

## **CONNECTOR BOARD DEBATES CHANGES TO MINIMUM COVERAGE STANDARDS:**

Members of the state board charged with implementing health care access laws posed more questions than answers this week about a slew of proposed changes to the minimum insurance standards necessary to meet state mandates. At a Connector Authority board meeting Tuesday, members discussed whether high-deductible health plans should be allowed to satisfy minimum standards, whether collectively bargained insurance agreements should automatically count toward the mandate and whether limitations on certain procedures were acceptable. Although there was no clear agreement on any of the major issues, board members are hoping to vote on a final draft of proposed changes by Oct. 17. Board member Nancy Turnbull said she was concerned that allowing high-deductible health plans, with their low premiums, to meet the mandate would “obligate” residents to purchase them if they cannot afford a more traditional plan. That may put such subscribers on the hook for thousands of dollars of medical expenses before the insurance kicks in, she said. Board members said they would consider allowing existing collectively bargained health care agreements to automatically meet minimum creditable standards until the contract expired, upon which new agreements would have to conform to the standards set by the board. The discussion prompted a warning from board member Lou Malzone, who said interfering in the collective bargaining process could have significant consequences. The board also discussed whether a health plan that meets all but a few minimum benefit standards should count toward the mandate, so long as it provides coverage at an equivalent dollar value. With the discussions inconclusive, the board also mulled whether any changes should take effect on Jan. 1, 2009, as was originally scheduled, or whether some or all of the regulations should be delayed until Jan. 1, 2010.