

In the Matter Of:

2019 ACA HEARING

MARYLAND INSURANCE ADMINISTRATION

September 17, 2018

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BEFORE THE
MARYLAND INSURANCE ADMINISTRATION
2019 ACA PROPOSED HEALTH INSURANCE PREMIUM RATES
HEARING

MONDAY, SEPTEMBER 17, 2018
10:00 a.m.

MARYLAND INSURANCE ADMINISTRATION
200 ST. PAUL PLACE
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1 P R O C E E D I N G S

2 COMMISSIONER REDMER: Good morning. My
3 name is Al Redmer, the Maryland Insurance
4 Administration, and I just want to take a couple
5 minutes to introduce the folks with me this morning.
6 To my right is Bob Morrow, the Associate Commissioner
7 of Life and Health. Van Dorsey is our principal
8 counsel from the AG's office. To my left is Cathy
9 Grason, our Chief of Staff, Todd Switzer, our chief
10 actuary, and Brad Broban, a senior actuarial analyst.

11 Welcome to our second public hearing for
12 the Affordable Care Act rates effective 2019. For
13 those of that are on the phone, if you would please
14 mute your phone unless you are going to speak.

15 I want to first thank all of you for being
16 here and thank you for your continued interest and
17 advocacy for providing affordable health insurance for
18 the citizens of Maryland. We're here today as a
19 result of the hard work of many people, including many
20 of you here today, including consumers, consumer
21 advocates, and the carriers.

22 As you know, our collective calls for

1 action had been heard by the governor and the members
2 of the legislature, and together, they worked in a
3 bipartisan way to provide a meaningful albeit short
4 term solution to the rising cost of health insurance.

5 The leadership in Annapolis provided
6 authority for the Health Benefit Exchange to apply for
7 a 1332 waiver and the resources needed to establish a
8 reinsurance plan for the individual market.

9 I'd like to pause and to thank and
10 congratulate the teams from the Maryland Insurance
11 Administration and the Health Benefit Exchange that
12 worked on both of these initiatives beginning even
13 before the legislation was passed. These two teams
14 worked collaboratively with the federal government to
15 prepare the waiver application and to discuss the
16 guidelines to create a successful reinsurance plan.

17 Once the plan was submitted, they worked
18 tirelessly to handle questions from CMS and shepherd
19 it through the process. As the process worked -- I'm
20 sorry, as the application worked its way through the
21 process, they were preparing for the reinsurance plan
22 itself, including seeking consensus on many difficult

1 issues. And more importantly, as always, they adhere
2 to our objective to conducting business in a process
3 that was open, transparent, and collaborative.

4 I was also impressed by the hard work,
5 commitment, and focus displayed by Secretary Bobby
6 Neall as well as the rest of the Health Benefit
7 Exchange board of directors.

8 Also, I want to thank our federal partners
9 at CMS. We knew last spring that for this to work, we
10 could only get here by hitting very tight deadlines,
11 and the folks at CMS worked incredibly hard on behalf
12 of the citizens of Maryland, and we appreciate it.

13 The last few years have been difficult for
14 many citizens in Maryland that buy their own
15 individual health insurance, and they'd been forced to
16 carry a heavy burden all because they wanted to do the
17 right thing - provide protection for themselves and
18 their loved ones. And thankfully, because of our
19 collective efforts, we hope that our work will at
20 least stabilize the market and provide at least a
21 little bit of short term relief.

22 So with that, let's begin the hearing and

1 discuss the modified rate requests that are currently
2 before us, and I will reintroduce our chief actuary,
3 Todd Switzer.

4 MR. SWITZER: Thank you, Commissioner.

5 Good morning. I believe the total count of
6 public comments was 35 or above. And one that came in
7 recently went along the following line. From the
8 first sentence, you could see how distraught the
9 person was, understandably. And at the -- the last
10 sentence was "If there's any way to get increases to
11 positive 5 percent, please do that, if there's any
12 way."

13 And at the risk of being redundant, thanks
14 to the collective efforts of everyone in this room to
15 the Exchange; to the insurers; the press that lets it
16 be known hey, we have a problem here; the legislators;
17 Delegates Andy Melnyk, Szeliga, West, Cullison, many
18 others; the leadership and advocacy of Commissioner
19 Redmer over at least a year; the governor's office;
20 the insurers who are in a difficult position. I don't
21 want to forget anyone. The public who is very helpful
22 in putting a tangible face on the problem.

1 Thanks to that, I'm really happy to be able
2 to say to this gentlemen we can do better than +5.
3 He's in an HMO this year, and not some nominal 2
4 percent. Something that could really be meaningful, a
5 decrease. And it's really nice again, this room and
6 beyond, to be in that position, and there's a thanks
7 to everyone here.

8 To put numbers to that, as you know, we
9 started this whole process in May, May 1st, with a
10 file renewal of 30 percent before the 1332. Where we
11 stand today, and we don't quite have finalization yet,
12 but in the individual nonMedigap market, what's in
13 Surf as of Friday is a -14 percent, and we'll go
14 through some of the details. That's a 44-point swing.

15 In taking a look at other states to see how
16 we might compare, particularly reinsurance states, it
17 may be the lowest in the country, and I'll speak to a
18 little more that coming up.

19 I'd like to thank -- we asked for
20 independent review from Lewis & Ellis, a team of seven
21 actuaries, and I'd like to thank them. They're on the
22 phone: David Dillon, Josh Hammerquist, Kevin

1 Ruggeberg, Mark Vabolio (phonetic), some others. But
2 a team that was very helpful, very interested in
3 beyond the numbers, you know, how this affects people.

4 From there, I'm going to work from the
5 handout that looks like this, so I hope you have it.

6 MS. GRASON: This is Cathy Grason with the
7 MIA. I quickly just want to remind folks we're
8 hearing some typing and some beeps. And folks, again,
9 make sure they're on mute.

10 And I also, for folks on the phone, we were
11 able to get the slides that Todd is about to use onto
12 or website. So for folks that would like to follow
13 along, the easiest way to get it is to go to the MIA
14 home page, insurance.maryland.gov, and on the right
15 side you'll see a Hot Topics tab. Slide down to the
16 second bullet, which is the announcement of today's
17 hearing, and the exhibit is on that page, about half
18 way down. Thanks.

19 MR. SWITZER: So page 2. The page numbers
20 are in the lower right, landscape corner. You get a
21 little bit of a context. This is the Individual
22 Non-Medigap Market.

1 In Column 4, the Row 7 there, to give you
2 an idea of size. As of March of this year, it's about
3 211,773 -- 212,000 members impacted. Over in column 7
4 again, on May 1, the filed increase was 30 percent.
5 And where we stand today is in Column 21 in Surf, the
6 -13.9 down there in Row 7, and that breaks into -22.3.
7 I'm just walking down Column 21. And anyone please
8 just stop me. I want to be clear if I'm not being
9 clear.

10 -22.3 for the CareFirst HMO, +17.7 for the
11 PPO, -6.3 for Kaiser HMO. I know you see a lot of
12 numbers in the press, more than one. We are -- Kaiser
13 will speak to this shortly, but we're still working
14 through a couple issues, most prominently the
15 Contribution to Reserve. But we're in a pretty narrow
16 range. That's why you'll see some different numbers.

17 So what that means, a bit to try to get a
18 sense of premium, is that in Column 10, again in Row
19 7, just trying to get an average. I'll leave it if
20 you want to see all the details by carrier. Instead
21 of \$144 increase per month in premium for a Silver,
22 over in Column 23, it's a \$60 decrease. So when you

1 translate it to premium, I think it's a little more
2 meaningful than the percentages. That's a \$203 swing.
3 That's where we stand currently.

4 Again, in Column 44 -- I'm sorry, 24, in
5 Row 7, there's the 44-point swing from +30 to -13.9.

6 What we are still discussing as on the
7 HMOs, we're looking more closely, and CareFirst has
8 worked with us at the PPO, the +17.7, the balance
9 dynamics that you may hear about between those two,
10 and I'll leave it at that for the time being.

11 The last thing I'll bring out is in Column
12 25, where we stand in membership today -- well, as of
13 June 30th. Again, Row 7, it's 192,279, a little over
14 192. So there's been a 9-point drop from March. It's
15 more enrollment than what we thought we'd have at this
16 point in time, but that's what we're trying to grow.
17 We're trying to attract long term people back to the
18 market, to attract a better morbidity to achieve
19 stability. So don't want that to be unclear, that
20 that's the objective.

21 So there's some more details here. Maybe
22 I'll bring out one more. In the bottom of Column 8,

1 we looked at some ratios. I won't go too much, but
2 for the PPO to the CareFirst HMO, it's currently a
3 1.475. It's a 48 percent higher rate. The way rates
4 stand currently in Column 22, it becomes 2.234, and
5 it's more than double the HMO rate. We know a lot of
6 people need CareFirst PPO. People in rural regions,
7 we've heard many times, they go to Morgantown for
8 care. They go to Wilmington, Delaware. They don't
9 want to go to -- it's far. Go to a metropolitan
10 region. It fills a vital role, so we've had more
11 discussions along those lines.

12 So let me take a quick aside, if I could,
13 on the next page and switch over to Small Group, and
14 ask you, again, on page 3, Column 4, Row 12, gives you
15 a sense of size. And all of these numbers are on and
16 off Exchange. About 265,709 numbers, that's how many
17 people are impacted. Column 11, same row, all the
18 carriers rolled together, what was filed.

19 As you know, in the Small Group market,
20 uniquely, they renew quarterly throughout the year,
21 and this is an average of all four quarters. Most of
22 them are in the fourth quarter, 7 percent filed. And

1 where we stand currently in Surf in Column 32, again,
2 Row 12, is a +5.1. So about a 1.9 -- about 1.9 points
3 lower. But a little bit of story is if you look at
4 Column 44, about half way down the page, the subtotals
5 by insurer, CareFirst, the HMOs, as filed, was real
6 close to what we agreed was needed. The PPO, up top
7 if you want to look, was filed, and a +3.8 was
8 approved, -.8. What is in Surf, -.7. So a 4.5 drop
9 when you roll them both together.

10 And I'm back in Column 34, middle of the
11 page. CareFirst came down half a point. Aetna came
12 down 6.5 points. Kaiser came down a tenth of a point.
13 There was a little push and pull with risk adjustment
14 and then the HSCRC announcement brought down their
15 tend a bit as we worked with them. And United came
16 down from 13.075, 5.5 points.

17 So I hope that gives you a little bit of a
18 sense of what happened over the last four months for
19 Small Group.

20 I go back from Small Group on the next page
21 to some of the questions about you may have of why.
22 Why did they change? What's behind this? And you saw

1 enrollment is by on and off exchange and by metal.
2 And the reason I'm looking at this is if you would
3 look at Column 11, Row 14, the count that we got from
4 all the carriers and before we added them all up was
5 202,939 members. So just keep that as a reference
6 point.

7 If you look at Column 8 where we circled
8 there the 21,602, those are people that have an APTC.
9 They're on Exchange, and it looks like they bought
10 Bronze. So a lot of them are free Bronze, as we
11 talked about last time. 11 percent of the pool looks
12 like they bought a free Bronze. So we see that as
13 good, and more importantly, a dynamic that will still
14 exist in 2019. So that was 11 percent.

15 The other in Column 8 down towards the
16 Gold and Platinum, looks like another 23,000 and
17 another 700, took their APTC subsidy and brought up to
18 Gold and Platinum. So that's another 12 percent. So
19 add them both together, about 23 percent that took
20 advantage of some of the dynamics of having CSR that
21 was Silver on Exchange rates instead of off. That
22 will exist in the future. And maybe this 1-in-4 could

1 increase and people could find a good financial
2 decision for themselves that maybe not everyone's
3 capitalizing on.

4 One other point, in Column 8, I put the
5 question marks because the catastrophic really
6 shouldn't have any APTC. But you see that Row 6,
7 14.39 Gold? Those are people, Silver, on Exchange,
8 and we'll see in a minute that the rates in 19 will
9 be, I believe it's 17 to 28 percent higher on exchange
10 that don't get a subsidy but are paying 17 to 28
11 percent more than they should. So I can't see any
12 reason why they should be there. Someone should call
13 them and let them know that they can get something
14 better. It's less than 1 percent of the enrollment,
15 but some dynamics that we think can be important and
16 helpful.

17 On page 7, I won't ask you certainly to go
18 through this. This is intended to be your one-page
19 rate guide to the Individual Non-Medigap Market in
20 2019. It's got the benefits. It's got the
21 enrollment. It's got the rates as they stand in Surf.

22 But one thing I would like to bring out is

1 as we're looking at rates, we're trying to balance
2 that with the cost shares that customers have to took
3 on. They both impact them. And in Column 8, where I
4 circled down there in Row 24, the average deductible
5 in 2018 was that 4,072. The parallel number in Column
6 12 for 2019, again circled, is 4,365. So almost a
7 \$300 increase. That's reflected in the rates that the
8 benefits are thinner, but it's a dynamic that's real.

9 We recognize that the average deductible is
10 influenced not just by the portfolio, but by the
11 behavior of the insured. They can choose to buy a
12 richer plan if they want to. It hasn't been a great
13 option in the past but maybe it will be this time with
14 rates changing the way they look to be changing. Some
15 may say I don't want to. I can afford a lower
16 deductible, and this average deductible could change.
17 But we're trying to keep an eye on both dimensions,
18 the cost share and the premium.

19 And, again, there's too many numbers, but I
20 do -- you can take my word for it. Just bring out
21 that, or example, someone could go from a 5,500 at
22 Kaiser, 5,500 HMO, and 18 Silver/Bronze, to a Silver

1 it breaks out at about -29 for the HMO, -40 for the
2 PPO, -28 for Kaiser. And PPO was significantly
3 sicker, as you know, and stands to reason why these
4 relationships are there.

5 On the fourth point, about Neighboring
6 Renewals. So what's in Surf currently again for the
7 Individual Market is the -13.9. We looked at some
8 other reinsurance states and, for example, Oregon
9 approved in their Individual Market a +43. As you
10 know, our reinsurance plan is one of the richest in
11 the country. Alaska, they haven't approved yet but
12 the proposed was a -3.9. Maine approved a -.4. New
13 Jersey approved a -9.3. They have an individual, a
14 state-based individual mandate. So the -13.9 again
15 could be among the lowest in the country and we hope
16 it's meaningful to people.

17 On the fifth point, all that we've talked
18 about so far has been concentrated on the non-APTC
19 population. However, about 60 percent of the
20 population has advanced premium tax credit subsidies.
21 That's 82 percent for Kaiser, 47 percent for
22 CareFirst.

1 for your attention. I hope that gives some idea of
2 what's been happening in the last four months and
3 where we stand today.

4 And with that, Kaiser, Mr. David Liebert.

5 Are you on the line, David?

6 MR. LIEBERT: Yes, I am.

7 MR. SWITZER: Thanks. Has prepared a
8 slide, and I'll turn it over to you, then.

9 MR. LIEBERT: Thank you, Todd. So again,
10 my name is David Liebert. I'm an actuarial manager
11 with Kaiser Foundation Health Plan and I will be
12 talking only about the individual rate filing today.

13 So we originally filed a rate of 37.4
14 percent increase and before reinsurance that reduced
15 to 27 percent due to changes in trend, some
16 adjustments to the risk adjustment program. And we
17 also looked at our base experience. These filings go
18 in so early that we have a lot of data that is not,
19 not fully complete at the time of filing. And since
20 the time of filing, we found that we had overestimated
21 our reserves by about 50 percent, which had an impact
22 on our filings. So overall, that reduced our rate

1 impact, our rate increase by about 10 percent.

2 So going into the reinsurance program, we
3 had a rate filing of about 27 percent. The rate Surf
4 program itself, it impacted our rates by approximately
5 a -25 percent, and that is worth approximately \$87,
6 \$87.5 per member per month just due to the reinsurance
7 payments. And there's some other factors that add to
8 that.

9 And beyond that, the reinsurance program
10 also, because reducing the premiums, it also reduces
11 the amount of risk adjustment that we pay into the
12 market which has another 8 percent, -8 percent impact
13 on our rates and as has been commonly done before,
14 with these reduced rates, we're hoping that we will
15 see a lower lapse rate on the market. We've already
16 seen just between January and June of this year, we've
17 seen about 5 percent of our members leave, and that's
18 not including a fairly large number that left between
19 December and January. And we're hoping that these
20 reduced rates will help to stem this tide and that
21 will increase our number of member and, hopefully,
22 decrease the morbidity trend, which is seeing the

1 healthy members leave and the less healthy members
2 stay. And also have found a -1 percent impact on our
3 rates.

4 So right now, our filed rates stand at
5 approximately -6.9 percent. And as Todd had shown in
6 his exhibits, that is not consistent across all the
7 rate tiers. It has the biggest impact at the Platinum
8 level and the smallest impact at the Bronze level, but
9 it's a negative rate change for all levels.

10 So as I mentioned earlier, we do have a --
11 we've seen a reduction in our number of new members.
12 We started this rate filing with approximately 73,000
13 members, and right now we have 70,000 members as of
14 June. And when we looked at the rate that, the
15 reinsurance program, as I mentioned earlier, we found
16 it had a value of about \$87 per member per month. And
17 this is a new program. We base this impact on data
18 from 2017 and also looking at back in 2016 and before.
19 But being a new program, it's hard to know exactly
20 what the impacts will be.

21 And so we just wanted to look at what the
22 impact would be if the estimates are wrong on this.

1 And we looked at just what would be the estimate?
2 What would be the impact of being overestimating the
3 value of this program by \$12 per member per month.
4 And we found that's the point at which would impact
5 our contribution to reserves by 1 percent. And so
6 it's, again, \$12 per member per month would be about a
7 15 percent reduction and what we would receive through
8 the reinsurance program.

9 That is what I had to present today.

10 MR. SWITZER: Thank you, David.

11 MR. LIEBERT: Thank you.

12 MR. SWITZER: I don't have any questions.
13 Anyone else?

14 MS. GRASON: No questions.

15 MR. MORROW: Mr. Peter Berry, please, from
16 CareFirst.

17 MR. BERRY: I don't have any slides today
18 but I'll just be talking.

19 My name is Peter Berry. I'm chief
20 actuarial for CareFirst. First, I want to thank the
21 Commissioner for this hearing and opportunity for us
22 to come and speak to you all today.

1 at 94 and 18.5. We worked with the MIA and with their
2 consultant, Lewis & Ellis, through those, through the
3 back-and-forth. Where we ended on the pre-1332 was a
4 67 for PPO. So that came down a bit. And I'll talk
5 about that briefly. And 13.6 percent for the HMO. So
6 that was our starting point.

7 As Todd mentioned, we did have a version of
8 post-1332 filed in Surf that was -22.3 for the HMO and
9 a +17.7 for PPO. We continued to work with MIA and
10 Lewis & Ellis as well as internally. And on Friday,
11 just as recently as this Friday, we updated our filing
12 with modified assumptions in increases. And those
13 numbers are an HMO decrease of -15.8 percent. And for
14 PPO, instead of a +17.7, we filed a -11.1 percent.

15 We would note that we looked back 20 years.
16 This is the first time in 20 years that we have seen a
17 year over year decrease in individual rates for
18 CareFirst. Not just a decrease, but a double digit
19 decrease for all CareFirst individual members in this
20 market. And that is incredible. And that is the
21 fruit of all the work of getting this 1332 approved.

22 So I want to talk a little bit about how we

1 great value of reviewing their doctors, this would be
2 their choice. It's an education campaign. But would
3 be able to cut their rate in half if they those the
4 HMO.

5 Now, think about that. We estimate in our
6 pricing on that, what we submitted, that we would hope
7 that a quarter of those members would benefit in such
8 a way. That is probably the biggest driver that you
9 see on the HMO between the -22 and the -15.8.

10 Those members move over. Their experience
11 gets blended. You're talking about 3,000 members
12 blending their experience with a 109,000 HMO members
13 Let me tell you why that's good. You may sell, why do
14 you want to cut your premium in half if you're paying
15 the exact same claims? Here's the key point. We're
16 trying to stabilize this market. The PPO is a very,
17 very unstabilizing factor. As you saw, Todd mentioned
18 an enormous amount of risk adjustment dollars go from
19 Kaiser and the Blue Choice HMO to the PPO. So those
20 HMO members are paying for that PPO and risk
21 adjustment.

22 But the volatility there is enormous. As

1 Todd mentioned, the estimates between actuaries was, I
2 think, anywhere from 59 million to 159 million. What
3 that means is it's a huge unknown, and when you have
4 unknowns, it increases volatility.

5 What we would prefer is to find PPO members
6 who would have no interruption in care by cutting
7 their rate in half and adding themselves to the HMO
8 pool. That stabilizes the market.

9 So last week, as I said, we announced that
10 initiative and the updated filings that we submitted
11 on Friday reflect that. The HMO decreased. Did come
12 up a bit from -22 to -15.8. That's still a
13 significant decrease to those HMO members of -15.8
14 percent. And as I said, through risk adjustment, they
15 would be impacted by the PPO.

16 But let's move to PPO. We went back. Now
17 that we have that stabilizing factor, we went back and
18 said okay, let's look at our reinsurance assumptions
19 for PPO and realize this. The range of reasonable
20 assumptions is this one, because there was so much
21 uncertainty. And what we were able to do is given the
22 fact that we are taking this action to stabilize the

1 normalized claims, which is what we used, PPO members,
2 on average, are three times as sick as HMO members,
3 and that would include those members who were just in
4 the 93. This is about how sick they are. As I said,
5 at least 75 percent of the PPO members don't use the
6 other 7 percent of the PPO network or out-of-network.
7 So they're already using the HMO doctor. That's why
8 it impacts. We're moving over those 3,000 people to
9 the HMO who are three times sicker.

10 MR. SWITZER: Thanks. So with the move,
11 potential move of about 3300, 3200 members, the 25
12 percent of the 13,000 currently there, you'd expect
13 some reduction in claims due to the lower
14 reimbursements to the providers; true?

15 MR. BERRY: I think for the most part,
16 because we're an all-pair (phonetic) state, you're not
17 going to see that on the hospital side. I think there
18 could be a certain impact on the provider side, but
19 again, I would go over the details in those contracts.

20 MR. SWITZER: Sure. Would you expect a
21 little lower administrative cost under the HMO? Just
22 given the current disparity we know a portion are

1 percent premium-driven, but a lot are fixed.

2 MR. BERRY: That's a possibility. Again,
3 these detailed questions we would have to get, you
4 know, back with the team. I'm not sure that will be a
5 material amount, but it's possible.

6 MR. SWITZER: Okay. So just I believe as
7 we have been working with this on the assumptions over
8 the last few days which, again, we appreciate. So the
9 PPO, I got that from 8.5 to 8.0. The HMO trend holds,
10 CareFirst holds at 9.5. I know you provided your
11 reasoning. And risk adjustment, the CareFirst HMO and
12 PPO relationships to the state, you have CareFirst
13 about 13 percent higher; correct?

14 MR. BERRY: Yeah.

15 MR. SWITZER: And I believe we were a
16 little higher than that.

17 MR. BERRY: You are right.

18 MR. SWITZER: But it's details that we can
19 -- Okay. I appreciate that.

20 MR. BERRY: And just a little context. You
21 know, at the starting point, when we talked about this
22 pre-1332, as I mentioned, we were at 94 and 18, and

1 reprieve that we've been granted, and I think granted
2 could be an overstatement. It was an outstanding
3 effort in large part to the many people in this room
4 and certainly led by the Commissioner and the work of
5 the Commissioner's team in many respects. \
6

7 As I listened to Mr. Switzer talk about our
8 responsibility here in totality, we share your
9 concern. And I think about that HMO participant who
10 would have asked and gladly received a 5 percent
11 increase. I think also to the PPO participants that
12 are paying close to 40 percent, in excess of 40
13 percent, 50 percent more than those HMO participants
14 and the kind of relief that they need and deserve.

15 The opportunity here, as we look at our
16 filings, we have solved for the same composite
17 decrease, an unprecedented composite decrease, and
18 we've arrived at this point having taken hundreds of
19 millions in losses and we would seek not to squander
20 this opportunity that we have.

21 The investment that we are making is an
22 investment in stabilization. It's also an investment
23 in doing the right thing for those who can least

1 afford it, and that population for us the individual
2 PPO population.

3 The opportunity for us to deliver
4 unprecedented decreases not just in the HMO population
5 but to the PPO population who suffers to a far greater
6 extent is one we cannot pass on as a not-for-profit
7 mission-driven company.

8 We would seek the MIA's support for this
9 equation. We would seek for your support to take
10 advantage of this reprieve that we have gained over
11 the next 24 months with a 1332 waiver and the
12 reinsurance program, and we would seek your support to
13 help stabilize this market to create true
14 affordability, not just for the HMO participants, but
15 for the PPO participants statewide. And we thank you
16 for your continued efforts.

17 COMMISSIONER REDMER: Any questions for
18 Brian?

19 MR. BROBAN: No.

20 MR. SWITZER: Appreciate that again. I
21 just add that we hope that the way they estimated it
22 with lower rates, that we would attract a 1 percent

1 better morbidity. We really don't want -- we want to
2 think long term and not short term and make sure that
3 within 2020 at the same time.

4 So we hope that that 1 percent, obviously
5 like you do, turns out to be a bigger negative number.
6 To echo what you said, we agree it's a critical year,
7 2019, and maybe a pivotal year, and working with you
8 and Kaiser, we want to make our best effort to get the
9 best impact of the 1332 I think consistently so.

10 COMMISSIONER REDMER: All right. Very
11 good. Thank you, gentlemen, I appreciate it.

12 We will now move to testimony from
13 interested parties. And we will kick off with Beth
14 Sammis, representing Consumer Health First. Good
15 morning, Beth.

16 MS. SAMMIS: Good morning, Mr.
17 Commissioner. It's a little bit odd. Well, I would
18 say that the winds have been taken out of my sails.

19 So before discussing the -- I'm speechless,
20 which is rare for me.

21 COMMISSIONER REDMER: It's a good thing the
22 press is here, so we can document this.

1 MS. SAMMIS: The first time I've been
2 looking at health insurance since 1985 I'm speechless
3 in a very good way.

4 So I would like to applaud, Commissioner
5 Redmer, your efforts. I know that you were
6 instrumental in pushing through the 1332 waiver with
7 the Maryland General Assembly and to Michelle Eberle
8 and your staff, particularly Todd Switzer, of working
9 so closely together to get this through.

10 And I must say that I have been looking at
11 all of the rate filings. You know, for those of you
12 who are in the industry, you have -- I don't know if
13 this is true for the other carriers, but I know that
14 at least the carrier who has an open rate filing and
15 the insurance commissioner's staff do a back-and-forth
16 through Surf. For us as consumers, we don't have
17 access to that back-and-forth until the file is
18 closed. And so we are dependent upon the MIA'S
19 website to look at the most up-to-date filings.

20 So I am so nerdy that I actually looked at
21 the filings starting Wednesday afternoon through the
22 courses that I teach on Thursday to come up with a

1 statement on Friday. And I have to admit, I did not
2 check the MIA website, so I don't know if the new
3 rates have been -- They're not up. Right. So at
4 least I don't have to feel guilty that I missed.

5 I was preparing and have been making
6 statements publicly based on information I should have
7 had. So I'll feel a little less guilty about that,
8 but on behalf of all consumers, I would be remiss not
9 to thank CareFirst for really putting pen to paper and
10 going much further, and I have lots of ways for you to
11 do that, but -- and I'll wait to save it until I
12 actually see the filings and I'll send you a note.

13 So obviously, this is a good day for
14 consumers, and I think one of the most important
15 lessons coming out of this for those of us who are on
16 the consumer advocacy side. I am as well as I would
17 think for other stakeholders like insurance producers,
18 insurance carriers, and government officials, is
19 really to try to get the word out that it's more
20 important than ever for consumers to shop, that no
21 one should be looking just at what they had previously
22 and assume that that's what they should keep for the

1 what network and how many were going out of network.
2 And I'm glad to see that that actually brought fruit
3 to bringing down the rates.

4 I think it's pretty clear that all of the
5 consumers will greatly benefit as a result of your
6 actions, and so I would thank you and I hope that
7 you'll continue on with us.

8 To answer the other questions that we posed
9 at the previous rate hearing, and I'm certain that
10 Todd only picked those that made sense to him, but I
11 will take his word that the ones that were posed to
12 you were, in fact, the most important and I would
13 again ask the MIA in the decision documents because
14 while I know it's on Surf, having gone through the
15 Surf filings last year in February and March when it
16 was closed and then if we could look at it, it is
17 very, very difficult to actually go through and find
18 out where the questions were asked and answered.

19 And so for those questions that we asked in
20 the previous rate hearings that you actually sought
21 answers for, I'm hoping that you will give us the
22 abbreviated version of the answer in the final rate

1 people in the market as they are moving from job to
2 job.

3 So we would urge the Maryland Insurance
4 Administration, the Maryland Health Benefits Exchange,
5 and the General Assembly to work closely to make a
6 statement, the individual mandate a reality next year.

7 We also think another more long term
8 strategy needs to be looked at, one which is a public
9 option using the state Medicaid program to try to
10 bring more choice and lower premiums to individuals.
11 There are 13 counties that are only served by
12 CareFirst, and that's a good thing. But, obviously,
13 consumers will benefit if they have more choices and
14 if they have more lower cost choices available to
15 them.

16 So again, I'll just sum up by saying
17 although I was speechless, I did manage to put a few
18 coordinates together, and thank you. I guess I should
19 also remind CareFirst that I'm glad to see that they
20 are dedicated to the individual market, that they have
21 put this into their hearts and souls because it's also
22 required of them in the statute. And so, I'm glad to

1 see that they are taking that statutory mission very
2 seriously and we are very heartened by that.

3 So on that, I will close and simply say
4 again this just reiterates how important it is to have
5 a thorough rate review process, and I think it's clear
6 under your four years that you have taken that very,
7 very seriously, and I thank you for that. And this is
8 a year, again, in which all of us need to join
9 together to make sure that consumers shop and are not
10 befuddled by the complexity of insurance. Thank you
11 very much.

12 COMMISSIONER REDMER: Any questions for
13 Beth? All right. Thank you, Beth, and, you know,
14 Beth is a professional. She's got the ability to go
15 transition from a bill hearing -- I'm sorry, from a
16 public hearing to a bill hearing. So we had two bills
17 in for 2019.

18 MS. GRASON: I printed them out.

19 COMMISSIONER REDMER: And I suspect we're
20 going to continue a bill hearing with Stephanie
21 Klapper, Maryland Citizens Health Initiative.

22 MS. KLAPPER: Thank you very much for

1 having us here today, Commissioner Redmer, and for
2 this opportunity to comment. I'm from Maryland
3 Citizens Health Initiative, and we oversee the
4 Maryland Health Care Collision, which is comprised of
5 hundreds of big business, community health
6 organizations all across the state working towards
7 quality and affordable health care for all
8 Marylanders. And we'd like to commend the Maryland
9 General Assembly and Governor Hogan for working
10 together to create this reinsurance program and to
11 prevent rates of individual market from skyrocketing.

12 We'd also like to commend Maryland
13 Insurance Administration and the Maryland Health
14 Benefit Exchange for working very hard and
15 congratulate all of Maryland for the approval of the
16 1332 waiver.

17 And finally, we'd like to commend the two
18 carriers in the individual market, CareFirst and
19 Kaiser Permanente, for significantly reducing the
20 rates that it is requesting for an individual market
21 for this upcoming year.

22 And reinsurance is a very important part of

1 the short term exclusion for stabilizing the market,
2 but as you heard earlier today, we need more long term
3 solutions as well. The individual mandate is going to
4 stop being enforced by the federal government starting
5 in 2020, and we need to do something about that here
6 in Maryland. And what we propose is creating a health
7 insurance down payment plan. And the way it would
8 work is if you are the consumer, at tax time you would
9 be asked "Did you have health coverage for the past
10 year?" And if you say yes, then that's great. That's
11 the end of the story for you. But if you say no, then
12 you'd be given the option to either pay a fee to the
13 state or, instead, use that money to purchase quality
14 health coverage.

15 Now, we estimate that there are at least
16 60,000 Marylanders who would be able to purchase
17 coverage for no more than the cost of the fee plus the
18 federal subsidies that they are already qualified,
19 bringing many more Marylanders into the individual
20 market, getting more Marylanders covered and hoping to
21 stabilize premiums.

22 At the same time, we know that high drug

1 costs are playing an increasing role in premium costs.
2 Chet Burrell, the former CEO of CareFirst BlueCross
3 BlueShield, said that in 2017, 33 percent of spending
4 at CareFirst was due to prescription drug costs.

5 And so to that end, we also propose
6 creating a prescription drug affordability board, and
7 its role would be to reign in these very high
8 skyrocketing drug costs for Marylanders.

9 So thank you again for this opportunity to
10 comment and for using the reinsurance program to
11 stabilize the individual market.

12 COMMISSIONER REDMER: Thank you, Stephanie.
13 Any questions for Stephanie?

14 (No response)

15 COMMISSIONER REDMER: All right. Thank
16 you. That is it regarding folks that have signed up
17 to speak. We'll take another ask. Anybody interested
18 in saying something?

19 MR. SWITZER: Just quickly, if you'll
20 indulge me. I thought it might be bad form to
21 thank my own team, but I thought Brad Boban was too
22 integral. He's the opposite of a clock puncher. He

1 really cares about how it affects people.

2 So thank you, Brad. It needed to be said
3 because he really behind the scenes acted in this and
4 he's also brilliant. So thank you, Brad.

5 MR. BROBAN: Thank you, Todd.

6 COMMISSIONER REDMER: Anybody on the phone
7 with questions, comments? Any questions or comments?
8 Folks on the phone?

9 All right. I do want to thank and
10 acknowledge Michelle Eberle, Executive Director of the
11 Health Benefit Exchange, and J.P. Cardenas. Did I
12 pronounce that right?

13 MR. CARDENAS: Yes.

14 COMMISSIONER REDMER: All right. Who is
15 the policy director. I'm not going to introduce
16 everybody from the MIA, but Tracy Imm, our
17 communications director, that does a terrific job with
18 the messaging of all of this. And finally, Joe
19 Fitzpatrick. Joe is our point person for everything
20 ACA.

21 Once again, thank all of you for being
22 here, all of your work throughout this entire process.

1 Todd, Brad, our actuarial team, will complete their
2 work and continue to chat with the carriers and,
3 hopefully, will have final approved rates in the next
4 couple of days. Thank you very much.

5 (Hearing concluded at 11:05 a.m.)

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1 STATE OF MARYLAND)

2 COUNTY OF HARFORD)

3

4 I, Linda Bahur, a Notary Public of the State
5 of Maryland, do hereby certify that the
6 above-captioned proceeding took place before me at the
7 time and place herein set out.

8 I further certify that the proceeding was
9 recorded stenographically by me and this transcript is
10 a true record of the proceedings.

11 I further certify that I am not of counsel to
12 any of the parties, nor an employee of counsel, nor
13 related to any of the parties, nor in any way
14 interested in the outcome of this action.

15

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17



18

Linda M. Bahur

19

My commission expires 8/27/2019

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22 Dated: September 25, 2018

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9:21	7:2	-40	12:2
\$18,000	+5.1	20:1	10
21:7	12:2	-6	9:18 23:1 28:12,22
\$2		15:5	104
21:13,16	-	-6.3	13:6
\$203		9:11	109,000
10:2	-.4	-6.9	30:12
\$3	20:12	24:5	11
21:17	-.7	-8	11:17 15:16 16:3,11, 14 19:15
\$300	12:8 15:13	23:12	11:05
18:7	-.8	15:6	51:5
\$358	12:8	-8.2	12
19:7	-1	20:13	11:14 12:2 16:18 18:6
\$42	24:2		13
21:12	-11	0	34:13 45:11
\$4M	32:6		13,000
19:20	-11.1	0	33:12
\$5	27:14	21:12	13.075
21:13	-13.9	0.65	12:16
\$60	9:6 10:5 20:7,14	43:7	13.6
9:22	-14	0.76	27:5
\$8	7:13	43:8	1332
19:2	-15.8	0.78	4:7 7:10 26:15 27:21 28:6 32:13 37:11 38:9 39:6 47:16
\$87	27:13 30:9 31:12,13	43:9	14
23:5 24:16	-20		16:3
\$87.5	15:10	1	14.39
23:6	-22		17:7
	30:9 31:12	1	15
+	-22.3	9:4 13:18 17:14 25:5 37:22 38:4	19:16 25:7
	9:6,10 15:7 27:8	1,000	150
+16.7	-25	19:2	21:6
15:13	23:5	1,500	
+17.7	-28	19:11	
9:10 10:8 27:9,14	20:2	1-in-4	
32:6	-29		
+3.8	20:1		

159 31:2	38:3 48:5	30th 10:13	48 11:3
17 17:9,10	21 9:5,7	32 12:1	<hr/> 5 <hr/>
18 18:22 34:22	21,602 16:8	3200 33:11	5 6:11 14:20 23:17 36:9
18.5 26:9 27:1	211,773 9:3	33 19:8 49:3	5,500 18:21,22
19 17:8	212,000 9:3	3300 33:11	5.5 12:16
192 10:14	22 11:4	34 12:10	50 22:21 36:12
192,279 10:13	23 9:22 16:19	35 6:6	58,000 21:18
1985 39:2	23,000 16:16	37.4 22:13	59 31:2
1st 7:9	24 10:4 18:4 19:5,7 37:11	382 19:9	<hr/> 6 <hr/>
<hr/> 2 <hr/>	25 10:12 33:11	<hr/> 4 <hr/>	6 15:15 17:6 19:9
2 7:3 8:19 13:6	26 19:5	4 9:1 11:14	6,000 19:1
2,000 19:1	265,709 11:16	4,000 19:11	6.5 12:12
2.234 11:4	27 22:15 23:3	4,072 18:5	60 20:19
20 19:16 27:15,16	28 17:9,10 19:15	4,365 18:6	60,000 48:16
2016 24:18	29 21:18	4.5 12:8	67 27:4
2017 24:18 49:3	<hr/> 3 <hr/>	40 36:11	<hr/> 7 <hr/>
2018 18:5 41:7	3 11:14	40-year-old 41:5	7 9:1,3,6,19 10:5,13 11:22 17:17 32:18 33:6
2019 3:12 16:14 17:20 18:6 29:15 32:10 38:7 46:17	3,000 30:11 33:8	44 10:4 12:4	7.8 13:19
202,939 16:5	3.3 15:12	44-point 7:14 10:5	
2020	30 7:10 9:4 19:21	47 20:21	

<p>70,000 24:13</p> <p>700 16:17</p> <p>73,000 24:12</p> <p>75 33:5</p> <hr/> <p style="text-align: center;">8</p> <hr/> <p>8 10:22 13:12 16:7,15 17:4 18:3 19:13 23:12</p> <p>8.0 34:9</p> <p>8.5 34:9</p> <p>80 19:19</p> <p>82 20:21</p> <p>835 19:19</p> <p>85 21:9</p> <p>89 43:17</p> <hr/> <p style="text-align: center;">9</p> <hr/> <p>9-point 10:14</p> <p>9.5 34:10</p> <p>90 29:1</p> <p>93 29:2,22 32:17 33:4</p> <p>94 26:10 27:1 28:4 34:22</p>	<p>94.1 26:9</p> <hr/> <p style="text-align: center;">A</p> <hr/> <p>a.m. 51:5</p> <p>abbreviated 42:22</p> <p>ability 46:14</p> <p>ACA 26:2 50:20</p> <p>access 39:17</p> <p>accomplishment 26:16</p> <p>achieve 10:18</p> <p>acknowledge 50:10</p> <p>Act 3:12 14:12</p> <p>acted 50:3</p> <p>action 4:1 31:22</p> <p>actions 42:6</p> <p>actuarial 3:10 22:10 25:20 35:1 51:1</p> <p>actuaries 7:21 31:1 35:3</p> <p>actuary 3:10 6:2</p> <p>add 16:19 23:7 37:21</p> <p>added 16:4</p> <p>adding 31:7</p>	<p>adhere 5:1</p> <p>adjustment 12:13 13:5,7 14:5 22:16 23:11 30:18,21 31:14 34:11 35:8</p> <p>adjustments 22:16</p> <p>Administration 3:4 4:11 45:4 47:13</p> <p>administrative 33:21</p> <p>admit 40:1</p> <p>adult 15:8</p> <p>advanced 20:20</p> <p>advantage 16:20 37:10</p> <p>advocacy 3:17 6:18 40:16</p> <p>advocates 3:21</p> <p>Aetna 12:11 15:12</p> <p>affect 21:16</p> <p>affected 14:14,22</p> <p>affects 8:3 50:1</p> <p>afford 18:15 37:1</p> <p>affordability 37:14 49:6</p> <p>affordable 3:12,17 47:7</p> <p>afternoon 39:21</p> <p>AG's 3:8</p>	<p>agree 38:6</p> <p>agreed 12:6</p> <p>ahead 43:22 44:7</p> <p>Alaska 20:11</p> <p>albeit 4:3</p> <p>all-pair 33:16</p> <p>alternative 14:13</p> <p>ambulatory 29:5</p> <p>amount 23:11 26:19 30:18 32:3 34:5 44:19</p> <p>amplified 15:14</p> <p>analysis 28:17</p> <p>analyst 3:10</p> <p>Andy 6:17</p> <p>Annapolis 4:5</p> <p>announced 29:18 31:9</p> <p>announcement 8:16 12:14</p> <p>answers 42:21</p> <p>anticipate 19:21</p> <p>applaud 39:4</p> <p>application 4:15,20</p>
---	---	--	--

apply 4:6	authority 4:6	47:14 50:11	Bobby 5:5
approval 26:15,19 47:15	average 9:19 11:21 18:4,9,16 19:6,9,11 21:13 33:2	benefits 17:20 18:8 45:4	boring 41:11
approved 12:8 20:9,11,12,13 27:21 32:14 51:3	<hr/> B <hr/>	Berry 25:15,17,19 32:19 33:15 34:2,14,17,20 35:16	bottom 10:22 13:4 15:18
approximately 23:4,5 24:5,12	back 10:17 12:10,20 24:18 27:15 31:16,17 34:4 35:5 43:12	Beth 38:13,15 46:13,14	bought 16:9,12
APTC 16:8,17 17:6 21:2	back-and-forth 27:3 39:15,17	big 47:5	bracket 14:12
APTCS 14:2	bad 49:20	bigger 38:5	Brad 3:10 49:21 50:2,4 51:1
area 14:14	balance 10:8 18:1	biggest 24:7 30:8	breakdown 15:22
areas 35:11	base 22:17 24:17	bill 46:15,16,20	breaks 9:6 20:1
arrangement 13:8	based 13:20 35:10 40:6	bills 46:16	Brian 35:19 37:18
arrived 36:17	beeps 8:8	bipartisan 4:3	briefly 27:5
art 35:4	befuddled 46:10	bit 5:21 8:21 9:17 12:3, 15,17 27:4,22 31:12 38:17	brilliant 50:4
Assembly 39:7 45:5 47:9	began 35:2	blended 30:11	bring 10:11,22 13:1 15:3 17:22 18:20 19:6 43:13,22 45:10
Associate 3:6	begin 5:22	blending 30:12	bringing 42:3 48:19
assume 40:22	beginning 4:12	Blue 30:19	Broban 3:10 37:19 50:5
assuming 43:9,16	begins 21:20	Bluecross 35:20 49:2	brokers 15:2
assumption 13:5	behalf 5:11 40:8	Blueshield 35:20 49:3	Bronze 16:10,12 24:8 41:5
assumptions 14:18 19:19 27:12 31:18,20 32:8,21 34:7 35:5	behavior 18:11	board 5:7 49:6	brought 12:14 16:17 19:4 42:2
attention 22:1	believes 44:9	Bob 3:6	bullet 8:16
attract 10:17,18 37:22	benefit 4:6,11 5:6 28:10 30:7 42:5 43:14 45:13	Boban 49:21	burden 5:16

Burrell 49:2	carry 5:16	claims 30:15 32:17 33:1,13	commissioner's 36:5 39:15
business 5:2 47:5	catastrophic 15:8 17:5	clear 9:8,9 15:18 42:4 46:5	commitment 5:5 26:5
buy 5:14 18:11 28:9	Cathy 3:8 8:6	client 15:2	committed 26:2
buying 28:14 29:8	ceiling 21:3	clock 49:22	commonly 23:13
<hr/> C <hr/>	centers 29:5	close 12:6 19:18 26:15 32:4 36:11 46:3	communicating 15:21
calculate 41:5	CEO 35:20 49:2	closed 39:18 42:16	communications 50:17
call 17:12	chair 26:6	closely 10:7 39:9 45:5	community 47:5
calls 3:22	change 12:22 18:16 24:9	CMS 4:18 5:9,11	company 37:7
campaign 29:20 30:2	changed 32:2	collaborative 5:3	compare 7:16
capitalizing 17:3	changing 15:2 18:14	collaboratively 4:14	compelling 35:22
Cardenas 50:11,13	chat 51:2	collective 3:22 5:19 6:14	competent 35:3
care 3:12 11:8 29:9,13,15, 21 31:6 41:2 47:4,7	check 40:2	Collision 47:4	complete 22:19 51:1
Carefirst 9:10 10:7 11:2,6 12:5,11 15:7 20:22 21:8 25:16,20 26:1,7 27:18,19 28:6 29:12, 19 32:9 34:10,11,12 35:20 40:9 41:18 43:4,7,10 44:2 45:12, 19 47:18 49:2,4	Chet 49:2	column 9:1,3,5,7,18,22 10:4, 11,22 11:4,14,17 12:1,4,10 13:6 15:16 16:3,7,15 17:4 18:3,5 19:5,7	Completely 35:2
cares 50:1	chief 3:9 6:2 25:19	commend 47:8,12,17	complexity 46:10
carrier 9:20 39:14	choice 30:2,19 45:10	comment 47:2 49:10	complicated 41:3
carriers 3:21 11:18 13:8,20 14:8 16:4 39:13 40:18 43:18 47:18 51:2	choices 45:13,14	comments 6:6 50:7	complication 41:15
	choose 18:11	Commissioner 3:2,6 6:4,18 25:21 26:14 32:16 36:4 37:17 38:10,17,21 39:4 46:12,19 47:1 49:12,15 50:6,14	composite 14:21 15:12 36:15,16
	churn 44:19		comprised 47:4
	circled 16:7 18:4,6		concentrated 20:18
	citizens 3:18 5:12,14 46:21 47:3		concern 26:11 36:8
			concluded 51:5

conducting 5:2	corner 8:20	current 21:11 28:2 32:11 33:22	deductible 18:4,9,16 19:1,2,10
congratulate 4:10 26:13 47:15	correct 34:13	customers 18:2	Delaware 11:8
consensus 4:22	correspondence 19:20	cut 29:14 30:3,14	Delegates 6:17
consequence 21:5	cost 4:4 18:2,18 33:21 45:14 48:17	cuts 14:11	deliver 37:3
consideration 35:9	costs 49:1,4,8	cutting 31:6	dependent 39:18
consistent 24:6	counsel 3:8	<hr/> D <hr/>	deserve 36:13
consistently 38:9	count 6:5 16:3	dampening 19:17	detailed 34:3
consultant 27:2	counties 45:11	data 22:18 24:17 28:11 32:22	details 7:14 9:20 10:21 33:19 34:18
consumer 3:20 38:14 40:16 44:8 48:8	country 7:17 20:11,15	David 7:22 22:4,5,10 25:10	differ 43:5
consumers 3:20 19:4 39:16 40:8, 14,20 41:12,14 42:5 43:14 44:13 45:13 46:9	couple 3:4 9:14 19:13 51:4	day 32:7 40:13 43:21 44:4	difference 13:7 21:3 26:20 29:1 41:21
context 8:21 28:20 34:20	courses 39:22	days 34:8 51:4	differences 35:1
continue 42:7 46:20 51:2	coverage 48:9,14,17	deadlines 5:10	difficult 4:22 5:13 6:20 42:17
continued 3:16 27:9 37:16	covered 48:20	December 23:19	digit 27:18 32:10
contract 15:19	create 4:16 37:13 47:10	decision 17:2 29:14 42:13	Dillon 7:22
contracts 15:18,19 33:19	creating 14:12 48:6 49:6	decrease 7:5 9:22 23:22 27:13, 17,18,19 31:13 32:10 36:16	dimension 14:11
contributed 14:16	credit 20:20 41:19	decreased 31:11	dimensions 18:17
contribution 9:15 14:7,9,14 25:5	critical 38:6	decreases 37:4	dinner 41:10
conversations 41:10	CSR 16:20	dedicated 45:20	director 50:10,15,17
coordinates 45:18	Cullison 6:17		directors 5:7
	curious 32:16		discuss 4:15 6:1

discussing 10:6 38:19	due 22:15 23:6 33:13 49:4	27:3	26:14 45:4 47:14 50:11
discussions 11:11 35:12	dynamic 16:13 18:8 19:12	ending 26:21	excited 32:13
disparity 33:22	dynamics 10:9 16:20 17:15 19:3	enforced 48:4	exclusion 48:1
displayed 5:5		enormous 26:19 28:8 30:18,22	Executive 50:10
distraught 6:8	<hr/> E <hr/>	enrollment 10:15 16:1 17:14,21 21:20	exhibit 8:17
dizzying 41:3,8	earlier 24:10,15 48:2	entire 50:22	exhibits 24:6
docs 29:3	early 22:18	entity 14:4	exist 16:14,22
doctor 33:7	easiest 8:13	equation 37:9	expanded 28:18
doctors 29:4,10 30:1 32:18	Eberle 39:7 50:10	ER 29:5	expect 33:12,20 44:17,18
document 38:22	echo 38:6	establish 4:7	expected 32:3 35:2
documents 42:13 43:1	education 29:20 30:2	estimate 21:11,13,16 25:1 30:5 48:15	experience 22:17 30:10,12 32:17
dollar 13:7	effective 3:12	estimated 37:21	explain 41:9
dollars 14:13 21:5 26:4 30:18	effort 36:3 38:8	estimates 24:22 31:1	extent 37:6 43:12,18 44:15
domain 13:21	efforts 5:19 6:14 37:16 39:5	estimating 21:17	eye 18:17
Dorsey 3:7	eligible 44:13	everybody's 21:22	<hr/> F <hr/>
double 11:5 27:18 32:10	Ellis 7:20 27:2,10 35:6	everyone's 17:2	face 6:22
draw 14:2	employer 44:20	evidence 14:1	fact 31:22 42:12
driver 13:11 30:8 32:2	employment 44:14	exact 30:15	factor 19:18 30:17 31:17 43:3,7,9,13
drop 10:14 12:8	encourage 41:14 44:12	excess 36:11	factors 23:7
drug 48:22 49:4,6,8	end 32:7 48:11 49:5	exchange 4:6,11 5:7 6:15 11:16 16:1,9,21 17:7,9 19:7	fairly 23:18 28:4
	ended		

family 15:19	financial 17:1	full 21:1,15,19	granted 36:1
favorable 14:12	find 17:1 31:5 42:17	fully 22:19	Grason 3:9 8:6 25:14 46:18
February 42:15	finds 41:10	future 16:22	great 18:12 30:1 32:19 43:21 48:10
federal 4:14 5:8 21:4,6 48:4, 18	Fitzpatrick 50:19	<hr/> G <hr/>	greater 37:5
fee 48:12,17	fixed 34:1	gained 37:10	greatly 42:5
feedback 35:6,10,14	flavor 14:17	gamut 21:19	Group 11:13,19 12:19,20 13:4,18 14:3,14,16 15:11
feel 35:12 40:4,7 41:13	focus 5:5	General 39:7 45:5 47:9	grow 10:16
figure 41:15	folks 3:5 5:11 8:7,8,10,12 49:16 50:8	generated 19:20	guess 45:18
file 7:10 13:12,19 39:17	follow 8:12	gentlemen 7:2 38:11	guide 17:19
filed 9:4 11:18,22 12:5,7 13:15 22:13 24:4 26:8 27:8,14	forced 5:15	give 9:1 14:20 15:3,13 21:1,15 28:20 42:21	guidelines 4:16
filing 22:12,19,20 23:3 24:12 27:11 32:8 39:14	forget 6:21	glad 42:2 45:19,22	guilty 40:4,7
filings 22:17,22 31:10 36:15 39:11,19,21 40:12 42:15 43:3	form 49:20	gladly 36:9	<hr/> H <hr/>
fills 11:10	found 13:19 22:20 24:2,15 25:4	goal 28:5	half 8:17 12:4,11 15:16 29:15 30:3,14 31:7
final 42:22 51:3	Foundation 22:11	Gold 16:16,18 17:7 19:2,8 41:6	Hammerquist 7:22
finalization 7:11	fourth 11:22 14:5 20:5	good 3:2 6:5 16:13 17:1 28:15 30:13 35:13 38:11,14,16,21 39:3 40:13 45:12	handle 4:18
finalize 21:22	frame 26:17	government 4:14 40:18 48:4	handout 8:5
finalized 19:17	free 16:10,12	governor 4:1 47:9	happened 12:18
finally 47:17 50:18	Friday 7:13 27:10,11 31:11 40:1	governor's 6:19	happening 22:2
	fruit 27:21 42:2		happy 7:1 41:18

hard 3:19 5:4,11 24:19 41:8 47:14	26:10 27:5,8,13 28:20 29:1,3,9,13,22 30:4,9,12,19,20 31:7, 11,13 32:9 33:2,7,9, 21 34:9,11 36:8,12 37:4,14 41:22 43:8	18:3 19:22 22:21 23:1,12 24:2,7,8,17, 22 25:2,4 28:6 33:18 38:9	individual 4:8 5:15 7:12 8:21 13:3 14:1,8 15:4,17 17:19 20:7,9,13,14 21:7 22:12 26:2 27:17,19 32:15 37:1 44:1,10,19,21 45:6, 20 47:11,18,20 48:3, 19 49:11
health 3:7,17 4:4,6,11 5:6, 15 22:11 38:14 39:2 41:2 44:8 45:4 46:21 47:3,4,5,7,13 48:6,9, 14 50:11	HMOS 10:7 12:5	impacted 9:3 11:17 23:4 31:15	impacts 24:20 33:8
healthy 24:1	Hogan 47:9	important 17:15 40:14,20 42:12 46:4 47:22	individuals 45:10
hear 10:9	holds 34:9,10	importantly 5:1 16:13	indulge 49:20
heard 4:1 11:7 13:6 48:2	home 8:14	impressed 5:4	industry 39:12
hearing 3:11 5:22 8:8,17 13:1,21 25:21 42:9 46:15,16,20 51:5	hope 5:19 8:5 12:17 14:17 19:3 20:15 22:1 30:6 37:21 38:4 42:6	inception 26:3	inexpensive 15:9
hearings 42:20	hoping 23:14,19 42:21 43:11 48:20	include 33:3	influenced 18:10
heartened 44:2 46:2	hospital 33:17	including 3:19,20 4:22 23:18 28:7	inform 15:2
hearts 45:21	hospitals 29:4	incorporates 35:14	information 15:14 40:6
heavy 5:16	Hot 8:15	incorporation 35:13	initiative 29:19 31:10 46:21 47:3
helpful 6:21 8:2 17:16 19:12	HSCRC 12:14 14:18	increase 9:4,21 17:1 18:7 19:9 21:10,12 22:14 23:1, 21 36:10	initiatives 4:12
helps 15:1	huge 31:3	increases 6:10 26:7,9,21 27:12 31:4	input 21:22
hey 6:16	hundreds 36:17 47:5	increasing 49:1	instrumental 39:6
high 21:14 26:11 48:22 49:7	husband 41:9	incredible 26:16 27:20 35:22	insurance 3:3,17 4:4,10 5:15 39:2,15 40:17,18 45:3 46:10 47:13 48:7
higher 11:3 17:9 19:15,16 32:1 34:13,16 43:9	<hr/> I <hr/>	incredibly 5:11	insurance. maryland.gov 8:14
hitting 5:10	idea 9:2 15:3 22:1	independent 7:20	insured 18:11
HMO 7:3 9:10,11 11:2,5 15:7,12 18:22 20:1	Imm 50:16	indigent 21:4	insurer 12:5

<p>insurers 6:15,20</p> <p>integral 49:22</p> <p>intended 17:18</p> <p>interaction 35:13</p> <p>interest 3:16</p> <p>interested 8:2 38:13 49:17</p> <p>interests 41:16</p> <p>internally 27:10 29:18</p> <p>interruption 31:6</p> <p>introduce 3:5 50:15</p> <p>investment 36:20,21</p> <p>issues 5:1 9:14</p> <hr/> <p style="text-align: center;">J</p> <hr/> <p>J.P. 50:11</p> <p>January 23:16,19</p> <p>Jersey 20:13</p> <p>job 14:12 45:1,2 50:17</p> <p>Joe 50:18,19</p> <p>join 46:8</p> <p>Josh 7:22</p>	<p>joyfully 44:5</p> <p>June 10:13 23:16 24:14</p> <hr/> <p style="text-align: center;">K</p> <hr/> <p>Kaiser 9:11,12 12:12 18:22 19:1 20:2,21 21:9,10 22:4,11 30:19 38:8 43:4,8,12,16 47:19</p> <p>Kaiser's 15:5</p> <p>Kevin 7:22</p> <p>key 14:18 30:15</p> <p>kick 38:13</p> <p>kind 36:13</p> <p>Klapper 46:21,22</p> <p>knew 5:9</p> <hr/> <p style="text-align: center;">L</p> <hr/> <p>landscape 8:20</p> <p>lapse 23:15</p> <p>large 23:18 36:3</p> <p>lastly 21:20</p> <p>latest 19:19</p> <p>leadership 4:5 6:18</p> <p>leave 9:19 10:10 15:11</p>	<p>23:17 24:1</p> <p>leaving 14:2</p> <p>led 36:4</p> <p>left 3:8 23:18</p> <p>legal 14:4</p> <p>legislation 4:13</p> <p>legislators 6:16</p> <p>legislature 4:2 26:14</p> <p>lessons 40:15</p> <p>lets 6:15</p> <p>level 24:8</p> <p>levels 24:9</p> <p>leverage 29:17</p> <p>Lewis 7:20 27:2,10 35:6</p> <p>Liebert 22:4,6,9,10 25:11</p> <p>Life 3:7</p> <p>lines 11:11 44:11</p> <p>listened 36:6</p> <p>long 10:17 38:2 43:20 44:6 45:7 48:2</p> <p>longer 41:7</p> <p>looked 11:1 14:19 20:7</p>	<p>22:17 24:14 25:1 27:15 28:11,16 32:22 39:20 41:20 43:3 45:8</p> <p>loss 43:16,17,19</p> <p>losses 36:18</p> <p>lost 26:3</p> <p>lot 9:11 11:5 14:22 16:10 22:18 26:10 28:9 34:1 35:1 43:10</p> <p>lots 40:10</p> <p>loved 5:18</p> <p>low 44:18</p> <p>lower 8:20 12:3 13:14,17, 19 18:15 23:15 33:13,21 37:22 45:10,14</p> <p>lowered 14:9</p> <p>lowest 7:17 20:15</p> <hr/> <p style="text-align: center;">M</p> <hr/> <p>made 14:19 42:10</p> <p>Maine 20:12</p> <p>majority 35:9</p> <p>make 8:9 26:19 32:21 38:2, 8 45:5 46:9</p> <p>makes 41:7</p>
---	--	--	--

making 36:20 40:5	means 9:17 31:3	MIA's 37:8 39:18	move 30:10 31:16 33:10,11 38:12
manage 45:17	meant 32:20	Michelle 39:7 50:10	moved 32:5
manager 22:10	Medicaid 45:9	middle 12:10	moving 14:1 33:8 45:1
mandate 20:14 44:10,21 45:6 48:3	medical 43:16	million 13:6,7 31:2	mute 3:14 8:9
March 9:2 10:14 15:17 42:15	meeting 35:21	millions 26:3 36:18	<hr/> N <hr/>
margin 14:7	Melnyk 6:17	mind 29:4,10	narrow 9:15
Mark 8:1	member 23:6,21 24:16 25:3,6 29:12,13 32:9	minimum 14:13	narrowed 13:9
market 4:8 5:20 7:12 8:22 10:18 11:19 14:1,3,8 15:17 17:19 20:7,9 23:12,15 26:2 27:20 28:3 30:16 31:8 32:1, 15 37:13 44:1,13,14, 16,19,20 45:1,20 47:11,18,20 48:1,20 49:11	members 4:1 9:3 15:16,20 16:5 21:10,11,16,18 23:17 24:1,11,13 27:19 28:7,12,13,16 29:8, 17,21 30:7,10,11,12, 20 31:5,13 33:1,2,3, 5,11 41:22	minute 17:8	Neall 5:6
marks 17:5	membership 10:12	minutes 3:5	needed 4:7 12:6 50:2
Maryland 3:3,18 4:10 5:12,14 32:15 39:7 45:3,4 46:21 47:2,4,8,12,13, 15 48:6	mention 32:20	missed 40:4	negative 24:9 38:5
Marylanders 47:8 48:16,19,20 49:8	mentioned 14:6,17 19:14 24:10, 15 27:7 30:17 31:1 34:22 35:11	mission 46:1	Neighboring 20:5
material 34:5 44:11	membership 10:12	mission-driven 37:7	nerdy 39:20
materially 43:6	mention 32:20	modified 6:1 27:12 35:9	network 28:19 29:1,3 33:6 42:1
maximize 28:6 29:16	mentioned 14:6,17 19:14 24:10, 15 27:7 30:17 31:1 34:22 35:11	money 48:13	nice 7:5
meaningful 4:3 7:4 10:2 20:16	messaging 50:18	month 9:21 19:3 21:12,17 23:6 24:16 25:3,6	nominal 7:3
	metal 15:1 16:1	months 12:18 22:2 37:11	non-aptc 20:18
	metals 15:1	morbidity 10:18 13:15,16,20 14:3 23:22 35:7 38:1	Non-medigap 8:22 13:4 15:4 17:19
	metropolitan 11:9	Morgantown 11:7	nonmedigap 7:12
	MIA 8:7,13 27:1,9 35:7 40:2 41:20 42:13 50:16	morning 3:2,5 6:5 38:15,16	normalized 33:1
		Morrow 3:6 25:15 35:15,18	not-for-profit

37:6	order 26:18	pass-through 21:4	percents 26:9
note 27:15 40:12 44:4	Oregon 20:8	passed 4:13	Permanente 47:19
noticed 43:2	organizations 47:6	past 14:13 18:13 48:9	person 6:9 50:19
number 13:10,11,17,18,19 18:5 23:18,21 24:11 32:4,5 38:5	originally 22:13	pause 4:9 32:12	Peter 25:15,19
numbers 7:8 8:3,19 9:12,16 11:15,16 14:21 18:19 19:6 26:11 27:13 29:11 35:4	out-of-network 28:10,13,18,21 33:6	pay 13:9 19:2 23:11 48:12	phone 3:13,14 7:22 8:10 50:6,8
<hr/>	outstanding 36:2	paying 17:10 28:8 30:14,20 36:11	phonetic 8:1 33:16
O	overestimated 22:20	payment 48:7	picked 42:10
<hr/>	overestimating 25:2	payments 23:7	picture 21:15
objective 5:2 10:20	overlap 19:20 29:2,22	pen 40:9	Pieninck 35:17,19
OCA 13:12	oversee 47:3	people 3:19 8:3 10:17 11:6, 17 14:22 15:9 16:8 17:1,7 20:16 21:5 28:9 33:8 36:3 44:20 45:1 50:1	pivotal 38:7
odd 38:17	overstatement 36:2	<hr/>	place 32:8 44:6,22
office 3:8 6:19	<hr/>	P	plan 4:8,16,17,21 15:9 18:12 19:8 20:10 22:11 41:6 43:8,11 48:7
officials 40:18	paper 40:9	percent 6:11 7:4,10,13 9:4 11:3,22 13:12 16:11, 14,18,19 17:9,11,14 19:9,15,16,21 20:19, 21 21:6,9,18 22:14, 15,21 23:1,3,5,12,17 24:2,5 25:5,7 26:9,10 27:5,13,14 28:5,12, 22 29:2,22 31:14 32:17,18 33:5,6,12 34:1,13 36:9,11,12 37:22 38:4 43:17 49:3	plans 15:10 43:8
On-exchange 19:14	parallel 18:5	percentage 21:14	Platinum 16:16,18 24:7 41:6
one-page 17:18	part 33:15 36:3 47:22	percentages 10:2	playing 49:1
open 5:3 21:20 39:14	participant 36:8		point 10:16 12:11,12 16:6 17:4 19:22 20:5,17 25:4 27:6 30:15 32:19 34:21 36:17 50:19
opportunity 25:21 32:14 36:14,19 37:3 47:2 49:9	participants 36:10,12 37:14,15		points 12:2,12,16 19:14
opposed 32:18	parties 38:13		
opposite 49:22	partners 5:8		
option 18:13 28:13 45:9 48:12	pass 37:6 44:9		

policy 50:15	pre-1332 26:8 27:3 34:22	primary 32:2	public 3:11 6:6,21 45:8 46:16
pool 16:11 31:8	prefer 31:5	principal 3:7	publicly 40:6 41:4
poorer 13:22	preliminary 28:17	printed 46:18	pull 12:13
population 20:19,20 21:10 37:1, 2,4,5	premium 9:18,21 10:1 18:18 19:3,7,9,10,22 20:20 21:17 30:14 41:5 49:1	problem 6:16,22	puncher 49:22
portfolio 18:10	premium-driven 34:1	process 4:19,21 5:2 7:9 26:4 46:5 50:22	purchase 48:13,16
portion 33:22	premiums 21:2,11 23:10 28:8 45:10 48:21	producers 40:17	push 12:13
pose 41:21	prepare 4:15	professional 46:14	pushed 26:18
posed 42:8,11	prepared 22:7	profit 14:8	pushing 39:6
position 6:20 7:6	preparing 4:21 40:5	program 22:16 23:2,4,9 24:15, 17,19 25:3,8 37:12 43:5,13 44:5,12 45:9 47:10 49:10	put 7:8 17:4 28:2 45:17, 21
positions 35:10	prescription 49:4,6	prominently 9:14	putting 6:22 40:9
positive 6:11	present 21:9 25:9	pronounce 50:12	<hr/> Q <hr/>
possibility 34:2	presented 28:1	propose 48:6 49:5	qualified 48:18
post-1332 27:8	president 35:19 41:2	proposed 20:12	quality 47:7 48:13
post-2019 41:6	press 6:15 9:12 38:22	protection 5:17	quarter 11:22 30:7
potential 33:11	pretty 9:15 41:10 42:4	provide 4:3 5:17,20	quarterly 11:20
poverty 21:6	prevent 47:11	provided 4:5 29:13 34:10	quarters 11:21
PPO 9:11 10:8 11:2,6 12:6 20:2 26:9 27:4,9,14 28:3,7,9,18,21 29:3, 8,12,21 30:16,19,20 31:5,15,16,19 32:9, 18 33:1,5,6 34:9,12 35:8 36:10 37:2,5,15 41:21,22 43:8	previous 42:9,20 43:3	provider 33:18	question 17:5
	previously 28:2 40:21 41:4	providers 33:14	questions 4:18 12:21 25:12,14 34:3 35:15 37:17 41:20 42:8,18,19 46:12 49:13 50:7
	pricing 30:6	providing 3:17	

quick 11:12	receive 25:7 32:10	reinsurance 4:8,16,21 7:16 19:22 20:8,10 22:14 23:2,6, 9 24:15 25:8 31:18 32:3 37:12 43:4,13 44:12 47:10,22 49:10	required 45:22
quickly 8:7 49:19	received 36:9	reintroduce 6:2	Reserve 9:15 14:7,10,15
<hr/> R <hr/>	recently 6:7 27:11	reiterate 44:2	reserves 22:21 25:5
range 9:16 14:21 15:6,7,13 31:19	recognize 18:9	reiterated 26:4	resources 4:7
rare 38:20	recovery 32:3	reiterates 46:4	respectfully 13:13
rate 6:1 11:3,5 17:19 21:10 22:12,13,22 23:1,3,15 24:7,9,12, 14 29:14 30:3 31:7 32:11 39:11,14 42:9, 20,22 43:3 46:5	Redmer 3:2,3 6:19 32:16 37:17 38:10,21 39:5 46:12,19 47:1 49:12, 15 50:6,14	rejoice 44:5	respects 36:5
rates 3:12 11:3 16:21 17:8, 21 18:1,7,14 19:14 23:4,13,14,20 24:3,4 27:17 37:22 40:3 42:3 44:17 47:11,20 51:3	reduced 22:14,22 23:14,20	relationships 20:4 34:12	response 49:14
ratio 43:16,17,19	reduces 23:10	relief 5:21 36:13	responsibility 36:7
ratios 11:1	reducing 23:10 47:19	remaining 29:1	rest 5:6
reach 15:9 29:20	reduction 14:15 24:11 25:7 33:13	remember 26:8	result 3:19 42:5
real 12:5 18:8 32:14	redundant 6:13	remind 8:7 45:19	review 7:20 43:1 46:5
reality 45:6	reference 16:5	remiss 40:8 44:3	reviewing 30:1
realize 31:19	referred 28:14	renew 11:20	richer 18:12
reason 16:2 17:12 20:3	reflect 31:11	renewal 7:10	richest 20:10
reasonable 31:19 35:5	reflected 18:7	renewals 14:22 20:6	rising 4:4
reasoning 34:11	region 11:10	representing 38:14	risk 6:13 12:13 13:5,7 14:5 22:16 23:11 30:18,20 31:14 32:1 34:11 35:8
	regions 11:6 21:8	reprieve 36:1 37:10	risks 13:22
	reign 49:7	requesting 47:20	role 11:10 49:1,7
	reimbursements 33:14	requests 6:1	roll 12:9

rolled 11:18	3:10	Silver/bronze 18:22	spending 49:3
room 6:14 7:5 36:3	sense 9:18 11:15 12:18 14:20 41:8 42:10	similar 43:19	spent 15:20
row 9:1,6,18 10:5,13 11:14,17 12:2 16:3 17:6 18:4 19:8	sentence 6:8,10	simply 46:3	spiral 28:5
Ruggeberg 8:1	served 45:11	sit 41:15	spring 5:9
run 43:20	set 28:21	size 9:2 11:15	squander 36:18
rural 11:6	shaded 19:5	skyrocketing 47:11 49:8	stability 10:19 44:1
<hr/> S <hr/>	share 18:18 36:7	slide 8:15 22:8	stabilization 36:21
sails 38:18	shares 18:2	slides 8:11 25:17	stabilize 5:20 30:16 31:22 32:15 37:13 48:21 49:11
Sammis 38:14,16 39:1	shepherd 4:18	slightly 14:2	stabilizes 31:8
sat 26:6	shop 40:20 46:9	small 11:13,19 12:19,20 13:4,18 14:3,14,16 15:11 28:3	stabilizing 31:17 48:1
save 40:11	short 4:3 5:21 38:2 48:1	smallest 24:8	stable 44:16
scenes 50:3	shortly 9:13	solely 29:22	staff 3:9 39:8,15
science 35:4	shown 24:5	solution 4:4	stakeholders 40:17
Secretary 5:5	sick 33:2,4	solutions 48:3	stand 7:11 9:5 10:3,12 11:4 12:1 17:21 22:3 24:4
seek 36:18 37:8,9,12	sicker 20:3 33:9	solved 36:15	stands 20:3
seeking 4:22	side 8:15 33:17,18 40:16	sought 42:20	start 29:19
selections 28:5	signed 49:16	souls 45:21	started 7:9 24:12 35:21
sell 30:13	significant 31:13	speak 3:14 7:17 9:13 25:22 49:17	starting 27:6 34:21 39:21 48:4
send 40:12	significantly 13:10 20:2 47:19	speechless 38:19 39:2 45:17	state 33:16 34:12 44:9,10, 11,18 45:9 47:6
senior	Silver 9:21 15:10 16:21 17:7 18:22 19:1,7,11, 15 41:6		

48:13	support 37:8,9,12	tax 14:11,12 20:20 48:8	tiers 24:7
state-based 20:14	Surf 7:13 9:5 12:1,8 15:5 17:21 19:17 20:6 23:3 27:8 39:16 42:14,15	taxes 14:13	tight 5:10
statement 40:1 45:6	surgery 29:5	teach 39:22	time 10:10,16 15:21 16:11 18:13 22:19,20 26:16 27:16 38:3 39:1 43:18 44:8,9 48:8,22
statements 40:6	suspect 46:19	team 7:20 8:2 34:4 36:5 49:21 51:1	times 11:7 33:2,9
states 7:15,16 20:8	sustainability 26:12	teams 4:10,13 35:1	tirelessly 4:18
statewide 37:15	swing 7:14 10:2,5	temporary 44:5	today 3:18,20 7:11 9:5 10:12 22:3,12 25:9, 17,22 29:12 35:21 47:1 48:2
statute 45:22	switch 11:13	tend 12:15 15:2	today's 8:16
statutory 46:1	Switzer 3:9 6:3,4 8:19 22:7 25:10,12 33:10,20 34:6,15,18 36:6 37:20 39:8 49:19	tenth 12:12	Todd 3:9 6:3 8:11 22:9 24:5 27:7 28:1,9,14 30:17 31:1 35:11 39:8 42:10 50:5 51:1
stay 24:2 44:13	Szeliga 6:17	term 4:4 5:21 10:17 38:2 45:7 48:1,2	tolerance 32:1
stem 23:20	<hr/> T <hr/>	terrific 43:19 50:17	top 12:6 13:3,5,15 15:4, 16
Stephanie 46:20 49:12,13	tab 8:15	testimony 38:12	Topics 8:15
stop 9:8 48:4	table 26:22 41:10	thankfully 5:18	total 6:5
story 12:3 48:11	taking 7:15 31:22 46:1	thing 5:17 10:11 17:22 36:22 38:21 43:2 45:12	totality 36:7
strategy 45:8	talk 26:20 27:4,22 36:6	things 13:2 15:3 35:7 41:9	Tracy 50:16
submitted 4:17 30:6 31:10	talked 13:21 16:11 20:17 26:7,10 28:3,4 34:21	thinner 18:8	transition 46:15
subsidies 20:20 21:2 48:18	talking 22:12 25:18 29:11 30:11 35:22	thought 10:15 13:9 49:20,21	translate 10:1
subsidy 16:17 17:10	tangible 6:22	thoughts 13:13	transparent 5:3
subtotals 12:4		Thursday 39:22	
successful 4:16		tide 23:20	
suffers 37:5			
sum 13:8 45:16			

<p>trend 13:12,14,18,19 22:15 23:22 34:9 35:8</p> <p>true 14:3,4 28:11 33:14 37:13 39:13</p> <p>turn 22:8</p> <p>turns 38:5</p> <p>typing 8:8</p> <hr/> <p style="text-align: center;">U</p> <hr/> <p>unaffected 29:15</p> <p>uncertainty 31:21</p> <p>unclear 10:19</p> <p>understandably 6:9</p> <p>unemployment 44:17</p> <p>uniquely 11:20</p> <p>United 12:15</p> <p>unknown 31:3</p> <p>unknowns 31:4</p> <p>unprecedented 36:16 37:4</p> <p>unstabilizing 30:17</p> <p>unstable 28:4</p> <p>up-to-date 39:19</p> <p>upcoming</p>	<p>47:21</p> <p>updated 27:11 31:10 32:8</p> <p>urge 45:3</p> <hr/> <p style="text-align: center;">V</p> <hr/> <p>Vabolio 8:1</p> <p>Van 3:7</p> <p>version 27:7 28:1,2 42:22</p> <p>versus 19:15 41:7</p> <p>view 21:1</p> <p>vital 11:10</p> <p>volatility 30:22 31:4</p> <p>volition 14:9</p> <p>vulnerable 28:7</p> <hr/> <p style="text-align: center;">W</p> <hr/> <p>wait 40:11</p> <p>waiver 4:7,15 37:11 39:6 47:16</p> <p>walk 29:7</p> <p>walking 9:7</p> <p>wanted 5:16 14:20 24:21 29:7</p> <p>ways</p>	<p>40:10</p> <p>website 8:12 39:19 40:2</p> <p>Wednesday 39:21 43:7</p> <p>week 29:18 31:9</p> <p>weeks 21:21 26:6</p> <p>weigh 32:4</p> <p>West 6:17</p> <p>Wilmington 11:8</p> <p>winds 38:18</p> <p>word 18:20 40:19 42:11</p> <p>work 3:19 5:4,9,19 8:4 26:17 27:9,21 36:4 43:11,22 45:5 48:8 50:22 51:2</p> <p>worked 4:2,12,14,17,19,20 5:11 10:8 12:15 27:1 32:13</p> <p>working 9:13 21:21 34:7 38:7 39:8 47:6,9,14</p> <p>worsening 13:16</p> <p>worth 23:5</p> <p>wrong 24:22</p> <hr/> <p style="text-align: center;">Y</p> <hr/> <p>year 6:19 7:3 9:2 11:20 19:16 21:7 23:16</p>	<p>27:17 38:6,7 41:1,13 42:15 43:17 45:6 46:8 47:21 48:10</p> <p>years 5:13 27:15,16 46:6</p> <p>young 15:8</p>
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