## Secretary of State Certificate and Order for Filing

## TEMPORARY ADMINISTRATIVE RULES

A Statement of Need and Justification accompanies this form.

FILED 6-26-17 2:04 PM ARCHIVES DIVISION SECRETARY OF STATE

I certify that the attached copies are true, full and correct copies of the TEMPORARY Rule(s) adopted on Upon filing. by the Department of Consumer and Business Services, Health Insurance Marketplace Agency and Division Administrative Rules Chapter Number Victor Garcia (971) 283-1878 **Rules Coordinator** Telephone 350 Winter St. NE, Salem, OR 97301 Address To become effective <u>06/29/2017</u> through <u>12/25/2017</u>. **RULE CAPTION** Marketplace Assessment Credit Calculation and Payment Date Not more than 15 words that reasonably identifies the subject matter of the agency's intended action. **RULEMAKING ACTION** Secure approval of new rule numbers with the Administrative Rules Unit prior to filing. ADOPT: AMEND: 945-030-0020 SUSPEND: **Statutory Authority:** ORS 741.002 & 741.005 Other Authority: Statutes Implemented: ORS 741.105 **RULE SUMMARY** This temporary rule changes the dates for calculation and payment of the State of Oregon Department of Consumer and Business Services Health Insurance Marketplace carrier assessment credit. This change is necessary in order to give effect to the intent of House Bill 2391 (2017).

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Rules Coordinator Name