



**GENERAL ASSEMBLY OF NORTH CAROLINA**

**Session 2011**

**Legislative Actuarial Note**

**HEALTH BENEFITS**

**BILL NUMBER:** House Bill 910 (First Edition)

**SHORT TITLE:** Gov't Health Plans/ Limited Abortion Coverage.

**SPONSOR(S):** Representative LaRoque

**SYSTEM OR PROGRAM AFFECTED:** State Health Plan for Teachers and State Employees (Plan).

**FUNDS AFFECTED:** State General Fund, State Highway Fund, other State employer receipts; premium payments for dependents of active employees and retired employees of State agencies and universities, local public schools and local community colleges; premium payments for coverages selected by eligible former employees; premium payments for coverages selected by firefighters, rescue squad workers, members of the National Guard, and certain authorized local governments.

**BILL SUMMARY:**

House Bill 910 (First Edition), entitled “Gov’t Health Plans/Limited Abortion Coverage,” prohibits benefit coverage for abortions under the Plan, or any other health benefit plan offered by a county or municipality, except that this prohibition shall not apply where: (1) a pregnancy is the result of a rape or incest; (2) the life of the mother would be endangered if the unborn child were carried to term; or (3) to remove a dead unborn child. The bill also includes a specific provision stating that benefit coverage related to “miscarriage” is not to be limited by or included under the meaning of “abortion procedures” as specified in the bill.

For purposes of this Legislative Actuarial Note, the analysis herein is limited to any potential financial effect on the State Health Plan only and not any other county or municipal program. The analysis is also limited to Section 1 of the proposed bill.

**EFFECTIVE DATE:** July 1, 2011

**ESTIMATED IMPACT ON STATE:**

Aon Consulting, consulting actuary for the State Health Plan for Teachers and State Employees projects the proposed changes will increase costs to the Plan by \$730,000 for the 2011-12 fiscal year and \$950,000 for the 2012-13 fiscal year based on a mid-point estimate of 50% of non-covered abortions resulting in additional maternal deliveries, and that the Plan maintains “grandfather” status under the requirements of the federal Affordable Care Act.

Hartman and Associates, consulting actuary for the General Assembly’s Fiscal Research Division, projects the additional cost or savings impact to be within the ranges reflected below by fiscal year based upon a combination of the number of abortions excluded from coverage and the number of foregone abortions

expected to result in additional maternal deliveries, and that the Plan maintains “grandfather” status under the requirements of the federal Affordable Care Act.:

<u>Delivery Percentage</u>	<u>Fiscal Year 2011-12</u>	<u>Fiscal Year 2012-13</u>
0%	(\$216,533)	(\$259,332)
25%	\$303,399	\$363,368
50%	\$823,331	\$986,068

The additional costs or savings impact projected by either consulting actuary, under any specific delivery percentage scenario, would be expected to impact premium contribution rates by less than one-tenth of one percent (0.1%) annually.

Note Regarding Potential Impact of the federal Affordable Care Act: Each consulting actuary’s financial estimate assumes that the Plan will maintain “grandfather” status under the requirements of the federal Affordable Care Act. Maintaining the Plan’s grandfather status means the Plan does not have to expand benefit coverage to plan members for certain types of preventive services and thus incur additional annual claims costs. If the Plan were to lose grandfather status under the proposed legislation, the Plan would have to begin coverage of certain preventive services at no cost to plan members. The Plan’s consulting actuary projects the estimated additional cost to cover these preventive services to be \$87.8 million for the 2011-13 biennium in the event that grandfather status is lost.

Based on a professional opinion provided to the Plan’s management by the firm of Alston and Bird, LLP, the Plan is predicted to have a low risk of losing grandfather status under the benefit coverage changes proposed in the bill. While the firm did not provide a definitive conclusion on the impact of the bill on the Plan’s grandfather status, it did note that “the limited scope of conditions for which abortion is eliminated as coverage, and the plan’s otherwise comprehensive medically necessary coverage, suggest that the risk that the House Bill will cause the SHP to lose grandfather status is low.” Alston and Bird do however note that the Plan’s existing statutory limitation on benefit coverage for complications arising from non-covered services, in the context of a non-covered abortion, also puts the Plan at some risk of losing grandfather status.

**ASSUMPTIONS AND METHODOLOGY:** The actuarial analyses used by each respective consulting actuary are on file with the Fiscal Research Division. Copies of each respective consulting actuary’s analysis, including assumptions, are also attached to the original copy of this Legislative Actuarial note.

For assuming eligibility for the current abortion benefit, only female plan members who are employees or enrolled spouses are currently eligible for coverage under the Plan. Female dependent children are not eligible for abortion or maternity related coverage under the Plan.

The Plan is also assumed to maintain grandfather status under the federal Affordable Care Act. Out-of-Pocket cost-sharing limits for plan members are assumed to be those authorized in Session Law 2011-85 (Senate Bill 323) as amended by Session Law 2011-96 (HB 578).

The table below reflects charge and claims experience data for abortion related claims under the Plan for the previous three fiscal years:

**Summary Data on Abortion Claims Provided under the Plan from FY 2007-08 to FY 2009-10**

<u>Fiscal Year</u>	<u>Total Abortions<sup>1</sup></u>				<u>Induced Abortions</u>			
	<u>No. of Cases</u>	<u>Billed Charges</u>	<u>Allowed Charges</u>	<u>Paid Claims</u>	<u>No. of Cases</u>	<u>Billed Charges</u>	<u>Allowed Charges</u>	<u>Paid Claims</u>
2009-10	733	\$3,977,000	\$2,210,084	\$1,573,287	161	\$538,684	\$302,559	\$239,394
2008-09	794	\$4,227,750	\$2,213,216	\$1,666,855	171	\$561,764	\$244,467	\$178,787
2007-08	758	\$3,878,301	\$2,227,514	\$1,464,095	171	\$416,267	\$208,357	\$147,009

<sup>1</sup> Includes data on spontaneous abortions (e.g., miscarriages).

Data source: State Health Plan for Teachers and State Employees

**Summary Information and Data about the Plan**

The Plan administers health benefit coverage for active employees from employing units of State agencies and departments, universities, local public schools, and local community colleges. Eligible retired employees of authorized employing units may also access health benefit coverage under the Plan. Eligible dependents of active and retired employees are authorized to participate in the Plan provided they meet certain requirements. Employees and retired employees of selected local governments may also participate in the Plan under certain conditions. Members of fire, rescue squads, and the National Guard may also obtain coverage under the Plan provided they meet certain eligibility criteria.

The State finances the Plan on a self-funded basis and administers benefit coverage under a Preferred Provider Option (PPO) arrangement. The Plan's receipts are derived through premium contributions, investment earnings and other receipts. Premiums for health benefit coverage are paid by (1) employing agencies for active employees, (2) the Retiree Health Benefit Fund for retired employees, and (3) employees and retirees who elect dependent coverage. Total requirements for the Plan are estimated to be \$2.90 billion for FY 2011-12 and \$3.08 billion for FY 2012-13. The Plan's PPO benefit design includes two alternative benefit levels listed below:

- 1) The "Basic" 70/30 plan that offers higher out-of-pocket requirements in return for lower fully contributory dependent premiums; and
- 2) The "Standard" 80/20 plan.

The Basic and Standard plans offer coverage to employees and retired employees on a noncontributory basis. Coverage for dependents under both plans is offered on a fully contributory basis.

The following table provides a summary of most monthly premium rates for the Plan in FY 2010-11:

<u>Coverage Type</u>	Basic 70/30		Standard 80/20	
	Employee/ Retiree	Employer	Employee/ Retiree	Employer
Non-Medicare Active Employee/Retiree				
Employee	\$0.00	\$410.80	\$0.00	\$410.80
Employee + Child(ren)	\$178.68	\$410.80	\$237.62	\$410.80
Employee + Spouse	\$460.36	\$410.80	\$547.48	\$410.80
Employee + Family	\$490.34	\$410.80	\$580.44	\$410.80
Medicare Primary for Only Employee/Retiree				
Employee	\$0.00	\$312.76	\$0.00	\$312.76
Employee + Child(ren)	\$187.60	\$312.76	\$237.62	\$312.76
Employee + Spouse	\$469.28	\$312.76	\$547.48	\$312.76
Employee + Family	\$499.26	\$312.76	\$580.44	\$312.76

The employer share of premiums for retirees is paid from the Retiree Health Benefit Fund. During FY 2010-11, employers contribute 4.9% of active employee payroll into the Fund. Total contributions for the year are projected to be approximately \$721 million.

### **Financial Condition**

**Current and Projected Results for 2009-11 Biennium** – The following summarizes actual financial results for FY 2009-10 and projected financial results for FY 2010-11, based on financial experience through December, 2010.

	(\$ millions)	
	Actual FY 2009-10	Projected FY 2010-11
Beginning Cash Balance	\$189.9	\$121.5
Receipts:		
Net Premium Collections	\$2,412.6	\$2,677.4
Early Retirement Reinsurance Program	\$0.0	\$45.0
Medicare Part D Subsidies	\$74.4	\$60.5
Investment Earnings	\$3.5	\$2.4
Total	\$2,490.5	\$2,785.3
Disbursements:		
Net Medical Claim Payment Expenses	\$1,797.5	\$1,860.5
Net Pharmacy Claim Payment Expenses	\$596.7	\$647.7
Administration and Claims-Processing Expenses	\$164.6	\$171.7
Total	\$2,558.9	\$2,679.9
Net Operating Income (Loss)	(\$68.4)	\$105.4

**Financial Projection 2011-13 Biennium** – The following summarizes a financial projection conducted by the Plan's consulting actuary, Aon Consulting, for the 2011-13 biennium. The information is provided by fiscal year based on year-to-date financial experience (through December 2010) and other updated factors.

The projection assumes a 9.5% annual claims growth trend, that benefit provisions remain the same, and that both employer and member-paid premiums are increased by 6.3% effective July 1, 2011 and July 1, 2012.

	(\$ millions)	
	Projected FY 2011-12	Projected FY 2012-13
Beginning Cash Balance	\$226.8	\$239.0
Receipts:		
Net Premium Collections	\$2,829.0	\$2,995.2
Early Retirement Reinsurance Program	\$25.6	\$0.0
Medicare Part D Subsidies	\$60.1	\$62.6
Investment Earnings	\$2.3	\$2.5
Total	\$2,917.0	\$3,060.3
Disbursements:		
Net Medical Claim Payment Expenses	\$2,065.1	\$2,199.0
Net Pharmacy Claim Payment Expenses	\$659.2	\$699.4
Administration and Claims-Processing Expenses	\$180.5	\$183.6
Total	\$2,904.8	\$3,082.0
Net Operating Income (Loss)	\$12.2	(\$21.7)

This projection incorporates \$151 million in projected savings over the biennium from a new Pharmacy Benefit Manager (PBM) contract to be effective October 1, 2011. It assumes that the Plan maintains “grandfathered” status under the federal Affordable Care Act (ACA). It assumes the Plan experiences an increase of \$33 million in claims over the biennium due to requirements in the ACA to cover additional dependents.

### **Other Information**

In the 2009-11 biennium, the annual premium increases were applied at the beginning of each fiscal year of the biennium. Historically, the Plan had applied a premium increase in October of the first fiscal year of a biennium.

Additional assumptions include Medicare benefit “carve-outs,” cost containment strategies including prior approval for certain medical services, utilization of the "Blue Options" provider network, case and disease management for selected medical conditions, mental health case management, coordination of benefits with other payers, a prescription drug benefit manager with manufacturer rebates from formularies, and fraud detection, and other authorized actions by the Executive Administrator and Board of Trustees to manage the Plan to maintain and improve the Plan's operation and financial condition where possible. Claim cost trends are expected to increase at a rate of 9.5% annually according to the Plan's consulting actuary. Investment earnings are based upon a 1.0% return on available cash balances. The active population is projected to decline by 1% per year, the COBRA population is projected to remain constant, and the retired population is projected to increase by 1% per year.

**Enrollment by Category Type**

<b>State Health Plan Enrollment as of December 31, 2010</b>				
<b>I. No. of Participants</b>	<b>Basic</b>	<b>Standard</b>	<b>Total</b>	<b>Percent of Total</b>
<u>Actives</u>				
Employees	65,849	256,468	322,317	48.6%
Dependents	<u>50,588</u>	<u>105,759</u>	<u>156,347</u>	<u>23.6%</u>
Sub-total	116,437	362,227	478,664	72.2%
<u>Retired</u>				
Employees	16,429	143,764	160,193	24.2%
Dependents	<u>4,352</u>	<u>14,173</u>	<u>18,525</u>	<u>2.8%</u>
Sub-total	20,781	157,937	178,718	26.9%
<u>Former Employees with Continuation Coverage</u>				
Employees	1,014	1,237	2,251	0.3%
Dependents	<u>403</u>	<u>347</u>	<u>750</u>	<u>0.1%</u>
Sub-total	1,417	1,584	3,001	0.5%
<u>Firefighters, Rescue Squad &amp; National Guard</u>				
Employees	2	3	5	0.0%
Dependents	<u>1</u>	<u>2</u>	<u>3</u>	<u>0.0%</u>
Sub-total	3	5	8	0.0%
<u>Local Governments</u>				
Employees	486	1,429	1,915	0.3%
Dependents	<u>303</u>	<u>629</u>	<u>932</u>	<u>0.1%</u>
Sub-total	789	2,058	2,847	0.4%
<u>Total</u>				
Employees	83,780	402,901	486,681	73.4%
Dependents	55,647	120,910	176,557	26.6%
<b>Grand Total</b>	<b>139,427</b>	<b>523,811</b>	<b>663,238</b>	<b>100%</b>
<b>Percent of Total</b>	<b>21.0%</b>	<b>79.0%</b>	<b>100.0%</b>	
<b>II. Enrollment by Contract</b>				
	<b>Basic</b>	<b>Standard</b>	<b>Total</b>	
Employee Only	55,472	335,154	390,626	
Employee Child(ren)	13,817	36,176	49,993	
Employee Spouse	5,719	17,462	23,181	
Employee Family	8,772	14,109	22,881	
<b>Total</b>	<b>83,780</b>	<b>402,901</b>	<b>486,681</b>	
<b>Percent Enrollment by Contract</b>				
	<b>Basic</b>	<b>Standard</b>	<b>Total</b>	
Employee Only	66.2%	83.2%	80.3%	
Employee Child(ren)	16.5%	9.0%	10.3%	
Employee Spouse	6.8%	4.3%	4.8%	
Employee Family	10.5%	3.5%	4.7%	
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	

<b>III. Enrollment by Sex</b>	<b>Basic</b>	<b>Standard</b>	<b>Total</b>
Female	75,627	338,703	414,330
Male	63,800	185,108	248,908
<b>Total</b>	<b>139,427</b>	<b>523,811</b>	<b>663,238</b>
<b>Percent Enrollment by Sex</b>	<b>Basic</b>	<b>Standard</b>	<b>Total</b>
Female	54.2%	64.7%	62.5%
Male	45.8%	35.3%	37.5%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>IV. Enrollment by Age</b>	<b>Basic</b>	<b>Standard</b>	<b>Total</b>
19 & Under	35,455	74,859	110,314
20 to 29	12,915	46,222	59,137
30 to 44	31,582	98,133	129,715
45 to 54	27,089	85,600	112,689
55 to 64	29,854	106,470	136,324
65 & Over	2,532	112,527	115,059
<b>Total</b>	<b>139,427</b>	<b>523,811</b>	<b>663,238</b>
<b>Percent Enrollment by Age</b>	<b>Basic</b>	<b>Standard</b>	<b>Total</b>
19 & Under	25.4%	14.3%	16.6%
20 to 29	9.3%	8.8%	8.9%
30 to 44	22.7%	18.7%	19.6%
45 to 54	19.4%	16.3%	17.0%
55 to 64	21.4%	20.3%	20.6%
65 & Over	1.8%	21.5%	17.3%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>V. Retiree Enrollment by Category</b>	<b>Employee</b>	<b>Dependents</b>	<b>Total</b>
Non-Medicare Eligible	53,034	11,292	64,326
Medicare Eligible	107,159	7,233	114,392
<b>Total</b>	<b>160,193</b>	<b>18,525</b>	<b>178,718</b>
<b>Percent Enrollment by Category (Retiree)</b>	<b>Employee</b>	<b>Dependents</b>	<b>Total</b>
Non-Medicare Eligible	33.1%	61.0%	36.0%
Medicare Eligible	66.9%	39.0%	64.0%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

<b>VI. Enrollment By Major Employer Groups</b>	<b>Employees</b>	<b>Dependents</b>	<b>Total</b>
State Agencies	75,779	33,151	108,930
UNC System	50,357	29,457	79,814
Local Public Schools	180,864	86,046	266,910
Local Community Colleges	15,317	7,693	23,010
Other			
Local Governments	1,915	932	2,847
COBRA	2,251	750	3,001
Nat. Guard, Fire & Rescue	5	3	8
Sub-total	326,488	158,032	484,520
Retirement System	160,193	18,525	178,718
<b>Total</b>	<b>486,681</b>	<b>176,557</b>	<b>663,238</b>
<b>Percent Enrollment by Major Employer Groups</b>	<b>Employees</b>	<b>Dependents</b>	<b>Total</b>
State Agencies	15.6%	18.8%	16.4%
UNC System	10.3%	16.7%	12.0%
Local Public Schools	37.2%	48.7%	40.2%
Local Community Colleges	3.1%	4.4%	3.5%
Other			
Local Governments	0.4%	0.5%	0.4%
COBRA	0.5%	0.4%	0.5%
Nat. Guard, Fire & Rescue	0.0%	0.0%	0.0%
Sub-total	67.1%	89.5%	73.1%
Retirement System	32.9%	10.5%	26.9%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>



**SOURCES OF DATA:**

State Health Plan for Teachers and State Employees, Abortion Summary by State Fiscal Year, February 2011.

Letter to the State Health Plan, Alston & Bird, LLP, “Impact of Elimination of Certain Abortion Benefits on Grandfather Plan Status,” May 17, 2011.

-Actuarial Note, Hartman & Associates, House Bill 910, “House Bill 910 (Section 1): An Act to Limit Abortion Coverage under the State Health Plan for Teachers and State Employees,” May 19, 2011, original of which is on file in the General Assembly’s Fiscal Research Division.

-Actuarial Note, Aon Consulting, House Bill 910, “House Bill 910 Limited Coverage For Abortion,” May 23, 2011, original of which is on file with the State Health Plan for Teachers and State Employees and the General Assembly’s Fiscal Research Division.

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**DATE:** May 27, 2011



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