REPORT OF THE
JOINT COMMISSION ON HEALTH CARE

Catastrophic Health Insurance

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

HOUSE DOCUMENT NO. 3

COMMONWEALTH OF VIRGINIA
RICHMOND
2011

COMMONWEALTH of VIRGINIA

Joint Commission on Health Care

Delegate Benjamin L. Cline
Chairman

Kim Snead
Executive Director

900 E. Main Street, 1st Floor
P.O. Box 1322
Richmond, Virginia 23218
804.786.5445
804.786.5538 (facsimile)

August 10, 2011

The Honorable Robert F. McDonnell
Governor of Virginia
Patrick Henry Building, 3rd Floor
1111 East Broad Street
Richmond, Virginia 23219

Members of the Virginia General Assembly
General Assembly Building
Richmond, Virginia 23219

Dear Governor McDonnell and Members of the General Assembly:

The 2010 General Assembly in House Joint Resolution 99 (Delegate Stolle) requested a study by the Joint Commission on Health Care to determine the extent to which catastrophic health insurance policies are available and purchased, their associated benefits and risks, and how other states have encouraged the use of such policies.

In keeping with the requirements of House Joint Resolution 99, this report of the Joint Commission is enclosed for your review and consideration.

Respectfully submitted,

Benjamin L. Cline

Code of Virginia § 30-168.

The Joint Commission on Health Care (the Commission) is established in the legislative branch of state government. The purpose of the Commission is to study, report and make recommendations on all areas of health care provision, regulation, insurance, liability, licensing, and delivery of services. In so doing, the Commission shall endeavor to ensure that the Commonwealth as provider, financier, and regulator adopts the most cost-effective and efficacious means of delivery of health care services so that the greatest number of Virginians receive quality health care. Further, the Commission shall encourage the development of uniform policies and services to ensure the availability of quality, affordable and accessible health services and provide a forum for continuing the review and study of programs and services.

The Commission may make recommendations and coordinate the proposals and recommendations of all commissions and agencies as to legislation affecting the provision and delivery of health care.

For the purposes of this chapter, "health care" shall include behavioral health care.

Joint Commission on Health Care Membership

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The Honorable Benjamin L. Cline

Vice-Chairman
The Honorable Linda T. Puller

Virginia House of Delegates
The Honorable Robert H. Brink
The Honorable David L. Bulova
The Honorable Rosalyn R. Dance
The Honorable T. Scott Garrett
The Honorable Algie T. Howell, Jr.
The Honorable Harvey B. Morgan
The Honorable David A. Nutter
The Honorable John M. O'Bannon, III
The Honorable Christopher K. Peace

Senate of Virginia
The Honorable George L. Barker
The Honorable Harry B. Blevins
The Honorable R. Edward Houck
The Honorable L. Louise Lucas
The Honorable Ralph S. Northam
The Honorable Patricia S. Ticer
The Honorable William C. Wampler, Jr.

The Honorable William A. Hazel, Jr.
Secretary of Health and Human Resources

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Preface

House Joint Resolution 99 introduced by Delegate Christopher P. Stolle (2010) requested that the Joint Commission on Health Care "determine the availability and usage of catastrophic health insurance policies in the Commonwealth,…evaluate the potential benefits and risks of such policies and other states' efforts" to increase the use of such policies.

The most common type of catastrophic health insurance is the high-deductible health plan (HDHP), which is typically less expensive than traditional health insurance. The number of individuals covered by qualified HDHPs in Virginia increased from 50,100 individuals in 2006 to 114,700 individuals in 2008. Insurance plans similar to HDHPs encourage consumers to become more cost-conscious and consequently both appropriate and inappropriate medical care is avoided. HDHPs are beneficial for some individuals, but low-income and moderately sick individuals often have poorer health outcomes in high-cost sharing plans like HDHPs when compared to traditional health insurance coverage.

Virginia has implemented most of the actions taken by other states to encourage HDHP adoption. Virginia could take an additional step to provide greater transparency of cost and quality information through the use of an All-Payer Claims Database. To this end, the Joint Commission on Health Care approved undertaking a staff review in 2011 that would (i) examine other states' efforts to publicly disseminate expansive cost and quality information (by specific facility and provider for selected medical procedures) and (ii) determine the feasibility and cost associated with Virginia Health Information providing similar specific information through an All-Payer Claims Database.

The Joint Commission members and staff would like to thank the numerous individuals who assisted in this study, including representatives from the State Corporation Commission, Virginia Health Information, and the Virginia Association of Health Plans.

Table of Contents

Catastrophic Health Insurance

House Joint Resolution 99, introduced by Delegate Christopher P. Stolle in 2010, directed the Joint Commission on Health Care (JCHC) to "(1) determine the availability and usage of catastrophic health insurance policies in the Commonwealth, (2) examine the results of efforts in other states to increase the use of catastrophic health insurance policies, and (3) evaluate the potential benefits and risks of facilitating the offering within the Commonwealth of health insurance policies or plans that provide catastrophic coverage only."

Background

Catastrophic health insurance policies provide payment for medical services once a policyholder reaches a predetermined level of medical expenses. These policies financially protect policyholders from responsibility for high health care expenses while being structured so that the policyholder is fully responsible for a predetermined amount of initial medical expenses.

The most common types of catastrophic health insurance are high-deductible health plans (HDHPs). These policies are typically less expensive than traditional insurance for the policyholder. In 2009, the Kaiser/HRET Survey of Employer-Sponsored Health Benefits[1] reported the following average annual premiums for single-coverage policies:

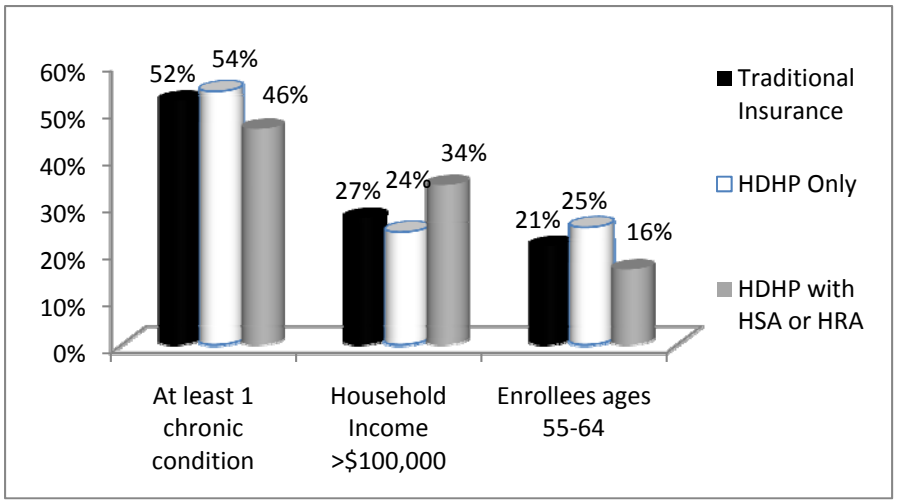
Health Insurance Plan Types	Average Annual Premiums for Single Coverage
High-Deductible Health Plan with Savings Option	$3,986
Point of Service	$4,835
Health Maintenance Organization	$4,878
Preferred Provider Organization	$4,922

As shown, the annual premiums for HDHP policies were lower than the other types of comparable policies.

The policyholder, of a "qualified HDHP" which meets standards set by the Internal Revenue Service related to deductibles and out-of-pocket expenses, is allowed to fund an associated health savings account (HSA). Similarly, an employer may fund a health reimbursement account (HRA) that is associated with an employee's HDHP. There are a number of benefits to having a health savings or health reimbursement account as these accounts allow medical expenses to be paid with pre-tax funds and the funds in these accounts are allowed to accumulate year after year. However, a number of the individuals who purchase HDHPs because of the lower premiums do not have the means to fund associated health savings accounts. These individuals typically do not share the same demographics as HDHP policyholders who have associated health savings or health reimbursement accounts; these policyholders tend to have fewer chronic health conditions, incomes of more than $100,000, and are more likely to be younger than age 55 than individuals with traditional insurance policies or only a HDHP (Figure 1).

[1] The Henry J. Kaiser Family Foundation and Health Research and Education Trust, *Employer Health Benefits: 2009 Annual Survey*.

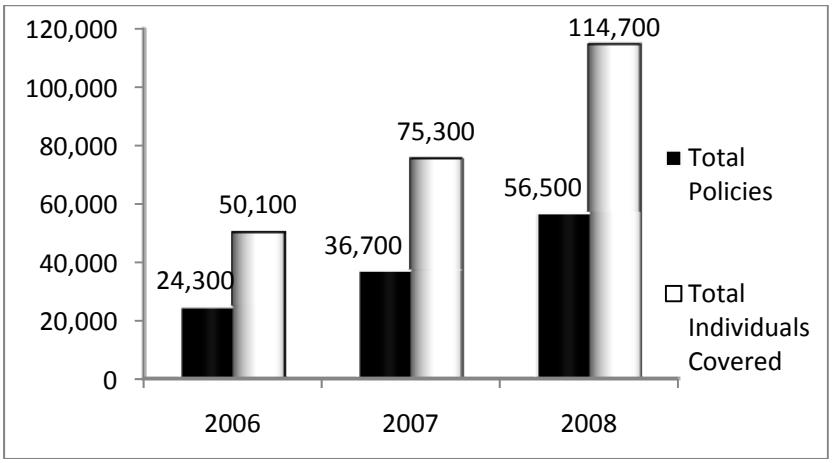
Figure 1: Age, Health, and Income Demographics by Type of Insured[2]



Individuals Covered by HDHPs

In 2008, 56,500 qualified-HDHPs policies covered 114,700 Virginians, an increase from 24,300 policies in 2006 as displayed in Figure 2. This 133 percent increase is similar to HDHP policy adoption increases nationally. According to the State Corporation Commission's Bureau of Insurance, 21 insurers offered HDHP policies in Virginia at the time of the study.[3]

Figure 2: 2006-08 Virginia HDHP Policies and Covered Individuals[4]



Benefits and Risks of HDHP Policies. HDHPs were designed to increase consumer involvement in medical decisions and the cost of such decisions. HDHPs are a beneficial

[2] Employee Benefit Research Institute, Findings from the 2009 EBRI/MGA Consumer Engagement Health Care Survey, Report No. 337 (December 2009).
[3] Virginia's Bureau of Insurance, *Report on High Deductible Health Plans* (2009).
[4] *Id.*

choice for some individuals. As noted previously, the premiums associated with having a HDHP policy typically are lower than the premiums for traditional plans although out-of-pocket expenses generally are higher.[5] HDHP policyholders, who have an associated health savings account, can save for future medical costs since the funds that are not used may be rolled over to the next year. Another "key advantage of an HSA is that it belongs to the individual who establishes it and is portable."[6]

There are potential risks associated with HDHPs also. Research indicates that when insurance plans, such as HDHPs, are structured so consumers have more cost-sharing requirements, those consumers become more cost-conscious and both appropriate and inappropriate medical care is avoided.[7] Several studies have found that low-income and moderately sick individuals have poorer health outcomes in high-cost sharing plans like HDHPs, when compared to traditional health insurance coverage.[8] The fact that HDHPs are designed to require policyholders to pay for routine medical treatments means that low-income policyholders may go without care even while being insured by a HDHP. Moderately sick individuals, who do not reach their out-of pocket maximums, may end up with more out-of-pocket costs using a HDHP than with traditional health insurance. Even considering these potential negative outcomes, HDHPs are an important option for individuals who are unable to afford more expensive types of insurance.

Steps to Encourage HDHP Adoption

Virginia has implemented most of the actions taken by other states to encourage HDHP adoption:

- In 2004, health savings account contributions were exempted from State taxation (*Code of Virginia* §58.1-301) when Virginia's taxation policy was conformed to the Federal Revenue Code.
- In 2005, statutory changes were enacted to allow medical savings accounts to be converted into health savings accounts and to allow HDHPs to be used in conjunction with health savings accounts. (HB 1492 – Hamilton and SB 1097 – Martin)
- In 2008, statutory changes were enacted to increase transparency by allowing for public disclosure of aggregate health care costs for 25 common medical procedures. This disclosure provided more information for consumers in making medical care choices; Virginia Health Information disseminates the information. (HB 603 – O'Bannon and SB 396 – Edwards)

Virginia could take the additional step of establishing an All-Payer Claims Database in order to provide greater transparency of health care cost and quality information. Twelve states have existing claims databases and two states are implementing databases.[9] Maine, Massachusetts,

[5] The Kaiser Commission on Medicaid and the Uninsured, *Health Savings Accounts and High Deductible Health Plans: Are They an Option for Low-Income Families?* Catherine Hoffman and Jennifer Tolbert, October 2006.
[6] The Kaiser Commission on Medicaid and the Uninsured, *Health Savings Accounts and High Deductible Health Plans: Are They an Option for Low-Income Families?* Catherine Hoffman and Jennifer Tolbert, October 2006.
[7] Rand, Analysis of High Deductible Health Plans, website at http://www.randcompare.org/analysis-of-options/analysis-of-high-deductible-health-plans.
[8] *Id.*
[9] States with existing APCDs: Kansas, Maine, Maryland, Massachusetts, Minnesota, New Hampshire, Oregon, Tennessee, Utah, Vermont, Washington, and Wisconsin. The two states in implementation are Colorado and Rhode Island. APCD Council email correspondence with JCHC staff & Oregon all-payer claims website at *http://www.oregon.gov/OHA/OHPR/RSCH/APAC.shtml.*

New Hampshire and Oregon provide cost information by procedure and specific provider on a public website. In these states, cost information is available publicly for specific procedures by provider or facility. In New Hampshire and Maine, out-of-pocket cost-to-consumer estimates may be refined by consumer location, distance willing to travel, insurer, type of insurance product, plan deductible, and level of coinsurance. This information allows consumers to gauge more accurately out-of-pocket costs for procedures, which can be particularly important for individuals who are uninsured or have a HDHP and have to pay for all or a portion of their care.

Policy Options and Public Comments

Two policy options were presented for JCHC members' consideration. Comments regarding Option 2, from **Michael Jurgensen,** Medical Society of Virginia (MSV); **Doug Gray,** Virginia Association of Health Plans (VAHP); and **Christopher S. Bailey,** Virginia Hospital and Healthcare Association (VHHA), are summarized after the Option.

JCHC members voted in support of a revised Option 2.

Option 1: Take no action.

☑ **Option 2:** Include in the JCHC 2011 work plan, a staff study to review (i) other states' efforts to publicly disseminate expansive cost and quality information by specific facility and provider for selected medical procedures; and (ii) legal, financial, data and other requirements for Virginia Health Information to provide similar specific cost and quality information through an All-Payer Claims Database ***in order to improve quality and health outcomes***.

In addition, by letter of the JCHC Chairman, request that Virginia Health Information, the Virginia Association of Health Plans, the Medical Society of Virginia, and the Virginia Hospital and Healthcare Association provide assistance. A report to JCHC will be due by November 2011.

Representatives of **the Medical Society of Virginia and Virginia Hospital and Healthcare Association commented in support of Option 2**. **The Virginia Association of Health Plans suggested modifying Option 2** to "study the creation of an APCD for clinical data to improve quality and health outcomes."

JCHC Staff for this Report

Stephen W. Bowman
Senior Staff Attorney/Methodologist

Catastrophic Health Insurance

JOINT COMMISSION ON HEALTH CARE

OCTOBER 6, 2010

PRESENTER: STEPHEN W. BOWMAN

House Joint Resolution 99 (2010)

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Catastrophic Health Insurance

- Determine the availability and usage
- Evaluate benefits and risks of further adoption
- Examine other states' efforts to increase the use of such policies

Overview: Catastrophic Health Insurance

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- HDHP benefit and value depend potential enrollee's situation
  - Important option for individuals that can't afford more expensive type of insurance
- Virginia has taken most available steps to encourage HDHPs
  - Additional cost and quality transparency could assist consumers in making better health care choices for uninsured and enrollees of HDHPs and more traditional insurance plans
- Option to improve cost and quality transparency:
  - JCHC review of the viability and cost for VHI to provide expansive cost and quality information by specific facility and provider for selected medical procedures

Background: High Deductible Health Plan (HDHP)

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- HDHPs were created to address increasing health care costs
  - Goal: Increase consumer involvement in health care decisions and payment for medical services
- HDHP-insured are:
  - Protected from catastrophic medical expenses
  - Fully responsible for routine medical claims
- Have lower premiums and higher deductibles than traditional insurance plans

Background: Health Savings Accounts Work in Conjunction with a Qualified HDHP

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- Health Savings Accounts (HSAs)
  - Used for qualified medical expenses
  - May be funded with pretax dollars
  - Funds can roll over and accumulate from year to year
  - In order to fund HSA it must be paired with a qualified HDHP

2010 Qualified HDHP standards

Minimum deductible (single)	Minimum deductible (family)	Maximum out-of-pocket (single)	Maximum out-of-pocket (family)
$1,200	$2,400	$5,950	$11,900

Background: Federal Health Care Reform Implications

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- Federal regulations will determine whether HDHPs that qualify for HSAs may be offered through exchanges
- Many individuals who currently have a *qualified HDHP* may change to a more traditional health insurance policy through the exchange
  - Premium subsidies will assist individuals under 400% FPL
- "Catastrophic plans" will be sold through an exchange to limited groups
  - Deductible set to HDHP out-of-pocket maximum

Sources: The *Patient Protection and Affordable Care* Act, as amended by the *Health Care and Education Reconciliation Act of 2010.*

Finding 1: 114,700 Individuals Covered by Qualified HDHP Policies in 2008

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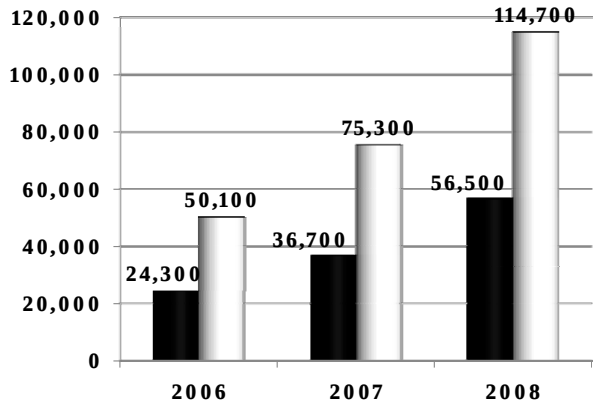
2006-08 Virginia HDHP Policies



21 insurers offer HDHP Policies in Virginia

Virginia's HDHP market activity is consistent with national experience.

Sources: Virginia Department of Tax: Report on Health Savings Accounts in Virginia, RD446 (2009) and Bureau of Insurance: Report on High Deductible Health Plans (2009).

Finding 2: HDHPs Offer Lower Premiums

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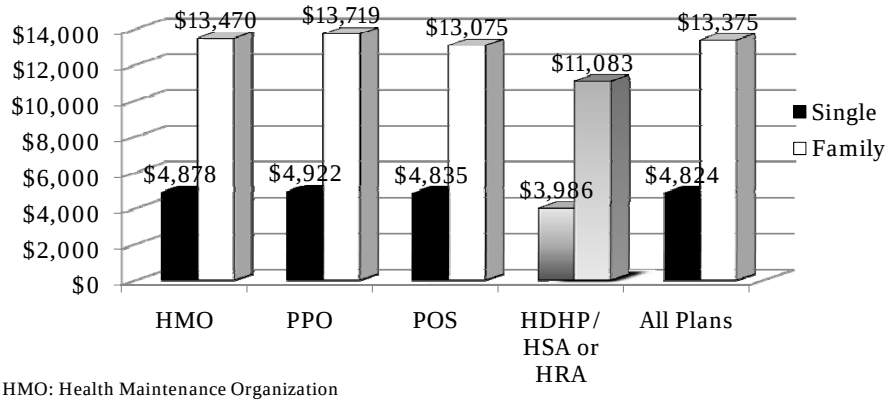
2009 Health Insurance Annual Premium Costs



HMO: Health Maintenance Organization
PPO: Preferred Provider Organization
POS: Point of Service

National Study

Sources: Kaiser/HRET Survey of Employer-Sponsored Health Benefits (2009).

Finding 3: Most HDHP Policies Cover Preventive Benefits

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- First-dollar coverage for preventive care (2007):
  - 99% for large group
  - 96% for small group
  - 59% for individual market
- Examples of common preventive benefits:
  - Infant and child well care
  - Colonoscopies
  - Immunizations
  - Mammograms
  - Pap smears
  - Physical/annual checkups
  - Smoking cessation

National Studies

Source: AHIP Center for Policy and Research: A Survey of Preventive Benefits in Health Savings Account Plans, July 2007.

Finding 4: HDHPs Encourage Cost-Conscious Behavior

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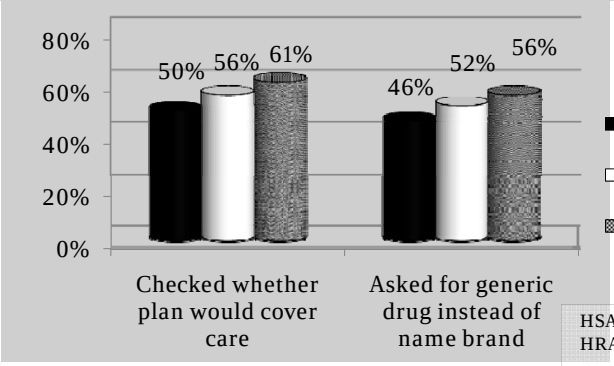
- Most studies show decreased health care use when insurance plans have higher cost sharing
  - -Appropriate and inappropriate care

National Study



HSA: Health Savings Account
HRA: Health Reimbursement Account

Source: Rand: Analysis of High Deductible Health Plans, http://www.randcompare.org/analysis-of-options/analysis-of-high-deductible-health-plans.

Why Purchase a High Deductible Health Plan?

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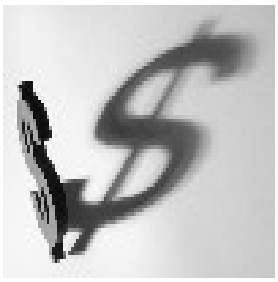
Lower Premiums



HSAs or HRAs

Source: Employee Benefit Research Institute: Findings from the 2009 EBRI/MGA Consumer Engagement in Health Care Survey, (December 2009).

Finding 5: HDHP Enrollees with an HSA or HRA Tend to Be Healthier, Wealthier, and Younger

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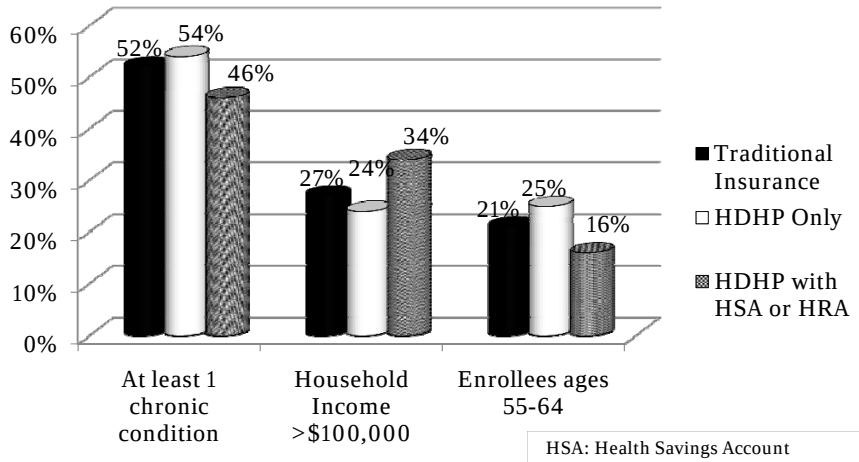

National Studies

HSA: Health Savings Account
HRA: Health Reimbursement Account

Source: Employee Benefit Research Institute, Findings from the 2009 EBRI/MGA Consumer Engagement Health Care Survey, Report No. 337 (December 2009).

Finding 6: Low-income and Moderately Sick May Not Be Best Served by HDHPs

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- Financial: Higher risk of financial burden from high upfront out-of-pocket payments than for enrollees in traditional insurance plans
  - Moderately sick and low-income individuals are most likely to experience significant financial burden
- Health: General population overall health outcomes are not affected*
  - Lower income and less healthy tend to experience poorer health outcomes than those with low- or no-cost sharing plans*

* Current studies have not measured health outcomes for current HDHP products and findings are extrapolation from other studies National Studies

Source: Rand: Analysis of High Deductible Health Plans, http://www.randcompare.org/analysis-of-options/analysis-of-high-deductible-health-plans

Finding 7: Virginia Has Taken Most Steps to Encourage HDHPs But Greater Movement towards Transparency is Possible

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Virginia Effort	Other States' Efforts Promoting HDHPs
√ 2004	*Financial:* No state tax on HSA contributions
√ 2005	*Insurance Market:* Allow HDHPs to be used in conjunction with a HSA and Medical Savings Accounts to convert to a HSA
√ 2005	*Availability:* Mandate state employee health plan offer HDHP
√ 2008	*Transparency:* Publicly available *aggregate* cost information for at least 25 common procedures
	Transparency: Publicly available *specific* cost and quality information by provider and facility for selected procedures

Sources: National Conference of State Legislatures websites, www.ncsl.org/Default.aspx?TabId=14512 and www.ncsl.org/default.aspx?tabid=14462

Transparency Background: VHI Publishes Statewide Average Costs for Selected Procedures

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Example: MRI- Knee				
Average Allowed Amount:				
Payer	Ambulatory Surgical Center	Physician Office	Hospital Outpatient Department	Hospital Inpatient
Commercial	N/A	$479	$922	N/A
Medicare	N/A	N/A	N/A	N/A

FROM NUMBERS TO KNOWLEDGE
VHI
VIRGINIA HEALTH INFORMATION

Source: VHI website accessed July 15, 2010

Transparency Background: VHHA Offers *Hospital Charges* for Procedures by Specific Hospital

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- Compares procedure statistics to other hospitals:
  - In region
  - With similar patient volumes
  - State average
- Lists hospital charges
  - Physician charges not included
- *Consumer cost estimates not included*

www.vapricepoint.org

Inova Loudoun Hospital
MSDRG 468
Revision of Hip or Knee Replacement wo CC/MCC
January 2009 - December 2009

View Medicare's "Hospital Compare" Quality Report for this Hospital	Selected Hospital
Number of Discharges	6
Average Length of Stay	3.2 Day(s)
Average Charge	$48,876
Median Charge	$52,695
Median Age	61
Percentage Male	50%
Percentage Female	50%

Note: Pricepoint links to all hospital's financial assistance policies

Transparency Finding 1: Other States Provide Specific Health Care Cost Information

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- Selected procedures by specific provider and hospital
- Estimates include all health care procedure costs even when separate payments are made to a physician and a hospital
- Consumers can refine estimates by:
  - Insured and uninsured status
  - Specific insurer
  - Type of insurance product (e.g. HMO, PPO, and POS)
  - Plan deductible
  - Level of coinsurance

Transparency Internet Demonstration

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- New Hampshire's website: *www.nhhealthcost.org*
- Consumer example inputs:
  - *Procedure:* MRI – Knee (Outpatient)
  - *Location:* Concord, NH (zip: 03301)
  - *Distance willing to travel:* 50 miles
  - *Specific insurer:* Anthem
  - *Type of insurance product:* PPO
  - *Plan deductible:* $1,000
  - *Level of coinsurance:* 20%

Source: www.nhhealthcost.org

Transparency Example: New Hampshire Offers Specific Health Care Cost Information By Procedure and Provider

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Detailed estimates for MRI - Knee (outpatient)

Procedure: MRI - Knee (outpatient)
Insurance Plan: Anthem - NH, Preferred Provider Organization (PPO)
Within: 50 miles of 23218
Deductible and Coinsurance Amount: $1,000.00 / 20%

Consumer Cost Estimate

Precision Cost Estimate

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
ACCESS SPORTS MEDICINE & ORTHOPAEDICS	**$688**	$0	$688	**High**	MEDIUM	ACCESS SPORTS MEDICINE & ORTHOPAEDICS 603.775.7575
BEDFORD AMBULATORY SURGICAL C	$748	$0	$748	HIGH	LOW	BEDFORD AMBULATORY SURGICAL C 603.622.3670
DERRY IMAGING CENTER	$930	$0	$930	MEDIUM	LOW	DERRY IMAGING CENTER 603.537.1363
CONCORD HOSPITAL	$937	$0	$937	LOW	MEDIUM	CONCORD HOSPITAL 603.228.7145

Source: www.nhhealthcost.org

Note: All-Payer Claims Database can collect claims from insurers to provide consumer friendly cost estimates for specific procedures

Catastrophic Health Insurance Conclusions

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- HDHP benefit and value depend on potential enrollee's situation
  - Important option for individuals that can't afford more expensive type of insurance

Improved cost and quality transparency could assist consumers in making more informed health care choices *(See Option 2)*

- Assists uninsured, HDHP enrollees and traditional insurance enrollees in choosing medical procedures and providers

Options

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Option 1: Take no action

Option 2:

- In the 2011 JCHC Workplan, staff review :
  - Other states' efforts to publicly disseminate expansive cost and quality information by specific facility and provider for selected medical procedures.
  - Legal, financial, data and other requirements for VHI to provide similar specific cost and quality information through an All-Payer Claims Database.
- Request by letter of the JCHC Chairman that VHI, VAHP, MSV, and VHHA provide assistance.
- JCHC report due by November 2011.

Public Comment

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- Written public comments may be submitted to JCHC by close of business on October 22, 2010.
- Comments may be submitted via:
  - E-mail: sreid@jchc.virginia.gov
  - Fax: 804-786-5538
  - Mail: Joint Commission on Health Care
P.O. Box 1322
Richmond, Virginia 23218
- Comments will be summarized and presented to JCHC during its November 3rd meeting.

ENROLLED

HOUSE JOINT RESOLUTION NO. 99

Directing the Joint Commission on Health Care to study catastrophic health insurance coverage options. Report.

Agreed to by the House of Delegates, February 8, 2010
Agreed to by the Senate, March 9, 2010

WHEREAS, an estimated 46 million Americans are without health insurance coverage; and

WHEREAS, the high cost of traditional health insurance policies deters many American businesses from offering, and uninsured citizens from purchasing, health insurance coverage; and

WHEREAS, because catastrophic health insurance policies generally have higher deductibles, limit the total benefits paid, and preclude or limit payment for certain kinds of services compared with traditional health insurance policies, they may be available at a lower cost than traditional health insurance policies; and

WHEREAS, participation in a qualified high-deductible health plan is a requirement for health savings accounts and other tax-advantaged programs; and

WHEREAS, while the low cost of such policies may make them attractive to persons who otherwise would be unable to afford health insurance coverage, excluding coverage for annual examinations, preventive care, and health screenings may pose a risk that medical conditions that could be treated inexpensively when addressed early may go untreated until more expensive treatments are necessitated; and

WHEREAS, the need exists to examine the potential costs and benefits to employers, individuals, and the Commonwealth's health care system of expanding the availability of optional catastrophic health insurance policies; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Commission on Health Care be directed to study catastrophic health insurance coverage options. In conducting its study, the Joint Commission on Health Care shall (i) determine the availability and usage of catastrophic health insurance policies in the Commonwealth, (ii) examine the results of efforts in other states to increase the use of catastrophic health insurance policies, and (iii) evaluate the potential benefits and risks of facilitating the offering within the Commonwealth of health insurance policies or plans that provide catastrophic coverage only.

Technical assistance shall be provided to the Joint Commission on Health Care by the State Corporation Commission's Bureau of Insurance. All agencies of the Commonwealth shall provide assistance to the Joint Commission on Health Care for this study, upon request.

The Joint Commission on Health Care shall complete its meetings by November 30, 2010, and the chairman shall submit to the Division of Legislative Automated Systems an executive summary of its findings and recommendations no later than the first day of the 2011 Regular Session of the General Assembly. The executive summary shall state whether the Joint Commission on Health Care intends to submit to the General Assembly and the Governor a report of its findings and recommendations for publication as a House or Senate document. The executive summary and report shall be submitted as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports and shall be posted on the General Assembly's website.

Joint Commission on Health Care
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