

Health Insurance Marketplace Advisory Committee Meeting Minutes

When: Friday, February 23, 2024 – 2:30 to 4 p.m.

Where: Virtual via Microsoft Teams

Committee members:

Virtual – Kraig Anderson (chair), Gladys Boutwell, Stacy Carmichael, Maya Chan, Charlie Fisher, Ron Gallinat, Paul Harmon, Ali Hassoun, Lindsey Hopper (vice chair), Ines Kemper, Holly Sorensen, Andrew Stolfi, Om Sukheenai, Nashoba Temperly

Members not present: Shannon Lee, Joanie Moore, Danielle Nichols

Other presenters: Stephanie Kennan, Caleb Lavan, Phil Schmidt, Matthew Green

Marketplace staff: Chiqui Flowers, director; Victor Garcia, operations development specialist; Dawn Shaw, office support coordinator

Agenda item and time stamp*

Welcome, roll call, assorted business

Roll call of Health Insurance Marketplace Advisory Committee (HIMAC) members and staff, review of meeting guidelines, and approval of the December 7 meeting minutes. (See the handout packet pages 1-2 for a copy of the agenda, pages 3-6 for the December minutes, pages 7-8 for meeting protocols).

- Approved December 7, 2023, minutes.
- Introduced new members
 - Maya Chan who is with Project Access NOW, one of our community partners.
 - Stacy Carmichael is with MODA, an insurance carrier.
 - Charlie Fisher is with OSPIRG (Oregon State Public Interest Research Group).

Federal health policy updates 6:19

Stephanie Kennan from McGuire Woods Consulting called in from Washington, D.C. to present information about current legislation and cases that involve the Affordable Care Act (ACA).

- Kaiser Family Foundation released a poll that showed nearly three in five Americans view the ACA favorably.
- House and Senate are out on recess. Senate is back on the 26th [February], and the House comes back on the 28th [February] and the first round of funding bills expire March 1.
 - Veterans, transportation, agriculture, and energy programs.
- FDA (Federal Drug Administration) gets money out of the agriculture bill.
- FBI (Federal Bureau of Investigations) used to be a part of agriculture but are now a part of HHS (Department of Health and Human Services).
- Without funding, the functions will shut down and will need to come to a decision quickly.
- There are a lot of factions going on. Democrats would like a short term resolution, but the Republicans would prefer a long term resolution.
- Freedom Caucus is pushing to keep several policy riders. Not necessarily an appropriations issue but can be written as no funds will be expended.

- Riders range from limiting the abortion pill, guns, reducing the Homeland Security Secretary salary to \$0.
- With last year's debt relief deal, there was a provision if the House and Senate do not come to an agreement it will trigger many cuts in defense, some domestic programs, and healthcare. We could have a partial shutdown.
- A second group of provisions expires mid-March, which consists of HHS and Community Health Center programs.
- If there is a shutdown, the FDA said that three fourths of the staff would remain funded by user fees. Drugs and devices largely would continue. HHS would have to furlough half of its employees. Medicare benefits would keep going. Essential services like disease monitoring would continue. Medicaid would likely not be affected.
- Health package is not ready to move. It includes PBM (pharmacy benefit manager) reform prices.
- Healthcare cost transparency seems to be dead right now. It would have capped insulin at \$35 for private plans and a drug patent reform.
 - Kraig asked about what topics of transparency is being considered.
 - Congress is not happy with the way hospitals have reacted to transparency provisions.
 - They want to help Medicaid patients figure out where to go based on cost.
- Medicare physicians fee cut went into effect January 1. Senate reduced the cut but did not restore it.
- Since it is a presidential election year, there is a push to pass legislation in preparation if they do not get reelected. Congressional Review Act can allow Congress to have a 60-day lookback to undo regulations done with the prior administration. The 60-day lookback would begin and would be on the legislative calendar, not the calendar year.
 - The OMB (Office of Management Budget) is currently reviewing the Trump era rules.
 - One removed protection for transgender and limited the ACA's nondiscrimination requirements.
 - Another would be that allowed non-ACA compliant short term plans to run up to a year. Advocates are pushing to reduce to one month.
 - The Association Health Plan is finalizing a proposal to reverse a Trump era rule that allowed small businesses to establish large group association health plans that did not require that they adhere to all ACA consumer protections or coverage of the 10 essential health benefits.
- The administration last year proposed to extend DACA (Deferred Action for Child Arrivals program). Final rule is slated to come out in November, but many are wanting to be out now.
- A HIPPA (Health Insurance Portability and Protection Act) rule under OMB review would modify the rule to health care facilities and providers to refuse releasing health data to law enforcement.
- Birth control accommodation rule has not been finalized. Would reverse a Trump era rule that allowed for employers to refuse to cover birth control. It is set to come out in August.
- OMB has begun review of the 2025 NBPP (Notice of Benefit and Payment Parameters) and submitted comments. It should be out by April but can go into May.
- CMS (Centers for Medicare and Medicaid Services) is being pushed by drug manufacturers about not covering obesity drugs. Currently plans do not have to cover the obesity drugs, and CMS would like to change that.
 - Gladys expressed concern over the obesity drugs, as a lot of her clients need those drugs to get their weight down to help with health issues.

- CMS released No Surprise Billing Act data on the implementation and how it is going. Providers and facilities are prevailing in 77% of the disputes. Entities had to increase staff to reduce the backlog of claims.
- Gladys wondered where she could go to get updates that Stephanie provides. Stephanie doesn't have just one location but suggested looking at the OMB website and the Federal Register. OMB website lists the regulatory agenda. Stephanie has research assistants that help her.

Public comment
25:23

Dr. OJ Oleka, didn't see the SBM (state based marketplace) on the agenda but wanted to get an update.

Chiqui informed that it is still on track and in development. The SBM will be a topic on the April 18 HIMAC meeting agenda. We have a [website](http://orhim.info/SBM) (orhim.info/SBM Transition) and encourage signing up for updates. Kraig added that there are upcoming public listening sessions and other opportunities to be involved.

2024 legislative session
27:50

Phil Schmidt and Matthew Green, OHA Government Relations staff, presented the bills of interest for the agency during the 2024 legislative short session.

- Not a lot of bills this session directly impact OHA or the Marketplace.
- [HB 4091](#) proposes creation of HIMRC (Health Insurance Mandate Review Committee) to map out costs and social impacts of health insurance mandates.
- [HB 4113](#) is about copay accumulators and stopping the practice of applying coupons to people's copays or deductibles. Doesn't affect PEBB/OEBB (Public Employees' Benefit Board / Oregon Educators Benefit Board) but commercial plans. It has been proposed before but didn't get approved.
- [HB 4149](#) involves making PBMs register with DCBS (Department of Consumer and Business Services). Gives DCBS the power to review contracts and the minimum payments needing to support pharmacies dispensing fees.
- [HB 4130](#) will change rules around corporate practice of medicine. Doctors need to be making business decisions. A way that skirts the issue is when a corporation would come in and have the doctor sign a service level agreement functionally taking over the practice.
- [Measure 110/ HB 4002](#) there is a -24 amendment that has been released informally focuses on improving the access to SUD (substance use disorder) treatment and criminalization.
 - On the health side, it would allow pharmacists to provide early refills of substances under certain circumstances. Would create prescription lockers to make medications more accessible.
 - Possible creation of task forces looking into the behavior health regional system around funding and authority.
 - A criminal deflection program, instead of taking the individual in for booking, would take them to a treatment pathway. If successful, the charges would be dropped.

Proposed 2025 Marketplace assessment analysis
39:56

Caleb Lavan with CBIZ Optumas went over the proposed assessment rate and data explaining how the assessment rate was determined.

(See pages 10-16 of the handout packet for a copy of the slide deck)

- PMPM – per member per month.
- Om questioned why there was an increase of total expenditures in 2025. Caleb explained that it was due to the shared services expenses. Chiqui confirmed this. Since our transition from DCBS to OHA is complete, we now have a larger shared services charge.

- Paul also wondered about the increased expenditures and added that he agreed with the logic behind the Basic Health Plan being a potential risk.
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Next steps and voting

1:14:32

Victor Garcia reviewed the administrative rule process. We take in input from the committee to see if any groups might be impacted by this rule. No one came forward with any concerns. If any concerns are thought of after the meeting, please email us (Victor or Chiqui) with any concerns. Next steps are to file the rule amendment in the next week or so. This kicks off a public comment period. A GovDelivery notice will go out about the hearing date being filed with the Secretary of State and when the process has been completed.

Voting – passed:

- In favor – Kraig Anderson, Ron Gallinat, Gladys Boutwell, Paul Harmon, Ali Hassoun, Lindsey Hopper, Holly Sorensen, Andrew Stolfi, Om Sukheena, Nashoba Temperly, Charlie Fisher, Maya Chan, Stacy Carmichael.
 - Not present – Ines Kemper, Shannon Lee, Joanie More, Danielle Nichols
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Wrap up & closing

1:19:45

Our next meeting will be a hybrid on April 18 at our 500 Summer St. location.

Said goodbye to our departing members: Kraig Anderson, our chair; Holly Sorensen from NEON, and Ines Kemper. They are always welcome to start another six year term. Andrew Stolfi thanked them as well.

Holly expressed her gratitude to for the opportunity to work with the committee as a representative in Eastern Oregon and look forward to the future transformation efforts.

Kraig echoed Holly's comments and it was great to work with everyone. Thanked Chiqui for her leadership and Victor and Dawn as staff support. Stacy Carmichael will be taking over as a Moda representative and we are in good hands.

*These minutes include timestamps from the meeting audio in an hour: minutes: seconds format. Meeting materials and recording are found on the Oregon Health Insurance Marketplace Advisory Committee [website](#) under 2024 Meetings, February 23.