

compared to base funding of \$26,159,400. This item modifies the fund's appropriation to more accurately reflect OCI's claims projections.

6. HEALTH INSURANCE RATE REVIEW -- FEDERAL FUNDS REESTIMATE

FED	\$1,978,800
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Governor/Legislature: Provide \$1,583,000 in 2013-14 and \$395,800 in 2014-15 to reflect estimates of federal grant funds OCI will spend on health insurance rate review and reporting processes. In September, 2011, OCI received a four-year, \$3,958,800 grant authorized under the federal Patient Protection and Affordable Care Act to conduct various activities related to the review of health insurance rate filings submitted by insurance companies, and to facilitate consumer access to that information. This grant supports approximately 6.8 FED positions and contracted actuarial, consultant and information technology services. OCI expects to spend approximately \$2.0 million of the grant by July 1, 2013, with the remainder budgeted and spent in the 2013-15 biennium. Although OCI may expend all federal grant funding it receives for authorized purposes, this item increases the agency's federal appropriation to reflect projected spending in the 2013-15 biennium.

7. NON-RESIDENT AGENT APPOINTMENT FEES

PR-REV	- \$3,997,200
GPR-Earned	- \$3,997,200

Joint Finance/Legislature: Reduce the initial and renewal fee that OCI collects for the appointment of a non-resident agent from \$50 to \$40, effective July 1, 2014. Reduce estimates of fee revenue OCI will collect in 2014-15 by \$3,977,200, and reduce estimates of fee revenue that will be transferred to the general fund by \$3,977,200 in 2014-15.

[Act 20 Sections: 2264d and 9422(1i)]

8. HEALTH CARE LIABILITY SELF-INSURANCE

Joint Finance/Legislature: Under statutory provisions related to health care liability insurance, define a "self-insurance plan" as a plan approved by the Commissioner of Insurance to self-insure health care providers against medical malpractice claims in accordance with Chapter 655 of the statutes, and specify that such a plan may provide coverage to a single health care provider or affiliated health care providers. Define "affiliated health care providers" to include health care providers employed by a common health care provider and health care providers affiliated under a controlling legal entity. Permit an approved self-insurance plan to provide coverage for all affiliated health care providers under a controlling legal entity.

Veto by Governor [D-16]: Delete the provision defining "affiliated health care providers" to include health care providers employed by a common health care provider and health care providers affiliated under a controlling legal entity.

[Act 20 Sections: 2267h and 2267k]

[Act 20 Vetoed Sections: 2267f and 2267g]