

# Legislative Updates

March 13<sup>th</sup>, 2023



## Board Legislative Approach

- **Connect for Health Colorado will not take a position on legislation unless the legislation will have a direct and significant impact on the continued operation of the Exchange.**
- If that's the case...

# Board Legislative Approach

- Board may discuss whether a position and/or public testimony is warranted.
- If the Board is unable to convene in a timely manner, the Executive Committee may discuss whether a position and/or public testimony is warranted.
- Board will be notified within 24 hours and prior to public testimony.
- If the Board does not take a position on the legislation, the CEO has the authority to communicate the potential impacts of the legislation and staff recommendation to oppose, support, or monitor.

- Rep. Jodeh, Vice Chair submitted Late Bill Request in the House
- Looking to add Senator Kolker, Chair, as the Senate sponsor
- Goals of Bill Sponsors:
  - Clarify timing of Legislative Oversight Committee meetings to prevent duplicate presentations to SMART Act Hearings
  - Clarify timing of Annual Report due to Legislature
    - Due date of January 15<sup>th</sup> does not allow us to provide full Open Enrollment report

## Update: Technical Legislative Oversight Committee Bill Concept

# HB23-1209: Analyze Statewide Publicly Financed Health- care

- Requires Colorado School of Public Health to study implementing a publicly financed and privately delivered universal health care payment system for Colorado
- Creates study task force consisting of members appointed by the General Assembly, as well as Executive Directors of various Departments, and the **CEO of Connect for Health Colorado**
- No direct impact to the operation of the Exchange or its customers
- Connect for Health Colorado is monitoring to make sure the intent and structure does not change

# Colorado Option Plans: Preamble

- The Board of Directors took a Support position on HB21-1232 because standardized plans improves the customer's ability to understand their choices and to compare plans.
- Colorado Option plans were implemented on Exchange and via Colorado Connect this Open Enrollment
- ~13% of Marketplace enrollees chose Colorado Option plans as of January 15<sup>th</sup>
- Following Board discussions in November and December 2022, we have created a robust user research and stakeholder plan re: plan display
- As required by legislation, Connect for Health Colorado customer survey will include the customer experience when enrolling in CO Option plans

# HB23-1224: Standardized Health Benefit Plan

- Based on carriers' ability to meet the premium reduction rates in 2023, the Division could be holding numerous public hearings. This bill would streamline the public hearing process and allow the Division to target its public hearing resources
- This bill will give the Division specific rate review tools such as limiting excessive profits and administrative expenses
- Requires Connect for Health Colorado, with the consent of the Commissioner, to develop a format for displaying CO Option plans on the Exchange in a way that makes the CO Option plans easy to compare

# Bill Text as Introduced

“THE EXCHANGE, WITH THE CONSENT OF THE COMMISSIONER, SHALL DEVELOP A FORMAT FOR DISPLAYING THE STANDARDIZED PLANS ON THE EXCHANGE IN A MANNER THAT ENCOURAGES VALUE-BASED SHOPPING AND ALLOWS CONSUMERS TO EASILY COMPARE THE STANDARDIZED PLANS”



# HB23-1224 and Our Mission

**Our mission:** to increase access, affordability and choice for individuals and small employers purchasing health insurance in Colorado.

**HB23-1224:** Following Board discussions in 2022, Connect for Health Colorado is in the process of implementing a robust user research and stakeholder plan to improve plan display. Plan display and sorting tools are an integral part of providing an accessible shopping experience with meaningful choice. This bill language could limit our ability to leverage that process.

# HB23-1224 and Our Strategic Goals

- **Strategic Goal #1:** Improve access to coverage to increase enrollments in rural areas of Colorado.
- **Strategic Goal #2:** Maximize the number of consumers who shop and enroll through the health insurance marketplace and apply for available financial assistance.
- **Strategic Goal #3:** Improve the ability of customers to attain and retain coverage based on their health care needs and circumstances.
  
- **HB23-1224:** We know there are additional obstacles to enrollment for rural Coloradans, making it even more important to leverage data-driven best practices in the shopping experience. Plan display and sorting tools are an integral part of maximizing the number of Coloradans who shop, enroll, and apply for financial assistance. Furthermore, In order to attain and retain the best coverage for a customer's needs and circumstances, the customer must have access to robust shopping tools, regardless of health literacy, benefit design, or plan type preference. The Exchange needs to be able to use our user research and stakeholder plan to best meet the needs of all customers. This bill language could limit our ability to leverage those best practices.

# Another Consideration: Role of Board of Directors

- The Board of Directors oversees the operations of the Exchange, of which plan display and the shopping experience are integral parts
- Of the 12 board members, the Governor appoints five voting members and three non-voting members including the Commissioner of Insurance
- It is the role of the Connect for Health Colorado Board of Directors to oversee and make decisions about how we implement changes to our operations

# Another Consideration: Timeline

- We need to spend the next year focused on the lessons learned from this past Open Enrollment and ensuring our core functionality is working well
- Slowing down the implementation timeline of this bill language would allow for all stakeholders to see the results of the premium rate review, which may affect the plan display format to achieve the goal identified in the introduced language
- This would also allow us to complete the customer research and C4HCO Board Advisory Group stakeholder engagement that we are planning related to plan display, leveraging implementation best practices for these changes
- This would also avoid significant changes in the middle of the Medicaid unwind

# Staff Recommendation: Amend

- We recommend the Board consider an **Amend** position, and support an amendment that addresses the following:
  - Allow for the Exchange Board of Directors to develop a format for displaying the standardized plans, and remove reference to consent of the Commissioner
  - Include an effective date of January 1<sup>st</sup>, 2025 for the provision specific to Exchange plan display.