

2001 SENATE INDUSTRY, BUSINESS AND LABOR

SB 2210

2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2210

Senate Industry, Business and Labor Committee

□ Conference Committee

Hearing Date January 22, 2001

Tape Number		Side A	Side B	Meter #
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(Jan 30/01)	2	X		33.7 to 47
(March 14/01)	1	X		22.4 to 34
Committee Clerk S	Signatur	e Doris & Pire	A	

Minutes:

The meeting was called to order. All committee members present. Hearing was opened on SB2210 relating to health insurance utilization reports.

DAN ULMER, Blue Cross/Blue Shield ND, In favor of this bill. Employer insured, company left ND, employer could not get utilization data. This would allow employer data on money spent on deductibles and coinsurance; this money could be credited. Provided sample of utilization report. BRENDA BLAZER, Atty. Health Insurance Assn. of America, Against this bill: It will increase the cost of doing business in ND; we are not sure if the purpose of having the utilization information is for the employer to reduce employee coverage; succeeding insurance company would not need to provide credit for coinsurance and deductibles; this bill appears like an excessive reaction to one instance. Written testimony attached.

SENATOR KLEIN: Why would the assn. oppose subsection 1?

Page 2
Senate Industry, Business and Labor Committee
Bill/Resolution Number SB2210
Hearing Date January 22, 2001

BRENDA BLAZER: Objection is more to this becoming legislative requirement, not everybody prepares data the same way.

SENATOR ESPEGARD: I would need this information to adequately provide for my enployees.

BRENDA BLAZER: Would purpose be monitoring expenses or decreasing benefits?

REPRESENTATIVE FRANK WALD: I recommend do pass. It only applies to companies with 50 plus employees, so 90% of the market not affected. Past experience indicates frequency and severity important in quotations. Time frame can be changed. Most carriers will give you credit for deductibles and co-payments.

Committee hearing concluded. Action delayed.

January 30, 2001. Tape 2-A- 33.7 to 47. Committee reconvened. All members present.

BRENDA BLAZER: Oppose bill, however if committee inclined to pass this bill, there are some amendments we worked out. Changed would be section 2 which requires insurer to provide information within 15 days be changed to 30 to allow more time. Section 4, providing deductible and coinsurance payment information only if change of insurance company before end of benefit period, otherwise this would not be acceptable. I believe end of benefit period is the same as anniversary date.

DAN ULMER: After end of benefit period start fresh with new deductibles and copayments. We have no problem with the amendment.

SENATOR KLEIN: Are we legislating because of only one incident?

DAN ULMER: This happens quite often. This allows employer to look at their utilization and the insurer accurate rate baseline. We give utilization numbers annually.

Page 3
Senate Industry, Business and Labor Committee
Bill/Resolution Number SB2210
Hearing Date January 22, 2001

SENATOR ESPEGARD: Motion: approve amendment as proposed. SENATOR TOLLEFSON:

second. Roll call vote: 7 yes; 0 no. Motion carried.

SENATOR ESPEGARD: Motion: do pass as amended. SENATOR KREBSBACH: Second.

Roll call vote: 7 yes; 0 no. Carrier: SENATOR MUTCH.

Page 4
Senate Industry, Business and Labor Committee
Bill/Resolution Number SB2210
Hearing Date January 22, 2001

March 19, 2001. Tape 1-A-22.4 to 34.

Committee reconvened. All members, except Senator Espegard, present. Committee studied

House amendments. Discussion held.

Senator Tollefson: Fifty is a cutoff number, up to fifty is one category, fifty-one up is another.

Senator Tollefson: Motion: accede to amendments. Senator Krebsbach: Second.

Roll call vote: 6 yes; 0 no; 1 absent not voting. Floor assignment: Senator Mutch.

PROPOSED AMENDMENTS TO SENATE BILL 2210

Page 1, line 13, replace "fifteen" with "thirty"

Page 1, line 16, after "insurance" insert "before the end of a benefit period"

Renumber accordingly

Date: /30/0/ Roll Call Vote #: /

2001 SENATE STANDING COMMITTEE ROLL CALL VOTES BILL RESOLUTION NO. 22/0

Senate Industry, Business	and Labo	r		Comi	mittee
Subcommittee on					····
or Conference Committee					
Legislative Council Amendment Nu	mber _				·
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Date: 1/30/01
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2001 SENATE STANDING COMMITTEE ROLL CALL VOTES BILL/RESOLUTION NO. 22/0

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REPORT OF STANDING COMMITTEE (410) January 31, 2001 2:23 p.m.

Module No: SR-17-2014

Carrier: Mutch Insert LC: 10473.0101 Title: .0200

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REPORT OF STANDING COMMITTEE

SB 2210: Industry, Business and Labor Committee (Sen. Mutch, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (7 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2210 was placed on the Sixth order on the calendar.

Page 1, line 13, replace "fifteen" with "thirty"

Page 1, line 16, after "insurance" insert "before the end of a benefit period"

Renumber accordingly

Date: 3/19/0/ Roll Call Vote #: /

2001 SENATE STANDING COMMITTEE ROLL CALL VOTES BILL/RESOLUTION NO. 22/0

Senate Industry, Business and Labor					Committee	
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2001 HOUSE INDUSTRY, BUSINESS AND LABOR

SB 2210

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2210

House Industry, Business and Labor Committee

☐ Conference Committee

Hearing Date March 6, 2001

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Minutes: Chairman R. Berg, Vice-Chair G. Keiser, Rep. M. Ekstrom, Rep. R. Froelich, Rep. G.

Froseth, Rep. R. Jensen, Rep. N. Johnson, Rep. J. Kasper, Rep. M. Klein, Rep. Koppang,

Rep. D. Lemieux, Rep. B. Pietsch, Rep. D. Ruby, Rep. P. Severson, Rep. E. Thorpe.

Chairman Berg: We'll open up the hearing on SB 2210.

Sen. Harvey Tallackson: Sponsor of bill to require insurers to provide to employers of over 50 people to give a report to them on their claims and experiences.

Dan Ulmer: Blue Cross/Blue Shield We asked for this bill to be introduced. We like to look at the companies history especially if there is an extreme reason such as they are leaving in the middle of a contract. This gives us a heads up to any problems that may occur. This would be a good idea for all employers. Employers of 50 or more employees are required at least a once a calendar year to get the most recent 24 month period of experience of what we've paid out to that particular client. We would give that to them within 30 days and it would not identify specific employee claims. That's why we left it at 50 or more employees. Number 4 says if upon the

Page 2
House Industry, Business and Labor Committee
Bill/Resolution Number SB 2210
Hearing Date March 6, 2001

allocation of termination before the end of the benefit period then they would be required to also supply the succeeding insurer with where each one of these particular people are in terms of there CO-payments and deductibles so we can make that application to them. Normally what we do is if you're halfway through \$2,500 annual stop loss we would like to give you credit to that.

Rep M. Klein: Wasn't there an interim study that requested this data?

Ulmer: I'm not sure. We track it all the time for our people, it's fairly proprietary too.

<u>Vice-Chairman Keiser:</u> If you have 50 or more employees you have the right to request this information annually, if you have less than 50 employees but you're current insurer is leaving the state, you can request the history?

Ulmer: Yes, under this it would be 50 or more but if it were less then 50 it won't apply.

Vice-Chairman Keiser: Subsection 4 is not independent of subsection 1?

<u>Ulmer:</u> I think probably you're right, but that's fine with me.

Rep Kasper: Line 19, report of all deductibles and coinsurance payments by the employer.

Wouldn't that be for each employee?

Ulmer: Yes

Rep Kasper: Should we maybe be adding for each employee?

<u>Ulmer:</u> Probably we should.

Vice-Chairman Keiser: Is it really 50 employees we're concerned with or 50 covered employees?

<u>Ulmer:</u> It depends on your level of participation. Normally when we're talking about 50 employees we're talking about 50 full-time employees, covered or not.

Rep Froseth: What does the employer do with this information?