

**Press Kit Table of Contents:**

- 1) ADVISORY: Montanans talk health reform benefits on law's anniversary
- 2) RELEASE: Montanans Talk Benefits on Health Reform Anniversary
- 3) *\*STATEMENT: Statement of Roger Holt on the Affordable Care Act and the small business tax credit\**
- 4) *\*STATEMENT: Statement of Carly Collins on the Affordable Care Act and benefits for young adults\**
- 5) *\*STATEMENT: Statement of Frank Jefferson on the Affordable Care Act and the Indian Health Care Improvement Act\**
- 6) *\*STATEMENT: Statement of Chelsea Meisner on the Affordable Care Act and benefits for families and women\**
- 7) STATEMENT: Statement of Commissioner Monica J. Lindeen on the Affordable Care Act's 2nd Anniversary
- 8) *\* FACT SHEET: Women and the Health Care Law (source: National Women's Law Center)\**
- 9) EDITORIAL: Rate Review Protects Montanans

*\* NOTE: Items marked with an asterisk were not prepared by the Montana Commissioner of Securities and Insurance. Views and opinions expressed in these items are those of the authors and do not reflect an official policy or position of the Commissioner's office, the Montana State Auditor, or the State of Montana.*

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**FOR IMMEDIATE RELEASE**

March 20, 2012

Contact: Lucas Hamilton, 406.444.4237



## **ADVISORY: Montanans talk health reform benefits on law's anniversary**

HELENA, Mont. – Commissioner of Securities and Insurance Monica J. Lindeen will join Billings-area Montanans who have benefited from the Affordable Care Act on **Friday**, March 23, at **RiverStone Health** to talk about ways the federal law has improved access to health insurance and quality care in Montana.

Friday's press conference falls on the second anniversary of the Affordable Care Act (ACA). Although several important reforms included in the law have not yet taken effect, many immediate changes are making care more affordable and accessible for Montanans. Already, the act has helped:

- 8,300 young Montanans stay on their parent's insurance plan until age 26;
- 11,500 Montana seniors pay for prescriptions when they fall in the Medicare donut hole; and
- 166,000 Montanans receive preventative care with no out-of-pocket cost.

Other speakers at Friday's press conference will include:

- Shelli Ritz, Vice President and CFO of RiverStone Health, a community health center that has benefited from ACA funding;
- Roger Holt, executive director of Parents, Let's Unite for Kids (PLUK), a non-profit that received a federal tax credit to help pay for health insurance;
- Carly Collins, a 22-year-old who can stay on her parents' insurance until she turns 26 thanks to the ACA;
- Frank Jefferson, a representative of Indian People's Action, who will speak on the permanent reauthorization of the Indian Health Care Improvement Act; and
- Chelsea Meisner, a mother whose children have insurance coverage thanks to the ACA ban on exclusions for pre-existing conditions.

**WHAT:** Press Conference on the Anniversary of the Affordable Care Act

**WHEN:** Friday, March 23, at 9:00 a.m.

**WHERE:** Yellowstone Conference Room

RiverStone Health, 123 South 27th Street, Billings, MT 59101

**VISUALS:** Speakers will talk to press on location at RiverStone Health

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**FOR IMMEDIATE RELEASE**

March 23, 2012

Contact: Lucas Hamilton, 406.444.4237



## **Montanans Talk Benefits on Health Reform Anniversary**

*Affordable Care Act protects consumers in Montana*

BILLINGS, Mont. – Commissioner of Securities and Insurance Monica J. Lindeen today joined Montanans who have benefited from the Affordable Care Act to highlight ways the law has improved access to health care and made insurance more affordable.

**“In many ways, Montana's insurance market will never be the same,”** said Lindeen. **“For the first time ever, health insurance companies can't deny coverage to kids with pre-existing conditions like asthma. Patients everywhere are guaranteed a straightforward appeals process when their claims are denied. And soon, everyone who buys a health insurance policy will receive a clear, plain-English explanation of key benefits in the policy before they sign the dotted line.”**

The Affordable Care Act, the federal health care reform bill signed into law two years ago today, was designed to protect against the worst insurance company practices while phasing in important cost saving programs. Already, Montanans are benefiting from provisions that help people with pre-existing conditions find coverage, let young adults stay on their parents' insurance until age 26, and ensure children can't be denied coverage.

The Affordable Care Act has also saved thousands of dollars for Montana seniors. Thanks to the new health care law, 11,500 seniors with Medicare in Montana received a \$250 rebate to help cover the cost of their prescription drugs when they hit the donut hole in 2010. In 2011, 10,415 seniors with Medicare received a 50 percent discount on their covered brand-name prescription drugs when they hit the donut hole. This discount resulted in an average savings of \$615 per person, and a total savings of \$6,409,940 in Montana. By 2020, the law will close the donut hole.

Carly Collins, a 22-year-old who recently graduated from college, said the Affordable Care Act has given her piece of mind in uncertain economic times.

**“I worried about how I would be able to afford living expenses, student loans, if I was going to find a job in my field, or if I'd ever find a 'real' job that offered insurance benefits,”** said Collins. **“I now have the benefit of being covered for another three and a half years under my father's plan. This is something that I am truly grateful for.”**

Roger Holt, the executive director of a Billings-based nonprofit that helps families and children with special needs, said the Affordable Care Act's tax credit for small businesses helped him maintain health benefits for his employees.

**"The health insurance tax credit has made all the difference for our employees,"** said Holt. **"Without it, we would have been forced to continue chipping away at our health insurance coverage until there was nothing left."**

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*Monica J. Lindeen, Commissioner of Securities and Insurance, Montana State Auditor  
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**FOR IMMEDIATE RELEASE**

March 23, 2012

Contact: Roger Holt, 800.222.7585



**Statement of Roger Holt  
on the Affordable Care Act  
and the small business tax credit**

Good morning. I am Roger Holt, the director of PLUK, or Parents, Let's Unite for Kids. PLUK is a Montana nonprofit, founded in 1984 by parents of children with disabilities and special health care needs here in Billings, who understood the advantage of creating a statewide network of experience and knowledge to support one another for the benefit of our children. Today, PLUK's 30 employees unite a network of 27,000 families of children with special needs, the educators and professionals who serve them, and caring community members statewide. PLUK's parent representatives work in communities all over the state providing information, training, and support so that families may make informed decisions and find needed resources. PLUK serves everyone. There is no eligibility criteria, no age limit, and all services are free to families.

PLUK and the families we work with have been closely involved with the Affordable Care Act since its development. We have to become as knowledgeable as possible in order to not only make the best choices on health care, education, and all other life decisions, but to have a voice in the policy decisions that affect all of our kids. Our goal is the same as every family: have our kids grow up to be healthy, happy, independent, empowered, tax-paying citizens. The Affordable Care Act has helped to remove many of the barriers to achieving these goals for families of children with special health care needs.

PLUK first began offering health insurance to its full time employees fifteen years ago. Though PLUK started as a simple support group of parents around a kitchen table, organized as a nonprofit, it has grown and developed over the years. To be seen as a legitimate business entity and model good corporate behavior, offering living wages and health insurance to our employees was a necessity. It wasn't too painful, financially, in the beginning, but as the years went by, costs rose until it became our largest organizational expense after payroll. We had to start cutting back, increasing deductibles and finally taking away prescription coverage because we just couldn't afford it. Then, a funny thing happened over the last couple of years: costs stabilized -- we didn't have to cut back on benefits -- and when we renewed our insurance last month, we were actually able to increase benefits and add back prescription coverage.

It turns out that funny thing was health care reform, although we didn't realize it right away. PLUK is required to have an annual financial audit because we receive federal funding. The bill for this audit is the largest single check we write. It was through the auditing process, however,

that we learned we were eligible for the new health insurance tax credit under the Affordable Care Act. We submitted the information and then forgot about it. Later, our financial folks were very confused when we received a check from the US Treasury that was larger than our audit expense. A little sleuthing uncovered the reason: the new health insurance tax credit. I told our auditor that I had never heard of a nonprofit receiving a refund on their tax return. Now I know better.

The health insurance tax credit has made all the difference for PLUK's employees. Without it, we would have been forced to continue chipping away at our health insurance coverage until there was nothing left. Instead, we have been able to begin to restore our coverage to what it used to be. This assistance needs to be continued and expanded, not taken away.

The Affordable Care Act is one of the most important pieces of legislation to be passed for organizations large and small in Montana. By easing the often insurmountable barrier of providing health insurance to employees, health care reform has taken an important step towards helping small businesses and nonprofit organizations, just like PLUK, not only survive, but succeed. Thank you.

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*Parents, Let's Unite for Kids (PLUK) is a Montana nonprofit founded in 1984 by parents of children with disabilities and special healthcare needs who understood the need to create a network of experience and knowledge to support one another for the benefit of their children. Today, PLUK's 30 employees unites a statewide network of 27,000 families of children with special needs, the educators and professionals that serve them, schools and agencies that provide services, and caring community members. PLUK's parent representatives provide information, training, and support to individuals and their families so they may make informed decisions about their lives and find needed resources. PLUK serves Montanans of all ages and at no cost.*

**FOR IMMEDIATE RELEASE**

March 23, 2012

**Statement of Carly Collins  
on the Affordable Care Act  
and benefits for young adults**

Good morning, everyone.

My name is Carly Collins, and I am 22 years old.

I graduated last spring with a Bachelor of Science in Sociology.

I currently work at Family Support Network in Billings, Montana.

I was hired on as a full-time employee at this agency September of last year.

The period of time between graduation and gaining full-time employment was stressful, to say the least.

For a total of about four months, I worried about how I would be able to afford living expenses, student loans, and if I was going to find a job in my field of study; or if I'd ever find a "real" job that offered insurance benefits.

I worked in a restaurant to support myself during school. Because obtaining benefits through that type of work is almost unheard of, something I became appreciative of throughout college was that I was covered under my father's insurance plan. I knew that one day I would have to find employment that offered assistance, but 25 seemed so far away as an 18 year old freshman.

Now that I have graduated, and have been living on my own for more than a year, I have a much better understanding of the importance of having coverage as a young person in our society. I have the responsibility to pay back several thousand dollars in student loans, and of course to pay for day to day living expenses. The immediate pressure to find a good-paying job that offers benefits (with my limited experience in the field) has eased a bit with Health Care Reform. In fact, the day that the dependent age for coverage was officially raised to 26, my parents made sure to call me with the good news.

With an extra year of coverage, it means an extra year to plan. As a young woman living during a time when the economy is not so financially stable, I now have even more time to make the best of my financial situation. Thanks to the Affordable Care Act, I now have the benefit of

being covered for another three and a half years under my father's plan. This is something that I am truly grateful for, and know that families like mine probably feel the same.

My plan to start Graduate School before I turn 26 will also be affected by the law to extend coverage to dependents. Becoming a full-time student again will most likely mean no full-time job, and no benefits offered through any small part-time employment I may have as a grad student. I am and will be so thankful that to be guaranteed insurance during such a financially strapping time.

Thank you for your time.

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**FOR IMMEDIATE RELEASE**

March 23, 2012

Contact: Molly Moody, 406.529.8497



## **Statement of Frank Jefferson on the Affordable Care Act and the Indian Health Care Improvement Act**

Good morning, my name is Frank Jefferson. I'm a member of Indian People's Action and the Montana Organizing Project. I'm here to discuss why health reform matters for Native people.

This month, the United States Supreme Court will hear arguments in lawsuits challenging national health reform. This decision will matter for Native people – because health reform matters for Native people.

The following represent some of the important benefits of health reform for Indian people:

The Affordable Care Act makes the Indian Health Care Improvement Act permanent.

This Act is that law that the entire Indian health system is built upon. Before health reform, the law would come up periodically for renewal by Congress.

But, often, Congress did not renew the Act for years and years – even though health care is covered by treaty rights. That meant that improvements and funding for the Indian health system were put on hold. Thanks to health reform, the Indian Health Care Improvement Act is now permanent.

The Affordable Care Act opens the door to improvements in the Indian health system.

Because the Indian Health Care Improvement Act is now permanent, health reform allows important changes to the Indian health system. These changes include:

- new mental health programs;
- improved long-term care services for seniors and people with disabilities;
- programs for bringing more doctors and other practitioners into Indian Country; and
- funding of health travel costs.

The Affordable Care Act expands Medicaid.

Medicaid is extremely important for Native people, regardless of where you live. Under health reform, states will expand Medicaid coverage. According to the National Indian Health Board,

this expansion will benefit an estimated 185,000 to 380,000 American Indians and Alaska Natives.

The challenge to health reform in the Supreme Court also threatens these important improvements.

Thank you for being with us here today to celebrate the second year anniversary of the historic health care law.

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**FOR IMMEDIATE RELEASE**

March 23, 2012

**Statement of Chelsea Meisner  
on the Affordable Care Act  
and benefits for families and women**

Good morning. My name is Chelsea Meisner. I am a Youth Care Specialist at New Day Ranch, a full-time graduate student at Montana State University, Billings, and mother of four.

The Affordable Care Act has been a godsend for my family and for me personally.

My oldest son was hospitalized in the neonatal intensive care unit for six days after he was born in 1992. During his 4 month check up the doctor discovered Jacob had severe congenital heart defects. Jacob spent the next week in the hospital undergoing a cardiac catheter procedure and recovering from blood clots that resulted from the procedure. He was diagnosed with transposition of the ventricles, transposition of the great vessels, three ventral septal defects, and pulmonary artery stenosis. In layman's terms the bottom of his heart is flipped backward: the large ventricle pumps blood to his lungs only and the small one pumps blood to his entire body. The vessels coming out of the top of his heart are also reversed, he had three holes between the ventricles that leaked blood back and forth, and his pulmonary artery was too small to allow good blood flow.

Jacob had open heart surgery at 6 months to fix the holes between his ventricles. He has had more cardiac catheterization procedures than I can count and he's seen his pediatric cardiologist every year since he was born. This has been vital to keeping my son alive and to give him a shot at a normal life.

In 1996 my youngest child was born healthy but seemed to develop slower than my other children had. When he was three he still hadn't started talking. Isaac was diagnosed with chronic ear infections that required surgery six times over the next few years. He was enrolled in speech therapy and later diagnosed with Autism.

In the last 20 years the cost of health care has been one of my number one concerns at all times. There has never been a time my boys could afford to go without doctor's visits because we didn't have health insurance, but there have been times that they've had too. Each doctor visit costs between \$1000 and \$1500 and I don't even like to think what the trips to Seattle Children's Hospital cost. We paid some of these bills out of pocket during times between insurance or when insurance refused to cover my boys because of pre-existing conditions. Other times the boys have simply gone without health care.

Because of the ACA, pre-existing condition exemptions were eliminated for children in 2010, ensuring that my kids will have their health care needs met without our family paying huge medical bills out of pocket. I not only rest assured that our health care needs are met now, but it gives me hope for my children's future because pre-existing condition exemptions are slated to be eliminated for adults in 2014.

Not only does the new health care law help my children and family but it helps me. For women in particular, the ACA represents the biggest advance in women's health in a generation, and provides a long list of new and specific benefits for women and women's health.

The new law increases access to a wide range of preventive health care, guaranteeing that services are offered without additional co-pays. This means when I have my annual exam, breast or cervical cancer screenings or other preventive health care, these services are available at no-cost. And soon, all women, regardless of where they work, will also have access to no-cost contraceptives, lactation supplies and counseling, and well-woman visits.

One important point not to be lost this week is that anti-women's health politicians are trying to take away these benefits, and repeal the new health care law. Simply put, they want to take a huge step backward for women's health. If they had their way, more women would be uninsured, medical discrimination against women would be legal again, and women would once again be forced to pay more for health care and get less for their health care dollars than men.

As a trusted health care provider to one in five women, including my two daughters and I, Planned Parenthood knows firsthand how devastating that would be to women and men across the country. That's why we need to protect women's health and protect the Affordable Care Act.

As the primary health care decision maker in my household, I worry about the health of my family constantly. That's why I'm grateful for the new ACA. It is really a game changer when it comes to health care. For the first time in a long time, health insurance feels like a benefit, not a burden.

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**FOR IMMEDIATE RELEASE**

March 23, 2012

Contact: Lucas Hamilton, 406.444.4237



## **Statement of Commissioner Monica J. Lindeen on the Affordable Care Act's 2nd Anniversary**

BILLINGS, Mont. – Commissioner of Securities and Insurance Monica J. Lindeen spoke today at a press conference on the second anniversary of the Affordable Care Act. Commissioner Lindeen's prepared remarks follow below.

**"As Montana's Insurance Commissioner, I was elected by the people of Montana to enforce the law and protect Montana's consumers in the insurance industry.**

**"With the passage of the Affordable Care Act two years ago today, that central mission changed dramatically.**

**"Before the Affordable Care Act, the law on health insurance was a mixed bag for consumer protection.**

**"On one hand, Montana led the country in commonsense rules that ensure women aren't discriminated against in health insurance pricing. On the other hand, Montana is one of only three states in the country that doesn't review health insurers' premiums before they take effect.**

**"Without anyone checking to see how our health insurers were setting their rates as they were rolled out, we have no way to verify what was driving up costs.**

**"Thanks to the Affordable Care Act, the federal government can now review the steepest rate hikes and make insurers' reasoning available to the public.**

**"The lack of transparency in health insurance rating speaks to a much broader problem of the pre-Affordable Care Act years: a lack of transparency and accountability across the health insurance market.**

**"Even in some states that required transparency in premium rates, consumers lacked a clear process to appeal denied claims to an independent medical reviewer. In many states, that meant insurance companies were their own judge and jury, and it was hard to hold them accountable for denying medically sound claims.**

**"Thankfully, Montana was ahead of the curve in requiring accountable, external review. Still, it's fair to say the Affordable Care Act revolutionized the way we protect consumers across the country, and especially in Montana.**

**"For the first time ever, health insurance companies can't deny coverage to kids with pre-existing conditions like asthma. Patients everywhere are guaranteed a straightforward appeals process when their claims are denied. And soon, everyone who buys a health insurance policy will receive a clear, plain-English explanation of key benefits in the policy before they sign the dotted line.**

**"But that doesn't mean we can rest on our laurels and stop working to make health insurance more affordable and accessible. Reviewing health insurance premium rates and requiring a clear path to independent medical review are good ideas, but we can improve them.**

**"To start with, Montana should be in the driver's seat. We had an effective, long-standing law for independent medical review of denied claims, and we should update our law to return that authority to Montana. The federal government has shed light on premium rates in Montana for the first time in state history, but Montana can and should do it better.**

**"That's why my office will continue working on ways to take back Montanan's right to regulate our own insurance industry, including the commonsense consumer protections included in the Affordable Care Act."**

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## Women and the Health Care Law

The new health care law, the Affordable Care Act, protects women from discriminatory health insurance practices, makes health coverage more affordable and easier to obtain, and improves access to many of the health services women need. Approximately 17 million women will gain coverage because of the Affordable Care Act.<sup>1</sup> Millions of women are already benefiting from the law, and there are important protections women will gain when the law is fully implemented in 2014.

## How the Health Care Law is Already Working in Montana

- ✓ Health plans must now cover certain preventive services such as mammograms, flu shots, and colon cancer screenings at no additional out of pocket costs such as co-payments. **Over 62,000 women in Montana are receiving preventive services without a co-payment.**<sup>2</sup>
- ✓ Starting in August 2012, all new health plans must cover a list of women's preventive services with no co-payments<sup>3</sup>; these include the full range of FDA-approved contraception methods and contraceptive counseling, well-woman visits, screening for gestational diabetes, breastfeeding support, supplies, and counseling and domestic violence screening and counseling.<sup>4</sup>
- ✓ The law allows young adults to remain on their parents' health insurance until age 26. **Over 2.5 million young people across the country have gained insurance coverage through this provision of the health care law.** Over 8,000 young people in Montana have gained coverage thanks to the law.<sup>5</sup>
- ✓ The law prohibits lifetime limits on most benefits. **Nearly 116,000 women in Montana no longer have a lifetime limit on their health coverage.**<sup>6</sup>
- ✓ **Over 66,000 women on Medicare in Montana** have received preventive services at no additional cost.<sup>7</sup>
- ✓ Insurance companies are no longer allowed to cancel health insurance policies or drop coverage when people become sick.
- ✓ Children with pre-existing conditions can no longer be denied health coverage.
- ✓ Insurance companies must publicly justify raising premiums rates by 10% or more. All explanations are to be posted online giving consumers have a chance to comment on the rate increase.<sup>8</sup>

## Many Benefits and Protections on the Way

- ✓ Starting in 2014, **72,000 women who are uninsured—24% of women in Montana—will have new options** for affordable health insurance coverage.<sup>9</sup>
- ✓ Starting in 2014, all new health plans must cover a list essential health benefits including maternity and newborn care, mental health treatment, and pediatric services such as vision and dental care.

- ✓ Starting in 2014, women will now longer be treated as a pre-existing condition and be denied insurance coverage for a history of pregnancy; having had a C-section; being a survivor of breast, or cervical cancer; or having received medical treatment for domestic or sexual violence.
- ✓ By 2014 insurance companies will no longer be allowed to charge women and small employers with a predominately-female workforce more for coverage.
- ✓ Starting in 2014, individuals and families may be eligible for tax credits to help pay for insurance.

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<sup>1</sup> Kaiser Family Foundation, Impact of Health Reform on Women's Access to Coverage and Care (Dec. 2010), *available at* <http://www.kff.org/womenshealth/upload/7987.pdf>.

<sup>2</sup> Lambrew, Jeanne, New Data: The Affordable Care Act in Your State (March 5, 2012), *available at* <http://www.whitehouse.gov/blog/2012/03/05/new-data-affordable-care-act-your-state>.

<sup>3</sup> Grandfathered plans do not have to cover the list of preventive services. Grandfathered plans are group plans that were created or individual plans that were purchased before March 23, 2010. A plan becomes "un-grandfathered" if it significantly cuts benefits, increases co-insurance, increases co-payments by the greater of medical inflation plus 15 percentage points or medical inflation plus \$5, increases deductibles or out-of-pocket limits by greater than medical inflation plus 15 percentage points, decreases premium contributions by more than 5 percentage points, or adding or lowering annual limits. If a plan becomes "un-grandfathered" it will be required to cover the preventive services with no cost sharing. It is expected that most plans will lose their grandfathered states by 2019.

<sup>4</sup> Coverage of Preventive Health Services, 47 CFR § 147.130 (2011), *and* Women's Preventive Services: Required Health Plan Coverage Guidelines (Aug. 1, 2011), <http://www.hrsa.gov/womensguidelines/>.

<sup>5</sup> Lambrew, Jeanne, New Data: The Affordable Care Act in Your State (March 5, 2012), *available at* <http://www.whitehouse.gov/blog/2012/03/05/new-data-affordable-care-act-your-state>.

<sup>6</sup> *ibid*

<sup>7</sup> *ibid*

<sup>8</sup> Rate Review Works: Early Achievements of Health Insurance Rate Review Grants (Sept. 20, 2011), *available at* <http://www.healthcare.gov/law/resources/reports/rate-review09202011a.pdf>.

<sup>9</sup> National Women's Law Center analysis of 2010 health insurance data from the U.S. Census Bureau Current Population Survey's (CPS) 2011 Annual Social and Economic (ASEC) Supplements, *available at* [http://www.census.gov/hhes/www/cpstc/cps\\_table\\_creator.html](http://www.census.gov/hhes/www/cpstc/cps_table_creator.html).

**FOR IMMEDIATE RELEASE**

March 21, 2012

Contact: Lucas Hamilton, 406.444.4237



## **EDITORIAL: Rate Review Protects Montanans**

### *Reform lifts the veil on health insurance pricing*

This week, Democrats and Republicans alike will have something to celebrate, albeit for entirely different reasons.

March 23 marks the two-year anniversary of the Affordable Care Act, the federal health care reform bill lauded by Democrats for banning some of the worst insurance company practices and panned by Republicans for not going far enough to control the cost of health care.

Both sides have a knack for using the law to their own ends. But as Montana's chief insurance regulator, I'm more concerned about using the law as it was intended -- to protect consumers.

Thanks to the ACA, Montanans no longer need to worry about reaching a lifetime limit, so people with chronic conditions like diabetes or asthma won't have to worry about an insurance company cutting off coverage when they need it most.

Thanks to the ACA, children with health conditions can't be denied coverage, ensuring our kids have the opportunity to get the care they need to live long, healthy lives.

And thanks to the ACA, the people of Montana have, for the first time in state history, the opportunity to hold insurance companies accountable for the premium rates they charge.

Long before the ACA, nearly every other state in the country passed some kind of law requiring health insurance companies to file their premium increases with the state insurance commissioner. Montana is one of just three states that let health insurance companies set and raise their rates without any transparency or accountability.

But starting this year, insurance companies who want to raise their premiums over 10 percent must justify their rates publicly through the federal government's health reform website, HealthCare.gov.

Shining a light on rates could go a long way toward discouraging out-of-control hikes in the cost of health insurance, but the federal review isn't perfect, and even good ideas can be improved.

Limiting the review to rate hikes over 10 percent leaves most year-to-year increases out of the spotlight. Even when rate increases do get reviewed and are determined to be unjustified, the federal government lacks the teeth needed to stop them.

That's why I brought a state-based solution for rate review to Montana's last legislature. My proposal would have made health insurers file all their rate increases with my office - not the federal government - and given the Montana insurance commissioner the power to stop unreasonable rate increases before they happen.

Unfortunately, that commonsense solution was another casualty of the ongoing political fight over the Affordable Care Act, even though it would have made regulation simpler for our insurers and kept the federal government out of yet another aspect of Montana's health insurance industry.

I'm optimistic that cooler heads will prevail in 2013. Already, consumer groups, medical providers, and even health insurance companies have expressed their support for a state-based solution that makes health insurance costs more transparent and accountable.

Lifting the veil on health insurance costs will not only give Montanans a better idea of where their money is spent, but also help us identify what's really driving costs. Like removing lifetime limits on coverage and ensuring our kids can get the care they need, reviewing health insurance premiums is just one of the many things the ACA got right in spite of its shortcomings.

This week, we'll be reminded of everything we can love and hate about federal health care reform. I don't expect we'll see the end of this political battle anytime soon, but whatever the outcome, it would be a shame to lose all of the valuable consumer protections we've gained through reform.

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