

## HOUSE CONCURRENT RESOLUTION 3011

**Presented by:** Chrystal Bartuska  
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**Before:** House Human Services Committee  
Representative Weisz, Chairman

**Date:** February 1, 2023

Good morning, Chairman Weisz and members of the committee. My name is Chrystal Bartuska and I am the Life and Health Division Director of the North Dakota Insurance. I am here today in support of House Concurrent Resolution 3011.

This resolution directs the Commissioner to work with CMS on determining any changes to our North Dakota essential health benefits (EHB) benchmark plan which is a set of benefits required to be offered by all individual and small group Affordable Care Act (ACA) plans in the state of North Dakota. Under the federal law the insurance commissioners of states are directed to select EHB benchmark plans however with the long-standing tradition, the resolution works through the policy making branch. This resolution is a confirmation of the work done in the interim Health Care Reform committee and our EHB benchmark study.

Some background on what our EHB benchmark plan for the committee. In 2012 the state was tasked with determining the benchmark plan based on various federal requirement outlined under the ACA. This was completed via vote from the interim Health Care Reform Committee, at that time chaired by Rep. Keiser. Then in 2015 we were able to change our EHB benchmark which we did again under Rep. Keiser's direction of the interim Health Care Reform committee. We have had our current EHB benchmark for over ten years and we again have the option to reviewing and revising our benchmark plan.

In order to complete this process, we need to have the application process completed and to CMS by May 6, 2023. We would then work with CMS on the various changes to

determine what benefits and criteria of benefits that are allowed and what price threshold they fall into. By changing the EHB benchmark we are required to offer these plans in the individual and small group ACA market.

The Insurance Department was awarded a federal grant to evaluate and determine the cost and process of changing our EHB Benchmark plan. The analysis requires the most generous plan compared to our current EHB Benchmark plan. It was determined the 2017 Federal Employees Health Benefit Plan (FEHBP) was the most generous available in our state. We have determined that the difference between the most generous plan FEHBP and the current EHB Benchmark plan is \$2.42 PMPM. Therefore, the value of any additional benefits to the EHB Benchmark plan cannot exceed \$2.42 PMPM.

The Insurance Department went through various complaints over the years and many legislative bills over the past ten years that were considered mandated benefits We then provided those benefits to the consultants that completed the analysis and determined the following benefits would cost as follows:

Alternative EHBs for Consideration in the Benchmark plan					
		NovaRest Estimate		Issuer PMPM Range	
		PMPM Estimate	% of Premium	Minimum	Maximum
Alternative EHBs for Consideration in the Benchmark plan	Restricted Cost Sharing for Diabetes	\$0.43	0.09%	\$0.00	\$1.49
	Infertility	\$2.38	0.48%	\$1.98	\$24.85
	Hearing Loss/Aids-all ages	\$0.55	0.11%	\$0.00	\$0.50
	Nutritional Counseling and Therapy	\$0.03	0.01%	\$0.00	\$0.50

	Periodontal disease in med plan	\$0.10	0.02%	\$0.00	\$31.35
	Private Duty Home Nursing	\$1.15	0.23%	\$0.00	\$9.00
	PET scans for prostate cancer	\$0.13	0.03%	\$0.00	\$0.50
	Combating opioid epidemic	\$0.05	0.01%	\$0.00	\$0.50
	Medication Optimization	\$0.00	0.00%	\$0.00	\$0.50
	Total estimated impact to premium	\$4.82	0.97%		

You will see in HCR 3011 that infertility and private duty nursing were not included as those benefits would bring the cost of the EHB Benchmark Plan close to or over the \$2.42 threshold for changes. As with any policy decision we will implement what the legislative body recommends within the allowed \$2.42 threshold. Once this resolution passes, we will start the work with a consultant to complete the process of changing the benefits under our EHB Benchmark plan. Once we receive the full approval from CMS of any changes to the EHB Benchmark plan, we will implement those plan changes for plan years starting in 2025.

Updating the EHB Benchmark Plan is about a year long process with CMS, and HCR 3011 is the start of that process, so therefore we ask that you support this resolution.

Thank you for your time today and I am happy to answer any questions.