106TH CONGRESS 2D SESSION

H. R. 3527

To amend title XXVII of the Public Health Service Act to limit the amount of any increase in the payments required by health insurance issuers for health insurance coverage provided to individuals who are guaranteed an offer of enrollment under individual health insurance coverage relative to other individuals who purchase health insurance coverage.

IN THE HOUSE OF REPRESENTATIVES

January 24, 2000

Mr. Pallone introduced the following bill; which was referred to the Committee on Commerce

A BILL

To amend title XXVII of the Public Health Service Act to limit the amount of any increase in the payments required by health insurance issuers for health insurance coverage provided to individuals who are guaranteed an offer of enrollment under individual health insurance coverage relative to other individuals who purchase health insurance coverage.

- 1 Be it enacted by the Senate and House of Representa-
- 2 tives of the United States of America in Congress assembled,
- 3 SECTION 1. SHORT TITLE.
- 4 This Act may be cited as the "Affordable Health In-
- 5 surance Act of 2000''.

1	SEC. 2. AMENDMENTS TO THE PUBLIC HEALTH SERVICE
2	ACT.
3	(a) Premium Limitations With Respect to Indi-
4	VIDUAL COVERAGE.—Section 2741 of the Public Health
5	Service Act (42 U.S.C. 300gg-41) is amended—
6	(1) by redesignating the second subsection (e)
7	and subsection (f) as subsections (f) and (g), respec-
8	tively; and
9	(2) by adding at the end thereof the following
10	new subsection:
11	"(h) Premium Limitations.—
12	"(1) In general.—With respect to an eligible
13	individual desiring to enroll in, or renew, individual
14	health insurance coverage under this section, the
15	health insurance issuer that offers such coverage
16	shall not charge such individual a premium rate for
17	such coverage that is higher than a rate equal to
18	150 percent of the average standard risk rate (as
19	determined under paragraph (2)) of the issuer for
20	individual health insurance offered in the State or
21	applicable marketing or service area (as determined
22	pursuant to regulations).
23	"(2) Average standard risk rate.—As used
24	in paragraph (1), the term 'average standard risk

rate' means the following:

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"(A) GUARANTEED ISSUE OF ALL POLICIES.—In the case of a health insurance issuer that meets the requirements of this section with respect to individual health insurance coverage by meeting the requirements of subsection (a)(1), the standard risk rate for the policy in which the eligible individual is enrolled or desires to enroll.

"(B) GUARANTEED ISSUE OF TWO MOST POPULAR POLICIES.—In the case of a health insurance issuer that meets the requirements of this section with respect to individual health insurance coverage through a mechanism described in subsection (c)(2), the standard risk rate for the policy in which the eligible individual is enrolled or desires to enroll.

"(C) GUARANTEED ISSUE OF TWO POLICY FORMS WITH REPRESENTATIVE COVERAGE.—In the case of a health insurance issuer that meets the requirements of this section with respect to individual health insurance coverage through a mechanism described in subsection (c)(3), the average of the standard risk rates for the most common policy forms offered by the issuer in the State or applicable marketing or service

1	area (as determined pursuant to regulations).
2	established using reasonable actuarial tech-
3	niques to adjust for the difference in actuarial
4	values among such policy forms, subject to re-
5	view and approval or disapproval of the applica-
6	ble regulatory authority.
7	(b) STATE FLEXIBILITY.—Section 2744(c) of the
8	Public Health Service Act (42 U.S.C. 300gg-44(c)) is
9	amended—
10	(1) in paragraph (1), by inserting before the pe-
11	riod the following: ", except that in applying any
12	such model act, an eligible individual shall not be
13	charged a premium rate that is higher than a rate
14	equal to 150 percent of the standard risk rate of the
15	issuer";
16	(2) in paragraph (2)(B), by inserting before the
17	period the following: ", except that an eligible indi-
18	vidual shall not be charged a premium rate that is
19	higher than a rate equal to 150 percent of the
20	standard risk rate as determined under the Model
21	Plan''; and
22	(3) by adding at the end the following:
23	"(4) Limitation.—
24	"(A) IN GENERAL.—In the case of a mech-
25	anism described in subparacraph (A) or (B) of

1	paragraph (3), a State shall not be considered
2	to be implementing an acceptable alternative
3	mechanism unless the mechanism limits the
4	amount of premium rates that may be charged
5	to eligible individuals to not more than 150 per-
6	cent of the standard risk rate.
7	"(B) Standard risk rate.—For pur-
8	poses of subparagraph (A), the term 'standard
9	risk rate' means—
10	"(i) in the case of a mechanism under
11	paragraph (3)(A), and as determined by
12	the Secretary to be appropriate with re-
13	spect to the State mechanism involved—
14	"(I) the rate determined under
15	section $2741(h)(2)(A)$;
16	"(II) the rate determined pursu-
17	ant to the standards included in the
18	Model Plan described in paragraph
19	(2)(B); or
20	"(III) the rate determined pursu-
21	ant to such other method of calcula-
22	tion as determined by the State and
23	approved by the Secretary as appro-
24	priate to achieve the goal of this sub-
25	section; and

1	"(ii) in the case of a mechanism
2	under paragraph (3)(B), the rate deter-
3	mined under section 2741(h)(2)(A).".
4	SEC. 3. EFFECTIVE DATE.
5	The amendments made by—
6	(1) section 2(a) shall apply to health insurance
7	coverage offered, sold, issued, renewed, in effect, or
8	operated in the individual market on the date that
9	is 6 months after the date of enactment of this Act;
10	and
11	(2) section 2(b) shall apply with respect to a
12	State that adopted an alternative mechanism under
13	section 2744 of the Public Health Service at (42
14	U.S.C. 300gg-44) on the date that is 1 year after
15	the date of enactment of this Act.

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