CHAPTER 439

INSURANCE

HOUSE BILL 08-1389

BY REPRESENTATIVE(S) Carroll M., Benefield, Borodkin, Butcher, Carroll T., Casso, Curry, Ferrandino, Fischer, Frangas, Gagliardi, Gallegos, Green, Hodge, Kefalas, Kerr A., Labuda, Levy, Madden, McFadyen, McKinley, Merrifield, Middleton, Pommer, Primavera, Solano, Soper, Stafford, Todd, Weissmann, Peniston, and Marshall;
also SENATOR(S) Sandoval, Gordon, Shaffer, Tochtrop, Bacon, Boyd, Gibbs, Groff, Keller, Morse, Romer, and Tupa.

AN ACT

CONCERNING INCREASED OVERSIGHT OF HEALTH INSURANCE RATES, AND MAKING AN APPROPRIATION THEREFOR.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. Short title. This act shall be known and may be cited as the "Fair Accountable Insurance Rates Act".

SECTION 2. Legislative declaration. The general assembly hereby declares that insurance coverage should be accessible for all Coloradans, and that in order to provide accessible and affordable coverage, insurance rate increases should not be excessive, inadequate, or unfairly discriminatory. In order to achieve this goal, the general assembly declares that certain insurance rates should be subject to preapproval, based on established benefits ratio standards, by the commissioner of insurance.

SECTION 3. 10-16-102, Colorado Revised Statutes, is amended BY THE ADDITION OF THE FOLLOWING NEW SUBSECTIONS to read:

10-16-102. Definitions. As used in this article, unless the context otherwise requires:

(5.3) "BENEFITS RATIO" MEANS THE RATIO OF THE VALUE OF THE ACTUAL BENEFITS, NOT INCLUDING DIVIDENDS, TO THE VALUE OF THE ACTUAL PREMIUMS, NOT REDUCED BY DIVIDENDS, OVER THE ENTIRE PERIOD FOR WHICH RATES ARE COMPUTED TO PROVIDE COVERAGE. "BENEFITS RATIO" IS ALSO KNOWN AS "TARGETED LOSS RATIO".

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Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

(36.5) "RATE INCREASE" MEANS AN INCREASE IN THE CURRENT RATE.

(43.7) "TARGETED LOSS RATIO" MEANS THE RATIO OF EXPECTED POLICY BENEFITS OVER THE ENTIRE FUTURE PERIOD FOR WHICH THE PROPOSED RATES ARE EXPECTED TO PROVIDE COVERAGE TO THE EXPECTED EARNED PREMIUM OVER THE SAME PERIOD. THE ANTICIPATED LOSS RATIO SHALL BE CALCULATED ON AN INCURRED BASIS AS THE RATIO OF EXPECTED INCURRED LOSSES TO EXPECTED EARNED PREMIUM.

SECTION 4. 10-16-105 (6) and (6.6), Colorado Revised Statutes, are amended to read:

10-16-105. Small group sickness and accident insurance - guaranteed issue - mandated provisions for basic health benefit plans - rules - benefit design advisory committee - repeal. (6) Each small group sickness and accident insurer or other entity shall ~~maintain at its principal place of business~~ FILE WITH THE COMMISSIONER a complete and detailed description of its rating practices and renewal underwriting practices in a form and manner prescribed by the commissioner, and each such insurer shall maintain information and documentation ~~which~~ THAT demonstrates that its rating methods and practices are based upon commonly accepted actuarial assumptions and are in accordance with sound actuarial principles. THIS SUBSECTION (6) SHALL NOT APPLY TO NONDEVELOPED RATES, INCLUDING, BUT NOT LIMITED TO, RATES FOR MEDICAID, MEDICARE, AND THE CHILDREN'S BASIC HEALTH PLAN, AS DEFINED BY THE COMMISSIONER.

(6.6) ~~A small employer carrier shall make~~ The information and documentation described in subsection (6) of this section ~~available to the commissioner upon request, except in cases of violations of this article, the information shall be considered proprietary and trade secret information and shall not be subject to disclosure by the commissioner to persons outside of the division except as agreed to by the small employer carrier or as ordered by a court of competent jurisdiction~~ SHALL BE CONFIDENTIAL AS DETERMINED BY THE COMMISSIONER. ANY INFORMATION NOT DETERMINED CONFIDENTIAL SHALL BE PUBLIC WHEN FILED.

SECTION 5. 10-16-107 (1), Colorado Revised Statutes, is amended to read:

10-16-107. Rate regulation - rules - approval of policy forms - benefit certificates - evidences of coverage - benefits ratio - disclosures on treatment of intractable pain. (1) Rates for any sickness, accident, or health insurance policy, contract, certificate, or other evidence of coverage issued or delivered to any policyholder, enrollee, subscriber, or member in Colorado, by an insurer subject to the provisions of part 2 of this article or an entity subject to the provisions of part 3 or 4 of this article shall not be excessive, inadequate, or unfairly discriminatory. To assure compliance with the requirements of this section that rates are not excessive in relation to benefits, the commissioner shall promulgate rules to require rate filings and, as part thereof, may require the submission of adequate documentation and supporting information including actuarial opinions or certifications and set ~~loss~~ EXPECTED BENEFITS ratios. ~~for loss ratio guarantees~~ EXPECTED RATE INCREASES SHALL BE SUBMITTED TO THE COMMISSIONER AT LEAST SIXTY DAYS PRIOR TO THE PROPOSED IMPLEMENTATION OF THE RATES. IF THE

COMMISSIONER DOES NOT APPROVE OR DISAPPROVE THE RATE FILINGS WITHIN A SIXTY-DAY PERIOD, THE CARRIER MAY IMPLEMENT AND REASONABLY RELY UPON THE RATES ON THE CONDITION THAT THE COMMISSIONER MAY REQUIRE CORRECTION OF ANY DEFICIENCIES IN THE RATE FILING UPON LATER REVIEW IF THE RATE CHARGED IS EXCESSIVE, INADEQUATE, OR UNFAIRLY DISCRIMINATORY. A PROSPECTIVE RATE ADJUSTMENT SHALL BE THE SOLE REMEDY FOR RATE DEFICIENCIES PURSUANT TO THIS SUBSECTION (1). IF THE COMMISSIONER FINDS DEFICIENCIES IN THE RATE FILING AFTER A SIXTY-DAY PERIOD, THE COMMISSIONER SHALL PROVIDE NOTICE TO THE CARRIER AND THE CARRIER SHALL CORRECT THE RATE ON A PROSPECTIVE BASIS. EXPECTED RATE FILING INCREASES FILED WITH THE COMMISSIONER ON OR AFTER THE EFFECTIVE DATE OF THIS SUBSECTION (1), AS AMENDED, MAY BE REVIEWED BY THE COMMISSIONER AND SHALL BE DISAPPROVED AND RESUBMITTED FOR APPROVAL IF ANY OF THE PROVISIONS OF SUBSECTION (1.6) OF THIS SECTION APPLY. RATE FILINGS THAT DO NOT INVOLVE A REQUESTED RATE INCREASE, OR A REQUESTED RATE INCREASE OF LESS THAN FIVE PERCENT FOR DENTAL INSURANCE, SHALL NOT REQUIRE PREAPPROVAL AND MAY BE IMPLEMENTED UPON FILING WITH THE COMMISSIONER. THE FILING REQUIREMENTS OF THIS SUBSECTION (1) SHALL NOT APPLY TO NONDEVELOPED RATES, INCLUDING, BUT NOT LIMITED TO, RATES FOR MEDICAID, MEDICARE, AND THE CHILDREN'S BASIC HEALTH PLAN, AS DEFINED BY THE COMMISSIONER. FAILURE TO SUPPLY THE INFORMATION REQUIRED BY THIS SECTION WILL RENDER THE FILING INCOMPLETE. THE COMMISSIONER SHALL MAKE A DETERMINATION OF COMPLETENESS NO LATER THAN THIRTY DAYS FOLLOWING SUBMISSION OF THE FILING FOR REVIEW. ALL FILINGS NOT RETURNED ON OR BEFORE THE THIRTIETH DAY AFTER RECEIPT WILL BE CONSIDERED COMPLETE. FILINGS MAY BE REVIEWED FOR SUBSTANTIVE CONTENT, AND IF REVIEWED, ANY DEFICIENCY SHALL BE IDENTIFIED AND COMMUNICATED TO THE FILING CARRIER ON OR BEFORE THE FORTY-FIFTH DAY AFTER RECEIPT. CORRECTION OF ANY DEFICIENCY, INCLUDING DEFICIENCIES IDENTIFIED AFTER THE FORTY-FIFTH DAY, SHALL BE ON A PROSPECTIVE BASIS, AND NO PENALTY SHALL BE APPLIED FOR A VIOLATION IDENTIFIED THAT WAS NOT WILLFUL. Rate filings for insurance regulated under parts 1 to 4 of this article shall be filed electronically in a format made available by the division, unless exempted by rule for an emergency situation as determined by the commissioner. A rate filing summary for insurance regulated under parts 1 to 4 of this article shall be posted on the division's internet site in order to provide notice to the public. Nothing in this section shall be construed to limit the right of the public to inspect a rate filing and any supporting information pursuant to part 2 of article 72 of title 24, C.R.S., nor to impair the commissioner's ability to review rates and determine that the rates are not excessive, inadequate, or unfairly discriminatory.

SECTION 6. 10-16-107 (1.5), (1.7), and (3) (e), Colorado Revised Statutes, are amended, and the said 10-16-107 is further amended BY THE ADDITION OF A NEW SUBSECTION, to read:

10-16-107. Rate regulation - rules - approval of policy forms - benefit certificates - evidences of coverage - benefits ratio - disclosures on treatment of intractable pain. (1.5) Rates for an individual sickness, accident, or health insurance policy, contract, certificate, or other evidence of coverage issued or delivered to any policyholder, enrollee, subscriber, or member in Colorado by an insurer subject to the provisions of part 2 of this article or an entity subject to the provisions of part 3 or 4 of this article shall not be excessive, inadequate, or unfairly discriminatory to assure compliance with the requirements of this section that rates

are not excessive in relation to benefits. ~~Rates on a particular individual policy form, contract, or other evidence of coverage issued or delivered to any policyholder, subscriber, or member in Colorado subject to the provisions of parts 1 to 4 of this article will not be considered excessive in relation to benefits upon filing with the commissioner if the health care coverage entity has filed with the commissioner a loss ratio guarantee which meets the requirements of this subsection (1.5) and loss ratio standards conforming with generally accepted actuarial principles and standards and regulations adopted by the commissioner of insurance. In promulgating such regulations the commissioner shall consider the standards on health rate filings adopted by the national association of insurance commissioners. Rates will not be considered excessive so long as such entity complies with the terms of the loss ratio guarantee as provided for in this subsection (1.5). This loss ratio guarantee shall be in writing, be signed by an officer of the entity, and contain at least the following:~~

~~(a) A recitation of the anticipated (target) loss ratio standards contained in the original actuarial memorandum filed with the policy form when it was originally approved or filed;~~

~~(b) A certification by a qualified actuary that the loss ratio standards referred to in paragraph (a) of this subsection (1.5) conform with generally accepted actuarial principles and standards and that the rates are not excessive, inadequate, nor unfairly discriminatory;~~

~~(c) A guarantee that the actual loss ratios for this state for the experience period in which the new rates take effect, and for each experience period thereafter until new rates are implemented, will meet or exceed the loss ratio standards referred to in paragraph (a) of this subsection (1.5). If the annual earned premium volume in this state under the particular policy form is less than one million dollars and therefore not actuarially credible, the loss ratio guarantee will be based on the actual nationwide loss ratio for the policy form or similar policy forms. If the aggregate earned premium for all states is less than one million dollars, the experience period will be extended until the end of the calendar year in which one million dollars of earned premium is attained, but in no event shall this period extend beyond three years.~~

~~(d) A guarantee that the actual loss ratio results for this state (or national results, if applicable) for the experience period at issue will be independently audited in compliance with generally accepted auditing standards at the health care coverage entity's expense. This audit shall be done in the second quarter of the year following the end of the experience period and the audited results shall be reported to the commissioner with the required annual audited report.~~

~~(e) (I) A guarantee that if the actual loss ratio during the experience period at issue is less than the anticipated loss ratio for that period, then policyholders in this state will receive a proportional refund based on premium earned. The total amount of the refund will be calculated by multiplying the anticipated loss ratio by the applicable earned premium during the experience period and subtracting from that result the actual incurred claims during the experience period. If nationwide loss ratios are used, then the total amount refunded in this state will equal the total refund, as calculated in this subparagraph (I), multiplied by the total earned~~

~~premium during the experience period from all policyholders in this state who are eligible for refunds and divided by the total earned premium during that period in all states on the policy form or similar policy forms.~~

~~(II) The refund shall be made to all policyholders in this state who are insured under the applicable policy form or similar policy forms as of the last day of the experience period and whose refund would equal one dollar or more. The refund shall include interest, at the same rate as contained in section 10-7-112, from the end of the experience period until the date of payment. Payment shall be made no later than the last day of the third quarter of the year following the experience period for which a refund is determined to be due.~~

~~(f) A guarantee that refunds of less than one dollar will be aggregated by the health care coverage entity and paid to the state treasurer, who shall hold, maintain, invest, and disburse said funds according to the provisions of article 13 of title 38, C.R.S.;~~

~~(g) As used in this subsection (1.5), unless the context otherwise requires:~~

~~(I) "Experience period" means, for any given rate filing for which a loss ratio guarantee is made, the period beginning on the first day of the calendar year during which the rates first take effect and ending on the last day of the calendar year during which the health care coverage entity cumulatively earns one million dollars in premiums on the forms in question in this state, or, if the annual premium earned on the forms in this state is less than one million dollars, nationally, but in no event shall this period extend beyond three years. Successive experience periods shall be similarly determined beginning on the first day following the end of the preceding experience period.~~

~~(II) "Loss ratio" means the ratio of benefits incurred to premiums earned.~~

~~(h) After the entity has filed a loss ratio guarantee pursuant to this subsection (1.5), it shall add this provision to the policy form by notifying the policyholder on a form acceptable to the commissioner of such guarantee.~~ RATES ARE EXCESSIVE IF THEY ARE LIKELY TO PRODUCE A LONG RUN PROFIT THAT IS UNREASONABLY HIGH FOR THE INSURANCE PROVIDED OR IF EXPENSES ARE UNREASONABLY HIGH IN RELATION TO SERVICES RENDERED. IN DETERMINING IF RATES ARE EXCESSIVE, THE COMMISSIONER MAY CONSIDER THE EXPECTED FILED RATES IN RELATION TO THE ACTUAL RATES CHARGED. CONCERNING INADEQUACY, RATES ARE NOT INADEQUATE UNLESS CLEARLY INSUFFICIENT TO SUSTAIN PROJECTED LOSSES AND EXPENSES, OR THE USE OF SUCH RATES, IF CONTINUED, WILL TEND TO CREATE A MONOPOLY IN THE MARKET. CONCERNING UNFAIR DISCRIMINATION, UNFAIR DISCRIMINATION EXISTS IF, AFTER ALLOWING FOR PRACTICAL LIMITATIONS, PRICE DIFFERENTIALS FAIL TO REFLECT EQUITABLY THE DIFFERENCES IN EXPECTED LOSSES AND EXPENSES.

(1.6) (a) THE COMMISSIONER SHALL DISAPPROVE THE REQUESTED RATE INCREASE IF ANY OF THE FOLLOWING APPLY:

(I) THE BENEFITS PROVIDED ARE NOT REASONABLE IN RELATION TO THE PREMIUMS CHARGED;

(II) THE REQUESTED RATE INCREASE CONTAINS A PROVISION OR PROVISIONS THAT ARE EXCESSIVE, INADEQUATE, UNFAIRLY DISCRIMINATORY, OR OTHERWISE DO NOT COMPLY WITH THE PROVISIONS OF THIS TITLE;

(III) THE REQUESTED RATE INCREASE IS EXCESSIVE OR INADEQUATE. IN DETERMINING IF THE RATE IS EXCESSIVE OR INADEQUATE, THE COMMISSIONER MAY CONSIDER PROFITS, DIVIDENDS, ANNUAL RATE REPORTS, ANNUAL FINANCIAL STATEMENTS, SUBROGATION FUNDS CREDITED, INVESTMENT INCOME OR LOSSES, UNEARNED PREMIUM RESERVE AND RESERVE FOR LOSSES, SURPLUSES, EXECUTIVE SALARIES, EXPECTED BENEFITS RATIOS, ANY FACTORS IN SECTION 10-16-111, AND ANY OTHER APPROPRIATE ACTUARIAL FACTORS AS DETERMINED BY CURRENT ACTUARIAL STANDARDS OF PRACTICE.

(IV) THE ACTUARIAL REASONS AND DATA BASED UPON COLORADO CLAIMS EXPERIENCE AND DATA, WHEN AVAILABLE, DO NOT JUSTIFY THE NECESSITY FOR THE REQUESTED RATE INCREASE; OR

(V) THE RATE FILING IS INCOMPLETE.

(b) IN DETERMINING WHETHER TO APPROVE OR DISAPPROVE A RATE FILING, THE COMMISSIONER MAY CONSIDER, BUT SHALL NOT BE LIMITED TO CONSIDERATION OF, THE EXPECTED BENEFITS RATIO FOR A HEALTH BENEFIT PLAN OR ANY OTHER COST CATEGORY DETERMINED APPROPRIATE BY THE COMMISSIONER. THE ACHIEVEMENT OF A BENEFITS RATIO OF EIGHTY-FIVE PERCENT OR HIGHER FOR LARGE GROUP INSURANCE, EIGHTY PERCENT FOR SMALL GROUP INSURANCE, AND SIXTY-FIVE PERCENT FOR INDIVIDUAL INSURANCE BY A CARRIER MAY EXPEDITE THE REVIEW OF THE APPROVAL PROCESS FOR A CARRIER WHO MEETS THE BENEFITS RATIO PURSUANT TO THIS PARAGRAPH (b).

(1.7) ~~(a) Nothing in subsection (1.5) of this section shall be construed to prevent an insurer from submitting rate filings for the commissioner's information in lieu of filing a loss ratio guarantee.~~

~~(b) Nothing in subsection (1.5) of this section shall apply to specified accident, specified disease, hospital indemnity, medicare supplement, long-term care, or other limited benefit health insurance policies.~~

(3) (e) ~~(I) No schedule of charges or rates for enrollee coverage for health care services, or amendments thereto, may be used by a health maintenance organization until a copy of such schedule or amendments has been filed with the commissioner prior to the effective date as determined by rules promulgated by the commissioner.~~

~~(II) Such rates may be established in accordance with actuarial principles for various categories of enrollees, if rates applicable to an enrollee shall not be individually determined based on the status of such enrollee's health. The rates shall not be excessive, inadequate, or unfairly discriminatory. An annual certification, by a qualified actuary, to the appropriateness of the rates, based on reasonable assumptions, shall accompany the filing along with adequate supporting information. Such supporting information and any other additional background information regarding the rates requested by the commissioner or required by regulation shall not be treated as a public record subject to part 2 of article 72 of title~~

~~24, C.R.S., or section 10-16-422.~~

SECTION 7. Part 1 of article 16 of title 10, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW SECTION to read:

10-16-107.1. False or misleading information - penalties. (1) A PERSON OR ORGANIZATION SHALL NOT KNOWINGLY WITHHOLD INFORMATION THAT WILL AFFECT THE RATES OR PREMIUMS CHARGEABLE UNDER THIS PART 1, OR KNOWINGLY GIVE FALSE OR MISLEADING INFORMATION TO THE COMMISSIONER OR ANY STATISTICAL AGENT, ADVISORY ORGANIZATION, OR CARRIER. A PERSON OR ORGANIZATION WHO VIOLATES THIS SECTION SHALL BE SUBJECT TO THE PENALTIES IN SUBSECTION (2) OF THIS SECTION.

(2) UPON A FINDING THAT ANY PERSON OR ORGANIZATION HAS KNOWINGLY VIOLATED SUBSECTION (1) OF THIS SECTION, THE COMMISSIONER MAY IMPOSE A PENALTY OF NOT MORE THAN TEN THOUSAND DOLLARS FOR EACH VIOLATION, BUT IF THE VIOLATION IS FOUND TO BE WILLFUL, A PENALTY OF NOT MORE THAN TWENTY-FIVE THOUSAND DOLLARS FOR EACH VIOLATION. THE PENALTIES MAY BE IN ADDITION TO ANY OTHER PENALTY PROVIDED BY LAW.

SECTION 8. 10-1-133, Colorado Revised Statutes, as enacted by House Bill 08-1043, enacted at the second regular session of the sixty-sixth general assembly, is amended BY THE ADDITION OF A NEW SUBSECTION to read:

10-1-133. Consumer insurance council - creation - advisory body - appointment of members - meetings - consumers' choice award - repeal. (5.5) THE CONSUMER INSURANCE COUNCIL CREATED IN THIS SECTION MAY ISSUE AN ANNUAL CONSUMERS' CHOICE AWARD TO A HEALTH INSURANCE CARRIER THAT HAS ACHIEVED THE LOWEST RATES, HIGHEST BENEFITS RATIO, AND LOWEST COMPLAINT RATIO FOR EACH LINE OF INSURANCE. IN CHOOSING THE CARRIER TO RECEIVE THE AWARD, THE CONSUMER INSURANCE COUNCIL MAY ALSO CONSIDER CARRIER-PROVIDED CONSUMER EDUCATION, THE EXTENT OF COLLABORATION WITH THE COMMUNITY TO MEET THE NEEDS OF THE PEOPLE THE CARRIER SERVES, HEALTH CARE TRANSPARENCY, HEALTH CARE INNOVATION, THE EXTENT OF CONSUMER CHOICE REGARDING HEALTH CARE PLANS, AND OTHER RELEVANT CONSUMER-RELATED CHOICES AS DETERMINED BY THE COUNCIL.

SECTION 9. 10-16-111, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW SUBSECTION to read:

10-16-111. Annual statement and reports. (4) (a) ON OR BEFORE JUNE 1 OF EACH YEAR, A CARRIER DOING BUSINESS IN THIS STATE SHALL SUBMIT TO THE COMMISSIONER WHERE APPLICABLE, THE FOLLOWING COST INFORMATION FOR THE PREVIOUS CALENDAR YEAR:

(I) MEDICAL TREND ITEMIZED BY MEDICAL PROVIDER PRICE INCREASES, UTILIZATION CHANGES, MEDICAL COST SHIFTING, AND NEW MEDICAL PROCEDURES AND TECHNOLOGY;

(II) MEDICAL TREND ITEMIZED BY PHARMACEUTICAL PRICE INCREASES, UTILIZATION CHANGES, COST SHIFTING, AND THE INTRODUCTIONS OF NEW BRAND

AND GENERIC DRUGS;

(III) DIVIDENDS PAID;

(IV) EXECUTIVE SALARIES, STOCK OPTIONS, OR BONUSES;

(V) INSURANCE PRODUCER COMMISSIONS;

(VI) PAYMENTS TO LEGAL COUNSEL;

(VII) PROVISION FOR PROFIT AND CONTINGENCIES;

(VIII) ADMINISTRATIVE EXPENDITURES WITH BREAKDOWNS FOR ADVERTISING OR MARKETING EXPENDITURES, PAID LOBBYING EXPENDITURES, AND STAFF SALARIES;

(IX) EXPENDITURES FOR DISEASE OR CASE MANAGEMENT PROGRAMS OR PATIENT EDUCATION AND OTHER COST CONTAINMENT OR QUALITY IMPROVEMENT EXPENSES;

(X) CHARITABLE CONTRIBUTIONS;

(XI) LOSSES ON INVESTMENTS OR INVESTMENT INCOME;

(XII) RESERVES ON HAND;

(XIII) THE AMOUNT OF SURPLUS AND THE AMOUNT OF SURPLUS RELATIVE TO THE CARRIER'S RISK-BASED CAPITAL REQUIREMENT;

(XIV) TAXES ITEMIZED BY CATEGORY;

(XV) ADMINISTRATIVE RATIO;

(XVI) ACTUAL BENEFITS RATIO;

(XVII) THE NUMBER OF LIVES INSURED UNDER EACH BENEFIT PLAN THE CARRIER OFFERS TO SMALL EMPLOYERS; AND

(XVIII) THE COST OF PROVIDING OR ARRANGING HEALTH CARE SERVICES.

(b) A CARRIER LICENSED IN MULTIPLE JURISDICTIONS MAY SATISFY THE REQUIREMENTS OF PARAGRAPH (a) OF THIS SUBSECTION (4) BY FILING THE COLORADO ALLOCATED PORTION OF NATIONAL DATA IF THE ACTUAL DATA IS NOT OTHERWISE AVAILABLE.

(c) THE COMMISSIONER SHALL AGGREGATE THE DATA SUBMITTED PURSUANT TO PARAGRAPH (a) OF THIS SUBSECTION (4) FOR ALL CARRIERS AND PUBLISH THE INFORMATION ON THE DIVISION'S WEB SITE. THE COMMISSIONER SHALL SUBMIT A REPORT ANNUALLY TO THE GENERAL ASSEMBLY THAT ANALYZES THE COST OF HEALTH CARE AND THE FACTORS THAT DRIVE THE COST OF HEALTH CARE ON AN INDIVIDUAL AND GROUP BASIS IN THIS STATE.

(d) THE COMMISSIONER SHALL REPORT ANNUALLY TO THE GENERAL ASSEMBLY

REGARDING FINANCIAL INFORMATION ON CARRIERS THAT INCLUDES, BUT IS NOT LIMITED TO, BENEFITS RATIOS, RATE INCREASES, AND THE REASONS OR DATA TRACKED FOR COST INCREASES, AS APPLICABLE FOR HEALTH INSURANCE PROVIDED PURSUANT TO THIS ARTICLE.

SECTION 10. Appropriation. In addition to any other appropriation, there is hereby appropriated, out of any moneys in the division of insurance cash fund created in section 10-1-103 (3), Colorado Revised Statutes, not otherwise appropriated, to the department of regulatory agencies, for allocation to the division of insurance, for regulation of insurance rates, for the fiscal year beginning July 1, 2008, the sum of three hundred nine thousand nine hundred eighty-five dollars ($309,985) and 4.5 FTE, or so much thereof as may be necessary, for the implementation of this act.

SECTION 11. Effective date - applicability. This act shall take effect July 1, 2008, and shall apply to insurance rates that take effect on or after January 1, 2009; except that sections 5, 11, and 12 of this act shall take effect upon passage.

SECTION 12. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: June 5, 2008