Department of Regulatory Agencies

Colorado Division of Insurance

Consumer Insurance Council
AGENDA

Wednesday, January 25, 2012
Division of Insurance Large Conference Room
1560 Broadway, Suite 850

9:00 a.m.	Call to Order, Introductions New Council Member – John Riedel Applicants for Council – Catherine Strode Garry Wolff
9:05 a.m.	Approval of the Minutes of November 16, 2012
9:10 a.m.	Recognition of "Retiring" Council Members Jean Jones Lynn Leader Betty Lehman
9:20 a.m.	Planning for Council Operations in 2012 A. Discussion of Roles of Council leadership, Council and DOI Staff B. Review and Amendment of Council Operating Principles C. Election of Council Officers – Chair, Vice-Chair, Secretary D. Establishment of Schedule for Meetings E. Action plan for obtaining new Council members F. Action plan for Council Outreach
11:00 a.m.	Reports on Division Activities A. Regulations and Bulletins B. Consumer Outreach C. Pending and emerging insurance regulatory issues D. National Association of Insurance Commissioner (NAIC) Issues and Activities E. Legislation
11:30 a.m.	Adjourn

Consumer Insurance Council Meeting

November 16, 2011

Council Attendees: Chair Betty Lehman, Jean Jones, Lynn Leader, Denise de Percin (by telephone), Kelly Stahlman, Jean Nofles, Deanna Ames (by phone), Flora Rodriquez Russel, , Linda Romer Todd, Chris Crigler

DOI Attendees: Commissioner Jim Riesberg, Deputy Commissioner Peg Brown, External Affairs Director Jo Donlin, Public Information Officer Marianne Goodland, Market Conduct Examiner Christine Nelson

Other Attendees: Garry Wolff, Debra Judy

Opening of the Meeting

Chair Betty Lehman opened the meeting at approximately 10:00 a.m. and the Council and other attendees introduced themselves.

Approval of the Minutes of September 28, 2011

Linda Romer Todd move for adoption of the Minutes of the Council's September 28, 2011 meeting as presented. Lynn Leader seconded the motion and the Minutes were approved without dissension.

Update on Title Insurance Issues by Council Member Linda Romer Todd

Council member Linda Romer Todd provided the Council with an update on some of the issues raised in the previous meetings' discussion on title insurance issues. Among the items discussed was that the Land Title Association (LTAC) was in discussion with the Colorado Association of Realtors (CAR) about proposed legislation to require a "bricks and mortar" presence in Colorado by title companies. The National Association of Realtors have concerns that such legislation may not address the concerns about obtaining clean titles, particularly on second sales, problems with closings due to title insurance issues, and the need for greater conversation about the issues. Deputy Commissioner Peg Brown noted that the Division had held a meeting with LTAC and several of its members, a representative of CAR, and the Division of Real Estate about the issues that had been raised and anticipated that further discussions would be held involving the various entities involved in real estate transactions. A Council member noted concerns he had with a real estate closing that he had recently been involved in and was urged to file a complaint with the Division.

Approval of the Minutes of May 18, 2011

Lynn Leader moved for the adoption of the Minutes of the Council's May 18, 2011 meeting as presented. Christy Blakely seconded the motion. The Minutes were approved without dissension.

Council Operations and Functions

Commissioner Jim Riesberg began the discussion of Council Operations and Functions by briefly reviewing the statute and operating principles of the Council. He noted that the Operating Principles need to be revised to comport with statutory revisions and suggested that this be put on the Council's agenda for its next meeting. The Commissioner noted that an objective of the recruitment efforts for the Council must be on diversity of interests of Council members so that not all Council members are focused on a single type of insurance and provide geographic, gender, racial, ethnic and issue diversity to the group.

The Council discussed outreach to a wider set of organizations to solicit applicants for membership on the Council. In this discussion, the Council discussed "what is a grassroots organization" and "what reporting to an organization" means in the context of the Council. One Council member suggested using the next Council meeting as a planning session and developing an action plan for the Council for 2012.

The Council agreed to begin developing a list of organizations to contact and having Council members be responsible for making the initial contact about the Council. Among the entities Council members suggested be put on the list for contacts were: service clubs, the Colorado Nonprofit Association, the Daniels Fund, the Hispanic Chamber, the Colorado Department of Agriculture, AAA, Red Cross, United Way, DRCOG, the Homebuilders Association, Metro Volunteers, Action 22, Progressive 15, Catholic Charities, Colorado Coalition for the Homeless, the Better Business Bureau, Nine to Five, Lutheran Advocacy Network, Rocky Mountain Insurance Information Association and legislators. Deputy Commissioner Brown will begin to compile a spreadsheet of organizations and individuals to be included in the Council's outreach efforts for new members.

The Council then turned to discussion of its operations. It was noted that Council operations are too heavily dependent on staff to set the schedule, develop the agendas, and organize the meetings. It was decided that the Council should form an Executive Committee, made up of the Chair, Vice-Chair, and Secretary, to take on some of the responsibilities, particularly for setting the schedule of meetings and developing the agendas for them. Elections for the Executive Committee positions will be held at the Council's meeting in January.

Ms. Brown provided Council members with an updated list of members and noted that three Council member's terms were expiring: Jean Jones and Lynn Leader's terms expired at the end of 2010, and Betty Lehman's term expires at the end of 2011. All three were invited to attend the next Council meeting to assist in the planning for the Council in 2012.

The Council also discussed the time of Council meetings and decided to move them to 9 to 11:30 a.m. on Wednesdays. At the next meeting of the Council, it will determine the frequency of meetings, i.e. third Wednesday of every other month for 2012. The Council set its next meeting for January 11, 2012 from 9 to 11:30 a.m.

Life Insurance Issues

Deputy Commissioner Brown noted that a Council member had made a request for information on "asset-based" long term care insurance. Ms. Brown reported that asset-based long term care insurance is really a hybrid of a life insurance policy with a long term care rider. The amount of life insurance proceeds are decreased based upon use of proceeds from the policy for long term care expenses prior to death. Because of the hybrid nature of these products, Ms. Brown reported that they present some unique regulatory concerns that the Division is looking into.

Federal Health Care Reform

Commissioner Riesberg reported on the progress of the Board of Directors of the Colorado Health Insurance Exchange. He noted that the Board had adopted governance principles and was presently engaged in interviewing to fill the Executive Director position, which was vacated November 4 by Joan Henneberry. He said that the Board was finalizing a grant for Exchange implementation (Level 1) for review by the Legislative Oversight Committee for the Exchange before its submission in late December, 2011. The Exchange Board had previously targeted submitting the Level 1 grant by September 30, but the Legislative Oversight Committee found it did not have sufficient time to review the grant between when it was provided the Committee and when it had to be submitted.

Commissioner Riesberg was questioned by a Council member about the resolution pending before the National Association of Insurance Commissioner on the issue of producer commissions and the medical loss ratio. He responded that a conference call for discussion of the issues had been held the previous day (November 15), and that the vote on the resolution would occur on November 22, 2011. Commissioner Riesberg told the Council that he was inclined to vote against the resolution but would listen to the continued discussion before voting.

National Flood Insurance Program

A Council member noted that the National Flood Insurance program has been temporarily continued until mid-December 2011. She reported that this is the latest in a several year series of short-term extensions of the program and that every time the program expires it impairs consumers being able to close on real estate transactions. She requested that Council members contact their members of Congress to urge continuation of the program through longer term extensions of the program.

Outreach and Education

Director of External Relations introduced Marianne Goodland as the Division's new Public Information Officer. Ms. Donlin then reported that the Division has a single legislative initiative being brought for the 2012 legislative session. The proposal is to permit Colorado to join a compact of states for collection and distribution of premium taxes on surplus lines insurance in conformance with the federal Dodd-Frank law.

Ms. Donlin reported on the Division's town hall meetings and webinars on health care premium review, noting that the Division had put a lot of energy into the meetings, but the participation was low. From the meetings, the Division learned several lesson including: the Division is not a draw for public participation by ourselves; the target audience already has health insurance and other priorities cloud interest in insurance rate review. A Council member suggested making a presentation to the Club 20 Business Affairs and Health and Human Services meetings in February. Ms. Donlin also noted that the Division is collaborating with the 9 Health Fair to get information out.

Ms. Goodland discussed the reprinting of Division brochures, particularly the popular "AreYou Covered" and "When Your Insurer Says No." She also noted that the Division is exploring use of social media to provide consumers with information about their insurance concerns. A suggestion was made to explore partnership/collaboration with the Better Business Bureau as a resource which consumers often use and access with questions.

Ms. Goodland said she was looking forward to working with the Council on the Division and Council's outreach efforts.

Adjournment

At 1:30 p.m., the Council adjourned its meeting. The next meeting of the Council will be January 11, 2012 from 9:00 to 11:30 a.m.

10-1-133. Consumer insurance council - creation - advisory body - appointment of members - meetings - consumers' choice award - repeal.

(1) There is hereby created in the division the consumer insurance council, also referred to in this part 1 as the "council". The council shall be an advisory body to the commissioner concerning matters of interest to the public. Nothing in this section shall divest the commissioner of his or her authority to regulate the business of insurance.

(2) The council shall consist of up to fifteen members, all of whom shall represent consumer organizations. To the greatest extent possible, the council shall reflect the geographic diversity of the state and seek representation from each congressional district. Insurance producers, insurance industry representatives, and actively practicing health care providers are not eligible for membership on the council. Members of the council shall be appointed by the commissioner and shall serve two-year terms with a maximum of three consecutive terms. Members shall serve without compensation; except that members who reside outside of the Denver metropolitan area may be reimbursed for mileage to attend meetings in Denver. The council shall act by consensus.

(3) The council shall meet no more than eight times per year. All meetings of the council shall be open to the public. General meetings of the council shall be held at the office of the division. The council may meet in other locations of the state as agreed upon by the council. Notwithstanding any provision of subsection (2) of this section to the contrary, if the council meets in a location outside of the Denver metropolitan area, members of the council may be reimbursed for mileage to attend the meeting. A council member may request a special meeting. Requests for special meetings shall be made to the chair of the council. All members of the council may request topics of discussion for the council. Members of the council may participate in meetings via telephonic communications.

(4) Three or more unexcused absences of a member of the council shall be grounds for the removal of the member. The chair of the council, in consultation with the commissioner, shall determine whether a member with three or more unexcused absences shall continue service on the council. If a member is removed, the commissioner shall appoint a new member to serve the remaining portion of the two-year term.

(5) (a) The council shall elect a chair from its membership. The chair shall serve a one-year term and may be elected to another one-year term.

(b) The council shall elect a vice-chair from its membership. The vice-chair shall serve in the absence of the chair. The vice-chair shall serve a one-year term and may be elected to another one-year term.

(5.5) The council may issue an annual consumers' choice award to a health insurance carrier that has achieved the lowest rates, highest benefits ratio, and lowest complaint ratio for each line of insurance. In choosing the carrier to receive the award, the council may also consider carrier-provided consumer education, the extent of collaboration with the community to meet the needs of the people the carrier serves, health care transparency, health care innovation, the extent of consumer choice regarding health care plans, and other relevant consumer-related choices as determined by the council.

(6) This section is repealed, effective July 1, 2018; except that, prior to its repeal, the council shall be reviewed pursuant to section 2-3-1203, C.R.S.

Source:L. 2008: Entire section added, p. 158, § 1, effective July 1; (5.5) added, p. 2255, § 8, effective

July 1. **L. 2009:** (5.5) and (6) amended, (SB 09-292), ch. 369, p. 1940, § 9, effective August 5.

Cross references: In 2008, subsection (5.5) was enacted by the "Fair Accountable Insurance Rates Act". For the short title and the legislative declaration, see sections 1 and 2 of chapter 439, Session Laws of Colorado 2008.

Operating Principles

Consumer Insurance Council

The Consumer Insurance Council was formed by the Division of Insurance in 2001. The mission of the Council is to discuss and share information on insurance issues. The Council provides insights from a consumer's perspective on regulations and initiatives developed by the Division of Insurance and acts in an advisory capacity to the Commissioner and Division of Insurance.

1. Members of the Council are chosen by the Council from applications submitted to the Division of Insurance. Council members are volunteers.

2. Council members are consumers who are or represent grassroots organizations interested in insurance issues. Insurance producers, industry representatives and actively practicing health care providers are not eligible to sit on the Council.

3. Council members serve two year terms and may serve up to three terms.

4. The Council shall set its membership quotient, not to exceed 15 members. Vacancies occurring on the Council shall be filled by the Council.

5. The Council acts by consensus.

6. The Council will meet between four and eight times a year. Generally meetings are held at the Colorado Division of Insurance, though on occasion the Council may meet in other locations including other parts of the state.

7. Council members may request a special meeting of the Council by request to the Chairperson of the Council. Council members may request a topic to be included on the Council's agenda by request to the Chairperson of the Council.

8. Council members who reside outside the Denver metropolitan area may receive mileage for attendance at Council meetings in Denver. Other Council members may receive mileage for attendance at Council meetings held outside the Denver area. All mileage reimbursements will be in accordance with the policies and procedures of the Department of Regulatory Agencies.

9. Conference call-in capability will be provided for Council members to attend a meeting upon prior notice to the Division of Insurance staff assigned as liaison to the Council.

10. Council members with two unexcused absences will be contacted by the Council chairperson about their continuation of service on the Council. Council

members who have three or more unexcused absences in a year may be removed from the Council.

11. Council members may have an alternate member from their organization who can participate in Council meeting under the proxy of the primary Council member. Such alternate members shall be previously designated by notice to the Chairperson of the Council.

12. The Council shall elect a Chairperson from its membership. The Chairperson shall serve as chair for one year and may be elected to another one year term as chair.

13. The Council shall elect a Vice Chairperson from its membership. The Vice Chairperson will serve in the absence of the chairperson. The Vice Chairperson shall serve in such position for one year and may be elected to another one year term.

14. The agenda for Council meetings will be developed by the Division of Insurance liaison to the Council in consultation with the Chairperson of the Council.

15. The Council shall keep Minutes of its meetings.

16. Council meetings shall be open to the public.

17. The roster of Council members, Agendas and Minutes of Council meetings, and other materials shall be posted on the Division of Insurance website.

10-1-133. Consumer insurance council - creation - advisory body - appointment of members - meetings - consumers' choice award - repeal.

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(3) The council shall meet no more than eight times per year. All meetings of the council shall be open to the public. General meetings of the council shall be held at the office of the division. The council may meet in other locations of the state as agreed upon by the council. Notwithstanding any provision of subsection (2) of this section to the contrary, if the council meets in a location outside of the Denver metropolitan area, members of the council may be reimbursed for mileage to attend the meeting. A council member may request a special meeting. Requests for special meetings shall be made to the chair of the council. All members of the council may request topics of discussion for the council. Members of the council may participate in meetings via telephonic communications.

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Cross references: In 2008, subsection (5.5) was enacted by the "Fair Accountable Insurance Rates Act". For the short title and the legislative declaration, see sections 1 and 2 of chapter 439, Session Laws of Colorado 2008.

Dear ______________:

The Colorado Consumer Insurance Council is seeking your help to identify new members. The Council is a sounding board for consumers. It provides consumer education, and is a resource for consumers to bring issues to the Division's attention.

Insurance of all types is part of each Coloradan's life. Insurance is economic planning to protect in a variety of ways:

- auto insurance to protect ourselves and our families if an auto accident occurs,
- health coverage and disability insurance to handle medical costs and expenses if we cannot work,
- life insurance and homeowners coverage to protect from tragic events,
- liability and workers compensation insurance in case something untoward happens,
- Pet, trip and wedding coverage for these special parts of our lives.

We all need information about what insurance covers, our insurance options, and how insurance is regulated.

CRS 10-1-133 lists the Council's membership requirements:

- Up to 15 members, all of whom represent consumer organizations;
- Reflect the geographic diversity of the state;
- Serve two year terms, with a maximum of three consecutive terms;
- Insurance producers (agents and brokers), insurance company personnel, and actively practicing health care providers are <u>not</u> eligible for Council membership.

The Council meets approximately 6 to 8 times per year. Though the Council usually meets in Denver, we are looking for ways to hold meetings, in person or virtually, in other parts of the state.

Attached are an application form and a copy of the Council's Operating Principles. Please pass these along to anyone from your group who might be interested in serving on the Council. The Council will be accepting applications and making membership recommendations to the Commissioner during the fall.

The Council's next meetings are September 8 and November 3, 2010. The meetings are public. Anybody with interest in serving on the Council may attend. It is not, however, necessary to attend a meeting before submitting an application. More information about the Council and its activities is available at www.dora.state.co.us/insurance under the "Boards and Commissions" tab on the left hand side.

Thank you for representing Colorado consumers. We look forward to collaborating with your organization to improve the "insurance experience" for all Coloradans.

Sincerely,

Betty Lehman, Chair
Consumer Insurance Council

Marcy Morrison
Commissioner of Insurance

Jim Riesberg
Commissioner

Joan Tanenbaum
Assistant to the Commissioner

Peg Brown
Deputy Commissioner of Consumer Affairs

Paula Sisneros, Compliance and Investigations
Melinda Adams
Caryn Berumen
Christine Gonzales-Ferrer
Tami Granquist
Beth Ham
Lauren Keast
Teri Smith
JT Thompson
Vacancy

Dayle Axman, Consumer Affairs, L&H
Stacy Coleman, Lead
Andrea Garcia
Mike Gilles
Meri Spencer
John Sylvestre
Karen Taylor
Deanna Thompson
Tony Tucker
Linda Whittington

Bobbie Baca, Consumer Affairs, P&C
Shawna Bailey
Stacy Coleman, Lead
Bruce Glaser
Cheryl Goble
Steve Lopez
Juan Melendez
Martha Petropulos
Archie Stone

Consumer Affairs
Dianne Abel

SHIP/SMP
Alice Ierley
Lori McGinnis
Sharon Schaubs

John J. Postolowski
Deputy Commissioner of Finance and Administration

Craig Chupp, Actuarial
John Barela
Sean Brady
Patrick Knepler
Marika Maniatis
Carol O'Bryan

Ray Akers, Corporate Affairs and Premium Taxes
Suzy Birmingham
Valerie Esters
Regina Ford
Carla Gardner
Cindy Hathaway
Annie McClinton
Renee Sanchez

Scott Lloyd, Financial Affairs
Tom Brennan
Michelle Park
Shanli Tse

Henry Freaney, Financial Examinations
Philip Gates
Julie Hansen
Leah Kelley
Ted Tidwell
Keith Warburton
Daniel Watkins
Lixia Yang
Vacancy

Jeri Brown, Market Regulation
Damion Hughes
Christine Nelson
Jeff Olson
Eleanor Patterson
Vi Pinkerton
Kelly Schultz
David Tucker

Kelli Cheshire, Office Management
George Mozealous
Brian Rhodes
Randy Wilson
Vacancy

Tom Abel, Rates and Forms
Donna Archuleta
Rick Chilingarian
Susan Buth
Erin Colbrese
Jackie Dix
Cathy Gilliland
Jody Johnson
Susan Kurtz
David Martinez
Jacline Nguyen
Stephanie Paswaters, Lead
Shirley Taylor

Jo Donlin
Director of External Affairs

Marianne Goodland
Director of Consumer Education/PIO

Dora
Department of Regulatory Agencies
Division of Insurance
1560 Broadway, Suite 850
Denver, Colorado 80202
Phone: 303-894-7499
Toll Free: 1-800-930-3745
FAX: 303-894-7455
www.dora.state.co.us/insurance

Revised September 1, 2011 (kvc)

Colorado Division of Insurance
Consumer Insurance Council
Member Application Form

The Consumer Insurance Council was formed by the Division of Insurance in 2001. The mission of the Council is to discuss and share information on insurance issues. The Council provides insights from a consumer's perspective on regulations and initiatives developed by the Division of Insurance and acts in an advisory capacity to the Commissioner and Division of Insurance.

The Consumer Insurance Council meets between four and eight times annually in the Denver-metro area during normal business hours. Most meetings are held at the Division of Insurance offices in downtown Denver.

Council members are consumers who are interested in insurance issues and represent grassroots organizations. Insurance producers, industry representatives and actively practicing health care providers are *not* eligible to sit on the Council.

Please review the Council's operating principles at http://www.dora.state.co.us/insurance/cc/oprprin07.pdf for additional information about the qualifications and responsibilities for Council members.

If you would like to be considered for membership on the Council, please complete the following.

Name: Catherine Strode, MPA
Health Care Advocacy Program Coordinator

Organization(s) you would represent on the Council:
ADVOCACYDENVER (Healthcare Advocacy Program)

Address:
1905 Sherman Street, Suite 300
Denver, CO 80203

Phone: 303-323-5660

Alternate phone: 303-974-2528

E-Mail: cstrode@advocacydenver.org

Fax: 303-839-5178

(Page two - Consumer Insurance Council, Volunteer Information Form)

Name: Catherine Strode

Please describe your personal or professional background and how it relates to your interest in consumer insurance issues (please write on a separate page if you need more space.)

My name is Catherine Strode and I recently completed a Masters degree in Public Administration (with a strong interest in health policy) at the University of Colorado Denver. My interest in health policy initiated during the many years that I worked in communications and marketing for a variety of health care nonprofit organizations across the state. When I began my studies for the MPA degree, I worked at the Capitol for two sessions in the offices of two legislators, State Senator Betty Boyd and State Representative Sue Schafer, to learn the protocol of legislative committees and agendas of state government activities. I also worked with the Denver Chapter of the Multiple Sclerosis Society to establish statewide educational forums on national health care reform. I currently work with ADVOCACYDENVER in the role of the Healthcare Advocacy Program Coordinator. With the advent of the Health Benefits Exchange being introduced in Colorado, I have a strong interest in how the exchange will be presented to consumers in an informative and positive way. While attending a conference on the Health Benefits Exchange I met Jo Donlin and she suggested that I submit an application for membership on the Council.

1. Please select the areas of insurance that you are most interested in:

__X_Health ___ Life/Annuities ___Homeowners ___Auto ___Liability ___Other:

2. Please explain why you would like to be considered for membership on the Consumer Insurance Council (please use a separate page if you need more space):
3. My professional background is dominated by my work with nonprofit healthcare organizations, healthcare providers, and healthcare consumers. In this role, I have had impact in designing materials and agendas to: inform, educate, and create awareness of the delivery and services provided by health care organizations. I would like to offer my services to the Consumer Insurance Council to aid with its work in consumer protection and consumer education in the area of gaining access to and utilizing health insurance.

4. Meetings have been held on Wednesdays from 10 a.m. to 1:30 p.m., but the meeting day and time can be changed to accommodate a majority of members. Please let us know your

preference and availability (select all days that you would generally be available for a mid-day meeting in Denver):

__X_Monday __X_Tuesday _X__Wednesday* __X_Thursday _X__Friday
(*first and third Wednesdays of the month only)

Members from outlying areas of the state may be able to participate via conference call for some meetings. Members who reside outside of the Denver metropolitan area may be reimbursed for mileage to attend meetings in Denver.
I live in El Paso County but work full time in Denver and regularly commute except when the weather does not permit it.
The volunteer information form may be returned by fax, mail or email to:

Peg Brown, Esq
Deputy Commissioner of Insurance
1560 Broadway, Suite 850
Denver CO 80202

Fax to **303-894-7455**
Email to **Peg.brown@dora.state.co.us**

Consumer Protection

Consumer protection is our mission

If you have questions, please call Peg Brown at 303-894-7501.

1-6-2012

Colorado Division of Insurance
Consumer Insurance Council
Member Application Form

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Please review the Council's operating principles at http://www.dora.state.co.us/insurance/cc/oprprin07.pdf for additional information about the qualifications and responsibilities for Council members.

If you would like to be considered for membership on the Council, please complete the following.

Name: Garry S. Wolff

Organization(s) you would represent on the Council: Colorado consumers of title Insurance

Address: 6200 W. Mansfield Ave., Unit 50, Denver, CO 80235

Phone: 303-881-0495

Alternate phone: 303-795-1667

E-Mail: gswolff@tiservicesllc.com

Fax:303-7951668

(Page two - Consumer Insurance Council, Volunteer Information Form)

Name: Garry S. Wolff

Please describe your personal or professional background and how it relates to your interest in consumer insurance issues (please write on a separate page if you need more space.) <u>see separate page</u>

1. Please select the areas of insurance that you are most interested in: <u>see separate page</u>

___Health ___ Life/Annuities ___Homeowners ___Auto ___Liability __x_Other:

2. Please explain why you would like to be considered for membership on the Consumer Insurance Council (please use a separate page if you need more space): <u>see separate page</u>

3. Meetings have been held on Wednesdays from 10 a.m. to 1:30 p.m., but the meeting day and time can be changed to accommodate a majority of members. Please let us know your preference and availability (select all days that you would generally be available for a mid-day meeting in Denver):

___Monday ___Tuesday __x_Wednesday ___Thursday ___Friday

Members from outlying areas of the state may be able to participate via conference call for some meetings. Members who reside outside of the Denver metropolitan area may be reimbursed for mileage to attend meetings in Denver.

The volunteer information form may be returned by fax, mail or email to:

Peg Brown, Esq
Deputy Commissioner of Insurance
1560 Broadway, Suite 850
Denver CO 80202

Consumer Protection

Consumer protection is our mission

Fax to **303-894-7455**
Email to **<u>Peg.brown@dora.state.co.us</u>**

If you have questions, please call Peg Brown at 303-894-7501.

Colorado Division of Insurance
Consumer Insurance Council
Member Application Form

Continuation Page........

Name: Garry S. Wolff

Please describe your personal or professional background and how it relates to your interest in consumer insurance issues

BIO --- Garry launched his career in 1974 as a salesperson with Security Title Guaranty Company. In the years that followed, he learned through first-hand experience the many different aspects of the title business ranging from sales and title to closings and management. His front line experience, allowed Garry to apply his knowledge and expertise to expand Security Title's operations in Colorado through mergers & acquisitions. In 1997 he joined Security Title's holding company, the former Mercury Companies, to utilize his expertise in growing the Mercury Companies' presence in both California and Arizona. In 2002, Garry joined First American Heritage Title, another Mercury subsidiary, to expand its operations in both Colorado and Arizona. Garry was recruited in 2005 by LandAmerica as their Colorado State Manager to direct there operating brands of Transnation Title, Lawyer's Title and Commonwealth Land Title, where he successfully created and implemented a corporate strategy of one branded company in Colorado, under the name of "LandAmerica".

Garry broadened his knowledge base by actively participating into regulatory and legislative issues of the industry in both Colorado and Arizona. His participation included serving on numerous regulatory task forces; such as the "Good Funds Tri-Party Agreement and revisions to Insurance Regulation 3-5-1. Garry was also a Director and Past-President of the Land Title Association of Colorado, and had served on the Colorado Division of Insurance -Title Advisory Council and the Interprofessional Committee.

In 2006 Garry Wolff founded TI Services, LLC, as a title insurance consultant and services provider focused on developing a new marketing paradigm for the benefit of the title industry and consumers. TI Services owns and operates the website myTitleIns.com and the TRACcalculator service in providing the transparency of information from the title industry to consumers. TI Services is an associate member of the American Land Title Association and the Land Title Association of Colorado.

1. **Please select the areas of insurance that you are most interested in:**
   Title Insurance

2. **Please explain why you would like to be considered for membership on the Consumer Insurance Council**
   - The Consumer Insurance Council does not have any consumer representation for the insurance line of title insurance and consumers can benefit from my industry knowledge and experience.
   - My company and I have spent years and hundreds of thousands of dollars in developing the consumer oriented website of myTitleIns.com that educates and provides consumers with much needed information about title insurance and how consumers can protect themselves and save money.
   - I am a member of the Colorado Housing Counseling Coalition a non-profit consumer organization.
   - I have concurrently with this application submitted to the Division of Insurance the voluntary termination of my Colorado Insurance Resident Producer's License No. 12463 effective immediately.

1-6-2012

COLORADO HOUSING COUNSELING COALITION

MINUTES
October 21, 2011
9:30a.m
CHFA
1981 Blake Street
Denver, CO

A. Call to Order 9:40 A.M.

B. Introductions

Paul Flohr, Vicki Feely, Garry Wolff, Bruce Bernstein, Marianne Farrell, Hans Fedge, Elida Rubio, Rudy Torrez, Lindsay Gafford, Shannon Peer, Jamie Sells, Mercedes Fuentes, Zach Urban, Ron Woodcock

C. Announcements
Job postings, Funding Opportunities, &/or available training

- Federal Reserve (11/2) – Financial education in the workplace.
- Federal Reserve (11/9) – Loan modification scam workshop.
- Hotline will be looking for a phone counselor within the next month or two.

D. What's in the News
- OCC requiring 14 major servicers to have independent reviews completed on foreclosure actions from January 2009 – December 2010.
- Sign up to receive HUD mortgagee updates. http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/sfh/ref/hsgregst
- Freddie Mac's Standard Modification – See CO Foreclosure hotline newsletter for details of program and class registration. Under the Industry updates section.
- Currently in budget talks, the U.S. House of Representative doesn't like housing counseling and the Senate does like housing counseling. Contact local legislative offices to voice your support. Also, check for petitions on Change.org.
- 13,000 active listings in Metro Denver. Down from 17,000 this time last year.
- Prices for single family dwellings are going down.

- Condo prices seem to be going up. Investors are picking these properties up to turn around and rent them out.

E. Old Business

- Approval of June 2011 and August 2011 Minutes: Reviewed and Approved
- Treasurer's Report: Reviewed and Approved

F. New Business

- Counselor Forum
November meeting cancelled. Item tabled for December meeting to discuss and vote schedule for 2012.

- NRMLA Membership
Should CHCC continue membership? Cost is $350.00. Benefit is weekly newsletter with updates in the industry. Suggested having agencies with HECM counselors to pay towards membership since they benefit the most. Shannon will contact those agencies to discuss.

- Officer Nominees
No nominees at this time. Please think about and begin recruiting for positions. Please confirm with any nominees that they are okay with being nominated.

- Legislation Updates
Public Trustee Association is putting together a clean-up bill. Details have not been released. At this time, legislative representatives have not reached out to our network to discuss possibility of re-introducing the housing counseling funding bill. Shannon Peer heard some information about possible non-identified advocacy group wanting bill to charge lenders $10,000 per foreclosure.

- Agenda items for Task Force Meeting
No suggestions.

-NEW ITEM – Garry Wolff Membership
Mr. Wolff works with TI Services. He has been in the title insurance industry for 37 years. The last 5 years consulting and educating on title insurance services. He is an advocate for consumers. He had applied to the Division of Insurance to be on their Task Force Insurance Council. Approved.

G. Adjournment 11 A.M.

Colorado The Official State Web Portal

Dora Division of Insurance
Department of Regulatory Agencies

Notice of Rulemaking Hearing / Proposed Regulations

The Colorado Division of Insurance maintains the current versions of insurance regulations as well as information concerning rule-making on this website. However, the Colorado Division of Insurance acknowledges the code of Colorado regulations and the Colorado register as the sole official publications for rules, regulations, notices of rule-making, and proposed rules pursuant to § 24-4-103(11)(a), C.R.S.

The code of Colorado regulations and the Colorado register can be accessed online by clicking here: code of Colorado regulations and the Colorado register.

The following proposed regulations are scheduled to be heard:

February 1, 2012
Colorado Division of Insurance
1560 Broadway, Suite 850, RM B 2:00 pm
Denver, CO 80202

1-1-8 Penalties and Timelines Concerning Division Inquiries and Document Requesets

January 3, 2012
Colorado Division of Insurance
1560 Broadway, Suite 850, RM B 1:00 pm
Denver, CO 80202

2-1-4 Concerning the Entry of Alien Insurance Companies in Colorado

2-1-7 Concerning Issuance of a Certificate of Authority

3-1-12 Risk-Based Capital (RBC) for Health Organizations

4-2-16 Women's Access to Obstetricians, Gynecologists and Certified Nurse Midwives under Managed Care Plans

4-2-18 Concerning the Method of Crediting and Certifying Creditable Coverage for Pre-Existing Conditions

Notice(s) of Termination:

The following regulation(s) have been heard and are pending action:

December 1 , 2011
Colorado Division of Insurance
1560 Broadway, Suite 850, RM B 11:30 am
Denver, CO 80202

1-1-4 Concerning The Maintenance Of Offices In This State

2-3-1 Concerning The Formation And Operation Of Captive Insurance Companies In Colorado

2-4-1 Concerning Surplus Lines Insurance Issued By Nonadmitted Insurers

3-1-11 Risk-Based Capital (RBC) for Insurers

Notice of Rule-making.

Notice is hereby given pursuant to § 24-4-109, C.R.S., that a public rule making hearing will be held before the Colorado Commissioner of Insurance.

A written comment period will be permitted for **three** business days after the public hearing. These written comments shall be available for public inspection at the Division of Insurance ("Division"). Please send all comments, questions, and requests for information to the Division via email to DOIRulesAndRecords@dora.state.co.us. Please reference the proposed or amended regulation in the subject line.

Reasonable accommodation will be provided upon request for persons with disabilities. If you are a person with a disability who requires an accommodation to participate in this hearing, please notify Christine Gonzales-Ferrer (303) 894-2157, or send an e-mail to DOIRulesAndRecords@dora.state.co.us, at least one week prior to the hearing

Consumer Protection

1560 Broadway, Suite 850, Denver, CO 80202
(303) 894-7499 - Phone
(303) 894-7455 - Fax
(303) 894-7490 - Consumer Information
(800) 930-3745 - Toll Free Outside Denver

Email: Consumer Information
Email: Information for Producers and Agencies

Dora
Department of Regulatory Agencies
Division of Insurance

COLORADO HEALTH BENEFIT EXCHANGE

MEMORANDUM

To: Center for Consumer Information & Insurance Oversight,
U.S. Department of Health & Human Services
via email to EssentialHealthBenefits@cms.hhs.gov

From: Colorado Division of Insurance & Colorado Health Benefit Exchange

Re: Comment Responding To Essential Health Benefits Bulletin (December 16, 2011)

Date: January 23, 2012

The following comments are submitted in response to the December 16, 2011 Essential Health Benefits ("EHB") Bulletin ("Bulletin") issued by the U.S. Department of Health and Human Services. They are a joint submission on behalf of the Colorado Division of Insurance ("DOI") and the Colorado Health Benefit Exchange ("COHBE"), with support from the Office of Governor John Hickenlooper. In compiling the following comments and questions, DOI and COHBE engaged stakeholders statewide, including representatives of health plans, providers and health facilities, employers, patient advocates, and consumers. Collectively, our aim is to develop a process for Colorado that provides our citizens with the best options for health insurance, both inside and outside of our state-based Exchange.

I. DETERMINING AN APPROPRIATE BENCHMARK PLAN FOR THE STATE'S ESSENTIAL HEALTH BENEFITS PACKAGE ("EHBP")

The Bulletin and subsequent HHS guidance indicates that each state shall select a benchmark plan from among several HHS-mandated options, including:

(1) The largest plan by enrollment in any of the three largest small group insurance products in the State's small group market;
(2) Any of the largest three State employee health benefit plans by enrollment;
(3) Any of the largest three national FEHBP plan options by enrollment; or
(4) The largest insured commercial non-Medicaid Health Maintenance Organization (HMO) operating in the State.

The plan selected will serve as the foundation for creating a statewide EHBP that will be applicable both inside and outside of the exchange.

A. ABILITY FOR STATES TO RETAIN FLEXIBILITYAND ENCOURAGE INNOVATION AS BENCHMARKS ARE SELECTED AND IMPLEMENTED

The Bulletin instructs states to select a benchmark plan by the third quarter ("Q3") of 2012, and that the benchmark selected should be based on plans in existence in the first quarter ("Q1") of 2012. Colorado is concerned that selecting a benchmark by taking a "snapshot" that will apply to future plan designs, ongoing innovation in benefit design, payment structures, and healthcare delivery will be limited.
We are also concerned with our ability to ensure that benefits comprising the EHBP meet up-to-date evidence-based standards and our continued flexibility to modify the EHBP as those standards evolve. HHS should provide additional information addressing the amount of leeway states will have to make adjustments to the selected benchmark and EHBP, once established. Additionally, will states that are committed to innovation and updated evidence-based standards bear the burden of additional costs once the EHBP is established?

B. PROPER ASSESSMENT OF CURRENT ENROLLMENT IN BENCHMARK OPTION PRODUCTS AND PLANS

It is our understanding that the federal Health Information Oversight System (HIOS) will be releasing data in February 2012 related to insurance product enrollment, and that this data may be used by states that do not currently track enrollment independently with information to facilitate their benchmark selection. The Bulletin is unclear as to whether states will be *required* to use the HIOS data, or if using the HIOS data is optional. Will states have flexibility to substitute their own assessments or use existing data, if any exists?

There are a number of methods that may be used to determine product and plan enrollment. As just one example, should the "three largest products" be interpreted to mean the largest product from each of the three largest carriers, or simply the three largest products in the state, even if all three are offered by the same carrier? Has HHS considered developing guidelines to standardize the method states should use? Has HHS engaged outside organizations, such as NAIC, or state-level officials to develop consistency across state lines?

C. CLARIFYING DEFINITIONS OF KEY TERMS

The Bulletin did not provide precise definitions of several key terms, nor did it fully describe some of the benchmark options available to states. It is imperative that state-based stakeholders have a consistent understanding of these terms and options, as well as their respective applicability and scope.

The Bulletin's use and reference to the terms "product" and "plan" seem to differ from common use of those terms in the commercial insurance industry. Although the Bulletin describes "products" as "the services covered as a package by an issuer, which may have several cost-sharing options and riders as options" and a "plan" as that which "refers to the specific benefits and cost-sharing provisions available to an enrolled consumer," it was our interpretation that cost-sharing would be part of the assessments regarding actuarial value, rather than part of the EHBP decision making process. With these definitions in mind, each benchmark option would appear to require an analysis of enrollment at both the product and plan levels. If this is accurate, has HHS collected enrollment data at both of these levels?

D. FLEXIBILITY TO SELECT AN ALTERNATIVE BENCHMARK OPTION

The Bulletin does not provide much flexibility for states to choose a benchmark plan, and descriptions of existing benchmark options are incomplete.

First, the Bulletin does not address whether separate benchmarks may be selected for both the individual market and the small group market. Many interpretations of the Bulletin have thus far assumed that a state must select only one. However, may a state select two separate benchmarks to address the inherent differences in these market segments?

Second, one of the benchmark options is "the largest commercial non-Medicaid" HMO in the state. The benchmark option does not appear to restrict the market segment from which the largest HMO must be selected. Thus, could a state select the largest HMO in any of the individual, small, or large group market segments?

Third, Colorado is concerned with needlessly duplicating existing survey methodologies. May states look to the "most sold" products and plans rather than "lives covered" enrollment data? Since our small group basic and standard benefit plans are already developed through a process under state statute in C.R.S. 10-16-105 (7.2) and basic and standard benefit plans are established through this process and set forth in Insurance Regulation 4-6-5 , does the state have the flexibility to select one of these options as its benchmark?

II. ENSURING SUFFICIENT COVERAGE LEVELS WITHIN AND ACROSS THE TEN MANDATE CATEGORIES

Without a comprehensive understanding of federal minimum standards and their concomitant cost obligations for states, it will be impossible for states to assess the scope of benefits contained in potential benchmarks. Therefore, Colorado strongly urges HHS to simultaneously develop regulations for the ten mandate categories specified in Section 1302(b) of the Affordable Care Act ("ACA mandates"). Alternatively, HHS should issue a calendar of anticipated regulatory decisions that outlines both content and deadlines HHS will be issuing regarding EHBs.

The Bulletin reiterates the ACA mandates; however, the Bulletin provides no additional guidance regarding the scope of each mandate category. It is exceedingly important for Colorado – and for all states – that the EHBP reflect an adequate balance between coverage and cost. HHS should remain mindful of this guiding principle in all decisions regarding EHB regulations that will apply to states. Of particular concern, the Bulletin does not contain any information defining the extent to which a state's EHBP must cover each ACA mandate. However, the language and intent of the ACA clearly indicate that some type of federal minimum standard ("FMS") further defining the ACA mandates is necessary.

Without information regarding the FMS, states face the challenging task of assessing and comparing existing state mandates and potential benchmark plans with the FMS. Because states will eventually bear the financial burden of state mandates that exceed the ACA mandates, we need to be able to identify the minimum and maximum boundaries of the ACA mandates. These assessments will likely impact the selection of a benchmark and any necessary supplemental design for the EHBP.

Fiscal impacts on the state are of paramount concern; as such, additional information regarding the FMS is essential and time-sensitive. Colorado hopes that HHS will, at a minimum, provide additional information regarding the scope of the ACA mandates and FMS, so that the state may engage in a reasonable comparative assessment..

III. RECONCILING EXISTING STATE LAW WITH FEDERAL REQUIREMENTS

A. INTEGRATION OF EXISTING MANDATES INTO THE STATE EHBP

In Colorado, not all mandates apply across all segments of the insurance market; many mandates apply only to the small group market, for example. Will states be allowed to supplement a mandate-exempt benchmark with existing state mandates, and if so, will states be required to pay additional costs? On the other hand, if a state selects a benchmark plan that includes existing state mandates, will these be "grandfathered in" to the EHBP and applied to market segments that do not currently include them?

What if a state can demonstrate that the net cost of a particular mandate is budget-neutral? If a state mandate is added after the EHBP is determined, when will the state begin to incur these costs and what will the cost structure be? Will these costs apply equally to subsidy-eligible and subsidy-ineligible individuals in the Exchange as well as private purchasers outside of the Exchange?

Colorado would also like clarification of what type – if any – limits may be placed on benefits that fall within ACA mandate categories. For example, although the ACA prohibits maximum benefit levels, is there any way for a state to retain existing benefits that include a set number of annual visits or treatments in order to control costs? Will states – or health plans – have the ability to modify state-mandated benefits with actuarially equivalent alternatives to comply with ACA?

B. ALIGNMENT OF STATE AND FEDERAL LAW TO ENSURE STATE EXCHANGE CERTIFICATION

It is important for Colorado to evaluate existing state law in comparison with ACA requirements. In that analysis, it is possible that elements of existing Colorado law will be determined to be inconsistent with portions of the ACA – and associated HHS regulations – pertaining to benefit mandates. As we work to develop an EHBP that best suits the needs of Colorado residents, we are concerned that these potential inconsistencies will impact our Exchange's ability to be federally certified. What penalties, if any, may result if our Exchange fails to be timely certified due to legal or policy issues pertaining to benefits in the EHBP?

IV. DEVELOPING A TIMELINE FOR 2012-2015 AND CREATING A STRATEGY FOR 2016 AND BEYOND

As outlined in the Bulletin and discussed in Section I-A above, a benchmark plan must be selected in Q3 2012, and the subsequent EHBP that results from the benchmark selection will be in effect in 2014 and 2015. The Bulletin indicates that these two years will serve as a "transitional period" for the benchmark approach, which will be reevaluated in 2016. Within that temporal framework, what timeline does HHS envision after a benchmark plan is selected in Q3 2012? Colorado would like more specific information on when the state-selected EHBP is to go into effect.

Specifically, when will the benefits in the EHBP need to be finalized by the state? What will the process be for ensuring that a state's defined EHBP meet the FMS? Will the EHBP become effective for subsequent plan years following the state's finalization of the EHBP, or will it go into effect across-the-board on January 1, 2014?

Additionally, once the transitional period is over, what does HHS envision for a regulatory framework beyond 2015? When will HHS' plans for 2016 and subsequent years be articulated? Due to the resource requirements, complexities, and timelines involved in plan design and insurance oversight, Colorado requests additional information on HHS' plan beginning in 2016 as soon as possible.