LD 1003, Resolve, Directing the Office of Program Evaluation and Government Accountability to Perform a Performance Evaluation and Cost-benefit Analysis of the Dirigo Health Program (Representative Lewin).

This resolve:

- directs the Office of Program Evaluation and Government Accountability (OPEGA) to
 conduct a performance evaluation and cost-benefit analysis of the Dirigo Health
 Program from its inception to the present, including studying all legislation, policies,
 rulemaking, expenses, estimates of the cost of covering the uninsured and of privatizing
 the program, costs of insurance providers from out of the State, interactions of
 policyholders with providers and copayments.
- requires a report to be submitted to the Joint Standing Committee on Health and Human Services by December 2, 2009.

LD 1005, An Act To Continue Access to Dirigo Choice Health Insurance by Reducing Administrative Costs and Replacing the Savings Offset Payment (Representative Treat).

This bill:

- repeals the savings offset payment, and establishes in its place a health access surcharge of 2.14% on all paid claims. Surcharge is effective October 1, 2009 with the first payment due November 2009 and is to be paid monthly as a source of funding for Dirigo.
- accelerates the payment date to monthly for savings offset payments that have been previously calculated and assessed prior to October 1, 2009.
- prohibits insurance carriers from including the costs of the health access surcharge used to support the Dirigo Health Program in health insurance premium rates (i.e. "no-pass through" provision).

LD 1264, An Act To Stabilize Funding and Enable DirigoChoice To Reach More Uninsured (Governor's Bill, sponsored by Representative Treat).

This bill:

- repeals the savings offset payment, and establishes in its place a health access surcharge of 2.14% on all paid claims to be paid monthly as a source of funding for Dirigo.
- requires that the savings offset payments that have been calculated and are due are payable in the same manner set forth in former title 24-A, section 6913.
- requires the Board of Trustees of Dirigo Health to reach more uninsured and underinsured individuals through a more affordable product and to report to the Joint Standing Committee on Insurance and Financial Services regarding changes to the Dirigo Health Program by January 1, 2010.

LD 1206, An Act To Fund the Dirigo Health Program through a High-risk Pool (Representative Richardson).

This bill:

- expands the maximum rate differential for individual health plans on the basis of age, occupation or industry and geographic area to 4:1 and allows a maximum rate differential on the basis of health status of 1.5:1.
- This bill eliminates the Maine Individual Reinsurance Association adopted last year in PL 2007, chapter 629 which lacks funding due to the people's veto and establishes the Comprehensive Health Insurance Risk Pool Association, a high-risk pool for the individual health insurance market.
- repeals the guaranteed issuance requirement for individual health insurance.
- repeals the savings offset payment and instead requires insurers to pay an assessment of up to \$10 per covered person per month to support the costs of the high-risk pool and subsidy costs for the Dirigo Health Program, split evenly between the two programs.
- requires Dirigo Health to apply an asset limit that is 3 times the limit applied by MaineCare to determine eligibility for subsidies in addition to the requirement that an individual's income be under 300% of the federal poverty level.
- requires Dirigo Health enrollees to complete health assessments as a condition of receiving subsidies.
- authorizes the offering of individual health plans for young adults under 30 years of age without the prior approval of the Superintendent of Insurance.