

Health Insurance Marketplace Advisory Committee Meeting Minutes

When: Thursday, April 17, 2025 – 9 a.m. to 12:00 p.m.

Where: Virtual via Microsoft Teams

In-person at the Barbara Roberts Human Services Building
500 Summer St NE Rm 160, Salem OR 97301

Committee members:

Virtual – Gladys Boutwell, Stacy Carmichael, Charlie Fisher, Ron Gallinat, Paul Harmon, Lindsey Hopper (chair), Shannon Lee, Kathleen Orrick, Clare Pierce-Wrobel, Andrew Stolfi, Om Sukheenai, Nashoba Temperly (vice chair), Joann ZumBrunnen

Members not present: None

Other presenters: Stephanie Kennan, Dorocida Martushev, Sean McAnulty, Marybeth Mealue, Tim Sweeney

Marketplace staff: Katie Button, plan management and policy analyst; Amy Coven, communications and public engagement analyst; Chiqui Flowers, director; Victor Garcia, operations development specialist; Cable Hogue, implementation analyst and federal liaison; Dawn Shaw, office support coordinator

Agenda item and time stamp ¹	Discussion
Welcome, roll call, guidelines, approval of minutes, new member introduction	<p>Roll call of Health Insurance Marketplace Advisory Committee (HIMAC) members, review of meeting guidelines, and approval of the 12/5/24 meeting minutes. (See the handout packet pages 1-2 for a copy of the agenda, pages 3-6 for the December minutes, and page 7 for meeting protocols.)</p> <ul style="list-style-type: none"> Approved December 5, 2024, minutes. <ul style="list-style-type: none"> First motion to approve – Kathleen Orrick Second motion to approve – Shannon Lee Ayes – Gladys Boutwell, Stacy Carmichael, Charlie Fisher, Ron Gallinat, Paul Harmon, Lindsey Hopper, Shannon Lee, Kathleen Orrick, Clare Pierce-Wrobel, Andrew Stolfi, Om Sukheenai, Nashoba Temperly, and Joann ZumBrunnen Nays – none Introduced our new member, Joann ZumBrunnen. She is a small business owner and a Marketplace enrollee.
Federal health policy updates 13:10	<p>Presenter: Stephanie Kennan from McGuire-Woods Consulting.</p> <ul style="list-style-type: none"> A lot is going on with the new administration. What has happened so far: <ul style="list-style-type: none"> Some Executive Orders went out that reversed some Biden-era policies. 2025 Marketplace Integrity and Affordability Rule has been proposed. <ul style="list-style-type: none"> Would shorten the open enrollment period. Requires enhanced income verification process

¹These minutes include timestamps from the meeting recording in an hour: minutes: seconds format. Meeting materials and recording are found on the Oregon Health Insurance Marketplace Advisory Committee [website](#) under 2025 Meetings, April 17.

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- Reinstates a 2015 policy that would require Marketplaces to designate enrollees as ineligible for APTCs (advanced premium tax credit) if they fail to reconcile on their taxes.
 - Makes it so states cannot automatically reenroll bronze members if they are eligible for a cost-sharing reduction (CSR) silver plan.
 - Changes SEPs (special enrollment periods), including removing the 150% FPL (federal poverty level) for a month or two.
 - Bars DACA (Deferred Action for Childhood Arrivals) recipients from QHPs (qualified health plan) and BHPs (basic health plan) making them ineligible for APTCs and CSRs.
 - Removes gender affirming care as an essential health benefit and allows insurers to collect past due premiums before they can move to another plan if state law permits.
 - Some injunctions have already been filed and are noted in the rule.
 - CMS (Centers for Medicare and Medicaid Services) is reinstating agents or brokers that were kicked out due to churn or enrolling people without their knowledge. Stating that they were removed without due process.
 - In the final MA (Medicare Advantage) rule, HHS (Health and Human Services) is denying coverage of weight loss medications. Under Biden, obesity was considered a chronic illness.
 - US Preventative Services Task Force is reviewing weight loss drugs. The result could be that private insurance is required to cover the weight loss drugs.
 - HHS cuts:
 - 300 people cut from CMS. It is not clear which section of CMS they were working.
 - Over 20,000 HHS employees have been let go across the country.
 - Most changes are to consolidate functions.
 - Reducing the CDC (Centers for Disease Control) data collection functions.
 - A lot of cuts made in the FDA (Food and Drug Administration).
 - They will be consolidating Health Resources and Services Administration (HRSA) and the Substance Abuse and Mental Health Services Administration (SAMHSA).
 - Regional offices will be reduced from 10 to 5. Those that will be closed are Boston, New York, Chicago, San Francisco, and Seattle. Offices that will remain are Philadelphia, Denver, Kansas City, Atlanta, and Dallas.
 - June 2 deadline to make all the cuts. Some agencies have rehired people on a temporary basis to perform duties no one else can do.
 - New CMS administrator is Dr. Oz, he is focusing on AI (artificial intelligence) to help with waste, fraud, and abuse. Some discussions on using AI for administering healthcare.
 - Budget resolution and reconciliation:
 - The resolution is not a law, and not signed by the president. It is an outline on Congress' priority for spending.
 - Reconciliation needs a majority to pass.
 - Byrd Rule is that Congress must review the package and make sure that it is directly impacting spending, up or down.
 - Enhancing child tax credit, no taxes on tipping or social security benefits. Discussion on taxing high income earners.
 - PBM (pharmacy benefit management) reform is a topic of interest.
 - Discussion on reversing the Biden administration nursing home rule.
 - They believe that states are getting too much money and qualifying people at 90% of the FMAP (federal medical assistance program). Looking at reducing the FMAP and having more eligibility verifications.
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- APTCs will expire at the end of the year. It is unclear about extending and hard to predict what will happen.
- Om commented on the proposed bill about people choosing a bronze plan if they are eligible for a silver plan and at the same time talking about APTC ending. Some people can't afford to pay for a CSR silver plan.
- Stephanie added is when they are looking to unwind some programs, they are talking about expanding the contracts with the states and not considering the added expense to the states.
- Om has been approached by lobbyists and wonders if it is worth it. Stephanie stated that if you have a particular point of view, lobbying is a way to make some noise and having your voice heard.
- Kathleen observed that the states where the regional offices appear to be cut are blue states and the remaining states are red and wondered if this was an accurate observation. Stephanie confirmed that observation has been brought up, but the usual response is that they are just consolidating.
- Kathleen also wondered how the public will be served with the consolidation. Stephanie stated that there are conversations about if the remaining regional office will be able to support the work.
- Kathleen brought up that Robert F. Kennedy is talking about eliminating obesity treatments which has a link to other comorbidities and at the same time, discussing a cure for autism.

OHP Bridge updates
44:47

Presenters: Sean McNulty, OHP (Oregon Health Plan) Member Communications Coordinator and Tim Sweeney, HPA (Health Policy and Analytics) Senior Policy Analyst.

(See pages 8-10 of the handout packet for a copy of the slide deck)

- Paul wondered what if something happens to the Bridge program if there are Medicaid cuts. Tim responded that right now, they don't know what is going to happen. It depends on what is cut. The Bridge program, while operated through Medicaid and CCOs (coordinated care organizations), is funded through the Marketplace and they will continue to monitor the situation.
- Om is concerned about the mandatory language about ending their Marketplace plan if they qualify, but some clients don't want to be in OHP, and if they still have that option. Tim replied that they are not able to tell clients that because federally they are not eligible for a Marketplace plan if they have OHP. They can passively reenroll if they don't update their plan from year-to-year.
- Charlie thinks that it can be challenging for people when they get a bill to have them request retroactive coverage. In future years, can we come up with a more streamlined solution. Tim informed that there are some limitations that would not enable an automatic back date of coverage for everyone that enrolls in February to April. Not able to identify people who have a coverage gap.
- Kathleen questioned if people are getting notices well in advance of their eligibility ending and that reenrollment is necessary. Sean said that they will get notification a few months in advance that their benefits will end if they don't respond about their OHP renewal.

SBM project updates
1:06:18

Presenters: Victor Garcia, Marketplace Operations Development Specialist and Dorocida Martushev, SBM (State-based Marketplace) Project Manager.

(See pages 7-8 of the handout packet for a copy of the slides.)

- Charlie asked and Dorocida responded.
 - Q: Which vendor we are going with?
 - A: GetInsured
 - Q: How was the decision made?
 - A: There was a formal approval process involving DAS (Department of Administrative Services), DOJ (Department of Justice) and Procurement. It is a structured process with scoring methodology when we reviewed the

	<p>proposals. The information can be located on Oregon Buys. There were demos of the proposed product.</p> <ul style="list-style-type: none"> ○ Q: What is the protest and what is the significance. ○ A: After we posted in Oregon Buys the intent to award, there was a seven-day protest period. Chiqui added that DAS released a response to the protest this week. • Stacy wondered if there were any themes during the partner listening sessions and if any action was taken. Dorocida replied that she doesn't have that information, but it is available on the SBM Project website, including recordings of the sessions. Chiqui will be following up on this question after the meeting.
Public comment & break 1:29:25	<p>John-Pierre Cardenas from Kaiser Permanente appreciated our updates</p> <p>Q: Is there an expected target kick-off date selected for issuers to begin integration discussions so as a carrier we are prepared.</p> <p>A: Dorocida responded that we anticipate the vendor selection process will be at the end of July. We will be putting together a timeline and should be able to have a more definitive date. Victor added that Katie Button and Anthony Behrens are reaching out to carriers to get their company's IT contacts. Chiqui advised that there is a carrier listening session on April 24.</p>
2025 open enrollment progress report 1:37:46	<p>Presenter: Cable Hogue, Marketplace Implementation Analyst and Federal Liaison. (See pages 10-11 of the handout packet for a copy of the slide deck)</p> <ul style="list-style-type: none"> • Cable provided a caveat that the public use files have not yet been released by CMS. We were given permission to use internal numbers. There may be some differences when the data is released to the public.
2026-2027 Carrier Request Applications 1:41:54	<p>Presenter: Katie Button, Marketplace Plan Management and Policy Analyst. (See page 12 of the handout packet for a copy of the slide deck)</p> <ul style="list-style-type: none"> • Kathleen is concerned about providers available but not actually offering and approving services because they don't have contracts in the members area. Katie explained that there is not a lot that the state can do, but they are required to show network adequacy with DFR (Department of Financial Regulation). Carriers and providers must come to contract together. Chiqui will be looking into this and will follow up. Kathleen added that there is a carrier on slide 42 who doesn't have a robust network in the Eastern Oregon area. • Om asked if there is a customer service rating system. Medicare has a star rating system. Can DFR not contract with them due to poor customer service? Katie replied that they don't ask about customer service directly but ask about overall customer interactions. Carriers must be in good standing with DFR. If they are not in good standing, DFR will not certify the plan. • Joann shares the concerns as well and would like further discussion about health care contracts and not providing payment. Chiqui will be following up with Joann about her concerns. Joann had another question on if the HIMAC's goal is to make sure there are enough choices for consumers. Katie stated that most of our carriers are Oregon-based and that is why we have so many insurers to choose from.
2025 Marketplace Integrity & Affordability proposed rule 1:55:08	<p>Presenter Anthony Behrens, Marketplace Senior Policy Advisor. (See pages 13-14 of the handout packet for a copy of the slide deck)</p> <ul style="list-style-type: none"> • No additional questions were asked.
2025 legislative bills of interest 2:10:42	<p>Presenter: Marybeth Mealue, Senior Policy Advisor with OHA (Oregon Health Authority) Government Relations. (See pages 14-15 of the handout packet for a copy of the slide deck)</p> <ul style="list-style-type: none"> • HP 3964 is not on slide 58 as it was introduced yesterday (April 16, 2025). It creates a process for health insurers or providers to choose to mediate when they

	<p>are not able to come to an agreement on contract negotiations. Gives the Governor decision making authority and creates penalties if they cannot come to an agreement. Not reviewed or sent to a committee yet.</p> <ul style="list-style-type: none"> • Stacy had a question about SB 822. Earlier in the meeting, there was discussion on network adequacy and if SB 822 addresses those questions. Marybeth clarified that SB 822 is focused on large employee health group plans, like PEBB (Public Employees Benefit Board). Currently fiscal is evaluating the bill and will be a part of the May revenue forecast. • Om wanted to know about SB 2540, which has been passed to the floor of first chamber, and wanted to know what kind of treatments will be affected. Marybeth clarified that it is not specific, but situational.
SBM branding initiative 2:21:16	<p>Presenter: Amy Coven, Marketplace Communications and Public Engagement Analyst.</p> <p>(See pages 16-17 of the handout packet for a copy of the slide deck)</p> <ul style="list-style-type: none"> • Stacy appreciates the work and her favorite is “Explore Health”. She liked “Chorus” once it was explained but may have to be explained for the consumers to understand. • Shannon loved the layers and loves “Explore Health”. • For Charlie, “Explore Health” is the favorite. Speaks to where someone could go to get health insurance. “To Your Health” and “Chorus” aren’t as intuitive and doesn’t look like it would be for health insurance. • Kathleen echoes that “Explore Health: is her favorite. It is intuitive and would resonate with Oregonians. • Amy added that Lindsey and Nashoba are two of the sponsors and have given great feedback. • Chiqui wanted the committee to know if they have any suggestions, comments, or questions please do not hesitate to reach out to her and Amy.
Public comment, committee business, wrap up and closing 2:41:57	<ul style="list-style-type: none"> • John-Pierre Cardenas really appreciated the presentation. Kaiser is eager to see the exchange evolve. Wanted to know if there will be an email or something that will go out on topics the Marketplace wants comments on. Chiqui suggested going to the SBM website orhim.sbm/transition and signing up for one of the listening sessions or getting on the newsletter distribution list. Katie can be a point of contact for carrier concerns. • Follow up topics will be done through email or at the next meeting. <ul style="list-style-type: none"> ○ Charlie on evaluation criteria ○ Stacey on partner listening sessions and any actions taken from that feedback. ○ Kathleen & Joann about provider contracting and network adequacy. • This is the last meeting we will have with DCBS ex-officio Andrew Stolfi. He is going to work at the Oregon Employment Department in June. In the interim, direct any DFR questions to Chiqui. • Next meeting will be the Assessment Rate Rule hearing on June 18, 2025.