GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2003

H 3

HOUSE BILL 1463* Second Edition Engrossed 6/10/04 Senate Commerce Committee Substitute Adopted 6/23/04

Short Title:	Health Insurance Innovations Commission.	(Public)
Sponsors:		
Referred to:		

May 17, 2004

A BILL TO BE ENTITLED

AN ACT TO ESTABLISH THE NORTH CAROLINA HEALTH INSURANCE INNOVATIONS COMMISSION.

The General Assembly of North Carolina enacts:

1

2

4

5

6

7

8

9

10

11 12

13 14

15

16

17

18

19 20

21

2223

24

25

26

27

SECTION 1. Findings and Purpose. – The General Assembly finds that a crisis exists in the availability and affordability of adequate health insurance coverage for small business owners and employees in this State. These findings indicate that greater than fifty percent (50%) of the statewide workforce is employed by small business, that there are 1,154,000 North Carolinians who are not covered by health insurance, and that more than sixty percent (60%) of these citizens either own or work for a small business, or are the dependent of a small business owner or employee. The findings further indicate that 16 health insurance carriers left the North Carolina small group health coverage market in 2001, an all-time high, that virtually no small group health insurance carriers have entered the North Carolina market in the last two years, and that dramatic increases in premium rates are the primary reason for the alarming decrease in availability of health insurance coverage for small business. The purpose of this act is to quickly and effectively address this crisis through the collaborative efforts of persons involved in and affected by the declining availability of health insurance for the State's small employer workforce. It is the intent of the General Assembly to achieve this purpose through the establishment of the North Carolina Health Insurance Innovations Commission in accordance with this act.

SECTION 2. Commission Established. – There is established the North Carolina Health Insurance Innovations Commission. The Commission shall consist of 26 members, appointed as follows:

(1) Thirteen members appointed by the General Assembly upon the recommendation of the Speaker of the House of Representatives. Upon appointment, the Speaker shall designate a cochair.

 (2) Thirteen members appointed by the General Assembly upon the recommendation of the President Pro Tempore of the Senate. Upon appointment, the President Pro Tempore shall designate a cochair.

The appointing authorities shall ensure that members of the Commission are representative of the following: three who represent health insurers, three physicians licensed to practice in this State, three who represent hospitals located in this State, two who represent businesses with fewer than 50 employees, two who represent businesses with 50 employees or more, two persons without health insurance or who advocate for the uninsured, one who represents insurance brokers or agents, and one who represents health researchers and policy experts. The appointing authorities shall also ensure that appointments reflect representation among the regions of the State.

SECTION 3.(a) Commission Duties and Responsibilities. – The Commission shall do the following:

- (1) Adopt procedures and implement other administrative requirements necessary to carry out its duties under this act.
- (2) Identify and evaluate comprehensively the problems small employers face when they attempt to obtain health insurance coverage for themselves and their employees and consider the impact these problems have for large employees and the communities they serve.
- (3) Initiate regional demonstration projects to pilot innovative health care plans and products to address the problems identified. Innovative products may include piloted community education programs targeted at top illnesses in an effort to increase early detection of these illnesses. Innovative plans may also include piloted programs targeted at increasing the demand for health insurance coverage by both employers and employees through the use of policy incentives. Innovative plans and products are subject to the approval of the Commissioner of Insurance as provided in Section 5 of this act.
- (4) Develop clear and substantive recommendations for actions that must be taken by health insurance carriers, health care providers, government, small business employers, large business employers, consumers, and consumer groups, in order to improve the availability and affordability of small employer health insurance coverage within the next three years.
- (5) Provide a report on the Commission's activities to the 2005 General Assembly, Regular Session 2006, upon its convening. Reports to the General Assembly shall include proposed legislation necessary to carry out the purposes of this act.

SECTION 3.(b) The Commission shall consider the following issues and strategies in developing regional demonstration projects and other approaches to address the rising cost of health care:

(1) Feasibility of establishing chronic disease management programs similar to those that are working successfully in this State and other states.

3

4 5

6

7

8

9

10

11

12 13

14

15

16

17

18

19 20

21

2223

24

25

2627

28 29

30

31 32

33

3435

36 37

38

39

40

41 42

43

- 1 (2) The cost-effectiveness of existing and proposed health insurance coverage mandates.
 - (3) Promoting collaboration among providers, insurers, government agencies, and consumers to improve health care affordability.
 - (4) Promoting consumer education about available insurance products and promoting education of small business owners about the available insurance products, available services to assist them in understanding and selecting appropriate insurance plans, and current small business tax benefits regarding health insurance deductions.
 - (5) Review and evaluate "consumer driven" benefit plans.
 - (6) Increasing efforts and resources to educate and motivate consumers to use health care resources appropriately.
 - (7) Rewarding technological innovation based in quality and evidence-based outcomes that provide increased value to consumers over existing treatments.
 - (8) Encourage case management of high utilizers.
 - (9) Promoting evidence-based medicine.

SECTION 4. Meetings; Staff; Funding. – Members shall serve an initial two-year term and may be reappointed for an additional two-year term. The Commission shall secure federal or private funds to conduct meetings, hire professional staff, support demonstration plans and products, and cover any other costs incurred by the Commission in carrying out its duties under this act. The Department of Insurance shall, at the request of the Commission, provide technical assistance in the preparation of grant proposals for federal and other non-State funding to support the work of the Commission, in the preparation of forms, and in other related matters. The Commission may meet in the Legislative Building or the Legislative Office Building, as approved by the Legislative Services Commission, or at any other location deemed appropriate by The Commission may enter into the Health Insurance Innovations Commission. agreements and allocate federal or private funds obtained by the Commission with the University of North Carolina at Charlotte and other public or private entities to provide meeting space, professional services and support staff, and other services necessary for the Commission to carry out its duties and responsibilities under this act.

SECTION 5. Temporary Rules. – The Commissioner of Insurance shall review all pilot programs and innovative plans and products proposed by the North Carolina Health Insurance Innovations Commission. If the Commissioner determines that the proposed programs, plans, or products are in the interest of the citizens of this State and are not contrary to the public policy of this State, then the Commissioner may approve them. If the approved programs, plans, or products are in conflict with or contrary to rules adopted by the Commissioner, the Commissioner may adopt temporary rules to allow implementation of the programs, plans, or products. Any new program, plan, or product shall be reported to the Joint Legislative Commission on Governmental Operations 30 days prior to its implementation. Nothing herein shall be deemed to increase the power of the Commissioner as otherwise authorized by law.

7

SECTION 6. Funds obtained by the North Carolina Health Innovations
Commission for operations and programs of the Commission shall be deposited with the
State Treasurer for credit to the Legislative Services Office. The Legislative Services
Office shall allocate these funds for reimbursement to the Commission for operation and
program costs incurred.

SECTION 7. Nothing in this act obligates the General Assembly to appropriate funds to implement this act. This act becomes effective July 1, 2004.