Attacks on Health Reform and Developing Litigation Issues in Managed Care

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Overview

- Current Constitutional Challenges to PPACA
 - The Florida Action
 - The Virginia Action



Overview (cont'd)

- Current litigation issues in state health reform models that were the genesis of Federal Health Care Reform
 - Maine
 - Massachusetts



TWO LAWSUITS CHALLENGING PPACA

- Commonwealth of Virginia v. Sebelius (C.A. No.: 3:10-cv-188) (E.D. VA)
- State of Florida v. United States Department of Health and Human Services (C.A. No.: 3:10-cv-91-RV/EMT) (N.D. FLA)
- Both cases challenge constitutionality of PPACA
- Some shared arguments; some distinct

COMMONWEALTH OF VIRGINIA

- Brought by Attorney General,
 Kenneth Cuccinelli
- VA is sole plaintiff
- VA did not join FLA action



2010 VA General Assembly Enacts Virginia Code §38.2 – 3430.1:1

- "No Resident... shall be required to obtain or maintain a policy of individual insurance coverage...."
- "No provision of this title shall render a resident liable for any penalty, assessment, fee or fine as a result of his failure to procure or obtain health insurance coverage...."



Allegations in the FLA. Complaint

- Congress lacks "political will" to fund healthcare through tax and spending powers
- Forces healthy young adults and other rationally uninsured individuals to cross-subsidize older and less healthy citizens



Alleged Violation of Commerce Clause

- Art. 1, Section 8 grants Congress power to regulate "Commerce ... among the several states ..."
- Broadly enforced: Basis for Civil Rights Legislation
- VA argues that Congress does not have Constitutional authority to enact individual mandate
- VA claims a citizen is not a "Channel of Commerce"
- A person who chooses to go without insurance is a noneconomic activity--Passive
- Congress cannot force citizens to purchase a good or service



State of Florida Action

- 18 States currently
- Broader complaint than VA
- Alleges encroachment on the liberty of individuals
- Alleges encroachment on state sovereignty



State of Florida Action (cont'd)

- Major focus on PPACA's impact on Medicaid
- Florida forced to vastly broaden its Medicaid eligibility
- PPACA expands Medicaid to those under 65 with income up to 133% of poverty level

State of Florida Action (cont'd)

FLA Claims:

- This will bust their budget
- Force massive administrative changes
- Make Florida agencies an arm of the Federal Government



The Florida Action – Constitutional Theories

I. Violation of Article 1 and 10th Amendment

- co-opting control over state budgetary process
- II. Article 1, § 2, 9
 - Capitation and a direct tax
 - Not apportioned among the states per census data



The Florida Action – Constitutional Theories (cont'd)

III. Art. 1 (Commerce Clause) and 10th Amendment

- Forces citizens to procure health care or pay a tax penalty
- compels them to perform an affirmative act or pay penalty
- Inactivity is not commerce

The Florida Action: Status

- Briefing on the Motion to Dismiss will be completed by August 27, 2010.
- Oral Argument will be held on September 14, 2010.
- If the Motion is denied, the parties will then brief Summary Judgment Motions.

Analysis of FLA and VA Actions

- Supreme Court typically defers to Congress
- Broadly interprets commerce clause and taxing authority
- Some commentators however, characterize the individual mandate as unprecedented and not authorized under commerce clause
- Cannot use commerce clause to force citizens to buy a product

Premium Rate Litigation

- PPACA Section 1311 delegates to the States the authority to require plans participating in an Exchange to justify premiums.
- Given recent refusals by State Insurance Commissioners to permit rate increases, plans in an Exchange risk politics supplanting actuarial standards.
- Two recent cases, in Maine and Massachusetts respectively, highlight this problem.



Anthem Health Plans of Maine v. Superintendent of Insurance, Kennebec Sup. Ct. Civil Action No. BCD-WB-AP-08-24 (2010)

- Suit brought by Anthem following ME Insurance Superintendent's refusal to permit a 2009 premium that included any profit.
- Insurance Superintendent decision to "allow no profit and risk margin this year" is based on:
 - The financial hardship of those subscribing to individual products in Maine; and
 - The overall financial health of Anthem BCBS.



Anthem Arguments

- Anthem lost more than \$3.7 million in individual business in Maine in the last 5 years.
- Proposed premium increase permitted for only 3% profit.
- Improper for Insurance Department to base rate determinations on overall profitability of the carrier.
- The Superintendent's reliance on the comments of policyholders is improper.
- The refusal to permit Anthem any rate of return violates its equal protection rights.



The ME Insurance Department's Response

- The ME Insurance Code does not require the Superintendent to provide for a profit "for all products at all times".
- The ME Insurance Code does not prohibit the Superintendent from considering the overall financial health of a carrier.
- The Insurance Superintendent's treatment of Anthem is permissible because it is rationally related to a legitimate government interest.

The Court's April 21, 2010 Ruling

- Oral argument held on the Anthem petition for review on March 24, 2010.
- Last Wednesday, the Court upheld the Commissioner's conclusion that Anthem is not entitled to profit as part of its 2009 rates.
- The Court concluded that nothing in the Insurance Code mandates "that a rate is inadequate if it is sufficient to cover projected losses but fails to include a reasonable profit."
- The Court also found that nothing in the Insurance Code "limits the ... inquiry into the adequacy of a particular rate to the performance of related individual insurance products."
- Finally, the Court ruled that there was no Equal Protection Clause violation.



Massachusetts Association of Health Plans et al. v. Murphy, Suffolk County, Superior Court Civil Action No. 10-1377-BCS2 (2010)

- Massachusetts Plans submitted proposed rate increases in early March 2010 for April 1, 2010 effective dates.
- MA Insurance Commissioner denies 235 of 274 proposed rate increases in the individual and small group markets.
- On April 1, 2010, the Commissioner concluded that the proposed rate increases are excessive and unreasonable.



Plan's Motion for Preliminary Injunction

- On April 5, 2010, 7 plans joined the Massachusetts Association of Health Plans in moving to enjoin the Insurance Commissioner.
- The plans argue that the Commissioner is not basing his determination on actuarial principles.

The Court's Ruling on the Preliminary Injunction

- On April 12, 2010, the Court denied the motion for preliminary injunction without addressing the merits of rate rejections.
- Instead, the Court ruled that the MA Insurance Code provides an administrative remedy prior to redress in the Courts.

Current Status of the Massachusetts Rate Dispute

- Most of the affected plans simultaneously pursued their administrative hearing rights before the Division of Insurance.
- Those hearings began last week, at which time the MA Attorney General, Martha Coakley, intervened.
- Following completion of the hearings, the Division of Insurance will have 30 days to issue a ruling.

Current Status of the Massachusetts Rate Dispute (cont'd)

- Separate request by the Commissioner for an injunction against Harvard Pilgrim and Fallon
- Last Wednesday, Judge Superior Court granted the Commissioner's injunction.
- The Court ruled that the Commissioner's interpretation of the rate regulations is entitled to deference and that, as a result, the plans must use April 2009 base rates to request increases.

Analysis

- Disturbing trend of premium rates being dictated by politics rather than actuarial soundness?
- Could this extend to rates established in an Exchange under PPACA?
- Is the action of these Insurance Departments arbitrary and capricious?
- Do these premium caps address the core issue driving premium increases?

