

**FINAL**  
**MINUTES OF THE MEETING OF THE**  
**NEW JERSEY INDIVIDUAL HEALTH COVERAGE PROGRAM BOARD**  
**AT THE OFFICES OF THE**  
**NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE**  
**TRENTON, NEW JERSEY**  
**August 8, 2017**

**Directors participating:** Don Henson (DOBI); Sandi Kelly (Horizon); Ulysses Lee (United/Oxford); Colleen Picklo; Thomas Pownall (Aetna); Tony Taliaferro (AmeriHealth).

**Others participating:** Ellen DeRosa, Executive Director; Chanell McDevitt, Deputy Executive Director; Rosaria Lenox, Managing Financial Officer; Eleanor Heck, Deputy Attorney General.

**I. Call to Order**

E. DeRosa called the meeting of the IHC Board to order at 10:00 A.M. She announced that notice of the meeting had been posted at the Department of Banking and Insurance (“DOBI”), on the DOBI website, at the Office of the Secretary of State, submitted to the State House Press Corps, and published in three newspapers of general circulation in accordance with the Open Public Meetings Act. A quorum was present. She stated that voting would be by roll call because some directors were participating by phone.

*At the request of the Chairperson, the Board discussed its agenda out of order.*

**II. Draft Rule Proposal**

E. DeRosa discussed the proposed policy form changes set forth in the draft distributed to Board members, highlighting the following:

- Calendar year changes are being made to the face page as a matter of form.
- The schedule page shows a proposed change made upon the request of a carrier to have an option to apply a coinsurance limit for a specific procedure – the example shown is \$500 for outpatient surgery, but both the coinsurance limit amount and the procedure are variable text, so carriers can elect whether to establish a limit, the amount of the limit, and the procedure(s) to which to apply the limit.
- Changes are being proposed throughout the forms to reflect the enactment of P.L. 2017, c. 117, regarding telemedicine and telehealth service options. E. DeRosa noted that the current policy forms’ text addressing telemedicine, e-visits and virtual visits would be replaced with new text consistent with the new statute’s definitions and standards. She explained that, to the extent a carrier elects to cover telemedicine and/or telehealth as an insured benefit, the carrier would need to use the proposed new text.
- Changes are being proposed throughout the forms to reflect the enactment of P.L. 2017, c. 176, which prohibits the denial or limitation of coverage due to gender identity. She explained that she thought it best practice to remove any language that suggested a benefit is only for a specific gender, and to make the language gender neutral instead.
- Changes are proposed to both the Board’s regulations and policy forms to address recent Affordable Care Act rule changes set forth in the federal market stabilization rules, and a few other ACA-related changes. E. DeRosa explained that most of the changes address revisions to the triggering events that will result in special enrollment periods, subject to certain additional conditions in some instances for specific individuals (for example, addressing the requirement that at least one spouse must have had health insurance coverage on at least one day in the 60-days prior to marrying in order for the marriage to be a triggering event that results in the right of the couple to a special enrollment period). She noted that, in reviewing the rules, it became

apparent the Board had neglected to amend the definition of resident at N.J.A.C. 11:20-1.2 to remove the 6-month requirement, a change that had previously been made both to the policy forms and the buyer's guide).

*[Note: S. Kelly left the meeting during the discussion of the draft amendments.]*

E. DeRosa suggested that, whether the Board voted to propose at this meeting or at its next scheduled meeting, the Board probably should consider using its expedited rulemaking authority to assure any subsequently adopted changes could be incorporated prior to January 1, 2018.

**T. Taliaferro made a motion, seconded by T. Pownall, to approve the proposal to amend the IHC rules and policy forms A/50 through D and HMO as drafted and discussed, subject to non-substantive changes necessitated upon further review, and to use the expedited rulemaking process. By roll call vote, the motion unanimously carried.**

### **III. Report of Staff – Expense Report; Rules**

#### *Expense Report*

R. Lenox presented the expense report for August, totaling \$15,669.24, for actual 4<sup>th</sup> quarter charges from the Division of Law, and salaries and fringe. R. Lenox explained that the Board would need to transfer \$15,700 from its Money Market account to pay the operating expenses if approved.

R. Lenox suggested that, because the DOBI account into which administrative assessments are deposited does not earn interest, the Board should transfer the funds to other interest-bearing accounts. She recommended transferring \$200,000 to the Board's Wells Fargo Money Market account – keeping the account below the FDIC limits – and \$600,000 to the Treasury account.

**C. Picklo made a motion, seconded by D. Henson, to: approve payment of the expenses reported; transfer \$15,700 from the Board's Wells Fargo Money Market account to its Wells Fargo checking account to pay the August operating expenses; transfer \$200,000 from the DOBI account to the Board's Wells Fargo Money Market account to earn interest; and transfer \$600,000 from the DOBI account into Treasury to earn interest. By roll call vote, the motion carried.**

### **IV. Review of Minutes – July 11, 2017**

**T. Taliaferro made a motion, seconded by U. Lee, to approve the minutes of the meeting of July 11, 2017, as amended. By roll call vote, the motion carried.**

### **V. Close of meeting**

**C. Picklo made a motion, seconded by T. Taliaferro, to adjourn the meeting. By roll call vote, the motion carried.**

*[The meeting ended at 10:31 A.M.]*