

Advisory Committee Comments: 2027 Health Insurance Marketplace Qualified Health Plan and Stand Alone Dental Plan Annual Assessment Rates

This document was last updated on September 29, 2026.

The Oregon Health Insurance Marketplace (Marketplace) administers the Affordable Care Act (ACA) in Oregon through outreach, education, and managing the technology Oregon residents use to enroll in ACA Qualified Health Plans. The mission of the Marketplace, as an office within OHA, is to empower Oregonians to improve lives through local support, education, and access to affordable, high-quality health coverage.

The Marketplace is proposing a rule amendment to OAR 945-030-0030 to set the monthly rate for an assessment on insurance carriers selling plans through the Marketplace. The assessment funds all the Marketplace's operations and support for qualified health plan enrollment, and the fiscal impact to the Marketplace within OHA is accounted for in budget forecasts and enrollment projections. After agency fiscal analysis, the proposed rates have been determined to be the most efficient amounts for continued Marketplace operations entering the 2027 calendar year, striking a balance for the lowest probability of either a funding deficit or unnecessary surplus. The rates are assessed annually, and adjustments can be made each year.

This document includes spoken comments made during a public advisory meeting related to the 2027 Marketplace Assessment rule amendment. The Oregon Health Insurance Marketplace conducted an advisory meeting on July 26, 2027 for the proposed amendment to OAR 945-030-0030 as part of the rulemaking process. This document presents statements made in the public advisory meeting by the members of the Health Insurance Marketplace Advisory Committee (HIMAC), who represent parties potentially impacted by the rule which were. The written transcriptions of the meeting were generated automatically and may include typos, misspellings, or misunderstood words of phrases.

More information regarding the rule, including the annual financial assessment, can be found in <https://healthcare.oregon.gov/marketplace/gov/Pages/rules.aspx>.

OHA expresses no views on the substance of these comments. They are published for transparency and not as an endorsement by OHA of the views expressed.

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Advisory Meeting Statements

The statements below were made during the rule advisory portion of the July 26, 2027 HIMAC meeting. The time stamps correspond the time in the video recording of the meeting, found at this link: <https://youtu.be/EsPQxG1LTn0>

Meeting details, agenda, and associated documents can be found here: <https://healthcare.oregon.gov/marketplace/gov/Pages/him-committee.aspx>

1. Speaker: Stacy Carmichael

Time stamp: **0:43:15**

Yes Stacy Carmichael. I'm from Moda from my perspective so a little different. I would just. I think we need to double and take another look at the expenditures because passing on this much into the Oregonian consumers as a market is significant during a time that the market 's shrinking there's a lot of volatility. And it was mentioned you know in the presentation with the reduction of carriers in the market.

So, passing on this fee and I think from our perspective we looked at what was the

percentage of the premium currently and it was about 2% and 9% was the previous what we calculated. The state fee that we paid before so going from 2.9% to 4.9%. Is a big deal? When you're looking at premiums and the rising costs? So, I just I would say from a health insurance perspective from Moda from one carrier. This is concerning to bring this much money onto a market that's already feeling quite a bit of pressure.

So, that would be our concern. I think there's only so much you can do the math is the math. So, I'm suspecting that the you know going to a new platform those costs aren't going to be forever. You're going to pay more in the initial year. So, what can you do this year. That's a little different and it's not great because you're cutting back somewhere.

And so, but I think we have to look at you have hard costs and you have hard problems which would be the exchange fees that you have to do for the technology platform looking at the grants and the assistors unfortunately is probably where if you have to make cuts that's where you would have some ability to do it I think that's where we have to look and make some hard calls. And know that they're short term I believe because I think like I said the majority of these costs that were experiencing are attributed to a one time technology investment in transition.

2. Speaker: Matthew Woodbridge

Time stamp: **0:53:09**

Matthew Woodbridge in the room. I think to Stacy's point. The math is the math. You know we have a relatively difficult year and decision and lift a heavy lift ahead of us.

You know we've been working on the transition to the State based Marketplace. Really ever since Cover Oregon stopped you know ever since we went to the hybrid model has been a stated goal of the state of Oregon to move back to a State based Marketplace and things aligned for that to happen. And a lot of effort went into that planning a lot of work from a lot of people across the state. And there's a lot of excitement about that. It's just a quirk of fate that the timing of that transition. Is what it is in relation to changes at the broader federal level. And in the economic things that are happening right now, which puts a lot of stress on everyone from a budgeting and financial standpoint. You know the as Misty mentioned is that you know

the navigators and the assisters and agents and those partner organizations on the communities throughout the state really in the transition year to the State based Marketplace in my mind are even more essential than they've ever been because boots on the ground is how we're going to ensure that as many Oregonians as possible maintain coverage and stay coverage covered through 2027 with that transition. So, the math is what it is. I think the assessment based on what I've seen in our previous discussions that discussion looks like what has to happen. And then you know we'll do as well as we can keeping people covered and minimizing that drop off in future years and hopefully be able to see that assessment come back down. I mean we won't have a huge expenditures of the State based Marketplace going into effect in that first year. You know it's going to be less expensive in future years. So, you know it's kind of it is what it is at this point in my mind. And our task is to work as we can through our strategies and planning and you know in the future to bring that back down and relieve that burden as we go looking forward I think we can resolve this at a one-time pain.

3. Speaker: Marin Arreola

Time stamp: **59:39**

You know I don't know. You can measure this but in terms of the level. Here indirectly against of an impact in terms of the cost to providers of course. In terms of the willingness to be part of this program. Does that make sense? You know, will that impact. The willingness to be part of this if the costs are not going to. You mean like an insurance companies or provide for him or provider for that I guess in terms of from insurance companies. For example we're looking at for example at the HOP program how that impact providers in terms of Medicaid cuts. So, some providers are saying you know what we want to be partisan just it's not effective for my business. The provider can have an impact. So, I don't know. Is there an analysis in terms of the indirect impact on provider they got in terms of it will be part of these different programs because I guess I guess I'm assuming it's writer I can't choose who's not choose to be part of this program or not. I mean I don't know how it works. I'm not sure it's worked but no definitely.

4. Speaker: Stacy Carmichael

Time stamp: 1:04:35

Victor, if I may. So, I just want to add that whenever the costs go up like this, what tends to happen. What we worry about is the risk of this market because those that are willing to increase premiums right because the costs are expensive and you're looking at the same price as a car payment a mortgage for some people their rent and so the ones that are really choosing to purchase this are the ones that really need it. There's that starts to lead pressure into the health of the market and then the overall stability of prices going forward. That's what we worry about and that's when life prices are so concerning when we talk about the providers, no there's not a direct impact to the provider. But what it does do is it puts additional pressure on health insurance companies to be aggressive on those contracts and making sure that we're getting the lowest you know the most aggressive price to keep these prices down and when that happens you see unfortunately like it's in the news there's a lot going on this last year with contracting. And providers and insurance companies not agreeing. So, there that is a risk. It's not a direct risk of this but it all of us puts additional market pressure and it does have that effect. So, it's all I would add to the commentary.

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