

505.19 Health insurance rate increase applications — public hearing and comment.

1. All health insurance carriers licensed to do business in the state shall immediately notify policyholders of any application for a rate increase exceeding the average annual health spending growth rate stated in the most recent national health expenditure projection published by the centers for Medicare and Medicaid services of the United States department of health and human services, that is filed with the insurance division. Such notice shall specify the rate increase proposed that is applicable to each policyholder and shall include the ranking and quantification of those factors that are responsible for the amount of the rate increase proposed. The notice shall include information about how the policy holder can contact the consumer advocate for assistance.

2. The commissioner shall hold a public hearing at the time a carrier files for proposed health insurance rate increases exceeding the average annual health spending growth rate as provided in subsection 1, prior to approval or disapproval of the proposed rate increases for that carrier by the commissioner.

3. The consumer advocate shall solicit public comments on each proposed health insurance rate increase application if the increase exceeds the average annual health spending growth rate as provided in subsection 1, and shall post without delay during the normal business hours of the division, all comments received on the insurance division's internet site prior to approval, disapproval, or modification of the proposed rate increase by the commissioner.

4. The consumer advocate shall present the public testimony, if any, and public comments received for consideration by the commissioner in determining whether to approve, disapprove, or modify such health insurance rate increase proposals.

5. *a.* For the purposes of this section, “*health insurance*” does not include any of the following:

- (1) Coverage for accident-only, or disability income insurance.
- (2) Coverage issued as a supplement to liability insurance.
- (3) Liability insurance, including general liability insurance and automobile liability insurance.
- (4) Workers' compensation or similar insurance.
- (5) Automobile medical-payment insurance.
- (6) Credit-only insurance.
- (7) Coverage for on-site medical clinic care.
- (8) Other similar insurance coverage, specified in federal regulations, under which benefits for medical care are secondary or incidental to other insurance coverage or benefits.

b. For the purposes of this section, “*health insurance*” does not include benefits provided under a separate policy as follows:

- (1) Limited scope dental or vision benefits.
- (2) Benefits for long-term care, nursing home care, home health care, or community-based care.
- (3) Any other similar limited benefits as provided by rule of the commissioner.

c. For the purposes of this section, “*health insurance*” does not include benefits offered as independent noncoordinated benefits as follows:

- (1) Coverage only for a specified disease or illness.
- (2) A hospital indemnity or other fixed indemnity insurance.

d. For the purposes of this section, “*health insurance*” does not include Medicare supplemental health insurance as defined under section 1882(g)(1) of the federal Social Security Act, coverage supplemental to the coverage provided under 10 U.S.C. ch. 55, and similar supplemental coverage provided to coverage under group health insurance coverage.

6. The commissioner shall adopt rules pursuant to chapter 17A to implement the provisions of this section.

2010 Acts, ch 1121, §8, 33; 2011 Acts, ch 70, §6

[T] Subsections 3 and 4 amended