Introduction

About the committee
The Health Insurance Exchange Advisory Committee, known as the Marketplace Advisory Committee, advises the Department of Consumer and Business Services (DCBS) in the governance and operation of the Oregon Health Insurance Marketplace. As this report shows, the committee has found that many important issues of health care affordability lie outside the reach of the Marketplace’s authority or the committee’s scope. However, on other aspects of health coverage, the group has been able to contribute concrete and actionable advice to the Marketplace.

About this report
ORS 741.004 (2015), the statute that created the committee, requires this annual report. More than a routine filing, this report also is the committee’s opportunity to highlight important health care issues. Much of the Marketplace Advisory Committee annual report’s required content is information also required of the Marketplace’s own annual report (go.usa.gov/xH5ep). The 2020 Marketplace annual report includes the following information per statute:

- Details on 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

An additional required component, as listed below, is included in this report:

- Feedback from the community about satisfaction with the operation of the exchange and qualified health plans (QHPs) offered through the exchange

Thank you for your interest in our committee and its insights. If you have any questions or please contact Chiqui Flowers, Marketplace administrator, at chiqui.l.flowers@oregon.gov.

Sincerely,

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Summary

Meetings
The Marketplace Advisory Committee met three times in 2020: Jan. 23, June 11, and Oct. 7. The January meeting was held in person at the Labor and Industries Building in Salem from 11 a.m. to 3 p.m. The remaining meetings were held virtually from 9 a.m. to noon. Due to the COVID-19 pandemic, the April 2020 meeting was canceled. The December meeting was canceled due to the open enrollment period (Nov. 1 to Dec. 15).

A note on members and focus
The Marketplace Advisory Committee represents a wide range of health insurance stakeholders, including insurance companies, insurance agents, enrollment assisters, health care providers, small businesses, advocates, consumers, and government agencies. Throughout 2020, committee members drew on their understanding of these communities as they considered Marketplace operations.

The committee continued to focus on plan affordability and accessibility of coverage in the individual market, including access through HealthCare.gov. The committee mirrors the core mission of the Marketplace "to empower Oregonians to improve their lives through local support, education, and access to affordable, high-quality health coverage." While the Marketplace holds this core value in high regard, the Marketplace Advisory Committee members bring their unique perspectives from business, assistance, and consumers.

Feedback from the community about satisfaction with the operation of the exchange and qualified health plans offered through the exchange
The Marketplace Advisory Committee concentrated on access to quality coverage for all Oregonians and state flexibilities to improve quality of service in a tumultuous health care climate throughout 2020. As multiple challenges arose, the committee was prepared to make recommendations based on the shifting environment.

Regarding Marketplace technology
Oregon continues to use federal technology at HealthCare.gov, provided by the Centers for Medicare and Medicaid Services (CMS), to enroll in individual plans through the Marketplace. Multiple other states have successfully launched their own state-based marketplaces including Nevada, New Jersey, and Pennsylvania. Other states (New Mexico and Virginia) are expected to change to a state-based exchange in the next 18 months. Discussion of Oregon doing the same depends on approval from the Oregon Legislature and the Oregon governor.

Senate Bill 770: Establishes Health Care for All Oregon Board (go.usa.gov/xHx3v)
Rep. Andrea Salinas presented to the committee about health and legislative priorities for the 2021 legislative session. Rep. Salinas stated that she is in agreement with Oregon’s exchange moving away from the federal platform. Senate Bill 770 was passed during the 2019 legislative session.
session and establishes a task force on universal health care charged with recommending to the legislative assembly a design for Health Care for All Oregon Plan, administered by Health Care for All Oregon Board to provide publicly funded, equitable, affordable, comprehensive, and high-quality health care to all Oregon residents. Senate Bill 428 (go.usa.gov/xHx3v), introduced in the 2021 session, will extend the time for the task force to do its essential work, a necessity resulting from delays caused by the pandemic. House Bill 3352 (go.usa.gov/xHx3p), also introduced during the 2021 session, renames the Health Care for All Oregon Children program to the Health Care for All Oregon program and expands eligibility to adults who would qualify for Medicaid-funded state medical assistance program or for federal premium tax credits if not for their immigration status.

**Senate Bill 65: Relating to health insurance; declaring an emergency** (go.usa.gov/xHxc3)
At the June meeting, Marketplace Administrator Chiqui Flowers presented to the committee a draft legislative concept, transferring the duties, functions, and powers related to the COFA Premium Assistance Program and the health insurance exchange from the Department of Consumer and Business Services (DCBS) to the Oregon Health Authority (OHA) on June 30, 2021. The concept was introduced in the 2021 session as SB 65 and HB 2041. At the time of writing, only SB 65 is still active. Unlike early versions of the legislative concept, SB 65 does not address a state-based technology platform for the Marketplace. As of this report's publication, SB 65 had a public hearing and a work session in the Senate Health Committee and was passed to the Joint Committee on Ways and Means, where it remains. No hearings are currently scheduled.

**U.S. Supreme Court case: California v. Texas (Docket 19-840)** (go.usa.gov/xHxxJ)
The committee discussed the potential impacts if the Affordable Care Act (ACA) is overturned due to the California v. Texas Supreme Court case. The case would maintain many provisions of the ACA, such as Medicare-affected provisions, but it is unknown how Medicaid programs would be affected. A large part of the case is centered on the constitutionality of the individual mandate, known as the penalty for not having health coverage, and whether the mandate is severable from the ACA as a whole. The case was heard by the Supreme Court on Nov. 10, 2020. On Feb. 10, 2021, Deputy Solicitor General of the United States Department of Justice Edwin Kneedler issued a statement (go.usa.gov/xHYbX) to the Supreme Court changing the federal government's position on the case. As of this report's publication, the decision of the Supreme Court is still pending.

**Looking ahead**
The Marketplace Advisory Committee will continue to support the Oregon Health Insurance Marketplace in its current and planned projects, including:
- COVID-19 special enrollment period
- Implementation of exchange-specific guidelines of the American Rescue Plan
- Potential transfer of the Marketplace from DCBS to OHA
- Open enrollment for the 2022 coverage year
- Transition to a state-based marketplace
- Any health policy initiatives as required by the Oregon Legislature