

~~MARKETPLACE ADVISORY COMMITTEE BYLAWS~~
**INITIAL RESOLUTION OF THE ADVISORY COMMITTEE
OF THE OREGON HEALTH INSURANCE MARKETPLACE**

WHEREAS, Senate Bill 1, a legislative act of 2015 creating the Oregon Health Insurance Marketplace within the Oregon Department of Consumer and Business Services, was enacted by the Oregon Legislative Assembly and signed into law by the governor on March 6, 2015;

WHEREAS, under the governing legislation, the governor has appointed the members of the Health Insurance Exchange Advisory Committee, hereafter referred to as the Marketplace Advisory Committee; and

WHEREAS, the members of the Marketplace Advisory Committee acknowledge their responsibility to provide advice in good faith, in the best interest of Oregonians, and in accordance with Senate Bill 1 and other law;

NOW, THEREFORE, BE IT RESOLVED that the Marketplace Advisory Committee hereby adopts its bylaws for the Marketplace Advisory Committee of the Oregon Health Insurance Marketplace, attached as Exhibit A.

I HEREBY CERTIFY that the foregoing resolution was adopted on the 7th day of April 2016, by the Marketplace Advisory Committee of the Oregon Health Insurance Marketplace.

Dan Field
Committee Chair

BYLAWS OF THE MARKETPLACE ADVISORY COMMITTEE

ARTICLE 1. DEFINITIONS *[Note: Items below rearranged in alphabetical order]*

- **ACA:** Patient Protection and Affordable Care Act signed into law by President Barack Obama on March 23, 2010.
- **Actual conflict of interest:** As defined in ORS 244.020, means any action or any decision or recommendation by a person acting in a capacity as a public official, the effect of which would be to the private pecuniary benefit or detriment of the person or the person's relative or any business with which the person or a relative of the person is associated unless the pecuniary benefit or detriment arises out of circumstances described in ORS 244.020 (12).
- **Biennium:** The state fiscal or budgetary cycles begins July 1 of every odd-numbered year and ends June 30 two years later. For example, the 2015-17 biennium begins July 1, 2015, and ends June 30, 2017.
- **Business:** As defined in Government Ethics statute (ORS 244.020), business means any corporation, partnership, proprietorship, firm, enterprise, franchise, association, organization, self-employed individual, and any other legal entity operated for economic gain, but excluding any income-producing not-for-profit corporation that is tax exempt under section 501(c) of the Internal Revenue Code with which a public official or a relative of the public official is associated only as a member or board director or in a non-remunerative capacity.
- **CCIIO:** U.S. Department of Health and Human Services; Centers for Medicare and Medicaid Services; Center for Consumer Information and Insurance Oversight.
- **CMS:** U.S. Department of Health and Human Services; Centers for Medicare and Medicaid Services.

- **Executive session:** As defined in ORS 192.610 (2): Any meeting or part of a meeting of a governing body that is closed to certain people for deliberation on certain matters.
- **Fiscal year:** The fiscal year of the Marketplace begins July 1 of each year and ends June 30 of the next year.
- **Marketplace Advisory Committee:** The committee is the advisory body, also referred to as the Health Insurance Exchange Advisory Committee, established by the 2015 legislation creating the Oregon Health Insurance Marketplace.
- **Potential conflict of interest:** As defined in ORS 244.020, means any action or any decision or recommendation by a person acting in a capacity as a public official, the effect of which could be to the private pecuniary benefit or detriment of the person or the person's relative, or a business with which the person or the person's relative is associated, unless the pecuniary benefit or detriment arises out of the following:
 - (a) An interest or membership in a particular business, industry, occupation, or other class required by law as a prerequisite to the holding by the person of the office or position.
 - (b) Any action in the person's official capacity which would affect to the same degree a class consisting of all inhabitants of the state, or a smaller class consisting of an industry, occupation, or other group including one of which or in which the person, or the person's relative or business with which the person or the person's relative is associated, is a member or is engaged.
 - (c) Membership in or membership on the board of directors of a nonprofit corporation that is tax-exempt under section 501(c) of the Internal Revenue Code.
- **Public Meeting Law:** ORS 192.610-192.690 are the state statutes governing public meetings. The committee must comply with these statutes.

ARTICLE 2. PURPOSE AND POWERS

Section 1: The Committee will advise the director of the Department of Consumer and Business Services on development and implementation of the policies and operational procedures governing the administration of the Marketplace.

Section 2: The Oregon Health Insurance Marketplace is an independent unit within the Oregon Department of Consumer and Business Services.

Section 3: As set forth in the legislation, the duties of the Marketplace Advisory Committee are to provide advice on all of the following:

- The amount of the assessment imposed on insurers under ORS 741.105
- The implementation of a Small Business Health Options Program in accordance with 42 U.S.C. 18031
- The processes and procedures to enable each insurance producer to be authorized to act for all of the insurers offering health benefit plans through the Marketplace
- The affordability of health benefit plans offered by employers under section 5000A(e)(1) of the Internal Revenue Code
- Outreach strategies for reaching minority and low-income communities
- Solicitation of customer feedback
- The affordability of health benefit plans offered through the Marketplace

Section 4: As established in the legislation, the committee will provide annual reports to the Legislative Assembly, in the manner provided in ORS 192.245, of the findings and recommendations the committee considers appropriate, including a report on all of the following:

- Adequacy of assessments for reserve programs and administrative costs
- Implementation of the Small Business Health Options Program
- Number of qualified health plans offered through the Marketplace

- Number and demographics of individuals enrolled in qualified health plans
- Advance premium tax credits provided to enrollees in qualified health plans
- Feedback from the community about satisfaction with the operation of the exchange and qualified health plans offered through the Marketplace

Section 5: The committee may hire experts to help discharge its duties, subject to the approval of the director of the Department of Consumer and Business Services. All expenses of the committee will be paid out of the Health Insurance Marketplace Fund.

ARTICLE 3. MARKETPLACE ADVISORY COMMITTEE

Section 1: The committee consists of 15 members, consisting of two ex-officio voting members (the director or a division director of the Oregon Health Authority and the director of the Department of Consumer and Business Services) and 13 members appointed by the governor and confirmed by the Senate.

Section 2: Committee member terms of office are two years, with no more than two consecutive terms of service.

Section 3: Appointed committee members serve at the pleasure of the governor.

Section 4: The Chair and Vice Chair are elected by committee. In lieu of an election, the committee may choose to request these positions to be appointed by the director of the Department of Consumer and Business Services.

Section 5[4]: The committee may create policies that describe the governance structure, decision-making processes, and other relevant committee processes. Such policies may be outlined in a committee policy manual.

Section **6[5]**: Committee members serve without compensation but are entitled to travel expenses as outlined in ORS 292.495.

Section **7[6]**: Rules of Order

- A. The committee will conduct its business through discussion, consensus building, and informal meeting procedures.
- B. The chairperson may, from time to time, establish specific procedural rules of order to assure the orderly, timely and fair conduct of business. The chairperson may refer to the most recent edition of Robert's Rules of Order for guidance.

Section **8[7]**: Quorum and Voting Rights

- A. Quorum – A majority of the voting members of the committee constitutes a quorum for the transaction of business or other action, so eight voting members constitute a quorum of the committee. The continued presence of a quorum is required for any official vote or action of the committee throughout an official meeting. Less than a quorum of the committee may receive testimony.
- B. Voting – All official actions of the committee must be taken by a public vote. On all motions or other matters, a voice vote may be used. At the discretion of the chairperson or at the request of a committee member, a show of hands or roll-call vote may be conducted. Proxy votes are not permitted. The results of all votes and the vote of each member by name must be recorded. Abstaining votes are recorded as abstention. At least eight concurring votes must be cast in order to pass or reject a motion.

Section **9[8]**: Conflict of Interest. Actions of the committee are subject to the Oregon government ethics law, including requirements for declaring conflicts of interest and potential conflicts of interest.

ARTICLE 4. COMMITTEE MEETINGS

Section 1: Meetings of the committee are open to the public and held in accordance with the state's public meeting law.

Section 2: A majority of the voting members of the committee constitute a quorum for the transaction of business. Committee members may participate in meetings by telephone or videoconferencing. Committee members participating by such means are counted for quorum purposes, and their votes are counted when determining the actions of the committee.

Section 3: At the discretion of the chairperson, special or emergency meetings of the committee may be convened in order to conduct official business between regularly scheduled meetings. In the absence of the chairperson or vice chairperson, a majority of committee members may call a meeting. In accordance with ORS 192.660, the chairperson may convene an executive session during a regular, special, or emergency meeting.

Section 4: In accordance with ORS 244.120, committee members must publicly announce the nature of any conflict of interest or potential conflict of interest before participating in any official action on the issue giving rise to the conflict of interest.

ARTICLE 5. SUBCOMMITTEES

Section 1: The committee may establish subcommittees, technical committees, or workgroups as needed to discharge its duties.

ARTICLE 6. HEALTH INSURANCE MARKETPLACE FUND

Section 1: The Oregon Health Insurance Exchange Fund is established in the state treasury, separate and distinct from the General Fund. Interest earned by the fund will be credited to the fund.

Section 2: The Oregon Health Insurance Marketplace Fund consists of money received by the Department of Consumer and Business Services under ORS 741.001 to 741.540 and money transferred by Senate Bill 1. The money in the fund is continuously appropriated to the department.

Section 3: The committee advises the director of the Department of Consumer and Business Services on the amount of assessment imposed on insurers under ORS 741.105. The committee will provide an annual report to the Legislature on the adequacy of the assessments for reserve programs and administrative costs.

ARTICLE 7. REPORTING

Section 1: As established by the legislation, the committee will provide annual reports to the Legislative Assembly, in the manner provided in ORS 192.245, of the findings and recommendations the committee considers appropriate, including a report on all of the following:

- Adequacy of assessments for reserve programs and administrative costs
- Implementation of the Small Business Health Options Program
- Number of qualified health plans offered through the exchange
- Number and demographics of individuals enrolled in qualified health plans
- Advance premium tax credits provided to enrollees in qualified health plans
- Feedback from the community about satisfaction with the operation of the exchange and qualified health plans offered through the Marketplace

ARTICLE 8. INDEMNIFICATION

Section 1: The following statutes apply to the members of the committee:

- 30.260 - 30.300: Definitions for statutes related to "Tort Actions Against Public Bodies"
- 30.310: Actions and Suits By Governmental Units
- 30.312: Actions by Governmental Units Under Federal Antitrust Laws
- 30.390: Satisfaction of Judgment Against Public Corporations
- 30.400: Actions By and Against Public Officers in Official Capacity

ARTICLE 9. AMENDMENT TO BYLAWS

Section 1: The committee, or any member of the committee, may propose amendments to the bylaws. Committee members must receive proposed amendments no less than seven days before any regularly scheduled, special, or emergency meeting. Proposed amendments must be approved by a quorum vote.