

PUBLIC HEARING TO RECEIVE PUBLIC TESTIMONY AND COMMENTS

IN RE: PROPOSED 2022 HEALTH INSURANCE RATE INCREASE

Golden Rule Insurance Company Pre-ACA Policies
Wellmark, Inc., Pre-ACA Policies
Wellmark Health Plan of Iowa Pre-ACA Policies
Wellmark Health Plan of Iowa ACA Policies

IOWA INSURANCE COMMISSIONER DOUG OMMEN, Presiding

Also Present: SONYA SELLMEYER
Consumer Advocacy Officer

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9 a.m.

Iowa Insurance Division
Mississippi Conference Room
1963 Bell Avenue
Des Moines, Iowa 50315

THERESA KENKEL - CERTIFIED SHORTHAND REPORTER

I N D E X

| <u>GOLDEN RULE INSURANCE COMPANY PRE-ACA POLICIES</u> | <u>PAGE</u> |
|---|-------------|
| Sonya Sellmeyer, Consumer Advocate | 6 |
| Alec Johnson | 15 |
| <u>WELLMARK, INC., PRE-ACA POLICIES</u> | |
| Sonya Sellmeyer, Consumer Advocate | 16 |
| Jenny Turner | 22 |
| Betty Salmon | 24 |
| Sharon Johnson | 27 |
| Steven Steffen | 30 |
| <u>WELLMARK HEALTH PLAN OF IOWA PRE-ACA POLICIES</u> | |
| Sonya Sellmeyer, Consumer Advocate | 39 |
| Matthew Covington | 44 |
| <u>WELLMARK HEALTH PLAN OF IOWA ACA POLICIES</u> | |
| Sonya Sellmeyer | 46 |
| Shari Hawk | 52 |
| Barb Kalbach | 54 |
| Cherie Mortice | 56 |
| Gary | 60 |
| Pat Bowen | 63 |
| Mary Burke | 67 |
| Laura Clinton | 69 |

1 P R O C E E D I N G S

2 COMMISSIONER OMMEN: Good morning to all of
3 you. Welcome to everyone in attendance today.

4 I am Commissioner Doug Ommen and I am the
5 Commissioner. In that I supervise the work of the
6 Iowa Insurance Division.

7 Today we're going to be hearing comments on
8 rate filings that were submitted in our individual
9 health insurance market.

10 I am remote today due to personal
11 circumstances. Please know I wanted to be there in
12 person, but I'm unable to be, so--today, so I greatly
13 appreciate your understanding.

14 I will be first hearing testimony from the
15 Consumer Advocate, Sonya Sellmeyer, then going to
16 offer an opportunity for insurance companies that are
17 independents to offer any remarks that they might
18 like to do so in order to supplement the extensive
19 materials that have already been provided to me.

20 And then at that time I'll hear comments
21 from the public in addition to the comments that have
22 already been submitted in writing.

23 The rate proposals that are before me have
24 been thoroughly reviewed by Iowa Insurance Division
25 actuaries. Additionally, under Iowa law, I requested

1 an independent actuarial review by outside actuaries
2 and that information is already before me and I have
3 thoroughly studied that material.

4 Three of the plans that are being considered
5 in this hearing are plans that existed prior to the
6 implementation of the Affordable Care Act. These
7 individual plans were grandfathered plans under the
8 ACA or they are transition plans, that is plans that
9 at the time of the implementation of the ACA, became
10 known by executive action as transition plans which
11 did allow the continuation of the plans but did not
12 allow the companies to offer these plans to people
13 that were not yet in that particular pool or plan.

14 The Federal Government does prohibit
15 companies from offering these same plans to new
16 participants. This is continuing to impact the risk
17 pools because companies are unable to attract newer,
18 younger, healthier individuals to replace those
19 individuals who leave the plan. They can be
20 described as closed blocks, and I believe this will
21 continue to impact policyholders and the rates that
22 we are seeing in these plans.

23 Finally, I will be also hearing information
24 concerning an ACA plan that is an Affordable Care
25 compliant plan of one of our insurers.

1 So for those of you in attendance, we're
2 going to proceed in the following manner: I will
3 first hear information concerning the Golden Rule
4 Insurance Company pre-ACA plan; then I will hear
5 information concerning Wellmark, Inc.'s, pre-ACA
6 plan; I will then thirdly hear information concerning
7 the Wellmark Health Plan of Iowa pre-ACA plan; and
8 then, finally, I will hear information concerning the
9 Wellmark Health Plan of Iowa ACA plan, that is ACA
10 compliant.

11 So let's begin. I'll first call the matter
12 of Golden Rule Insurance Company and its pre-ACA
13 plan. And with that I will call upon Sonya
14 Sellmeyer, our Consumer Advocate, to provide an
15 overview of comments that have been provided to the
16 Division over the publication of these proposed rates
17 and information otherwise submitted for my
18 consideration.

19 Ms. Sellmeyer, I see you are prepared to
20 testify and so if you would, please provide to me the
21 information that you have prepared.

22 MS. SELLMEYER: Thank you, Commissioner.
23 Just so you're aware, we do have about 11 people here
24 in attendance today. Thank you.

25 COMMISSIONER OMMEN: Thank you.

1 MS. SELLMEYER: A little background, and I'm
2 just going to read this background paragraph once and
3 it does apply to each one of the four health policies
4 under review today.

5 Iowa Code, Section 505.19, sets forth
6 procedures for health insurance rate increases
7 requests exceeding the annual health spending growth
8 rate published by the Centers of Medicare and
9 Medicaid Services, otherwise known as CMS. The
10 procedures include a requirement that the Consumer
11 Advocate solicit public comments on the proposed rate
12 increase, provide comments received by the public on
13 the internet, and present the public testimony and
14 comments received to the Commissioner of Insurance
15 for consideration before a decision is made on the
16 proposed rate increase.

17 The Iowa Insurance Division was notified on
18 June 20, 2021, that Golden Rule Insurance Company,
19 Golden Rule, was seeking a proposed average rate
20 increase of 25 percent.

21 After a thorough review, the Iowa Health
22 team, its consulting partner, Magnum Actuarial Group,
23 and Golden Rule agreed that the revised rate increase
24 proposal should be 9.5 percent. This concession was
25 achieved by not allowing, in totality, a huge spike

1 in claims in June of 2020 that did not appear to be
2 ongoing.

3 The 9.5 percent increase applies to all
4 Generations 1 through 22 and 25 through 27 policies
5 starting January 1 of 2022; Generation 23 on June
6 15th of 2022; and Generation 24 on June 1st of 2022,
7 or as soon thereafter as the approval permits.

8 All of the plans affected are either
9 grandfathered plans or transitional plans for a total
10 of 2,000 covered lives. As the amount proposed
11 exceeded the current average monthly health spending
12 growth rate of 5.4 percent, the Consumer Advocate
13 solicited comments regarding the proposed rate
14 increase.

15 Actuarial Review. Two separate and
16 independent reviews are conducted to confirm the
17 carrier's rate change proposal. An internal review,
18 as I mentioned, is conducted by the Iowa Insurance
19 Division's health team which includes an actuary, and
20 another review is independently conducted by a
21 consulting actuary of our choosing on a contractual
22 basis. The dual review system has been in place for
23 13 years.

24 For any medical insurance rate change
25 proposal the review involves analyzing the carrier's

1 experience--which is premiums versus claims--the
2 trends, the growth in the costs of the claims caused
3 by unit cost increases, along with utilization
4 increases, and other assumptions to determine if
5 their rate change proposal is actuarially justified.

6 Both rate review teams employ technically-
7 sophisticated processes and algorithms of the
8 proposal. The type of analysis utilized, the
9 formulas and methodology and overall process have
10 developed over a period of many years and have been
11 reviewed by other consulting actuaries for
12 completeness and accuracy.

13 The State of Iowa is considered to have an
14 Effective Rate Review Program in place by the Centers
15 for Medicare and Medicaid Services, along with the
16 effective rate review designation by CMS, as well as
17 the process previously described which predates the
18 effective rate review designation.

19 The public should be confident that any
20 decision rendered after this hearing was thoroughly
21 vetted by multiple parties.

22 Using the actuarial process described, the
23 actuarial teams found the following:

24 The past loss ratios for this block have
25 averaged 79 percent over the last seven years;

1 In the absence of a rate increase for
2 calendar year 2022, the Iowa Insurance Division
3 projects loss ratios in the range of 82 to 85 percent
4 depending on the experience base utilized, one year
5 versus two years, two years versus three years, et
6 cetera. The range of the projections is caused by
7 the notable reduction in the year-to-date 2021 loss
8 ratio, down to 65 percent. However, the 2021 loss
9 ratio will trend higher throughout the year;

10 Iowa Insurance Division trend models justify
11 a trend growth rate increase of at least 7 percent
12 based upon a review of the per member/per month
13 claims and adjusted calendar year loss ratios. A
14 higher trend growth rate may be justified depending
15 on the experience period utilized, again looking at
16 different time periods;

17 With the average loss ratio--current loss
18 ratio and the consistent growth of claims, the Iowa
19 Insurance Division's 2022 projected loss ratios range
20 from 75 to 78 percent after the 9.5 rate increase is
21 implemented. This range of values is caused by
22 utilizing different experience periods;

23 After adjustments are made to account for
24 taxes, licensing, and fees in the federally-
25 prescribed medical loss ratio formula, the 2022

1 projected medical loss ratio formula is approximately
2 81 percent after the increase is implemented.

3 As a side note, Golden Rule's projected
4 medical loss ratio is 80.2 percent and is consistent
5 with the Iowa Insurance Division's projections.

6 In the event that the medical loss ratio
7 dips below 80 percent with the revised rate,
8 affected Iowans could receive a rebate under Federal
9 law.

10 The average rate premium increase is around
11 \$33 a month. In other words, \$347 is approximately
12 the average current premium and the new premium,
13 then, would rise to approximately \$380 based on the
14 average of all members, age groups, and benefit
15 plans.

16 The Consumer Advocate has received two
17 comments and concerns directly from policyholders or
18 members of the public. Like most who are subject to
19 proposed rate increases, the comments focused on
20 affordability specifically due to the challenging
21 year, and the comments were based on the notification
22 of the 25 percent rate increase.

23 Due to the length of time Golden Rule has
24 offered individual policies, many of those
25 policyholders have seen steady increases in their

1 Golden Rule plans over the years. These affected
2 Golden Rule pools have been receiving rate increases
3 every year to every other year, which has led to some
4 premiums ballooning from their original rates and an
5 overall rate increase fatigue.

6 One policyholder commented in part, "I pay
7 more for health care than I spend on my mortgage.
8 Soon every dollar I make will go to health care."

9 Both comments expressed frustration and
10 affordability concerns. Many are small business
11 owners often that have no choice but to purchase
12 coverage privately and they do not have employers to
13 provide coverage and their operations may be too
14 small to include employees who would allow for the
15 purchase of a small group plan.

16 This means some small business owners are
17 left with a choice of finding a way to pay for the
18 increased rates which means taking up additional
19 employment, leaving small businesses, or dropping
20 coverage.

21 So to summarize, without the rate increase
22 Golden Rule is facing a medical loss ratio of 82 to
23 85 percent. If the revised actuarial rate increase
24 of 9.5 percent is approved, the projected loss ratio
25 decreases to 70 to 78--75 to 78 percent.

1 The comments received and posted as of
2 August 23rd have been included in my testimonial
3 report that has been given to the Commissioner.
4 However, comments may continue to be received until
5 the Commissioner makes the final decision on the
6 proposed rate increase. Any additional comments
7 received before the Commissioner's decision, but
8 after the presentation of the consumer testimony,
9 will be recorded on the public rate hearing website.

10 And I believe we do have one person here to
11 comment on the Golden Rule policy.

12 You may go up to the microphone.

13 COMMISSIONER OMMEN: Thank you,
14 Ms. Sellmeyer. Before the consumer provides some
15 additional thought, one of the--as I look through
16 this record and examine the recommendations--I mean,
17 clearly over these last number of years since we've
18 been addressing these increases, that the effort--
19 because of the fact that--the Federal Government set
20 80 percent as essentially the target medical loss
21 ratio and that seems to be where Golden Rule has been
22 nearly every year.

23 I was certainly pleased and interested in
24 the work associated with getting that reduction. You
25 know, those aberrations in expenses really have to be

1 kept in mind and I applaud the work of the actuary
2 that discovered that, made that, and then negotiated
3 the difference.

4 I guess my only question really relates to
5 the increase that is used by this process to set
6 hearings. And it's my understanding--I did have it
7 in front of me, I don't have it in front of me now,
8 but it's my recollection, and I'm going to use a
9 phrase "medical inflation," but that was 5.4 percent,
10 is my recollection this year. Is that correct?

11 MS. SELLMEYER: Yes, that is correct. So
12 everything over that is subject to the hearing here
13 today. Yes, 5.4 percent.

14 COMMISSIONER OMMEN: Yeah. And again, I
15 appreciate again all the work that went into this by
16 you as you gathered the information and also the
17 actuarial work that went into it.

18 I mean, I continue to be troubled by what I
19 see in these groups. These are closed blocks and I
20 think we're going to be dealing with these above
21 inflationary pressures every year, but I certainly
22 appreciate your testimony and with that we can--I
23 will receive any additional public comments that have
24 been offered.

25 Before I do that, I know I heard a note,

1 again, about companies being present. It's my
2 understanding that Golden Rule had intended to be
3 there, but now is not able to be there; is that
4 accurate?

5 MS. SELLMEYER: Yes, that is correct.
6 Unfortunately the person--the individual from Golden
7 Rule that was going to be present had a death in the
8 family and that funeral was this morning. So she
9 apologizes for not being here.

10 COMMISSIONER OMMEN: All right. And
11 oftentimes, I mean, their comments trigger questions,
12 but certainly we're all sympathetic to those
13 circumstances and understand.

14 So with that, Ms. Sellmeyer, again in my--
15 from my remote seat here, if you could assist in
16 directing the public comment and I'm pleased to hear
17 that at this time.

18 MS. SELLMEYER: Yes. We have one individual
19 here in person and then we will go to those that are
20 online that may have a comment.

21 If you are online for Golden Rule, please
22 use the raise your hand feature or the chat feature
23 on Zoom to put that in the chat so that we know that
24 you want to make a comment and then we will let
25 you--we will unmute you at that time to make that

1 comment when it's your turn. So thank you. We will
2 start with the individual here in the room.

3 Can you please state your name and then you
4 may give your comment, please.

5 MR. ALEC JOHNSON: Thank you. My name is
6 Alec Johnson. I use he/him pronouns and I'm a proud
7 member of Iowa Citizens for Community Improvement.

8 I've also been a victim of United Health's
9 stinginess. They call themselves the Golden Rule.
10 Now, I understand the Golden Rule means do unto
11 others as you would do unto yourself and I think
12 they're misnamed. So perhaps they ought to change
13 their name to be something a little more honest.

14 But at any rate, these rate increases seem
15 to me to be absurd, certainly the 25 percent. I'm
16 glad that you've reduced it down. I don't know what
17 a medical loss ratio is but it sounds like, I don't
18 know, bureaucratic speak for them actually having to
19 pay money for health insurance.

20 Okay. The other thing I'd like to point
21 out, I don't know if the Commissioner is aware that
22 United Health has been sued under Federal
23 anti-racketeering statutes in the past and I don't
24 think they've particularly improved very much, so...

25 I'm hoping the Commissioner will take a very

1 jaundiced view of this jaundiced organization when he
2 makes his final determination.

3 And that's the end of my comments. Thank
4 you.

5 MS. SELLMEYER: Thank you, sir.

6 Do we have anyone online that's indicated
7 that they have a Golden Rule comment?

8 MR. RULLESTAD: I do not believe so, Sonya.

9 MS. SELLMEYER: Okay. It looks like that is
10 the only comment with regard to Golden Rule. Thank
11 you, sir.

12 COMMISSIONER OMMEN: All right. Secondly I
13 will call the matter of Wellmark, Incorporated,
14 pre-ACA plans. Wellmark operates under two entities
15 and this is the entity associated with some of their
16 pre-ACA plans.

17 So I'm going to again begin with Sonya
18 Sellmeyer, our Consumer Advocate. If you could,
19 please, provide an overview of public comments that
20 we have received as well as any additional thoughts
21 concerning the work that was done by the regulators
22 within the Division.

23 MS. SELLMEYER: Thank you, Commissioner.
24 Again, the procedure today is set forth in Iowa Code,
25 Section 505.19.

1 The Consumer Advocate Bureau was notified in
2 June of 2021 that Wellmark, Incorporated, was seeking
3 a proposed average rate increase of 4.7 percent. The
4 4.7 percent increase varies between plans with a low
5 of 3.6 and a high of 5.9.

6 The 4.7 percent average applies to various
7 blocks of business exhibiting current loss ratios
8 exceeding that 80 percent. All of the plans affected
9 are either grandfathered or transitional plans for a
10 total of 38,000 Iowa covered lives.

11 Their proposed rate increase would become
12 effective January 1, 2022, if approved.

13 As the amount proposed exceeded the current
14 average annual rate health spending growth rate of
15 5.5 percent, the Consumer Advocate solicited comments
16 regarding the proposed increase.

17 And, again, please keep in mind the
18 actuarial review that is done by the Iowa Insurance
19 Division with regards to these policies.

20 Using the actuarial process described
21 previously, the actuarial teams found the following:

22 Past loss ratios for this block have
23 averaged around 85 percent over the last 7 years;

24 In the absence of a rate increase for
25 calendar year 2022, the Iowa Insurance Division

1 projects loss ratios in the average--in the range of
2 86 to 88 percent, depending on the experience base
3 utilized.

4 COMMISSIONER OMMEN: Ms. Sellmeyer?

5 MS. SELLMEYER: Yes?

6 COMMISSIONER OMMEN: Again, I assume my mic
7 is on. We had a comment, frankly a question to some
8 degree, from when we were--on the Golden Rule
9 comments. One of the questions that was raised was
10 this concept of medical loss ratio. I mean, it does
11 sound like bureaucratic jargon.

12 Again, I would offer to those participating
13 in this hearing today, it is a standard of
14 measurement that was set by the Affordable Care Act.
15 And what it requires is that when you look at the
16 amount of claims that are paid, you measure those in
17 a ratio, that is claims paid out. That is what, in
18 this case, Wellmark would be paying out in the form
19 of claims payments to policyholders, is then ratioed
20 against the total amount of premium that is
21 collected.

22 So at an 80 percent medical loss ratio, 80
23 percent of the money that is being brought in in the
24 form of premium is being then, in turn, paid out.

25 What the 20 percent balance is, it's going

1 to be a measure of the risk that the company holds as
2 well as the cost of administering the plan. And so
3 what the Federal Government did under the Affordable
4 Care Act, they said, "If you go under that 80 percent
5 you're required to make refunds, in essence, to
6 consumers."

7 So, again, in response to an earlier
8 question--I didn't know, Ms. Sellmeyer, whether you
9 were going to address it but maybe that would help
10 for some of the participants as they listen to your
11 presentation.

12 So with that--again, sorry for the
13 interruption--you may proceed.

14 MS. SELLMEYER: Thank you, Commissioner. I
15 appreciate that.

16 With the current high loss ratios and the
17 consistent growth of claims, the Iowa Insurance
18 Division's 2022 projected loss ratios range from 82
19 to 84 percent--so above that 80 percent--after the
20 4.7 percent rate increase is implemented;

21 After adjustments are made to account for
22 taxes, license, and fees in the Federally-prescribed
23 medical loss ratio formula, the 2022 projected
24 medical loss ratio ranges from 86 to 88 percent after
25 the increase is implemented. This is achieved by

1 using a minimum trend rate and a higher trend rate is
2 justified.

3 In the event that that medical loss ratio
4 dips below 80 percent with the revised rates over
5 that three-year rolling basis, that's when that
6 rebate would come into play under Federal law.

7 The average premium increase is around \$25 a
8 month, or 532 is the average current premium, it
9 would increase to approximately 557.

10 The Consumer Advocate has received 29
11 complaints from policyholders and members of the
12 public. Like most who are subject to proposed rate
13 increases, the comments focus on affordability.

14 Due to the length of time Wellmark has
15 offered individual policies, many of these
16 policyholders have seen steady increases from their
17 Wellmark plans over the years. These affected
18 Wellmark pools have been receiving rate increases
19 every year to every other year, which has led to some
20 premiums ballooning from their original rates in an
21 overall rate increase fatigue.

22 One policyholder commented: "I am extremely
23 frustrated by the cost of insurance. My husband and
24 I pay \$1,456.95 each month. That's over \$17,000 a
25 year for coverage. Neither of us take prescription

1 meds or have any health conditions.

2 "Every year our insurance has a huge
3 increase. From 2020 to 2021 our monthly insurance
4 premiums increased \$156.50 per month. We both have
5 our own small businesses so we pay the entire amount.

6 "We both have felt huge financial impact
7 over the last two years due to COVID and would love
8 to see a decrease in our premiums.

9 "There has to be some drastic changes made.
10 I am tired of paying for everyone else's poor health.
11 We should be rewarded for having excellent health.
12 We both have a concerted effort to stay healthy, but
13 what can you do as a company to reward us?"

14 In summary, the actuarial summaries show
15 that without a rate increase as requested by
16 Wellmark, they are facing a medical loss ratio
17 between 86 and 88 percent.

18 The comments received and posted as of
19 August 23rd have been included in this testimony
20 report as required by Iowa Code 505.19(3) and have
21 been given to the Commissioner. However, comments
22 may continue to be received until the Commissioner
23 issues a final decision on the proposed rate
24 increase.

25 Any additional comments received before the

1 Commissioner's decision, but after the presentation
2 of the consumer testimony, will be recorded on the
3 public rate hearing website.

4 Thank you, Commissioner.

5 COMMISSIONER OMMEN: Thank you,
6 Ms. Sellmeyer.

7 Again, at this time I'll hear any additional
8 comment from Wellmark, Inc., if they wish to provide
9 it.

10 Ms. Sellmeyer, do we have any representative
11 from Wellmark in attendance?

12 MS. SELLMEYER: No, we do not, Commissioner.

13 COMMISSIONER OMMEN: All right. With that
14 we will move to other public comments. So I will
15 hear any additional public comments.

16 Again, I will hear all public comments but
17 my attention is specifically drawn to individuals
18 that are in these plans. But with that, I'll hear
19 any public comments that folks would like to make
20 with regards to this rate increase.

21 MS. SELLMEYER: Go ahead. Can you state
22 your name?

23 MS. JENNY TURNER: My name is Jenny Turner.
24 My pronouns are she/her, and I am an Iowa CCI member.
25 I'm also a public school speech therapist.

1 My students have special education and many
2 health needs that go along with that and they are
3 mostly low income. Their parents have jobs in food
4 service, construction, retail, and they do not have
5 employer-provided health insurance.

6 The only way that they can have health
7 insurance is to be in one of these individual plans,
8 whether it be this one or an ACA plan, and that's the
9 only way in those cases for these people to meet
10 their kids' significant health needs.

11 These families have been some of the hardest
12 hit during the pandemic. They have gotten sick
13 because they've been working on the front lines,
14 they've lost jobs, and some of them have become
15 disabled from long COVID.

16 An increase in their premiums will push some
17 of them out of health insurance plans and they will
18 no longer have health insurance. Their kids will not
19 be able to receive preventative care, early care.
20 They'll have to wait for--until they need to go to
21 the ER and those kids will come to school sick and
22 they will make other kids sick and our school will be
23 traumatized by lost parents and lost classmates.

24 These kids need their community to care
25 about them. They need you to care about them,

1 Mr. Ommen. The insurance companies will be just fine
2 without an increase this year but my school community
3 will not.

4 Please do not approve increases. Thank you.

5 MS. SELLMEYER: Thank you.

6 Can I just say real quick, if we could lower
7 the noise in the room, that would assist in myself
8 being able to hear. If you need to talk, if you want
9 to go outside in the hall, that's fine. Thank you.

10 MS. BETTY SALMON: Hi. My name is Betty
11 Salmon and--she/her, and I am a proud member of Iowa
12 CCI.

13 I'm speaking today in general on ACA
14 policies. I'm a retired professional, I've been
15 retired several years, and I'm probably in a group
16 that we would call privileged. But what I do is I do
17 a lot of volunteering to try to give back.

18 I've had five years of volunteer experience
19 with SHIIP, which is the Senior Health Insurance
20 Information Program, that deals with Medicare options
21 and people that are eligible for Medicare and what
22 their options are. I no longer volunteer with them
23 but I had quite a few years of experience in the area
24 where I live.

25 So I saw people in the suburb where I lived

1 that were coming in to see when they could get onto
2 Medicare and what their options would be. These are
3 people that, you know, we would think would be very
4 comfortable, but I was very surprised by what I saw
5 from these ACA recipients.

6 Many of them are freelancers, they're
7 entrepreneurs, they're not with a group plan, they're
8 trying to--they're proud members of our community.
9 They're trying to get started.

10 I was really astounded by how much they were
11 struggling. And when I heard how much they were
12 paying for their premiums compared to other people
13 that I would see that were pre-Medicare that came in
14 on group plans, I could not believe they could
15 survive on that. I know that I couldn't survive by
16 paying premiums like that and still having those high
17 deductibles to pay on top of it.

18 They were always trying to stay positive,
19 they were very hard working, but you could tell they
20 were just teetering on the edge and couldn't wait to
21 get into Medicare to help relieve them of these huge
22 premiums they were paying.

23 I feel like the premiums with ACA are
24 totally out of proportion to these people's income.
25 And when I was seeing these people, this was

1 pre-COVID. So considering what's going on now with
2 people's health and the issues they've got and then
3 what's happened to their income, interruptions to
4 their income, I think this is the time to make big
5 exceptions to the rules that we're using for these
6 increases.

7 So what I'm doing today is I'm appealing to
8 your humanity because I've seen that these are real
9 people. I've seen them time after time. I go home.
10 I continue to think about them and why they had to be
11 in this situation that they were in. When you talk
12 to people for an hour, like I did, you get to know
13 them some, and then you follow up with them later and
14 it's hard to rationalize why they are where they are.

15 So I appeal that you make this more than
16 math, that you make this--you make an exception.
17 We're smart and I think we're better than this, we
18 can do better than this. We can't make math the only
19 factor here. This is way too big of a hardship for
20 these people and it really, actually, hurts all of us
21 when we treat this segment of people this way.

22 Thank you.

23 MS. SELLMEYER: Thank you.

24 Is your comment with regard to Wellmark the
25 pre-ACA policy? Okay. We'll discuss the ACA policy.

1 That's the last one on the agenda. Thank you.

2 MS. SHARON JOHNSON: My name is Sharon
3 Johnson. I'm a member of CCI. I have several pages
4 of online comments of the reaction to these proposed
5 insurance hikes and I'm just going to share three.

6 This is from Norma in Muscatine. "This is
7 getting ridiculous. We already pay \$183.58 per week.
8 That's already \$9,546.16 a year, and you want us to
9 pay even more? Not to mention this is just the
10 premium and I'm still paying \$48 per office visit. I
11 had to pay over \$200 for an ultrasound I needed.

12 "We are already paying in more than what we
13 are getting in return. Since when has medical
14 insurance companies become a for-profit business?"

15 This is another one from Donovan in
16 Fairfield. "Despite solid revenues during the
17 COVID-19 pandemic, Wellmark Blue Cross/Blue Shield is
18 proposing upwards of a 21 percent premium increase
19 for their ACA individual plans for 2022. These
20 skyrocketing increases impact nearly 60,000 Iowans
21 who rely on these plans. United Health Care has
22 their own proposal to increase rates by upwards of 25
23 percent. It's up to the Iowa Insurance Division to
24 step in and deny their proposed premium increases."

25 And one more from Cory in West Des Moines.

1 "I pay more to Wellmark every year than I utilize in
2 medical costs for me and my family. With the amount
3 of profit made by the medical insurance industry
4 there is no reason for another hike in rates like
5 this.

6 "As if we didn't have enough reason to begin
7 with, this is exactly the reason why we need Medicare
8 for all. Go ahead and raise rates again and show the
9 American people why insurance in the private sector
10 and the greed that comes along with it needs to go."

11 Thank you.

12 MS. SELLMEYER: Thank you.

13 COMMISSIONER OMMEN: Ms. Sellmeyer, any
14 additional comments?

15 MS. SELLMEYER: Yeah, do we have anyone
16 online who looks like they want to make a comment?
17 Again, if you are online, if you want to put in the
18 chat that you would like to make a comment with
19 regard to this policy group, that would be
20 appreciated.

21 COMMISSIONER OMMEN: This is the
22 Commissioner. I appreciate all of these comments for
23 certain. And at the same time--in my closing
24 comments I can remind people, but I'm just going to
25 take a moment to remind individuals that the way the

1 Affordable Care Act market is structured in the
2 individual market is very different than the
3 particular matter that I'm considering here with
4 regard to pre-ACA plans.

5 The individual market is heavily subsidized.
6 There's premium assistance available. We call them
7 advance premium tax credits. Nearly everyone in that
8 market now--it's not everyone, but nearly everyone
9 that is in that market is now drawing down Federal
10 tax credits and they're advance tax credits. So
11 those are tax credits that actually don't need to
12 directly go through the consumer but are paid
13 directly by the Department of Treasury in order to
14 offset some of these very high rates that we find in
15 the ACA.

16 So for the moment it would help me in better
17 understanding what your concerns are is if you could
18 for the moment, if you have concerns about the
19 pre-ACA plans, to limit your comments to those
20 because as Ms. Sellmeyer mentioned, we'll come back
21 to the ACA plans as I, again, try to understand and
22 appreciate what you're offering in terms of comments.

23 So, again, I'm happy to hear any comments
24 online.

25 MS. SELLMEYER: It looks like we may have

1 two people that would like to make a comment on the
2 Wellmark pre-ACA plan.

3 COMMISSIONER OMMEN: Thank you.

4 MR. RULLESTAD: There was a woman with her
5 hand raised 30 seconds ago, but she's no longer
6 listed as such.

7 MS. SELLMEYER: It looks like--Mary. Mary,
8 do you have a comment you would like to make?

9 MS. MARY BURKE: Not for this section.

10 MS. SELLMEYER: Okay. Thank you.

11 Steven, would--did you want to make a
12 comment? You can unmute yourself.

13 MR. STEVE STEFFEN: Yes, please.

14 MS. SELLMEYER: Thank you, Steven. Go
15 ahead.

16 MR. STEVE STEFFEN: I've been self-employed
17 for a number of years here and have a pre-ACA plan
18 that I've had in place since 2008. It's a
19 high-deductible HSA plan. And since that plan was
20 implemented, my premium has gone up 321 percent. And
21 during that same time, in order to keep the premium
22 to a minimum, I've had to essentially double my
23 deductible. So it's basically a catastrophic plan.
24 So all of my health care costs are basically out of
25 my pocket because I never get above my deductible.

1 But I guess my question is when is enough
2 enough? After 321 percent--and now they're asking
3 for another--well, in my case it's the 5.9 percent,
4 it's the high end on the Wellmark proposal or ask.

5 I understand and appreciate the costs that
6 these insurance companies are paying for health--to
7 health care providers, but is anybody analyzing the
8 health care system costs themselves and how to
9 minimize them?

10 I had an instance here with my elderly
11 mother who is a Medicare--who is on Medicare and
12 she's had some health issues over the years and she's
13 gone from one health care provider to another, to one
14 referral after another, to taking a fistful of pills
15 for breakfast every day and her health care continues
16 to deteriorate, not improve.

17 I found a health care provider who is not
18 covered under any type of medical insurance. At the
19 end of June her grandson got married and she went to
20 that wedding in a wheelchair. I found this other
21 health care provider and after three visits, she's up
22 and walking pain free.

23 But all those costs had to be out-of-pocket
24 because it's not covered by any type of insurance
25 program or Medicare. So who is--my question is who

1 is overseeing the health care providers and the
2 pharmaceutical industries that are causing all these
3 costs? These costs can be controlled if you can
4 control the health care system itself. Nobody is
5 up--all this talk today is talk about statistics and
6 costs, but who is controlling the costs is my
7 question?

8 There seems to be no regulation or any type
9 of oversight on the health care system itself. So
10 what can be done to get control of the costs itself
11 to control what the insurance premiums are? I guess
12 that is my question. It seems to be a train running
13 off the rails here because nobody is managing the
14 cost itself, and that's my concern.

15 COMMISSIONER OMMEN: Mr. Steffen, again this
16 is the Commissioner. Thank you very much for your
17 comment as well as your question. It's certainly--my
18 role is primarily to evaluate not how to regulate the
19 costs, but whether or not based upon the costs and
20 the claims that the carriers are paying out, whether
21 or not the premium that they're asking for is fair
22 and reasonable.

23 I don't have the authority to just simply be
24 arbitrary. I mean, I have to have reasons for my
25 opposition to any increase that they are able to

1 substantiate.

2 But to your question, it's a very important
3 question and I'm not dodging it, I'm going to try to
4 provide an explanation to you so you can better
5 understand what all of us that are in this business
6 of health insurance are struggling with and I'm going
7 to use approximations.

8 But you could say about a third of
9 the--about a third of the dollars that flow into the
10 medical providers are coming from a Medicaid system,
11 a little over a third are coming from a Medicare
12 system. The Medicaid system is administered by the
13 State and then it's been done through contracts with
14 some third-party administrators, also known as
15 insurers, to help try to manage down, negotiate down
16 those costs that you were talking about, listed as
17 provider costs.

18 And then you have Medicare which is
19 primarily administered by the Federal Government
20 similarly trying to negotiate down those costs. And
21 the Medicaid negotiators consider what the Medicare
22 negotiators are able to get.

23 And then you have the balance. Again, it's
24 fair to describe it as about a third that are in this
25 more--what's more commonly known--I'm sure it's more

1 than a third because if you add the self-insured
2 groups, there's a large component of self-funded or
3 private companies funded system and they're
4 negotiating. Now, they're usually negotiating
5 through, again, what we call insurers like Wellmark.

6 And then you've got what I oversee, which is
7 that much smaller piece of what is the fully-insured
8 market.

9 My point of trying to answer the question is
10 there are a lot of individuals, a lot of people with
11 pencils always trying to negotiate and they're always
12 looking at what the other segments of the market are
13 charging.

14 But the reality is that it's not all
15 government. There's a lot of government negotiation
16 going on in the government-paid sector; there's
17 insurance company negotiation; and then to some
18 degree for large companies they're able to also
19 directly impact those negotiations.

20 The negotiations are not just on price of
21 service, they're on benefit design. That's why when
22 we're talking here about your plan, your benefit
23 design is becoming less and less benefit driven.
24 It's becoming price driven and that is a real
25 struggle because there are other systems, like a

1 self-funded system, where you're often going to find
2 more benefits available because there are
3 employer/employee benefits in giving people health
4 benefits rather than salary. There's tax-related
5 issues.

6 The last thing I would offer is we're
7 talking about the ACA market. In anticipation of
8 that discussion is in the individual market it's
9 heavily--it's heavily funded now by these tax
10 credits. The small business market is not funded
11 that way and what we have found is both in what we
12 call grandfathered plans, like what you have, in the
13 small group market they're more stable. And the
14 reason they're more stable is because under Federal
15 law, small group plans can continue to add employees.

16 But for those of you that are in these
17 grandfathered plans, it's a closed block. That means
18 as people age and as their claims get higher, and as
19 the prices associated with the claims side change,
20 the insurance companies are not permitted to add new
21 younger people to offset that.

22 And I heard some earlier comments about
23 "Well, I don't get out of the system what I put into
24 the system." That's usually how insurance works.
25 It's the people that don't have the fire, don't have

1 their house burned down, they cover the costs of the
2 people who do have their house burned down. And
3 that's the way the insurance market has always
4 worked.

5 I think people are very frustrated because
6 of all of these--you have these transition plans, you
7 have the grandfathered plans, and then you have a
8 pretty heavily subsidized individual market.

9 So, again, I didn't really answer your
10 question other than to say there are a lot of folks
11 that are working on trying to keep the costs--the
12 underlying costs down. I go to a number of meetings
13 with others to do that, but the reality of a lot of
14 that is being handled in negotiation between, as I
15 said earlier, these very big buyers of health
16 services.

17 MS. SELLMEYER: Thank you.

18 MR. STEVE STEFFEN: May I make one more
19 comment?

20 COMMISSIONER OMMEN: Please do.

21 MR. STEVE STEFFEN: I guess, you know, I'm
22 not just talking about costs. I'm talking about the
23 system in general. I'm talking about western
24 medicine in general. You go to countries like Asia
25 and so forth, they don't have heart disease issues

1 like we have in the western world and western
2 medicine and it's due to the western medicine
3 practice. It's due to how they conduct their
4 treatment.

5 You go to a doctor these days and it's
6 "Yeah, here. Take this pill and go home." They're
7 treating symptoms, they're not treating the cause,
8 they're not curing.

9 So my question is more broader in that the
10 costs are getting out of control because of the
11 health care system itself, not because of--you know,
12 that's where the costs are going out of control. So
13 that's what needs--in my mind that's what needs to be
14 addressed, is the health care system in general and
15 how we address health care. Otherwise, it's just
16 going to keep going out of control here. I don't see
17 any other solution.

18 COMMISSIONER OMMEN: Understood,
19 Mr. Steffen. I've received your comment. I don't
20 have any particular response at this point but I
21 appreciate the concern and I certainly can understand
22 why you have that concern. Thank you.

23 Ms. Sellmeyer, any additional comments from
24 members of the public?

25 MS. SELLMEYER: No, it doesn't look like

1 there's anyone else on the internet feed.

2 It doesn't look like there's anyone on the
3 phone; correct?

4 MR. RULLESTAD: Correct.

5 MS. SELLMEYER: I do want to read one
6 comment into the record. The gentleman was going to
7 call in this morning and I don't see that he's made
8 it onto the line. I've been in continual contact
9 with him and I promised him I would read in his
10 comments if he wasn't able to get on.

11 So this is Kevin. "I've had this policy
12 through Blue Cross/Blue Shield for 12 to 15 years and
13 the premiums started out at \$110 a month. My rates
14 have increased from 110 to over \$500 a month.

15 This is the first time I have publicly
16 commented on this. I have been told by a retired
17 agent not to give up this policy but raising the
18 rates is above and beyond the amount they should
19 increase. We should pass this year due to COVID.
20 The Commissioner has a responsibility to not raise
21 the rates which will help people down the road."

22 And I believe that's all the public comments
23 with regard to the Wellmark, Incorporated, Blue
24 Cross/Blue Shield pre-ACA policies.

25 COMMISSIONER OMMEN: Thank you,

1 Ms. Sellmeyer.

2 All right. I'll now call the matter of
3 Wellmark Health Plan of Iowa pre-ACA plans. And,
4 again, this is the other part of Wellmark that is
5 involved in the pre-ACA market, again the
6 grandfathered and transition plans. So I'll begin
7 this with hearing again from Ms. Sonya Sellmeyer, our
8 Consumer Advocate.

9 MS. SELLMEYER: Thank you, Commissioner.

10 The Iowa Insurance Division was notified in
11 June of 2021 that Wellmark Health Plan of Iowa was
12 seeking a proposed average rate increase of 10
13 percent for all benefit plans, except for one plan
14 that was receiving zero percent increase. This
15 pre-ACA plan affected either grandfathered or
16 transitional plans, like the Commissioner mentioned,
17 for an approximate total of 850 covered lives. And,
18 again, these are closed blocks of business. They are
19 no longer taking in new policyholders.

20 The proposed rate increase would become
21 effective January 1, 2022, if approved. As the
22 amount proposed exceeded the most current average
23 annual gross spending rate of 5.4 percent, the
24 Consumer Advocate solicited comments regarding the
25 proposed rate increase.

1 And, again, using the actuarial process I
2 described previously, the actuarial teams found the
3 following:

4 Past loss ratios for this block of business
5 have averaged around 90 percent over the last seven
6 years;

7 In the absence of a rate increase for the
8 calendar year 2022, the Iowa Insurance Division
9 projects the loss ratio in the range of 97 to 102
10 percent depending on the experience base utilized;

11 Iowa Insurance Division trend models justify
12 a trend growth rate of at least 10 percent based upon
13 a review of the per member/per month claims and the
14 adjusted calendar year loss ratios;

15 With the current--high current loss ratios
16 and the consistent growth of claims, the Iowa
17 Insurance Division's 2022 projected loss ratios range
18 from 88 to 93 percent after the 10 percent rate
19 increase is implemented;

20 After adjustments are made to account for
21 taxes, license, and fees in the Federally-prescribed
22 medical loss ratio formula, the 2022 projected
23 medical loss ratio ranges from 90 to 96 percent after
24 the increase is implemented.

25 In the event the medical loss ratio dips

1 below 80 percent, that's when that refund comes into
2 play as we've discussed as a rebate under Federal
3 law.

4 The average premium increase is
5 approximately \$30 a month taking the current average
6 premium from 297 to 327.

7 The Consumer Advocate has received 14
8 comments and concerns directly from policyholders or
9 members of the public. Like most who are subject to
10 proposed rate increases, the comments focus on
11 affordability. These affected Wellmark pools have
12 been receiving rate increases every year to every
13 other year which has led to some premiums
14 ballooning--ballooning, sorry, from their original
15 rates to an overall rate increase fatigue.

16 One policyholder commented "We highly
17 protest yet another rate increase. The cost of
18 insurance is increasing at a higher percentage than
19 wages are increasing. In eight short years we have
20 seen over a thousand dollars in increased cost. This
21 is not a justifiable reason to take this increase.
22 When does it stop? Please do not allow this
23 increase."

24 While another commented "While I understand
25 health costs are increasing, we cannot keep

1 incrementally increasing insurance costs. It is a
2 struggle for some to even have health care, let alone
3 pay for increasing rates. Sole proprietors who are
4 struggling to recover from the pandemic will take
5 the brunt of this. As a tax preparer, I can tell you
6 that people are struggling and this is one more thing
7 that they may choose to go without because they
8 cannot afford it."

9 The actuarial summaries show that without a
10 rate increase for the calendar year 2022, the Iowa
11 Insurance Division projects a rate--loss ratio from
12 97 to 102 percent.

13 The comments received and posted by August
14 23rd have been included in this testimony report as
15 required by Iowa Code and they have been given to the
16 Commissioner. However, comments may continue to be
17 received until the Commissioner makes a final
18 decision as--with regard to the proposed rate
19 increase. Any additional comments received before
20 the Commissioner's decision but after the
21 presentation of the consumer testimony will be
22 recorded on the public hearing website.

23 Thank you, Commissioner.

24 COMMISSIONER OMMEN: Ms. Sellmeyer, I
25 obviously have a lot of material in front of me on

1 this matter as well. One of my concerns about this
2 is that the way I read the report is we're down to
3 850 members in this particular segment of the market.
4 Is that--and, again, if Wellmark were here, and I
5 will be directing my questions to them, but just to
6 confirm, I think it's 850 members and I guess my
7 question is was there any consideration given to
8 basically weighting this? I know the law allows and
9 usually involves pools, but when you're getting down
10 to 850 people, it starts to be a little less than, I
11 guess I would describe it as, credible.

12 So I'll give you an opportunity for
13 response. I know you're not Wellmark. This question
14 really needs to be directed to them and I will direct
15 it to them but, I mean, do you have any thoughts on
16 that?

17 MS. SELLMEYER: My thought is, yes, I would
18 like to hear Wellmark's response to that as well
19 because I agree, you know, with your analysis on
20 that. The prior year was a thousand policies, so
21 they have dropped approximately 150.

22 COMMISSIONER OMMEN: Right. And, again--I
23 mean, that goes to my opening comments. I mean, for
24 these grandfathered and transitional plans, I mean,
25 that's going to continue to be the issue for those

1 that are in it, is you're left with a smaller number
2 of people and it becomes more and more difficult,
3 just to be frank. I mean, that's--we started to see
4 this years ago and every year we see a decline.

5 Anyway, thank you, Ms. Sellmeyer. With
6 that, I've already asked--I assume there's no one
7 here from Wellmark Health Plans to address my
8 questions publicly?

9 MS. SELLMEYER: Yes.

10 COMMISSIONER OMMEN: But with that, let's go
11 ahead and move to any additional public comments on,
12 again, these 850 pre-ACA plans.

13 MS. SELLMEYER: Is there anyone in the room
14 who would like to make a public comment on this
15 pre-ACA plan?

16 Yes, we do have one person in the room.

17 Can you state your name first?

18 MR. MATTHEW COVINGTON: Yeah. Matthew
19 Covington. I live here in Des Moines. I'll keep
20 this very brief.

21 Just so it's brought up again, I, too, wish
22 that Wellmark were here. As to that, I think
23 everyone here wishes that Wellmark was here. At
24 least United Health Care has what I would consider an
25 excused absence and I'm glad that they informed you

1 of that.

2 I personally am disappointed they are not
3 here to hear the Commissioner's questions or our
4 questions.

5 Thank you.

6 COMMISSIONER OMMEN: Thank you, sir.

7 Any further public comments on the pre-ACA
8 pool or market that we're describing here for
9 Wellmark?

10 MS. SELLMEYER: I don't see anyone online
11 that would like to make a comment, Commissioner.

12 COMMISSIONER OMMEN: All right. So I will
13 conclude that segment of the hearing.

14 And with that let's move to Wellmark Health
15 Plan of Iowa ACA plans. I know I've heard earlier
16 comments and for those that are here I will consider
17 those comments as well. But let's go ahead and move
18 to the Wellmark ACA individual market plans.

19 And with that, again I'm going to call on
20 Sonya Sellmeyer to provide to me, again, publicly
21 information that has already been provided to me
22 privately with regard to information that you've
23 received from consumers as well as your analysis of
24 the actuarial reviews.

25 So with that, Ms. Sellmeyer.

1 MS. SELLMEYER: Thank you, Commissioner.

2 Again, the Iowa Insurance Division was
3 notified in June of 2021 that Wellmark Health Plan of
4 Iowa was seeking a proposed average rate increase of
5 12--sorry--11 percent on their ACA block of business.
6 All of Wellmark's Health Plan of Iowa's ACA plans are
7 affected with a rate increase ranging from 3.8
8 percent to 21 percent for a total of approximately
9 36,000 covered lives. Their proposed rate increase
10 would become effective January 1, 2022, if approved.
11 As the amount proposed exceeded that 5.4 percent, I
12 solicited for consumer comments.

13 Additionally, using the actuarial process
14 previously described, the actuarial team found the
15 following:

16 Recent loss ratios on this block appear to
17 have been depressed due to the COVID-19 lockdown
18 which occurred over much of 2020 and the early parts
19 of 2021. However, second quarter loss ratios in 2021
20 have clearly ticked back up and are converging on the
21 85 percent level;

22 In an effort to deal with the effects of the
23 low loss ratios projected in 2020 and 2021, the
24 company implemented a significant rate decrease of
25 over 42 percent for the calendar year 2021. Please

1 note that this is to date the largest rate decrease
2 on record in Iowa since the passage of the ACA;

3 In the absence of a rate increase for the
4 calendar year 2022, the Iowa Insurance Division
5 projects loss ratios in the range of 86 to 87 percent
6 depending on the growth base utilized;

7 Iowa Insurance Division trend models justify
8 a trend growth of at least 7 percent based on a
9 review of the per person--per member/per month claims
10 and adjusted loss ratios;

11 With the current loss ratios and the
12 indicated growth of claims, the Iowa Insurance
13 Division's 2022 projected loss ratio is approximately
14 78 percent after the 11.1 rate increase is applied;

15 After adjustments are made to account for
16 taxes, license, and fees in the federally-prescribed
17 medical loss ratio formula, the 2022 projected
18 medical loss ratio is approximately 81 percent after
19 the increase is implemented. If relying only on the
20 Federally Required Uniform Rate review template, the
21 projected loss ratio is over 90 percent. The Federal
22 Unified Rate Review template and the Iowa Insurance
23 Division's Assister template utilize different
24 experience periods and so this explains the
25 difference between the two projections.

1 In the event that the medical loss ratio
2 dips below 80 percent with the revised rates over a
3 three-year rolling basis, affected Iowans could
4 receive that Federal rebate.

5 The average premium increase is around \$70 a
6 month. So that takes the average premium of 628 up
7 to 698.

8 The Consumer Advocate has received 25
9 comments and concerns directly from policyholders and
10 consumers. Like most of those who are subject to
11 projected rate increase, they focused on affordability.

12 One policyholder commented "I just got this
13 insurance two weeks ago and I'm already receiving
14 something stating that this is going to go up. I
15 don't get a tax break on it and it already costs so
16 much that very little benefits will come with it. I
17 have medical issues and chose to get insurance on the
18 marketplace for it. It is unfair to see it go up
19 that much already. Please do not raise rates that
20 much or at all."

21 Another commented "I am not for a premium
22 rate increase to 11.1 percent. It seems people who
23 are making the decision does not understand mid-class
24 has been--taken enough hits financially. I do not
25 understand why we are responsible for the medical

1 trend, government fee and taxes, and administrative
2 expenses. Find another source."

3 In summary. The actuarial summaries show
4 that without a rate increase for the calendar year
5 2022 the Iowa Insurance Division projects a loss
6 ratio from 86 to 87 percent.

7 The comments received and posted as of
8 August 23rd have been included in the testimonial
9 report as given to the Commissioner and is required
10 by Iowa Code. However, comments may continue to be
11 received until the Commissioner makes his final
12 decision.

13 And that concludes my testimony for that,
14 Commissioner.

15 COMMISSIONER OMMEN: All right. Thank you,
16 Ms. Sellmeyer.

17 Rather than questions, again I just have
18 some observations about my responsibilities in
19 reviewing these rates. Before the ACA, the benefit
20 designs were different. I mean, you could get
21 different types of benefit designs. With the passage
22 of the ACA and the implementation, we added
23 requirements regarding essential health benefits. It
24 really created a lot more uniformity in terms of what
25 was required.

1 There are different medal levels, as they're
2 described; that is, different--basically different
3 benefit coverage, but by and large the essential
4 health benefits made uniform the requirements under
5 Federal law what is covered.

6 But the point of that is that this market is
7 still developing in terms of price. I can just tell
8 you, again, I've been with the Division since 2013
9 and I know from pre-ACA rates to the rates that we
10 saw last year or even maybe the year before, we had a
11 tripling, which is a 300 percent increase, in terms
12 of the costs. A lot of that had to do with the
13 change in benefit design.

14 That is, as more people are participating in
15 plans that have more benefits available, those rates
16 go up. It actually, frankly, relates a little bit to
17 the earlier question about what about the price that
18 is the provider cost and how is that being impacted
19 by these benefit changes.

20 But then last year, just to make clear, it's
21 my understanding what you just said is that Wellmark
22 actually filed a 42 percent reduction in rates. Did
23 I understand you correctly?

24 MS. SELLMEYER: Yes, that is correct,
25 Commissioner.

1 COMMISSIONER OMMEN: So last year,
2 they--again, I don't review the reductions but they
3 reduced it by 42 percent and now they're asking for,
4 on average, an 11 percent increase this year?

5 MS. SELLMEYER: That is correct. And that
6 42 percent decrease was a record with regard to the
7 ACA policies in the State of Iowa.

8 COMMISSIONER OMMEN: And then, again, I
9 mean, I know due to COVID the Federal Government
10 through Congress has now expanded--this is a really
11 complicated market for me to regulate because of the
12 impact of these advance premium tax credits. I would
13 estimate it's probably 85, 90 percent of the total
14 premium being paid is now being paid directly by the
15 Department of Treasury in the individual market here
16 in Iowa.

17 So it's just really hard for me to assess
18 the impact on consumers when consumers now under
19 current Federal law are really only receiving the
20 impact of 10 percent of their income. That is, these
21 rates that I'm approving are really not felt by the
22 vast majority of people. In fact, under Federal law
23 any individual who wishes to participate in this
24 market is now eligible to subsidies so that they
25 don't have a price experience of anything in excess

1 of 10 percent of their income.

2 And I know that that's changed from maybe
3 when some of these commenters--what they experienced
4 last year because last year was up to 400--the
5 subsidy was available up to 400 percent and we've
6 seen that. I mean, we saw 25,000 people leave this
7 market back in 2008 when the prices really escalated.

8 And so, again, I would just offer that this
9 is a very difficult perspective for me to have when
10 most Iowans are not really impacted by these price
11 changes.

12 But, anyway, with that I'll go ahead and
13 open it for public comment.

14 MS. SELLMEYER: I believe we have one person
15 in the room that would like to make a comment--

16 COMMISSIONER OMMEN: Yes.

17 MS. SELLMEYER: --more than one.

18 MS. SHARI HAWK: My name is Shari Hawk, and
19 she/her pronouns, and I'm a proud member of Iowa
20 Citizens for Community Improvement.

21 Our neighbors have suffered the most at the
22 hands of this pandemic and they will be hurt the most
23 by these increases. People who are facing evictions,
24 who are visiting food banks, deciding whether to pay
25 insurance premiums or put food on the table for their

1 families will now also be burdened by an increase in
2 these premiums.

3 Just take a look at the public comments that
4 have come in from affected policyholders. People are
5 struggling. And these people who make modest incomes
6 are certainly going to be far more impacted than the
7 millionaire CEOs at Wellmark and United Health Care.

8 Why did their administrative expenses
9 increase upwards of 28 percent from 2019 to 2020 as
10 is the case with the Wellmark Health Plan of Iowa?
11 How much of this increase went towards paying for
12 increased salary for CEO Cory Harris and other
13 high-level executives?

14 These increases are cruel and for companies
15 like Wellmark who made a profit of over 183 million
16 dollars last year to turn around and gouge more from
17 policyholders and taxpayers is just immoral.

18 What are these profits used for? Where are
19 they going? One place we know is Wellmark's
20 inconceivably large reserves of over 2.2 billion
21 dollars. Let's remember back in 2013 when WHO-13
22 reported that Wellmark said they would need their
23 large surplus in case there was a pandemic. That was
24 back in 2013. Well, we've had the pandemic, but
25 their reserves grew by over 174 million from the end

1 of 2019 to the end of 2020. I don't understand that.

2 Wellmark and United Health Care's bank
3 accounts are very healthy. Our community is not.
4 So, Doug Ommen, you must deny this incredibly greedy
5 and irresponsible increase.

6 Thank you.

7 COMMISSIONER OMMEN: Thank you.

8 MS. BARB KALBACH: Good morning. My name is
9 Barb Kalbach. I'm a member of Iowa Citizens for
10 Community Improvement. I'm also an RN and I
11 currently serve on the Adair County Hospital Board of
12 Trustees.

13 Regarding Blue Cross/Blue Shield's and
14 Golden Rule's request for premium increases, I would
15 like to speak from a premium payer's point of view.

16 One of my friends is a middle school teacher
17 for more than 20 years. Her monthly premium for
18 family coverage through Blue Cross/Blue Shield is
19 \$1,200. That is 30 percent of her monthly take-home
20 pay. The 21 percent increase that was proposed would
21 take 37-and-a-half percent of her monthly take-home
22 pay.

23 I find this outrageous. Be advised this
24 does not include the portion of her premium paid by
25 the school district.

1 A second friend works for Iowa's Area
2 Education Association. She is paid twice a month.
3 AEA pays a total of \$1,650 towards her monthly family
4 coverage premium and my friend adds another 551 per
5 month, a total premium of \$2,201 per month, and Blue
6 Cross/Blue Shield would like to raise that. So this
7 is the kind of income Blue Cross is raking in
8 already.

9 On the other hand, I as a board trustee of a
10 critical access hospital am aware of how Blue
11 Cross/Blue Shield reimburses. Though billed fairly
12 for our costs of providing patient care, they are not
13 so generous in paying that bill. Currently Medicare
14 pays about 65 percent of hospital costs for a
15 patient. Wellmark Blue Cross/Blue Shield pays far
16 less.

17 To close, it is my observation that Blue
18 Cross/Blue Shield is asking to take in a huge amount
19 of money from policyholders but is not so diligent
20 about paying the charges brought to them. I would
21 add that this is an appalling burden for working folk
22 and employers to bear while putting critical access
23 hospitals at risk of closing due to Blue Cross/Blue
24 Shield's refusal to pay cost of care.

25 Thank you.

1 MS. SELLMEYER: Thank you.

2 MS. CHERIE MORTICE: Good morning.

3 MS. SELLMEYER: Good morning.

4 MS. CHERIE MORTICE: My name is Cherie
5 Mortice. I'm a retired public school teacher and
6 board president of Iowa CCI Actions. My pronouns are
7 she/her.

8 I'm also a grassroots organizer and I've
9 lived on the east side for many, many years. I'm
10 here to relay some messages from my friends, family,
11 and east side of Des Moines neighborhood regarding
12 their experiences with the ACA. Well, the consensus,
13 of course, is rates are too high. East siders would
14 say "rates are too damn high."

15 Some say they have insurance but can't
16 afford to use it. Others say they repeatedly fall
17 behind on rent or mortgage or car payments. With the
18 moratorium on evictions being lifted, more people are
19 fearful of being pushed out of their homes. Some of
20 them are actually considering dropping coverage
21 altogether.

22 The pandemic is amplifying the hardships of
23 all these people, the cost of groceries has risen,
24 along with the escalating costs of prescription
25 drugs. This hits most of us on a fixed income, such

1 as myself, especially hard, too.

2 Many of my east side neighbors are
3 struggling. Some have lost jobs and others have lost
4 hours. They haven't recovered yet. Sure, there are
5 jobs, but when employers are increasing hourly wages
6 from 10 to 12 dollars it's still not a liveable wage.

7 Many don't even get PTO if they are sick, of
8 all things, during a pandemic. They tell me they're
9 still treading water, living paycheck to paycheck.

10 In my east side neighborhood I can literally
11 walk in any direction, north, south, east, and west,
12 and get to a payday lender within a mile. We also
13 have a Wells Fargo and a U.S. Bank in my neighborhood
14 but they refuse to offer small-dollar loans. So when
15 there's an unexpected medical bill, what do my
16 neighbors do? They either drive up their credit
17 card, which they don't like doing, but even worse,
18 sometimes they're driven to payday lenders. And
19 they're doing very well, as a matter of fact.

20 So when you're trying to make ends meet,
21 here's the reality that many of us don't understand:
22 When you're living paycheck to paycheck, you only
23 have two bad options. You know, some of us have at
24 least one way to escape a debt trap. This is no time
25 for an increase in rates.

1 I'm especially sensitive to the rate
2 increases that are being proposed. I do have
3 Wellmark Blue Cross/Blue Shield as my Medicare
4 supplement and those rates have gone up every single
5 year. They don't keep up with the cost of living.
6 Certainly the increase of the COLA related to Social
7 Security is inadequate because it doesn't figure in
8 the cost of prescription drugs.

9 So the cost of my prescription drugs have
10 gone up \$87 a month this year so I'm really in the
11 hole. When you include the cost of increases that I
12 spend on groceries, my Des Moines Water Works bill,
13 my MidAmerican utility bill, you know, I'm not living
14 on a fixed income. I'm living on a deteriorating
15 income, like many of my neighbors.

16 So, you know, all the formularies, the
17 algorithms, the tools to create rates leave one
18 important element out and that is what are the real
19 needs of people? And I believe that as Commissioner,
20 in your due diligence, you need to be highly aware of
21 the financial pressures on our neighborhoods and
22 communities and base approval of rates on those
23 factors.

24 The number of students qualifying for free
25 and reduced lunch programs in Des Moines was at 76

1 percent. They made breakfast and lunch free last
2 year during the pandemic. The superintendent has
3 just reinstated that. That is embracing a moral
4 imperative and I'm proud of him.

5 You know, to be honest, it really feels like
6 I'm paying more for less and I think my neighbors
7 feel exactly the same way about the ACA and that was
8 true for all of us before the pandemic let alone now.
9 Good medicine is slow and far more personal in nature
10 as opposed to the conveyor belt production that we
11 experience now. Which, by the way, is just as
12 frustrating to my doctors along with the nurses and
13 the support staff. They feel the same frustration.

14 Wellmark has enjoyed the opportunity to move
15 to a major insurance hub in downtown Des Moines.
16 Their profit margins continue to reflect enhanced
17 prosperity. And let me remind them, TIF money was
18 part of that deal. Those tax revenues came from
19 workers.

20 Now it's time for Wellmark to embrace a
21 moral imperative. Do no harm, show compassion and
22 grace for all who are struggling with financial
23 hardships during an historical pandemic.

24 And let me just remind you of one other
25 thing, Commissioner. You know those subsidies that

1 you're talking about that people are getting? We all
2 paid for those. They're not free. They came off the
3 back of workers.

4 What is abundantly clear is this system is
5 breaking consumers and there is a more sustainable
6 way to do this and it begins by changing priorities
7 because your algorithms, your loss, you know, ratios,
8 all of those formulas are not meeting the basic needs
9 of people and this outcry will not stop until things
10 change.

11 And that means changing your values because
12 we're here today because we're frustrated. Our
13 families are frustrated, our neighborhoods are
14 frustrated, and our communities are frustrated.
15 These continual increases have a domino effect and
16 you're beginning to see some of that momentum here
17 today and I can promise you that it will only
18 increase.

19 Thank you.

20 MS. SELLMEYER: Thank you.

21 COMMISSIONER OMMEN: Thank you, ma'am.

22 MS. SELLMEYER: I think we have one more
23 comment here at the hearing.

24 MR. GARY (LAST NAME UNKNOWN): My name is
25 Gary, CCI member, pronouns are he/him, and I'm also a

1 Wellmark policyholder. Cherie touched on a lot of
2 this.

3 I want to say two things. It's, like-- One,
4 again, that is our money that's going towards these
5 increases, right, whether it's policyholders that are
6 paying it through their individual plans or whether
7 it's taxpayers.

8 You know, why should we subsidize corporate
9 greed? Why should we subsidize corporate greed? I'm
10 going to ask it again, right? Because as Cherie
11 said--or as Shari said, Shari Hawk, Wellmark's bank
12 account grew by over 170 million dollars, right, over
13 the pandemic. A lot of people's bank accounts
14 decreased. My bank account decreased. I had to dip
15 into my savings to pay rent when I lost my job, when
16 I lost my health insurance, right?

17 Wellmark wasn't there for me. Why should we
18 be there for them? 170 million dollars. That is
19 immoral for them to turn around and ask for a 21
20 percent increase for some plans. That's a slap in
21 the face to every single policyholder when they claim
22 to be a company that is run by policyholders.

23 That 170 million should not have gone to
24 their bank account. It should go back to the
25 policyholders. It shouldn't be going to Cory Harris'

1 and other executives' bank accounts, right? So I
2 want us to consider this when making this plan.

3 And the second thing I want to bring up is
4 we're talking about upticks in health care costs.
5 They're shutting down elective surgeries in
6 Des Moines. This pandemic is far from over. The
7 Delta variant is raging in Iowa and we just had the
8 State Fair. Over one million people attended that.
9 Who here thinks that the COVID cases are going to go
10 up after the State Fair two weeks from now?

11 Yeah. Yeah. So when they're shutting down
12 elective surgeries, what does that mean? That means
13 policyholders cannot use their policies. That means
14 that they are going to be paying premiums without
15 requesting any payments from Wellmark.

16 This increase, this proposed rate increase
17 is ridiculous, right? And so we're not sitting here
18 saying, like, "Oh, like, make them lose money,"
19 right? Or "Make them, like, shut down their doors."
20 We're saying that we want something reasonable,
21 something that's people driven, right?

22 Like 3 percent, a little over, is what
23 people's wages increased, right? That's the
24 inflation, supposedly.

25 And, you know, you mentioned that 5.4

1 percent. That's the increase in medical costs, the
2 projected increase in medical costs. Well, then why
3 is Wellmark proposing a rate increase of 21 percent?
4 Why is United Health Care proposing a rate increase
5 of 25 percent?

6 That's all I have to say.

7 MS. SELLMEYER: Thank you.

8 MR. GARY (LAST NAME UNKNOWN): Please do the
9 right thing.

10 COMMISSIONER OMMEN: Thank you, sir.

11 MS. SELLMEYER: Is there anyone that's on
12 the Zoom online feed that would like to make a
13 comment? If so, feel free to put that in the chat or
14 raise your hand by using the reactions button.

15 I do see one comment in the chat. "I am not
16 eligible for Government subsidy." Sorry. It just
17 went away. "I am not eligible for government
18 subsidy. The premium increase is too high for me."

19 Is there anyone else in the Zoom room that
20 would like to make a comment?

21 MR. RULLESTAD: There is one additional hand
22 raised in there, Sonya. I think if you would
23 recognize Kenn and invite him to speak.

24 MS. PAT BOWEN: Hi. This is actually Pat
25 Bowen. My husband Kenn and I are sitting here

1 together on this Zoom from Iowa City and I am very
2 moved by--also I use she/her pronouns and I'm a
3 member of CCI also.

4 And I guess I'm so moved by the fact that
5 people have taken time to come and speak before this
6 issue--this Commission.

7 And even though you may say you don't hear
8 from very many people, I just want to say this: A
9 lot of people are so busy struggling on their
10 day-to-day life, they don't know about (A) this
11 meeting, or the fact that they can make a complaint.
12 They don't know about choices or subsidies.

13 Just in general, I would like to say this,
14 and I've said it many, many times to the air, and I
15 don't know who can listen to me but I'm hoping
16 somebody here on this call can hear this plea: We,
17 as a society, have the most complicated health care
18 system in the world, which includes insurance.
19 Insurance plays a big part of that as long as--as
20 well as our medical care from our own doctors and
21 hospitals, the insurance companies, the
22 pharmaceutical companies, and the government, whether
23 it be Medicaid or Medicare. It is complicated.

24 And as Betty mentioned earlier in this
25 meeting about being a SHIIP counselor--God bless

1 those people that help people maneuver through moving
2 from regular insurance, if they had it, to Medicare.
3 It is not as easy as just saying "Yes, I want
4 Medicare." There are so many options out there that
5 we cannot even make a choice. And I say to my
6 husband every time we do this, I am so happy I have
7 my wits about me in order to make decisions on this
8 very important part of my life. If I was the least
9 bit not able to make a, you know, intelligent,
10 cognizant thinking--I don't know what those people
11 do.

12 This is my plea and it may be way bigger
13 than this particular Commission's purpose today, but
14 I just wanted to get it on record that we have--we
15 don't have the best health care in the world. We
16 have the most expensive and the most complicated and
17 it's just a pity that we have people from everyday
18 living life, raising a family, all the way up to the
19 elderly not knowing where to turn, where to get help,
20 where to get assistance, and I plead for anybody on
21 this call that can make a difference in that to
22 please do so.

23 Thank you.

24 MS. SELLMEYER: Thank you.

25 COMMISSIONER OMMEN: Thank you.

1 MS. SELLMEYER: We do have a comment in the
2 chat, Commissioner, from Kay. "These premium
3 increases should not increase so much beyond the cost
4 of living."

5 And Mei-Ying also commented, "This is not a
6 closed block, is this?"

7 This is not a closed block, no. This is the
8 ACA policy.

9 COMMISSIONER OMMEN: All right. And, again,
10 we will take all these comments into the record but
11 the short answer is no, the ACA plans are not a
12 closed block. That simply means that people can
13 enroll. In fact, we, along with the Federal
14 Government, we opened a special enrollment period
15 throughout COVID and at the same time there is
16 additional advance premium tax credits available to
17 people with incomes--household incomes above the 400
18 percent Federal poverty level threshold.

19 And so I haven't seen the final numbers from
20 special enrollment, but my guess is that there are
21 people, many people who are in this individual market
22 who, if they haven't seen someone, whether it's a
23 navigator or an insurance producer, there is an
24 opportunity to really understand what those--how
25 those tax credits work and we would encourage people

1 to do so.

2 But I guess I'm ready to close the hearing
3 if there are no further comments.

4 MS. SELLMEYER: We do have one more. Mary
5 that is on the Zoom has her hand raised.

6 So, Mary, if you would like to make a
7 comment.

8 COMMISSIONER OMMEN: All right.

9 MS. MARY BURKE: Thank you. My name is Mary
10 Burke, she/her, and I thank you for this opportunity
11 to speak today. I also appreciate the tutelage you
12 folks are doing.

13 In 2014 the company I was working for folded
14 in the middle of a personal health scare, one month
15 before the ACA went into effect. I had to go without
16 any insurance for the two months in between the time
17 that it folded and the ACA going into effect.

18 I had some testing that needed to be done
19 and I had to wait and wonder what was really going on
20 through that time.

21 The ACA helped me to get that testing done
22 and I was re-insured with my new employer by then.
23 If the rates had been any higher, I might well have
24 had to continue to be uninsured. I'm a registered
25 nurse and I know what going uninsured and what

1 ignoring health conditions can do without any
2 insurance.

3 On the 24th of July a very dear friend of
4 mine, and an insurance agent, so understands the
5 industry, died of cancer. She had a lengthy period
6 of being uninsured because she was in business for
7 herself as an insurance agent and she could only
8 afford health care sometimes and she would have to
9 drop out in the middle of the year once or twice
10 because she just couldn't afford it.

11 A month before she got her diagnosis,
12 fortunately she was able to get reinsured under the
13 ACA, and fortunately for her, had the rates been any
14 higher or if there had been this increase--and she
15 was also not eligible for subsidies because of her
16 business income--she would have had to have died that
17 same horrible death from cancer only without more
18 than getting the diagnosis, without being able to get
19 any care, in severe pain, unable to breathe for the
20 four months she lived with it, the cancer diagnosis.

21 I appreciate your listening to this and all
22 that you are doing.

23 MS. SELLMEYER: Thank you, Mary.

24 COMMISSIONER OMMEN: Thank you.

25 MS. SELLMEYER: We do have one more comment

1 here in person.

2 COMMISSIONER OMMEN: Sure.

3 LAURAL CLINTON: Thank you, Commissioner.
4 My name is Laural Clinton, pronouns she/her, member
5 of CCI.

6 I just want to talk about when my husband
7 died in 2008 just before the ACA became an option for
8 us. Five days after he died, I was without insurance
9 for my two sons. It was the scariest time in my
10 life. This company he worked for for 30 years
11 offered me a COBRA program that paid zero. My
12 premiums for each child was \$642.

13 I've never been so afraid of not having
14 medical coverage for my family in my life in this
15 medical crisis that we're experiencing now with COVID
16 and I understand that companies have to profit but
17 people have to be taken care of as well. We have to
18 look at the human strain and not the profits for
19 these companies that very rarely pay out any services
20 for their clients and their customer base.

21 I'm going to ask the Commissioner, I know
22 that numbers are numbers, but when your bank account
23 shows zero and there's no numbers to pay for your
24 insurance, we're out of options.

25 So you have to look at the humanity of the

1 people that need the health care services and not
2 just the profits for the company.

3 So I'm going to ask that you take all of
4 that into consideration when you think about denying
5 the increase to these companies at this current time.
6 Our country can't take it. There's got to be some
7 better options for us as humans. We have to do
8 better for each other.

9 Thank you.

10 MS. SELLMEYER: Thank you.

11 I don't see any other hands raised online.

12 COMMISSIONER OMMEN: All right. With that,
13 I think I'm ready to close the hearing. I do have,
14 again, some additional observations and one of the
15 benefits of being there in person in the past is to
16 actually, after we conclude the hearing, to be able
17 to provide some guidance.

18 I heard a number of complaints today from
19 some of the advocacy--from the advocacy group that is
20 in attendance about Medicare. Clearly I don't
21 regulate Medicare. I do regulate to some degree
22 Medicare supplement sales and have involvement in
23 those products as well and take, you know,
24 responsibility for that, but that's not the matter
25 that we're--I'm considering today. So to the degree

1 I'm hearing concerns expressed about Medicare, I have
2 to suggest that that's a different issue. It is a
3 different issue.

4 The Affordable Care Act did some really
5 valuable things for a lot of people and that's really
6 what we're talking about under this last issue. It
7 did valuable things in terms of really putting in
8 place a benefit for--and they're called essential
9 health benefits. But there's a lot of political
10 debate about what those benefits ought to be. But
11 you have to appreciate, as well, as you increase
12 benefits, when you start to count up claims, the
13 claims go up, and therefore the premiums need to go
14 up.

15 What happened in the individual market is
16 the premiums went up so high there was clearly a
17 recognition that a large number of Iowans and
18 Americans aren't going to be able to afford it. So
19 as part of that process of the ACA, they added in
20 these premium subsidies--this premium subsidy
21 structure. It's currently available to anyone in
22 this ACA market and I couldn't agree more with those
23 expressing concern about the impact on taxpayers
24 because the impact on taxpayers is very large.

25 But at the same time on balance, my

1 responsibility is to actually look at claims, to look
2 at what the insurance company is paying out. And
3 that comes back to that issue of medical loss ratio
4 and what that means. And it sounds bureaucratic but
5 my duty is to look at the particular pool, the
6 particular group of people that are in these plans,
7 and make an evaluation as to is Wellmark paying out
8 claims? And I assure you, they are.

9 The way insurance works is just like to some
10 degree the way oftentimes taxes work. You pay for
11 things that you don't get the benefit immediately
12 because you're buying the protection in the event
13 that down the road something happens.

14 I heard a number of comments with regards to
15 group coverage and the impact of that, you know, this
16 idea of COBRA and how that can affect things. The
17 system that we do have in this country is a largely
18 employer-based system. The reason for that's kind of
19 historic but it has to do with you don't pay income
20 tax on the benefits that you receive through your
21 employer. So there's a lot of motivation for
22 companies to offer that coverage that way, but it's
23 getting more expensive. So you'll see reductions in
24 benefits in those areas as well.

25 But I don't have authority over ERISA plans.

1 Those are regulated by the Department of Labor. I
2 understand the complaints, I can appreciate the
3 complaints and the frustration, but I don't regulate
4 those.

5 I do regulate large group plans but I can
6 tell you that those plans, we don't see the same sort
7 of changes that we've seen in the individual ACA
8 market. You know, to be frank, I can't recall ever,
9 you know, having seen a year where rates dropped 42
10 percent and the next year they're trying to recoup
11 and go back to an increase of 11 percent. I mean,
12 that's certainly, you know, due to some of the
13 political debates, that's due to some of the changes
14 that are occurring. And one thing a market doesn't
15 do well when it's responsible for predicting the
16 future, which is what insurance does, is deal with a
17 lot of changes, especially changes that sometimes
18 seem to change from time to time.

19 And so, anyway, I want to thank everyone for
20 being here today. I really appreciate it. I want
21 you to know that, you know, as the Commissioner, I am
22 responsible for SHIIP and we do the best we can when
23 it comes to Medicare. But my responsibilities when
24 it comes to insurance rates is to actually make sure
25 they're actuarially sound based upon that particular

1 segment of the market.

2 So, again, thank you very much for being
3 here. I will, based on my comments, you know--if you
4 have additional comments, I'm going to hold the
5 record open. You can continue to submit information,
6 if you'd like, but with that we are ready to adjourn.

7 Sonya, before we adjourn, is there anything
8 further from the Consumer Advocate?

9 MS. SELLMEYER: No. Thank you,
10 Commissioner.

11 COMMISSIONER OMMEN: All right. So with
12 this, the hearing is adjourned and, again, thank you
13 all for being here, thank you for your passion and
14 your comments, but with that we will go off the
15 record.

16 Thank you.

17 MS. SELLMEYER: Thank you, Commissioner.

18 Thank you, everyone, for coming and
19 attending online.

20 (Proceedings concluded at 10:34 a.m.)

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C E R T I F I C A T E

I, the undersigned, a Certified Shorthand Reporter of the State of Iowa, do hereby certify that I acted as the official court reporter at the hearing in the above-entitled matter at the time and place indicated;

That I took in shorthand all of the proceedings had at the said time and place and that said shorthand notes were reduced to typewriting under my direction and supervision, and that the foregoing typewritten pages are a full and complete transcript of the shorthand notes so taken.

Dated at Des Moines, Iowa, this 8th day of September, 2021.


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