

PROJECT HISTORY 2015

SMALL GROUP MARKET HEALTH INSURANCE COVERAGE MODEL REGULATION

1. Description of the Project, Issues Addressed, etc.

At the 2013 Fall National Meeting, the Regulatory Framework (B) Task Force began its review of an initial draft of the Small Group Market Health Insurance Coverage Model Regulation as a companion regulation to the Committee adopted the Small Group Market Health Insurance Coverage Model Regulation.

Major provisions in the model regulation include:

- x Restrictions Relating to Premium Rates
- x Single Risk Pool (Section 5)
- x Guaranteed Availability of Small Group Health Insurance (Section 6)
- x Guaranteed Renewability of Small Group Health Insurance
- x Prohibition on Waiting Periods Except for New Entrants
- x Prohibition on Preexisting Condition Exclusions
- x Essential Health Benefits Package (Section 3)
- x Prescription Drug Benefits (Section 3)
- x Cost-Sharing Requirements (Section 5)
- x Actuarial Value Calculation for Determining Eligibility
- x

4. A General Description of the Drafting Process (e.g., drafted by a subgroup, interested parties, the full group, etc). Include any parties outside the members that participated.

The model regulation was drafted by the Regulatory Framework (B) Task Force. The Task Force posted in meetings at each of the 2013 and 2014 National Meetings and several open conference calls in which the drafts and comments received on the drafts were discussed. All drafts and comments were posted on the Task Force's page on the NAIC website. During these in-person meetings and open conference calls, representatives from various stakeholder groups participated, including consumer representatives, such as Georgetown University Health Policy Institute, the Center on Budget and Policy Priorities (CBPP), Consumers Union and Families USA, and the Alzheimer's Foundation of America, industry representatives, such as America's Health Insurance Plans (AHIP), the BlueCross and BlueShield Association (BCBSA), the Pharmaceutical Research and Manufacturers of America (PhRMA), and individual consumers.

5. A General Description of the Due Process (e.g., exposure periods, public hearings, or any other means by which widespread input from industry, consumers and legislators was solicited)

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6. A Discussion of the Significant Issues (items of some controversy raised during the due process and the group's response)

There was only one significant issue discussed at the end of the drafting process. During the last public comment period, more than 40 comment letters were received concerning an issue related to network plans found in Section 5B. The issue related to a provision in the final federal regulations concerning the application of network costsharing to the annual limitation on costsharing. As provided in 45 CFR §156.130, in the case of a plan using a network of providers, the annual limitation on costsharing, as defined in