STATE OF MAINE

123RD LEGISLATURE

FIRST REGULAR SESSION

Summaries of bills and adopted amendments and laws enacted or finally passed during the First Regular Session of the 123rd Maine Legislature coming from the

JOINT STANDING COMMITTEE ON INSURANCE AND FINANCIAL SERVICES

July 2007

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STAFF:
COLLEEN MCCARTHY REID
LEGISLATIVE ANALYST
OFFICE OF POLICY AND LEGAL ANALYSIS
13 STATE HOUSE STATION
AUGUSTA, ME 04333
(207) 287-1670

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123RD LEGISLATURE

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LEGISLATIVE DIGEST OF BILL SUMMARIES AND ENACTED LAWS

This *Legislative Digest of Bill Summaries and Enacted Laws* summarizes all bills and adopted amendments and all laws enacted or finally passed during the First Regular Session of the 123rd Maine Legislature, which was in session from December 6, 2006 to June 21, 2007.

The *Digest* is arranged alphabetically by committee, and within each committee by LD number. The committee report(s), prime sponsor and lead co-sponsor(s), if designated, are listed below each bill title. All adopted amendments are summarized and listed by paper number. A subject index is included with each committee. The appendices include a summary of relevant session statistics, an index of all bills by LD number and an index of enacted laws by law type and chapter number.

Final action on each bill is noted to the right of the bill title. The abbreviations used for various categories of final action are as follows:

CON RES XXX	*Chapter # of Constitutional Resolution passed by both Houses*
CONF CMTE UNABLE TO AGREE	*Committee of Conference unable to agree; bill died*
DIED BETWEEN BODIES	*House & Senate disagree; bill died*
DIED IN CONCURRENCE	*One body accepts ONTP report; the other indefinitely postpones the bill*
DIED ON ADJOURNMENT	*Action incomplete when session ended; bill died*
EMERGENCY	*Enacted law takes effect sooner than 90 days*
FAILED EMERGENCY ENACTMENT/FINAL PASSAGE	*Emergency bill failed to get 2/3 vote*
FAILED ENACTMENT/FINAL PASSAGE	*Bill failed to get majority vote*
FAILED MANDATE ENACTMENT	*Bill imposing local mandate failed to get 2/3 vote*
NOT PROPERLY BEFORE THE BODY	*Ruled out of order by the presiding officers; bill died*
INDEF PP	*Bill Indefinitely Postponed*
ONTP (or Accepted ONTP report)	*Ought Not To Pass report accepted*
OTP-ND	*Committee report Ought To Pass In New Draft*
P&S XXX	*Chapter # of enacted Private & Special Law*
PASSED	*Joint Order passed in both bodies*
PUBLIC XXX	*Chapter # of enacted Public Law*
RESOLVE XXX	*Chapter # of finally passed Resolve*
UNSIGNED	*Bill held by Governor*
VETO SUSTAINED	*Legislature failed to override Governor's Veto*

Please note that the effective date for non-emergency legislation enacted in the First Regular Session is ***September 20, 2007***. The effective date for legislation enacted as an emergency measure is specified in the enacted law summary for those bills.

LD 1890 **An Act To Make Health Care Affordable, Accessible and Effective for All** **DIED ON ADJOURNMENT**

Sponsor(s)	Committee Report	Amendments Adopted
PINGREE	OTP-AM A OTP-AM B OTP-AM C	

LD 1890 does the following.

Part A requires all insurance carriers to offer a discount on premiums for nonsmokers and requires insurance carriers in the small and large group markets to offer a discount on premiums for participants in workplace wellness programs. This Part directs Dirigo Health's Maine Quality Forum to develop certification standards for eligible workplace wellness programs.

Part B clarifies that all rate filings, as well as information and documentation used to support the filings, are public records. It also requires that carriers provide demonstrable proof and quantify the amount of any recovery of the savings offset payment until repealed or the surcharge through negotiations with health care providers as part of the filing.

Part C requires a medical loss ratio of 78% in the individual market and requires approval from the Department of Professional and Financial Regulation, Bureau of Insurance for all rate filings in the small group market. This Part also requires carriers to refund the amount of the premium above the amount necessary to achieve a 78% loss ratio to policyholders in both the individual and small group markets.

Part D extends the provision allowing carriers to lower premium costs by including financial incentives to members to use designated providers and gives the Superintendent of Insurance the authority to develop a financial incentive pilot program that allows companies to offer products in which consumers can choose to travel further for cost savings and better quality.

Part E establishes a reinsurance plan for the individual health insurance market, effective January 2009. It preserves guaranteed issue, keeps all people in the same pool and provides reinsurance for all claims above a certain limit, reducing the community rate in the individual insurance market. It requires that all insurers in the individual market offer a plan that includes a $1,000 deductible, a prescription drug benefit not subject to a deductible and the option of no lifetime benefit maximum. It expands individual insurance market community rating bands for age and geography to plus or minus 33% in 2008; in 2009, when the reinsurance program becomes effective, the bands may be adjusted to plus or minus 50% and by an additional 10% upward for variation in health status. If individual insurance market savings are not achieved in the rate-filings submitted by insurers to the Bureau of Insurance by September 1, 2008, the 2009 rating expansions and the law establishing the individual reinsurance plan will not go into effect.

Part E also provides that health maintenance organizations are subject to the tax imposed on insurance premiums beginning October 1, 2007, with 85% of the resulting revenue dedicated to the Dirigo Health Program for one year and then to the individual reinsurance plan in the Maine Revised Statutes, Title 24-A, chapter 54. The reinsurance program is also financed in part by reinsurance premiums paid by insurers in the individual market. Beginning October 1, 2007, health maintenance organizations will not be subject to the corporate income tax. This Part also amends the Maine corporate income tax law to provide that income received by an insurance company from a health maintenance organization that is not separately organized is also not subject to the corporate income tax.

Part F makes permanent, beginning on or after July 1, 2008, the temporary voluntary cost containment targets on

hospital consolidated operating margins and cost increases, which were initiated in Public Law 2003, chapter 469, Part F, section 1 and which otherwise would expire.

Part G allows Dirigo Health to administer grants and other subsidies to strengthen the State's health care quality improvement infrastructure.

Part H allows persons who become eligible for premium assistance through MaineCare to enroll in their employer's group health care plan outside of the annual open enrollment period in order to allow MaineCare to pay eligible employees' premiums.

Part I establishes a health care shared responsibility program to require certain employers and individuals who do not offer or take up health insurance to pay a fee toward coverage of the uninsured. This Part directs Dirigo Health, in consultation with representatives from the business, labor, economic development, taxation, consumer, insurance and health care communities along with other interested stakeholders, to adopt major substantive rules to implement this program and to address the concerns for affordability and fairness and the impact on the business climate.

Part J disallows employers from counting MaineCare enrollees for purposes of determining the 75% of workforce eligibility for small group health plans, including DirigoChoice. This Part allows Dirigo Health to reduce the amount employers must contribute toward coverage to join DirigoChoice and also allows Dirigo Health, once the health care shared responsibility contribution requirement is implemented, to subsidize approved plans provided by multiple carriers. This Part also reduces from 20 to 10 the number of hours employees must work before being eligible for coverage under their employer's DirigoChoice plan. This Part allows Dirigo Health to assist employers in establishing payroll deduction systems that would help employees purchase health coverage with pre-tax dollars.

Part K requires the Superintendent of Insurance to report yearly to the Legislature the numbers of previously uninsured individuals who have enrolled in any health insurance product regulated by the Bureau of Insurance.

Part L replaces the savings offset payment with a surcharge. The surcharge is added to certain payments made to hospitals and is paid to Dirigo Health by an expanded group of payors, some of whom are now exempt from payment. The intent of this provision is to reduce the amount paid by each payor by sharing responsibility among a larger group of payors. The amount of the surcharge cannot exceed the actual total incurred claims paid in the preceding year for previously underinsured and uninsured individuals now covered through the program. The Board of Directors of Dirigo Health has the authority to exclude amounts established by rule for which the costs and efficiency of billing or enforcing collection from an individual would not be cost-effective.

Committee Amendment "A" (H-615)

This amendment replaces the bill and makes changes to the laws governing health insurance and the Dirigo Health Program.

Part A requires carriers to offer a wellness program in all small group and group health plans. The Part requires that carriers offer enrollees participating in the wellness program a financially tangible benefit, including a premium discount. The Part also requires that carriers report annually to the Superintendent of Insurance about the wellness programs offered to enrollees and that the superintendent report aggregate data from carriers to the Legislature and to the Maine Quality Forum. Part A also requires all individual health plans to provide coverage for tobacco cessation treatment.

Part B requires that all insurers in the individual market offer a plan that includes a $1,000 deductible, a prescription drug benefit not subject to a deductible and the option of no cap on the lifetime maximum benefit.

Part C directs the Superintendent of Insurance to report the results of the consensus-based rule-making process related to possible amendments to Bureau of Insurance Rule Chapter 850. The Part also permits the Joint Standing Committee on Insurance and Financial Services to submit legislation to the Second Regular Session of the 123rd

Legislature.

Part D establishes a reinsurance mechanism for the individual health insurance market. The Part provides reimbursement to carriers offering individual health plans for 80% of claims incurred between $50,000 and $200,000 for health plans as determined by the superintendent.

Part E modifies the community rating band in the individual market to permit the variation of rates below the community rate by 40% on the basis of age. This Part prohibits rating variations on the basis of geographic area and occupation or industry. Rates may not vary above the community rate by more than 20%.

Part F requires the Superintendent of Insurance to study the impact of merging the individual and small group markets.

Part G makes changes to the standards for the review of individual and small group health insurance rate filings. This Part also prohibits carriers from increasing rates to account for the hospital surcharge paid to support Dirigo Health unless the carrier has a loss ratio of 83% or higher for its individual health plans. Small group carriers are prohibited from increasing their rates.

Part H clarifies that rate filings and supporting information are public records subject to disclosure and requires the Superintendent of Insurance to review Bureau of Insurance Rule Chapter 945 to identify any gaps in data filed by insurance companies to improve transparency in developing premium rates. Part H also requires carriers in the individual market to have a loss ratio of 78% and to refund the excess amount to policy holders.

Part I requires the Superintendent of Insurance to report yearly to the Legislature the impact of changes to the rating provisions in the Maine Revised Statutes, Title 24-A, section 2736-C and the establishment of the Maine Individual Reinsurance Program pursuant to Title 24-A, chapter 54 on the overall health insurance market, including the number of carriers, the types of products offered and the number of individuals enrolled in health plans. This Part also requires the Governor's Office of Health Policy and Finance to study the impact of an individual and employer mandate in conjunction with the Department of Labor.

Part J allows Dirigo Health to administer grants and other subsidies to strengthen the State's health care quality improvement infrastructure.

Part K allows Dirigo Health to subsidize approved plans provided by multiple carriers. This Part also permits eligible businesses to elect to treat as eligible employees who work at least 10 hours per week for coverage under their employer's DirigoChoice plan. This Part allows Dirigo Health to assist employers in establishing payroll deduction systems that would help employees purchase health coverage with pre-tax dollars.

Part L makes permanent, beginning on or after July 1, 2008, the temporary voluntary cost containment targets on hospital consolidated operating margins and cost increases, which were initiated in Public Law 2003, chapter 469, Part F, section 1 and which otherwise would expire.

Part M authorizes the Board of Directors of Dirigo Health to develop a demonstration project to provide a targeted DirigoChoice health coverage plan to meet the needs of temporary and seasonal workers and long-term care employers and their employees and that allows multiple employers to contribute monthly premium assistance to temporary and seasonal workers and direct-care employees eligible to enroll in DirigoChoice as an individual.

Part N repeals the savings offset payment. The Part establishes a 1.8% surcharge on hospital bills. The Part increases the tax on cigarettes by 75 cents per pack and equalizes the rate of tax imposed on all tobacco products. The Part requires that these revenues be credited to the Dirigo Health Enterprise Fund to support the Dirigo Health Program except that 24% of the revenues must be transferred to the Maine Individual Reinsurance Program.

Part O changes cross-references.

Part P adds an appropriations and allocations section to the bill.

Committee Amendment "A" was not adopted.

Committee Amendment "B" (H-616)

This amendment replaces the bill and makes changes to the laws governing health insurance and the Dirigo Health Program.

Part A requires carriers to offer a wellness program in all small group and group health plans. The Part requires that carriers offer enrollees participating in the wellness program a financially tangible benefit, including a premium discount. The Part also requires that carriers report annually to the Superintendent of Insurance about the wellness programs offered to enrollees and that the superintendent report aggregate data from carriers to the Legislature and to the Maine Quality Forum.

Part B requires that all insurers in the individual market offer a plan that includes a $1,000 deductible, a prescription drug benefit not subject to a deductible and the option of no cap on the lifetime maximum benefit.

Part C extends the provision allowing carriers to lower premium costs by including financial incentives to members to use designated providers and gives the Superintendent of Insurance the authority to develop a financial incentive pilot program that allows companies to offer products in which consumers can choose to travel further for cost savings and better quality.

Part D establishes a reinsurance pool for the individual health insurance market and is modeled on a similar reinsurance pool in Idaho. The Part requires insurers that provide medical insurance as defined in the bill to pay an assessment of up to $2 per covered person per month to partially support the costs of the reinsurance pool. The Part requires all individual carriers to guarantee issue of all health plans approved by the high-risk reinsurance pool as a condition of offering individual health plans in this State.

Part E allows a maximum rate differential for individual health plans on the basis of age, occupation or industry and geographic area of 4:1 and a maximum rate differential on the basis of health status and tobacco use of 1.5:1.

Part F requires the Superintendent of Insurance to report yearly to the Legislature the impact of changes to the rating provisions in Title 24-A, section 2736-C and the establishment of the Maine Individual High-risk Reinsurance Pool pursuant to Title 24-A, chapter 54, the total number of individuals enrolled in any health insurance product regulated by the Bureau of Insurance and the numbers of previously uninsured individuals who have enrolled in any health insurance product regulated by the Bureau of Insurance.

Part G allows Dirigo Health to administer grants and other subsidies to strengthen the State's health care quality improvement infrastructure.

Part H allows Dirigo Health to subsidize approved plans provided by multiple carriers. This Part allows Dirigo Health to assist employers in establishing payroll deduction systems that would help employees purchase health coverage with pre-tax dollars.

Part I makes permanent, beginning on or after July 1, 2008, the temporary voluntary cost containment targets on hospital consolidated operating margins and cost increases, which were initiated in Public Law 2003, chapter 469, Part F, section 1 and which otherwise would expire.

Part J repeals the savings offset payment as a source of funding for Dirigo Health.

Part K corrects cross-references.

Committee Amendment "B" was not adopted.

Committee Amendment "C" (H-617)

This amendment replaces the bill and makes changes governing health insurance and the Dirigo Health Program.

Part A requires carriers to offer a wellness program in all small group and group health plans. The Part requires that carriers offer enrollees participating in the wellness program a financially tangible benefit, including a premium discount. The Part also requires that carriers report annually to the Superintendent of Insurance about the wellness programs offered to enrollees and that the superintendent report aggregate data from carriers to the Legislature and to the Maine Quality Forum.

Part B requires that all insurers in the individual market offer a plan that includes a $1,000 deductible, a prescription drug benefit not subject to a deductible and the option of no cap on the lifetime maximum benefit.

Part C extends the provision allowing carriers to lower premium costs by including financial incentives to members to use designated providers and gives the Superintendent of Insurance the authority to develop a financial incentive pilot program that allows companies to offer products in which consumers can choose to travel further for cost savings and better quality.

Part D establishes a reinsurance pool for the individual health insurance market and is modeled on a similar reinsurance pool in Idaho. The Part requires insurers that provide medical insurance as defined in the bill to pay an assessment of up to $2 per covered person per month to partially support the costs of the reinsurance pool. The Part requires all individual carriers to guarantee issue of all health plans approved by the high-risk reinsurance pool as a condition of offering individual health plans in this State.

Part E allows a maximum rate differential for individual health plans on the basis of age, occupation or industry and geographic area of 4:1 and a maximum rate differential on the basis of health status and tobacco use of 1.5:1.

Part F requires the Superintendent of Insurance to report yearly to the Legislature the impact of changes to the rating provisions in Title 24-A, section 2736-C and the establishment of the Maine Individual High-risk Reinsurance Pool pursuant to Title 24-A, chapter 54, the total number of individuals enrolled in any health insurance product regulated by the Bureau of Insurance and the numbers of previously uninsured individuals who have enrolled in any health insurance product regulated by the Bureau of Insurance.

Part G allows Dirigo Health to administer grants and other subsidies to strengthen the State's health care quality improvement infrastructure.

Part H allows Dirigo Health to subsidize approved plans provided by multiple carriers. This Part also permits eligible businesses to elect to treat employees who work at least 10 hours per week as eligible for coverage under their employer's DirigoChoice plan. This Part allows Dirigo Health to assist employers in establishing payroll deduction systems that would help employees purchase health coverage with pre-tax dollars.

Part I makes permanent, beginning on or after July 1, 2008, the temporary voluntary cost containment targets on hospital consolidated operating margins and cost increases, which were initiated in Public Law 2003, chapter 469, Part F, section 1 and which otherwise would expire.

Part J makes changes to the funding for subsidies for the Dirigo Health Program. The Part repeals the savings offset payment and puts in its place an assessment on carriers and hospitals. The Part requires carriers to pay an assessment equal to 1% of gross direct premiums for health insurance. The Part also increases the tax payable by hospitals by 1% of net operating revenue. The assessments and hospital revenues must be pooled with other revenues of the

Dirigo Health Program in the Dirigo Health Enterprise Fund. If the assessments paid in any year exceed $50,000,000, the Part requires Dirigo Health to use those excess funds to provide subsidies to eligible businesses. The Part also establishes a voluntary checkoff on individual income tax returns for contributions to the Dirigo Health Enterprise Fund to support the costs of health insurance coverage for the uninsured and underinsured.

Part K corrects cross-references.

Part L adds an appropriations and allocations section.

Committee Amendment "C" was not adopted.

Senate Amendment "B" (S-384)

Senate Amendment "B" to Committee Amendment "A" strikes out all of that committee amendment and replaces it with the provisions of Committee Amendment "B". Senate Amendment "B" to Committee Amendment "A" was not adopted.

Senate Amendment "B" (S-380)

Senate Amendment "B" to Committee Amendment "C" strikes all of that committee amendment and replaces it with all of the provisions of Committee Amendment "B." Senate Amendment "B" to Committee Amendment "C" was not adopted.

Senate Amendment "C" (S-383)

Senate Amendment "C" to Committee Amendment "C" strikes out all of the committee amendment and instead does the following in order to increase the affordability and accessibility of health care.

Part A repeals the guaranteed issuance and community rating law for individual health plans effective April 1, 2008 and allows carriers to treat their pre-April 1, 2008 book of business separately from their post-April 1, 2008 book of business. It makes changes to the continuity of coverage laws to allow underwriting when someone switches carriers in the individual market.

Part A creates the Comprehensive Health Insurance Risk Pool Association. The purpose of the association is to spread the cost of high-risk individuals among all health insurers. The bill funds the high-risk pool through an assessment on insurers. An individual insured through the high-risk pool may be charged a premium up to 150% of the average premium rates charged by carriers for similar health insurance plans. The bill requires the State to submit an application to the Federal Government for federal assistance to create a high-risk pool.

Part A also removes the requirement that carriers offer standardized plans as defined in Bureau of Insurance Rule Chapter 750 in the individual market.

Part B repeals the community rating law for small group health plans effective January 1, 2009 and enacts in its place provisions governing the rating of small group health plans based on a model act from the National Association of Insurance Commissioners.

Part C allows a health maintenance organization to offer health plans that do not comply with geographic access standards if the health maintenance organization also offers health plans that comply with those access standards or offers a fee-for-service health plan.

Part D requires the Department of Professional and Financial Regulation, Bureau of Insurance to conduct a study of the State's rate and form filing laws and make recommendations for changes to reduce the costs and resources expended by health insurance carriers seeking regulatory approval of new health insurance products.

Senate Amendment "C" to Committee Amendment "C" was not adopted.

Senate Amendment "A" (S-382)

Senate Amendment "A" to Committee Amendment "A" strikes the committee amendment and instead does the following in order to increase the affordability and accessibility of health care.

Part A repeals the guaranteed issuance and community rating law for individual health plans effective April 1, 2008 and allows carriers to treat their pre-April 1, 2008 book of business separately from their post-April 1, 2008 book of business. It makes changes to the continuity of coverage laws to allow underwriting when someone switches carriers in the individual market.

Part A creates the Comprehensive Health Insurance Risk Pool Association. The purpose of the association is to spread the cost of high-risk individuals among all health insurers. The bill funds the high-risk pool through an assessment on insurers. An individual insured through the high-risk pool may be charged a premium up to 150% of the average premium rates charged by carriers for similar health insurance plans. The bill requires the State to submit an application to the Federal Government for federal assistance to create a high-risk pool.

Part A also removes the requirement that carriers offer standardized plans as defined in Bureau of Insurance Rule Chapter 750 in the individual market.

Part B repeals the community rating law for small group health plans effective January 1, 2009 and enacts in its place provisions governing the rating of small group health plans based on a model act from the National Association of Insurance Commissioners.

Part C allows a health maintenance organization to offer health plans that do not comply with geographic access standards if the health maintenance organization also offers health plans that comply with those access standards or offers a fee-for-service health plan.

Part D requires the Department of Professional and Financial Regulation, Bureau of Insurance to conduct a study of the State's rate and form filing laws and make recommendations for changes to reduce the costs and resources expended by health insurance carriers seeking regulatory approval of new health insurance products.

Senate Amendment "A" to Committee Amendment "A" was not adopted.

Senate Amendment "A" (S-379)

Senate Amendment "A" to Committee Amendment "C" does the following.

1. It maintains guaranteed issue in the individual market.

2. It modifies the reinsurance pool to make it clear that individuals will not be placed in a separate risk pool or be covered under different health plans than those available in the individual market. The amendment permits carriers in the individual market to use an individual health assessment to designate persons covered under an individual health plan for inclusion in the reinsurance pool at the time a policy is issued.

3. The amendment requires carriers to account for the impact of the reinsurance pool in rates for individual health plans filed for approval with the Superintendent of Insurance.

4. The amendment modifies the community rating provisions in the committee amendment to permit premium rates to vary on the basis of age up to 33% above or up to 66% below the community rate. The amendment would maintain the requirement in current law that permits premium rates to vary on the basis of geographic area and occupation or industry up to 20% above or below the community rate.

5. The amendment adds a requirement that carriers in the individual market maintain a loss ratio of 78%.

6. The amendment removes the provisions in the committee amendment that impose a 1% assessment on carriers and increase the hospital tax by 1% to fund the Dirigo Health Program. This amendment increases the tax on cigarettes by 75¢ and equalizes the rate of tax on all other tobacco products. The amendment requires that all of the revenues from the tax increases be credited to the Dirigo Health Enterprise Fund to support the Dirigo Health Program.

7. The amendment removes the provision in the committee amendment establishing a voluntary checkoff on individual income tax returns for contributions to the Dirigo Health Enterprise Fund.

Senate Amendment "A" to Committee Amendment "C" was not adopted.

LD 1890 was still in possession of the House upon adjournment sine die.

LD 1894 **An Act To Ensure Affordable Health Care for Maine Families through Shared Responsibilities** **ONTP**

Sponsor(s)	Committee Report	Amendments Adopted
BRAUTIGAM	ONTP	

LD 1894 is a concept draft pursuant to Joint Rule 208. The bill proposes to expand health care coverage through the Dirigo Health Program based on the principle of shared responsibility.

The major components of the bill include the following.

1. Employer contribution. The bill requires that employers pay an assessment based on the employer's taxable payroll. Before making such payment, the employer may credit against the payment any sums paid by the employer toward employee nonpayroll benefits. Small employers, employers in financial hardship and employers in business for less than 2 years may be exempted from the employer contribution. The assessment must be used solely for the purpose of expanding access to health care through the Dirigo Health Program.

2. Insurance carrier contribution. The bill requires each insurance carrier to achieve a minimum loss ratio, to be specified in this bill, across all its products. This minimum loss ratio must be calculated at the end of each calendar year and must reflect the aggregate of all health insurance products sold in Maine by that carrier. Any insurance carrier that does not achieve the minimum loss ratio must be assessed an amount equal to 1/2 of the difference between the carrier's actual loss ratio and the minimum loss ratio. The carrier may not pass through any portion of the assessment to individual policyholders or providers. This assessment must be used to provide reinsurance to reduce premiums in the nongroup health insurance market and in the DirigoChoice product.

3. Hospital contribution. Under this bill, each hospital licensed to operate as a charity in the State must provide an amount of free charity care, to be determined in this bill. Any hospital that does not provide free care in the statutorily determined amount will be assessed an amount equal to the difference between the statutorily determined amount and the value of the free care actually provided by the hospital. The charity hospital may not pass this payment on to patients, providers or carriers. Any charity hospital in financial hardship may apply to the Department of Health and Human Services for a waiver of the assessment. A hospital is not in financial hardship if its most recent yearly operating margin exceeds a threshold to be determined in this bill, or if its unrestricted financial assets exceed a percentage of its net operating revenue to be determined in this bill. The assessment will be used solely for the purposes of expanding access to health care through the Dirigo Health Program.