Insurance

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LFB Summary Items for Which an Issue Paper Has Been Prepared

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5	Healthcare Outreach Positions (Paper #442)

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June, 2019 | Joint Committee on Finance | Paper #440

Wisconsin Healthcare Stability Plan (Insurance)

[LFB 2019-21 Budget Summary: Page 233, #2]

CURRENT LAW

The Wisconsin Healthcare Stability Plan (WHSP) is a state-operated reinsurance program that is intended to reduce premiums paid by individuals who purchase health insurance in the individual market. Reinsurance payments reimburse insurers for a portion of the total annual claims for individuals with high costs. Under the program, OCI is authorized to spend up to $200,000,000 each year for reinsurance payments, an amount that can be increased by the Joint Committee on Finance upon request of OCI. Prior to each plan year, OCI establishes the reinsurance payment parameters, relying on actuarial estimates of individual market claims, and with the intent of spending the full amount set aside for payments. For 2019 plans, the program will pay 50% of the total annual medical claims of any covered individual that fall between $50,000 and $250,000. With these parameters, the maximum amount the program will pay on behalf of any individual is $100,000.

WHSP was created under 2017 Wisconsin Act 138 and implemented under the terms of a waiver federal agreement, pursuant to Section 1332 of the federal Affordable Care Act (ACA). Section 1332 of the ACA authorizes states to apply for a waiver to experiment with alternative methods of providing for healthcare coverage. In addition to a waiver of various insurance market provisions established by the ACA, states may also request pass-through federal funds that would otherwise be spent for premium tax credits. The state's Section 1332 waiver was approved for the five-year period from 2019 through 2023. Wisconsin is one of seven states that currently have a Section 1332 reinsurance program.

WHSP is funded with a combination of federal pass-through funds and state funds. Act 138 establishes a sum sufficient GPR appropriation to pay the difference between the total reinsurance payments and the amount of federal pass-through funding.

GOVERNOR

Provide $72,273,700 GPR and $127,726,300 FED in 2020-21 to fund estimated reinsurance payments for plan year 2019 under the Wisconsin healthcare stability plan.

DISCUSSION POINTS

1. The WHSP reinsurance program has several inter-related objectives. The primary goal is to reduce monthly insurance premiums. Since reinsurance payments are made from an external source (that is, not from premium revenues), the amount of medical costs that the premiums must cover is reduced. With lower premiums, participation in the individual market increases among consumers who are sensitive to price. The increased participation, in turn, tends to improve the overall risk pool, as healthier consumers join the market. With a healthier risk pool and higher participation, as well as a reduced risk associated with high-cost claims, insurers are more likely to offer plans on the individual market.

2. Based on information filed for 2019 premium rate review, OCI estimates that 2019 premiums are 10% lower than they otherwise would have been without the reinsurance program. The 2019 individual market premiums are 4.2% lower, on average, than the 2018 premiums.

3. The funding estimates in the bill reflect reinsurance payments for the 2019 plan year, which OCI will make in July of 2020, in state fiscal year 2020-21. By statute, OCI must make the reinsurance payments to insurers by August 15 of the year following the plan year.

4. The estimated state's share of the reinsurance payments for the 2019 plan year is higher than the amount OCI had assumed at the time of legislative deliberations on the bill in February of 2018. In its fiscal estimate for the bill, OCI indicated that, based on an initial review, it was expected that the state would pay approximately 25% of the cost, which for a $200 million program would be $50 million. Subsequent to passage of Act 138, OCI's actuarial firm estimated that the state would receive federal pass-through funding of $166 million, leaving a corresponding state share of $34 million.

5. On November 30, 2018, the federal government notified OCI that the state's pass-through funding for the 2019 plan year was estimated at $127.7 million. Following this notification, OCI's actuary examined the federal calculations, identifying three reasons for the difference between the estimates. First, the federal Department of Treasury, which is responsible for the calculations, used different methods for calculating the impacts of reinsurance payments on premium tax credits. Detailed information on the Department's methodology for making these calculations was not available when the initial actuarial analysis was done. Second, Treasury used different assumptions on the impact of the elimination of the individual insurance coverage mandate penalty, resulting in a larger estimated reduction in enrollment than had been assumed. A lower enrollment assumption means lower federal savings for premium tax credits. Third, the savings in federal premium tax credits savings were affected by individual insurers' decisions on setting 2019 premiums, information that was not available at the time of the initial estimates. In particular, one insurer assumed a smaller impact of reinsurance payments on its premiums, a decision that reduced the amount of premium tax

credit savings associated with the program.

6. Since the 2019 reinsurance parameters have been established and insurers established the premiums based on the expectation that payments will be made in accordance with those parameters. Consequently, the state share of these costs reflects a commitment that the state has already made for 2019 coverage.

7. Although the 2019 payment parameters were set to pay out a total of $200 million, the actual amount will vary depending upon claims experience. The federal Department of Treasury estimates the amount of pass-through funding that the state will receive, not the actual amount of the reinsurance payments. The GPR funding in the bill is based on the federal pass-through estimate, as well as an assumption that total payments will equal $200 million. OCI has the authority to prorate payments if total payments would otherwise exceed $200 million.

8. Although the reinsurance program reduces premiums, only a small segment of consumers in the individual insurance market realize any direct benefit from the reduced price. Under the Affordable Care Act, individuals with a household income below 400% of the federal poverty level (FPL) receive premium tax credits to offset the cost of plans purchased on the individual market exchange. These credits have the effect of capping the net cost of the benchmark plan (second-lowest silver level plan), a cap based on a percentage of income. Unless the full premium is below an individual's cap, which is uncommon, consumers below 400% of the FPL are unaffected by the underlying price. Consequently, the principal beneficiaries of the reinsurance program are consumers with household income above 400% of the FPL, which is currently $49,960 for an individual and $103,000 for a family of four.

9. For the 2019 open enrollment period, there were a total of 205,200 consumers who selected an exchange plan and of these 22,300 are not receiving a premium tax credit, meaning that they either were above 400% of the federal poverty level or did not apply for credits. Those consumers who do not receive a premium tax credit are the direct beneficiaries of the reinsurance program.

10. Although consumers who receive premium tax credits may not benefit as directly from the lower premiums resulting from reinsurance, they may receive benefit from having more insurers participating in the individual market. OCI indicates that at least one insurer has identified the reinsurance program as a reason for offering plans in the Wisconsin individual market.

11. Since it appears that the cost of the state's share of the reinsurance program will be higher than what was assumed when the Legislature passed Act 138, some legislators may want to reconsider whether the state should continue the program. In this case, the program could be repealed following the 2019 plan year. Although insurers are already preparing 2020 premiums based on the assumption that the state will make reinsurance payments, those premiums are not finalized until the fall and could be adjusted to reflect no reinsurance program. In addition to repealing the statutory provisions for the program (after closeout of 2019 payments), the bill would need to be amended to authorize OCI to withdraw from the Section 1332 waiver agreement (Alternative 2).

12. Under current law, OCI is required to set reinsurance payment parameters based on a total program size of up to $200 million. Initially, it was expected that this would require a state

commitment of approximately $50 million. If the Committee determines that the size of the state's commitment should be the focus in determining the overall size of the reinsurance pool, OCI could be directed to set parameters based on the state's estimated cost, rather than the overall reinsurance pool. Rather than directing OCI to set parameters for a program up to $200 million, OCI could be directed to target no more than $50 million, which could result in a program larger or smaller than $200 million, depending upon individual market conditions (Alternative 3).

13. Although the state's waiver application was premised on having a $200 million reinsurance program, the approved waiver does not restrict the state from modifying this amount. OCI is required to notify the federal government of any changes to the authorizing legislation for the program, but is not prohibited from making changes. However, adopting Alternative 3 could reduce the total size of the reinsurance program, which would reduce the impact on individual market premiums. It should also be noted that the final state costs would depend upon actual reinsurance payment claims and federal pass-through calculations, which could result in a GPR expenditures in excess of $50 million.

14. Over time, the reinsurance program may help to stabilize the individual insurance market, particularly after insurers adjust to a new business model. The Legislature enacted the reinsurance program for this purpose, and the Committee may decide that the program should remain without change for the duration of the current Section 1332 waiver.

15. Subsequent to the introduction of the bill, the Department of Administration submitted a technical erratum for the WHSP item. In its agency budget request, OCI proposed that 1.07 SEG position that had been administering the local government property insurance fund (LGPIF) be converted to PR and used to administer WHSP. (The LGPIF was terminated by the 2017-19 budget, and the Governor's bill would delete the 1.07 SEG position and associated funding for administration of the program.) DOA indicates that while it was the administration's intention to include this request item in the bill, this was not done. Each alternative includes the position and funding for the administration of WHSP.

16. Any decision to modify the parameters of the program or to repeal the program would first affect premiums for individual health plans offered for calendar year 2020. State reimbursement to insurers for that year will be made in state fiscal year 2021-22. Consequently, the state fiscal effect of any modification to the program would not affect program costs in the current biennium, but would affect future GPR commitments beginning in 2021-22. For example, if the Committee chose to repeal the program at the end of the calendar year 2019 plan year (Alternative 2), $72.3 million GPR that would be part of OCI's 2020-21 base budget would no longer be needed to fund payments to insurers, beginning in 2021-22, which would result in GPR savings of $144.6 million in the 2021-23 biennium. Similarly, a decision to reduce the GPR commitment to the program, beginning in the 2020 plan year, would result in a reduction in future GPR commitments, beginning in 2021-22.

ALTERNATIVES

1. Approve the Governor's recommendation to provide $72,273,700 GPR and $127,726,300 FED in 2020-21 to fund estimated reinsurance payments for plan year 2019 under the Wisconsin healthcare stability plan. In addition, provide $127,900 PR in 2019-20 and $128,000 PR in 2019-20, and 1.07 PR positions, beginning in 2019-20, to administer the program.

ALT 1	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	$72,273,700	0.00	$0	0.00
FED	127,726,300	0.00	0	0.00
PR	255,900	1.07	255,900	1.07
Total	$200,255,900	1.07	$255,900	1.07

2. Approve the Governor's recommendation to provide GPR and FED funding for 2019 WHSP payments and provide 1.07 PR two-year project positions, terminating June 30, 2021, and funding to administer the program. Specify that no reinsurance payments may be made under the program following the 2019 plan year. Direct OCI to submit an amendment to the existing waiver to withdraw from the agreement.

ALT 2	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	$72,273,700	0.00	$0	0.00
FED	127,726,300	0.00	0	0.00
PR	255,900	1.07	255,900	1.07
Total	$200,255,900	1.07	$255,900	1.07

3. Approve the Governor's recommendation to provide GPR and FED funding for 2019 WHSP payments and provide PR position and funding to administer the program as in Alternative 1, but amend the statutory provision related to the amount of annual reinsurance payments to require OCI to set the payment parameters for the program such that the estimated state cost would be no more than $50,000,000, beginning with the 2020 plan year.

ALT 3	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	$72,273,700	0.00	$0	0.00
FED	127,726,300	0.00	0	0.00
PR	255,900	1.07	255,900	1.07
Total	$200,255,900	1.07	$255,900	1.07

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June, 2019 | Joint Committee on Finance | Paper #441

Nonresident Insurance Appointment Fee (Insurance)

[LFB 2019-21 Budget Summary: Page 234, #4]

CURRENT LAW

Insurers are required to appoint intermediaries (generally, licensed insurance agents) who solicit, negotiate, or place insurance or annuities on behalf of the insurer. Insurers are required to report to the Office of the Commissioner of Insurance (OCI) all appointments, including renewals of appointments, and all terminations of appointments of insurance agents that do business in Wisconsin, and pay a fee for each resident and nonresident appointment. The insurance appointment fee is $16 for Wisconsin residents and $30 for nonresidents.

Revenues collected from appointment and other insurance fees is credited to a program revenue appropriation to support the operations of the Office of the Commissioner of Insurance. Any amounts collected in excess of OCI expenditures and a reserve equal to 10% of expenditures, is deposited in the general fund, counted as GPR-earned.

The 2018-19 appropriation base for OCI's general program operations appropriation is $19,646,600 PR.

GOVERNOR

Increase the annual fee for nonresident insurance appointments by $10, from $30 to $40, effective January 1, 2020. Increase estimated PR revenue collected by OCI by $2,050,000 in 2019-20 and $4,100,000 in 2020-21 to reflect this increase.

DISCUSSION POINTS

1. OCI collects program revenue from insurance fees to support the functions of the Office, but the amount the agency collects each year is well in excess of its PR-funded expenditures. Since most of the excess revenue is lapsed to the general fund at the end of each year, the insurance fees support both OCI's regulatory functions and provide a minor source for the general fund. OCI estimates that the total amount of PR revenue available for 2018-19 (the estimated opening PR balance plus insurance revenues OCI collects this year) will be $40.9 million, and of that amount, $20.1 million -- roughly half -- will lapse to the general fund.

2. Because the proposed increase in the nonresident insurance appointment fee is not associated with any proposal to increase regulatory staff or to fund increases in nonstaff costs, it effectively functions as a general fund fee increase.

3. The 2017-19 budget act reduced the nonresident appointment fee by $10, from $40 to $30, effective on January 1, 2019. The bill would restore the nonresident appointment fee to the amount levied prior to that reduction.

4. Prior to the fee reduction enacted with the 2017-19 budget, the nonresident fee was changed twice in the previous decade. The 2009-11 budget increased the fee from $24 to $50, effective January 1, 2010, while the 2013-15 budget decreased the fee from $50 to $40, effective July 1, 2014.

5. It is not uncommon for states, including Wisconsin, to charge higher fees or charges for nonresidents than to residents for the same service. State park fees and public university tuition are common examples. In some cases, this can be viewed as the state providing a benefit or advantage to state residents in comparison to nonresidents. On the other hand, it can also be seen as the state imposing costs on individuals (nonresidents) who have little or no ability to object to the fee as part of the political process.

6. There is considerable variation in how states collect insurance fees, making straight comparisons difficult. Some states do not have appointment fees, for instance, but may levy higher licensing fees. For the states that do charge an appointment fee, most do not charge a higher fee for nonresidents than for residents, although there are a few that do. Fees range widely, with most in the $10 to $40 range, but several states have fees over $50.

7. There are currently just over 150,000 insurance agents licensed in Wisconsin, about three-fourths of which are nonresidents. The number of nonresident insurance appointments has been increasing in recent years. Although the reason for the increase is uncertain, OCI suggests that nonresident agents may be seeking to offer quotes from multiple issuers to customers in order to remain competitive in response to trends toward more online insurance marketing.

8. If the Committee approves the Governor's recommendation to increase the nonresident insurance appointment fee, estimates of PR and GPR-earned revenues should be adjusted to more accurately reflect current nonresident appointment volume, as well as the timing of appointment renewals. The total revenue that would be generated by a $10 increase is estimated at $5,180,000 in

2019-20 and $6,200,000 in 2020-21, increases relative to the bill of $3,130,000 and $2,100,000, respectively (Alternative 1).

9. If the Committee decides that the fee should be maintained at the level established by the 2017-19 budget act, it could delete the Governor's recommendation. Relative to the bill, this would reduce PR and GPR-earned revenues by $2,050,000 in 2019-20 and $4,100,000 in 2020-21.

ALTERNATIVES

1. Approve the Governor's recommendation to increase the nonresident appointment fee by $10, from $30 to $40, effective January 1, 2020. Increase estimates of program revenues and GPR-earned by $3,130,000 in 2019-20 and by $2,100,000 in 2020-21.

ALT 1	**Change to**	
	Base	**Bill**
PR -REV	$11,380,000	$5,230,000
GPR-REV	$11,380,000	$5,230,000

2. Take no action.

ALT 2	**Change to**	
	Base	**Bill**
PR -REV	$0	- $6,150,000
GPR-REV	$0	- $6,150,000

Prepared by: Jon Dyck

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June, 2019 | Joint Committee on Finance | Paper #442

Healthcare Outreach Positions (Insurance)

[LFB 2019-21 Budget Summary: Page 235, #5]

CURRENT LAW

The Office of the Commissioner of Insurance (OCI) performs various consumer protection and regulatory functions related to the insurance market. The principal operations of OCI are funded primarily from insurance industry licensing fees and assessments, credited to a program revenue account. OCI has a base PR budget of $19,646,600 and 124.15 PR positions.

GOVERNOR

Provide $541,300 PR annually to fund 5.1 PR positions, beginning in 2019-20, to provide health insurance education and outreach activities, including assisting individuals with enrolling in the health insurance exchange.

DISCUSSION POINTS

1. The federal Affordable Care Act (ACA) requires each state to have a health insurance exchange to facilitate the purchase of health insurance policies by individuals and families who do not have employer-sponsored health coverage. States have the option of developing their own exchange or participating in a federally-facilitated exchange. Individuals can use the health insurance exchange to compare plans available in their area, determine their eligibility for premium tax credits and cost-sharing reduction assistance, and enroll in coverage. About two-thirds of the states, including Wisconsin, participate in the federally-facilitated exchange, while one-third have established their own exchange.

2. While the exchange provides consumers with basic information on the available plans,

such as monthly premiums and cost sharing requirements, the enrollment process can be confusing for many. Some individuals are unfamiliar with insurance concepts, like premiums, deductibles, copayments, and coverage networks. Others may be unaware of the availability of premium tax credits to help purchase coverage. Consequently, some people who would otherwise qualify for assistance and would choose to have insurance coverage remain uninsured due to a lack of understanding of the enrollment process.

3. To help address some of these barriers to enrollment, the ACA established a navigator assistance program. Grants under the program support the operations of navigator organizations, which are entities that perform education activities regarding health insurance exchange enrollment and facilitate enrollment by individuals. Under federal rules, a navigator cannot be a health insurance issuer and may not receive direct or indirect benefit from a health insurance issuer in connection with enrollment activities.

4. The federal Centers for Medicare and Medicaid Services (CMS) administers the navigator assistance program for the states that participate in the federally-facilitated insurance exchange. Grants are awarded in the fall, prior to the health insurance exchange open enrollment period, and are provided directly to navigator entities, rather than to the state.

5. Navigator assistance funding is used by grantees to employ individual navigators to provide direct enrollment assistance, but also to develop outreach and educational materials and sponsor enrollment events. Typically, navigator entities partner with existing organizations and government entities to increase awareness of both exchange-based insurance options as well as public assistance programs.

6. State law requires individual navigators to be licensed and navigator entities to be registered with OCI. Navigators must meet minimum training requirements and must pass a licensing exam.

7. CMS reduced the total amount of funding available through the federal navigator assistance program from $62.9 million in 2016 to $10.0 million in 2018. In that period, the total amount of grants awarded to Wisconsin navigator entities went from $1,338,300 to $200,000, a reduction of $1,138,300.

8. While there were previously several entities that received federal navigator assistance funds, just one entity received a direct grant in 2018. That entity is Covering Wisconsin, an organization affiliated with the University of Wisconsin System, which is formally the grant recipient. Covering Wisconsin works with local organizations to provide navigation assistance statewide, with a particular focus on rural populations, low-income populations who are uninsured or have low literacy.

9. In reducing the federal navigator grants, CMS argued that the need for continued assistance had declined as the public has become more familiar with the exchange and health insurance options. In addition, the agency believes that now private insurance brokers are fulfilling the role of enrollment assistance that was formerly done by navigator entities.

10. Navigator entities argue that unlike insurance brokers, they are guided by a mission to target underserved groups who would otherwise remain uninsured. Also, in addition to providing information and assistance with exchange coverage, navigators have a broader focus of helping individuals who may be eligible for government healthcare programs. Furthermore, navigator entities continue to provide assistance to individuals following enrollment, which may include, for instance, helping individuals understand premium and cost-sharing requirements.

11. Nationwide, enrollment in exchange plans has declined in each of the past three years, with a total reduction of about 10% during that time. Although many factors may contribute to the decline, some have suggested that a reduction in the outreach and assistance provided by navigators may be one reason. As evidence, they cite data on the divergent enrollment trends in states using the federally-facilitated exchange in comparison to states with their own exchanges, which were unaffected by the decrease in navigator assistance grants. In 2019, for instance, plan selections during the open enrollment period fell by 3.8% in states using the federal exchange, while enrollment increased by 0.9% in the other states.

12. The percentage reduction in exchange enrollment has been larger in Wisconsin than the nationwide average. Between 2016 and 2019, the number of plans selected during open enrollment declined by 14.2%. In 2019, the number of plans selected declined by 9.0% from the prior year. The enrollment decline has been greatest among the lowest income groups, which are the primary target of the navigator programs. Between 2016 and 2019, exchange enrollment among individuals with household income between 100% and 150% of the federal poverty level declined by 33%.

13. The decline in the number of people enrolled in exchange plans suggests that the number of people who are uninsured may have increased. People who are uninsured are at greater risk of having untreated health conditions, and are more vulnerable to accumulating debt for unpaid medical bills.

14. In response to a reduction in exchange enrollment and a reduced federal role through the navigator assistance program, the administration proposes to create healthcare outreach positions. OCI envisions that the positions would administer a health insurance outreach and education program for the purpose of increasing insurance literacy among consumers of all types of health coverage, including employer-sponsored plans and the various government plans. OCI indicates that despite being responsible for consumer protection functions related to insurance, the Office does not currently have staff dedicated to public outreach and education on insurance matters. OCI believes that this education and outreach function would complement the activities of the current navigator entities and insurance brokers and agents.

15. The 5.1 positions and $541,300 in annual funding that would be provided by the bill equals the positions and funding that would be deleted under a separate budget item in OCI. With the expiration of a federal grant to support insurance rate review, OCI requested, and the Governor recommended, that the 5.1 federal positions that the grant supported (which are vacant), as well as the corresponding expenditure authority associated with that grant, be deleted. However, although both the position and funding amounts that would be provided for the healthcare outreach initiative are equivalent, the proposed healthcare outreach initiative would be performing different duties. Consequently, the two items may be considered independently.

16. The administration indicates that if approved, OCI would plan to reallocate 0.9 position from existing authorized positions to provide a total of 6.0 positions for the program. Of the funding provided by the bill, $333,600 annually would be budgeted for position salary and fringe benefits, and $207,700 annually would be budgeted for supplies and services associated with these positions, including travel and other program costs. This would match the budget allocation for the federal rate review funding.

17. With the decline in federal navigator assistance, the Committee may agree that a more robust state role in providing healthcare education and outreach is needed. The proposed OCI initiative would establish a state role for providing health insurance consumer education, to either supplement or replace some of the activities that had previously been done by federally-funded navigators (Alternative 1).

18. Instead of creating OCI positions for healthcare outreach, the Committee could decide to allocate the $541,300 to grants for entities that meet the criteria for navigator grants, to supplement federal funds. If federal funding level remains the same in 2019 and 2020 as in 2018 ($200,000), then the grant supplement would make a total of about $740,000 available for Wisconsin navigator entities. Although this would not fully restore the 2016 funding level, it would provide slightly over half of what navigator entities were awarded in that year (Alternative 2).

19. The Committee could decide to provide an additional $600,000 in funding for supplemental grants, which when added to the funding in the bill, would provide $1,141,300 and be approximately equal to the reduction in federal navigator funding between 2016 and 2018 (Alternative 3).

20. The Committee could also decide that providing additional funding to increase the state's role in health insurance outreach is not a priority when weighed against other uses of available funding. In this case, the Committee could delete the proposed funding and positions (Alternative 4).

21. OCI's PR appropriation is funded with revenues collected from fees and assessments on insurance industry entities. However, the amount collected generally exceeds OCI's PR-funded expenditures by $20 million to $25 million per year. Under current law, the amount of collections that exceeds expenditures (minus a 10% reserve that remains in the PR account) is deposited in the general fund (treated as GPR-earned revenue). Therefore, any increases or decreases to PR expenditures has a secondary effect of decreasing or increasing the general fund balance, respectively. Alternative 3 would result in a decrease in GPR-earned revenue, while Alternative 4 would result in an increase in GPR-earned revenue.

ALTERNATIVES

1. Approve the Governor's recommendation to provide $541,300 PR annually to fund 5.10 PR positions, beginning in 2019-20, to provide health insurance education and outreach activities, including assisting individuals with enrolling in the health insurance exchange.

ALT 1	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
PR	$1,082,600	5.10	$0	0.00

2. Modify the Governor's recommendation by deleting 5.10 PR positions and instead authorizing OCI to provide $541,300 annually for grants to entities that meet the criteria for federal navigator grants, to supplement federal funds.

ALT 2	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
PR	$1,082,600	0.00	$0	-5.10

3. Modify the Governor's recommendation by deleting 5.1 PR positions and increasing funding by $600,000 PR annually to provide a total of $1,141,300 PR annually for grants to entities that meet the criteria for federal navigator grants, to supplement federal funds.

ALT 3	Change to Base			Change to Bill		
	Revenue	Funding	Positions	Revenue	Funding	Positions
PR		$2,282,600	0.00		$1,200,000	- 5.10
GPR-REV	- $1,200,000			- $1,200,000		

4. Take no action.

ALT 4	Change to Base			Change to Bill		
	Revenue	Funding	Positions	Revenue	Funding	Positions
PR		$0	0.00		-$1,082,600	- 5.10
GPR-REV	$0			$1,082,600		

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INSURANCE

LFB Summary Items for Which No Issue Paper Has Been Prepared

Item #	Title
1	Standard Budget Adjustments
3	Phaseout of Local Government Property Insurance Fund
6	Rate Reviews -- Delete Expired Federal Funding and Position Authority
8	BOALTC Helpline Funding Transfer

LFB Summary Items Removed From Budget Consideration

Item #	Title
7	Prescription Drug Pricing and Cost Reporting
9	Health Insurance Issuance and Coverage Requirements