Bill Archer (R-TX) is fine-tuning his stand-alone Medical Savings Account bill, with assistance from CAHI

(Continued page 5.)

CAHI Staff Reports

Executive Director: On a Roll

Executive Director, Greg Scandlen, was in Dallas, Texas, on January 26 to present plans for CAHI's "Roll Back" campaign. The meeting was hosted by Scott Smith, President of National Health Insurance Company and was attended by representatives of twelve companies. Presenters, in addition to Scandlen, were Wayne Campbell of Multistate Associates, and Chris Manion of Americans for Health Care Reform.

Scandlen recently addressed the following meetings in Washington, DC -- the American Managed Care and Review Association on February 13th and the National Association of Manufacturers on February 15th. He will address the National Association of Business Economists on February 28th also in Washington, DC. He will be in Piscataway, NJ, on February 25th to meet with Jim White, President of Home Life, and his staff.

Federal Affairs: CAHI Role Grows

With the new leadership in Congress, CAHI's Federal Affairs Department has taken on an important new role as an

intermediary between the new Congress and the business community.

Director of Federal Affairs, Jack Strayer, and Director of Research, Victoria Craig, have both been busy fielding inquiries on Medical Savings Accounts and free market reforms from organizations such as the Business Roundtable, HIAA, GHAA, NAM, Ford Motor Company and hundreds of other cooperations and associations that had paid little attention to market-oriented reform in the past. Very often these calls come as a result of Congressional staff referring people to CAHI.

Strayer and Craig, along with other CAHI staff and member company representatives, are also working very closely with Congressional committee staff to help them craft workable legislation to be considered as soon as the 100 day "Contract With America" period is over.

On January 28, Strayer addressed the Michigan Hospital Association at the Mayflower Hotel in Washington, DC, in conjunction with the 1995 Annual Meeting of the American Hospital Association. Later this spring, Strayer will address the Annual Meeting of the Society of Professional Benefit Administrators at the Grand Hyatt Hotel in Washington, DC.

State Affairs: CAHI Joins Repeal Effort in WA State

CAHI has joined in the battle in Washington to repeal the state's Health Services Reform Act of 1993. Republican lawmakers, who gained a majority in the House of Representatives last November, have introduced the Health Reform Improvement Act (HB 1046) to address problems with the 1993 law. CAHI recently retained a local lobbyist to work directly on our behalf with interested legislators and business groups who support the repeal effort.

The Health Reform Improvement Act would repeal the government mandate to purchase coverage, the certified health plans, and mandatory HIPCs. The bill would also replace the community rating requirement with a "standard rate," which could be adjusted by a +/- 20% variation based on age and certain lifestyle choices. A provision for Medical Savings Accounts is included in the bill, and the state's Health Care Commission would be replaced with a legislative oversight committee.

Should the repeal legislation fail to pass, or be vetoed by the governor, a similar ballot measure will likely be put before voters in the November election. For more information, contact Duane Parde, Director of State Affairs.



**Council for
Affordable Health
Insurance**

FULL COVERAGE

of state health reform legislation

February 17, 1995

Volume 3, Number 4

IN THIS ISSUE . . .

State Update

WA repeal effort
moving along.

Insurance reform bill
being pushed in MO.

Pending Legislation

Guaranteed issue bill
introduced in PA.

Special Reports

Individual insurance
reform laws.

Published for the Members of the Council for Affordable Health Insurance, 112 South West Street, Fourth Floor, Alexandria, Virginia 22314, 703-836-6200, 703-836-6550 (fax). All rights reserved. Duplication by any means without the expressed consent of the Editor is prohibited. Duane Parde, Editor; Christine Popolo, Legislative Analyst.

STATE UPDATE:

WA Repeal Bill Passes House

Governor Signs Bill Delaying '93 Act's Implementation

The Washington Health Care Improvement Act of 1995, SHB 1046, passed the House of Representatives Monday, February 13 by a vote of 71-26. SHB 1046 would repeal the government mandates enacted under the Washington Health Services Act of 1993, and dissolve the Health Care Commission.

The bill would also restore choice in the marketplace by repealing certified health plans and mandatory HIPC's, and allowing health care spending accounts. SHB 1046 preserves insurance reforms such as portability and guaranteed issue, but modifies the community rating system.

The bill's fate in the Senate, where Democrats hold a one vote majority, is less certain. The chairman of the Senate Health and Human Services Committee, state Senator Kevin Quigley (D), has already declared it dead on arrival in the Senate. Senator Quigley unveiled the Senate Democratic proposal February 14 (SB 5935).

Governor Mike Lowry (D) has pledged to veto any measure that does not preserve universal coverage. Consequently, SHB 1046 contains a referendum clause. In the event the governor vetoes the bill and the votes are not there to override, the measure would go to the people for a vote in November. Sixty-six votes are needed to override a veto in the House.

SB 5038, which delays certain implementation dates of the Washington Health Services Act of 1993, was signed by Governor Mike Lowry on February 3. The new law changes the date by which carriers must be certified as a certified health plan from July 1 to December 31, 1995. It also extends the time the Legislature has to disapprove the uniform benefits package from the 30th day of the session to the last day of the legislative session.

Conference of the States In the Works

A bipartisan committee of state officials is planning a "Conference of the States" aimed at forcing Congress to relinquish some of its power.

Representatives of the NGA, the NCSL and the CSG announced February 10 that they are proceeding with plans for this historic event. Utah Governor Michael Leavitt (R) originated the idea.

The first session will be July 6-9 in an as yet undetermined location, followed by a second meeting in late October in Philadelphia. Governors and legislative leaders from both parties will participate.

Resolutions are being introduced in all 50 state legislatures that call for the Conference and appoint a delegation to attend. Both chambers in nine states and one chamber in seven others have already approved the resolution.

The goal of the conference is permanent, fundamental reform and restructuring of the federal-state relationship. Delegates will develop an action plan that will be sent to the 50 state legislatures for ratification. The plan would be presented to Congress if 75% of the legislatures approved.

State officials emphasize that they are not calling a constitutional convention where specific issues could be added to the Constitution. Rather, the meeting will be limited to developing tools that would give states additional powers and restrict federal prerogatives.

IN OTHER NEWS . . .

Arizona: HB 2145 passed the House Banking and Insurance Committee. The bill would require insurers to guarantee issue a basic policy to self-employed individuals and groups of two.

Iowa: SF 84, the individual insurance reform bill (formerly SSB 221), passed the Senate February 2 by a vote of 46-3. It contains a 12/12 pre-x provision and requires insurers to make available a basic and standard plan to individuals who either have qualifying existing coverage or have experienced a qualifying event within the preceding 30 days. It was amended to allow 100% deductibility for the self-employed. It is now in a subcommittee of the House Commerce and Regulation Committee. A House study bill concerning medical savings accounts, HSB 51, has not been introduced yet.

Louisiana: The Department of Insurance and the Health Care Commission will sponsor a one-day health care conference on March 8 in Baton Rouge. Agenda items include health care reform in the new Congress, Medicaid reform, and ERISA. For registration information, contact Denise Cassano in the Department of Insurance (504/342-0819).

Missouri: The state medical society and hospital association are pushing insurance reform legislation, SB 318. The bill would apply the state's small group law to individuals, and increases the definition of a small employer from 3-25 to 3-500. It would require insurers to community rate and actively offer one of five benefit plans, which would be the only plans allowed to be marketed in the state. SB 318 is pending in the Public Health and Welfare Committee.

New Jersey: Under Governor Christie Whitman's (R) proposed budget, the Essential Health Services Commission, created under the state's Health Care Reform Act of 1992, would be eliminated as of July 1. The commission is responsible for implementing the Access Program as well as the individual and small employer health benefit plans. The Whitman administration says that the functions of the commission will be parceled out to various Cabinet officers.

North Dakota: HB 1050 contains the recommendations of the North Dakota Health Task Force, including medical savings accounts and modified community rating. It does not contain guaranteed issue. HB 1050 is pending before the House Appropriations Committee.

Vermont: In response to the state's failure to win accreditation, lawmakers are drafting legislation to give the state leverage over the NAIC. One provision likely to be in the final version is a provision requiring state approval of any fees the NAIC charges Vermont-domiciled insurers. Additionally, Governor Howard Dean (D) has asked the legislature to earmark \$100,000 in the state budget in case the state decides to pursue a legal challenge.

Virginia: HB 2298, a bill to prohibit small employer plans from containing any pre-existing condition provisions or limitations, was defeated on the House floor Tuesday, February 7.

Wyoming: A small group reform bill has passed the Senate and is pending in the House Labor, Health and Social Services Committee. SB 34 would require health benefit plans to be guaranteed renewable and portable. It also amends the time period for which coverage may be denied for a pre-existing condition (12/6), and changes the definition of a small employer from 2-25 to 2-50.

PENDING LEGISLATION:

Legislative Calendar Update:

Introduction deadlines have passed in Arizona, Colorado, Hawaii, Idaho, Indiana, Kansas, Mississippi, Montana, North Dakota, Nebraska, New Hampshire, Oklahoma, Rhode Island, South Dakota, Utah and Virginia.

TRACKING CHARTS

ARIZONA

2/17/95

Bill No.	Universal	Access	Rate Limit	Pre-X	Tax Crdt	MSA	Other	Status/Notes
HB 2096		HIPCs	X	X				1/10 introduced. In Banking & Insurance and Health Cmtes.
HB 2145		Gtd. issue					Gtd. issue basic plan to individuals & grps. of 2.	2/7 passed Banking & Insurance. In Rules Committee.
HB 2146							Provisions for late enrollees.	1/31 passed Banking & Insurance. In Rules Committee.
HB 2284						X	Assesses a penalty for non-medical withdrawals.	2/9 passed House. In Senate Health and Finance Cmtes.
SB 1335					X			2/14 do pass as amended out of Health Cmte. In Rules.

CALIFORNIA

Bill No.	Universal	Access	Rate Limit	Pre-X	Tax Crdt	MSA	Other	Status/Notes
AB 8		GI for inds.					Small employer definition 1-100.	12/5 introduced.

FLORIDA

Bill No.	Universal	Access	Rate Limit	Pre-X	Tax Crd	MSA	Other	Status/Notes
SB 64				12 mo.			Portability	12/22/94 prefled.

GEORGIA

Bill No.	Universal	Access	Rate Limit	Pre-X	Tax Crdt	MSA	Other	Status/Notes
HB 616		Gtd. renew					Portability	
SB 23				X				1/26 passed Senate. In House Insurance Committee.
SB 220		Gtd. issue	Bands	X			Applies to Inds and small groups (2-25).	1/26 introduced; in Insurance & Labor.

ILLINOIS

2/17/95

Bill No.	Universal	Access	Rate Limit	Pre-X	Tax Crdt	MSA	Other	Status/Notes
HB 231		CHIP					Discounts/subsidies.	1/13 introduced; in Insurance.
HB 680		HIPCs						1/30 introduced; in Executive Cmte.

LOUISIANA

Bill No.	Universal	Access	Rate Limit	Pre-X	Tax Crdt	MSA	Other	Status/Notes
HB 20							Freedom of choice of provider.	12/5 prefiled.

MARYLAND

Bill No.	Universal	Access	Rate Limit	Pre-X	Tax Crdt	MSA	Other	Status/Notes
HB 8							Def. of employee, small employer.	1/11 introduced; to Economic Matters.
HB 189						X		1/26 introduced; in Ways & Means.

MICHIGAN

Bill No.	Universal	Access	Rate Limit	Pre-X	Tax Crdt	MSA	Other	Status/Notes
HB 4016				X				1/11 introduced; in Insurance.
SB 1335	X							12/13 introduced; in Health Policy & Senior Citizens.

MISSOURI

Bill No.	Universal	Access	Rate Limit	Pre-X	Tax Crdt	MSA	Other	Status/Notes
HB 50	Single payer							1/4 introduced; in Public Health & Safety.
HB 58	X			X			5 standard plans; malpractice reform	1/4 introduced.
HB 291					X			1/17 introduced.
HB 297							Continuation	1/17 introduced.
HB 375							May not deny b/c of credit history	2/6 introduced.
SB 259		Gtd. issue						1/19 introduced.
SB 300					X			1/25 introduced.
SB 318		Gtd. issue	Cmty rating	X			Individuals; sm. grp 3-500; 5 std. plans.	1/26 introduced; in Public Health & Welfare.

NEW JERSEY

2/17/95

Bill No.	Universal	Access	Rate Limit	Pre-X	Tax Crdt	MSA	Other	Status/Notes
AB 244					X		For LTC insurance	1/11/94 in Insurance Cmte.
AB 272							Expands standard plans	1/11/94 in Insurance Cmte.
AB 451		Pooling						1/11/94 in Insurance Cmte.
AB 689		Pooling						3/3/94 in Health & Human Services.
AB 1037					X			1/20/94 in Appropriations.
AB 1038					X			1/20/94 in Appropriations.
AB 1515							Inds: Cost sharing	3/10/94 in Insurance Cmte.
AB 2251						X		10/20/94 in Insurance Cmte.
AB 2452		Gtd. renew					Deletes a reason for non-renewal.	1/19 passed Insurance Cmte.
SB 689		Pooling						5/19/94 passed HHS Cmte. as amended.
SB 866							Expands eligibility to buy sm. grp. plans	1/19/95 from Assembly Insurance Cmte.

NEW YORK

Bill No.	Universal	Access	Rate Limit	Pre-X	Tax Crdt	MSA	Other	Status/Notes
AB 480							Rate stabilization.	1/4 introduced; in Insurance.
AB 1702					X		For self-employed.	1/24 introduced; in Ways & Means.
SB 69						X		1/4 introduced; in Insurance.

PENNSYLVANIA

Bill No.	Universal	Access	Rate Limit	Pre-X	Tax Crdt	MSA	Other	Status/Notes
HB 5							Barebones	2/2 introduced; in Insurance Committee.
HB 420		Gtd. issue						1/31 introduced; in Insurance Committee.

SOUTH CAROLINA

Bill No.	Universal	Access	Rate Limit	Pre-X	Tax Crdt	MSA	Other	Status/Notes
SB 221							Ind. plans: benefits must be reasonable relative to premiums.	11/21 prefled. In Senate Interim Cmte. on Banking & Insurance.
SB 228							Freedom of choice of m.h. provider.	Prefled.
SB 279		High risk pool						Prefled.
SB 283						X		Prefled.

TEXAS

2/17/95

Bill No.	Universal	Access	Rate Limit	Pre-X	Tax Crdt	MSA	Other	Status/Notes
HB 129						X		1/10 introduced; in Insurance.
HB 369							Amendments to HB 2055 (1993).	1/10 introduced; in Insurance.
HB 489							Continuation.	1/10 introduced; in Insurance.
HB 491				X				1/10 introduced; in Insurance.

VIRGINIA

Bill No.	Universal	Access	Rate Limit	Pre-X	Tax Crdt	MSA	Other	Status/Notes
HB 2043				X				Passed Insurance Committee.
HB 2298				X				2/3 defeated on House floor.
HJR 541						X	Study	1/23 introduced; in Rules.
SB 1035						X		Introduced 1/23; in General Laws.

WASHINGTON

Bill No.	Universal	Access	Rate Limit	Pre-X	Tax Crdt	MSA	Other	Status/Notes
HB 1028							Delays implementation dates.	1/9 introduced; in Health Care Cmte.
HB 1029							Makes UBP only a recommendation.	1/27 passed Health Care Cmte.
HB 1046	Repeals mandates					X	Health Care Improvement Act	2/13 passed House.
HB 1079			X					1/11 introduced; in Financial Institutions & Insurance.
SB 5038							Delays implementation dates.	Signed by the Governor.
SB 5935	Must offer min. list of health services			X		X	Senate Democrat proposal	2/14 introduced; in Health Care Committee. Hearings 2/22 & 2/23.

SPECIAL REPORTS:

Individual Insurance Market: Rating Restriction Laws

State	Citation	Effective Date	Provision
Connecticut	§38a-564	10/1/93	Modified community rating: may use age, gender, geographic area, industry, group size and family composition.
Idaho	SB 1552 (1994) §41-5206(1)	7/1/94	May not use claims experience, health status or duration. May vary +/- 25% from index rate for plans with similar case characteristics and plan design.
Kentucky	HB 250 (1994)	7/15/95	Modified community rating: may use age, geography, family composition, benefit plan design and cost containment provisions.
Louisiana	§228.6(B)(3)	1/1/94	Modified community rating: may use age, gender, industry, geographic area, family composition, group size and tobacco usage.
Maine	§2736-C(2)(D)(5)	12/1/93	Until 7/15/97, may use age, smoking status, occupation or industry and geographic area (within bands). After 7/15/97, pure community rating.
Minnesota	SF 2192 (1994); §62A.65(3)	7/1/94	Premium rate restrictions until 7/1/97. After 7/1/97, community rating.
New Hampshire	SB 711 (1994)	1/1/95	Community rating. May modify for age for two years.
New Jersey	AB 1654 (1992)	6/1/93	Community rating. Two-year phase-in.
New York	AB 12350-A (1992)	4/1/93	Community rating. May vary rate between individuals and families, geographic area.
South Carolina	§38-71-910	1/1/92	May not use claims experience, health status or duration. May vary +/- 25% from index rate for plans with similar case characteristics and plan design.
Vermont	Act 160 (1992)	7/1/93	Community rating. May vary rate between single, two person and family groups. Two year phase-in.
Washington	SB 5304 (1993)	7/1/93	All certified health plans must charge a fixed, per capita community rate, not to exceed the maximum premium set by the Health Services Commission.
Source: Christine F. Popolo, Council for Affordable Health Insurance, February 17, 1995.			

Individual Insurance Market: Guaranteed Issue Laws

State	Citation	Effective Date	Provisions
Connecticut	§38a-568(b)-(d)	1/1/91	Individual policies subject to small group law. Must guarantee issue statutory basic plan.
Idaho	SB 1552 (1994) Ch. 52, §41-5208(1)	7/1/94	Must guarantee issue basic and standard plan.
Kentucky	HB 250 (1994)	7/15/95	Must guarantee issue five standard plans.
Maine	SP 525; §2736-C(3)(A)	12/1/93	Must guarantee issue all plans.
Minnesota	SF 2192; §62Q.18(3)	7/1/97	Must guarantee issue all plans.
New Hampshire	SB 711; §420-G:4(l)(c)(1)	1/1/95	Must guarantee issue all plans.
New Jersey	AB 1654 (1992) §3b	6/1/93	Must guarantee issue five standard plans.
New York	AB 12350-A; Chapter 501 §4(a)	4/1/93	Must guarantee issue all plans on a year-round open enrollment basis.
Vermont	Act 160; §4080b(d)(1)	7/1/93	Must guarantee issue all plans.
Washington	SB 5304 §428(3)	7/1/95	CHPs must accept all residents.
Source: Christine F. Popolo, Council for Affordable Health Insurance, February 17, 1995.			