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NOTICE OF PROPOSED RULEMAKING

INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 945
OREGON HEALTH AUTHORITY
HEALTH INSURANCE MARKETPLACE

FILED: 08/11/2026 8:58 AM
ARCHIVES DIVISION SECRETARY OF STATE

FILING CAPTION: 2027 Health Insurance Marketplace Qualified Health Plan and Stand Alone Dental Plan Annual Assessment Rates

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 09/21/2026 5:00 PM
The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
Melanie White
Rules Coordinator

HEARING(S)
Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 09/17/2026
TIME: 2:00 PM - 3:00 PM
OFFICER: Mel White

REMOTE HEARING DETAILS
MEETING URL: Click here to join the meeting
PHONE NUMBER: 971-277-2343
CONFERENCE ID: 265770325887697
SPECIAL INSTRUCTIONS:
Attendees will need to join the meeting by Microsoft Teams or phone. If you wish to provide comment, please be signed in or call in by no later than 15 minutes after the start time. Join by Microsoft Teams: Meeting ID: 265770325887697 Passcode: vz7rw9Mz or call in: +1-971-277-2343 Phone Conference ID: 613 243 187# Everyone has a right to know about and use OHA programs and services. OHA provides assistance such as sign language and spoken language interpreters, written materials in other languages, braille, large print, audio and other formats. If you need assistance or

have questions, please contact HPA-Rules@oha.oregon.gov at least 5 days before the meeting.

NEED FOR THE RULE(S):

ORS 741.105 requires the Oregon Health Authority (OHA) to establish assessment rates for qualified health plans and stand alone dental plans sold through the Health Insurance Marketplace (Marketplace). The assessment is the funding source for the Oregon Health Insurance Marketplace's operations and support for qualified health plan (QHP) enrollment. These rates are reviewed annually, adjusted based on budget and enrollment projections, and updated by amending 945-030-0030.
The amendment raises the assessment rates to $35.60 per member per month (PMPM) for qualified health plans and $1.70 PMPM for stand-alone dental plans in calendar year 2027.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

ORS 741.102 and 741.105. The text for both statutes are available through the Oregon Legislature's website: www.oregonlegislature.gov
Document: Oregon Health Insurance Marketplace Report - CY 2027 Administrative Charges Marketplace Advisory Committee Material Memo, available on the Health Insurance Marketplace rules web page: https://healthcare.oregon.gov/marketplace/gov/Pages/rules.aspx.

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE:

Health Insurance Marketplace Racial Equity Statement
For 2027 945-030 Marketplace Assessment Rate Filing

The Health Insurance Marketplace Advisory Committee (HIMAC) was consulted as the advisory group for the proposed amendment. The HIMAC is composed of a diverse group of Oregon residents including consumers, insurers, providers, consumer advocates, small business owners, insurance agents, and application assisters across the state. The meeting in which the proposed changes were discussed was a public forum held virtually, allowing people from any community in Oregon to attend and submit public comment.

This assessment funds Marketplace operations annually and is calculated according to the projected needs based on legislatively approved budgeted activities and on projected enrollment in Marketplace plans. Since the rule amendment only changes the amount of the assessment paid by insurance carriers, impacts to racial equity would come from the program activities requested and authorized in that budget, which are then funded by the assessment changed by this rule amendment.

The proposed assessment for 2027 will fund the first full year of Oregon's state-based marketplace enrollment platform and consumer assistance center independent of HealthCare.gov, the federally facilitated marketplace platform. Oregon insurance carriers pay the assessment, and account for them in the annual rate filings for plans that will be sold both on and off the Marketplace to Oregonians. Individual Oregon residents purchasing plans through the Marketplace would see a greater increase than previous years alongside the annual premium rate increases resulting from ordinary insurance market forces. Based on the available data, there are no indicators that this would disproportionately impact any specific populations or demographics in Oregon negatively. However, this is difficult to verify without access to the data that will be available soon in Oregon's state-based marketplace (SBM)platform. This assumption will be evaluated annually for subsequent amendments when the data is available.

Within that context, the Oregon Health Authority (OHA) has committed to ending health inequities in Oregon with equity-centered health policy reform strategies for the state, and to anti-racist and equity-centered policies and ideals as

an organization. The mission of the Marketplace, as an office within OHA, is to empower Oregonians to improve their lives through local support, education, and access to affordable, high-quality health coverage. We accomplish this primarily through outreach and education, both directly with communities and through digital and other media. The Marketplace operates with a lean staffing model, which means partnering with a diverse group of community organizations, community leaders, chambers of commerce, cultural liaisons, faith-based organizations, and other government units is critical to our success. Our outreach staff build annual strategic plans for the engagement of the communities and partners in their region, including partnership and engagement with diverse communities and the Tribes within Oregon.

The Marketplace's access to the demographic information of the people enrolled is currently very limited. The Marketplace has confidence that the SBM platform will provide adequate data to support needed changes that address health inequities and racial and other disparities as they are identified. Oregon law mandates Oregon's transition to an SBM to realize this change by November 1, 2026 for plan year 2027.

While the assessment rate rose slightly for plan year 2026, implementation of the SBM transition project required by Oregon law requires additional changes in the 2027 assessment rule amendment. Execution according to the Marketplace's legislatively approved budget includes changes to the program that will greatly improve the quantity and quality of the demographic data available to the Marketplace. With the state enrollment and eligibility platform implementation required in state law, the Marketplace will be able to collect and analyze enrollment data, including race, ethnicity, language, and disability (REALD) and sexual orientation and gender identity (SOGI) data in real time to:

- Recognize trends and inform policy development and decision-making that affect communities traditionally harmed by social and health inequities;
- Allow for real-time, micro-focused outreach and education to these communities and to populations who are showing increased rates of uninsurance; and
- Create a baseline that will inform outreach and education resource allocation to ensure that the Marketplace effectively and efficiently reaches those impacted most by the inequities inherent in current systems.
- Align data collection structure with the ONE system to enable aggregated analysis and identify populations without coverage across programs

Oregon's SBM platform will also allow the state to customize open enrollment and create special enrollment periods to meet the unique needs of Oregon residents and address the specific circumstances they may face much quicker and more effectively than currently possible under the existing HealthCare.gov framework.

Subsequent amendments to this rule may be impacted by legislative changes, budget impacts, and process changes resulting from these continued efforts.

FISCAL AND ECONOMIC IMPACT:

This assessment funds all the Marketplace's operations and support for qualified health plan enrollment, and the direct 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.

The proposed assessment for 2027 will fund the first full year of Oregon's SBM enrollment platform and consumer assistance center independent of HealthCare.gov. The proposed 2027 rates are rising compared to the 2026 rates. While there is a greater expected economic impact to insurance carriers paying the assessment compared to previous

years, the additional costs are accounted for as administrative costs in the insurers' annual rate filings for Marketplace qualified health plans (QHP) and end up as part of the premiums paid by Oregon residents in the individual health insurance market. This results in an increase in premiums across all QHPs sold both on and off the Marketplace.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).
(1) The changes to the rule will not impact state agencies other than OHA or units of local government. OHA is proposing these rates based on economic models and budget projections. The Marketplace assessment is paid by insurance carriers by way of premiums of the individual health insurance plans purchased through the Marketplace by Oregonians. Due to the greater than average increase to the assessment rates for QHPs and qualified dental plans, members of the public purchasing insurance through the Marketplace and individual insurance carriers participating in the Marketplace may see a small economic impact related to this amendment.
(2)(a) This rule does not impact small businesses directly, and no indirect impacts were identified;
(b) There are no additional reporting, recordkeeping or administrative activities or costs required for small businesses to comply with the rule;
(c) There are no additional professional services, equipment supplies, labor, or increased administration required for small businesses to comply with the rule amendments.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Although this amendment did not have any identified impacts to small businesses, small business interests were represented by a member of the rule advisory committee.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

AMEND: 945-030-0030

RULE SUMMARY: The amendment raises the assessment rates to $35.60 per member per month (PMPM) for qualified health plans and $1.70 PMPM for stand-alone dental plans in calendar year 2027.

CHANGES TO RULE:

945-030-0030
Administrative Charge on Insurers and Health Care Service Contractors ¶

(1) Effective January 1, 2015, each health insurer or health care service contractor offering:¶
(a) Qualified health plans through the Marketplace shall pay a monthly administrative charge equal to $9.66 times the number of members enrolled through the Marketplace in that month.¶
(b) Stand alone dental plans through the Marketplace shall pay a monthly administrative charge equal to $0.97 times the number of members enrolled through the Marketplace in that month.¶
(2) Effective January 1, 2016, each health insurer or health care service contractor offering:¶
(a) Qualified health plans through the Marketplace shall pay a monthly administrative charge equal to $9.66 times

the number of members enrolled through the Marketplace in that month¶
(b) Stand alone dental plans through the Marketplace shall pay a monthly administrative charge equal to $0.97 times the number of members enrolled through the Marketplace in that month.¶
(3) Effective January 1, 2017, each health insurer or health care service contractor offering:¶
(a) Qualified health plans through the Marketplace shall pay a monthly administrative charge equal to $6.00 times the number of members enrolled through the Marketplace in that month.¶
(b) Stand alone dental plans through the Marketplace shall pay a monthly administrative charge equal to $0.57 times the number of members enrolled through the Marketplace in that month.¶
(4) Effective January 1, 2018, each health insurer or health care service contractor offering:¶
(a) Qualified health plans through the Marketplace shall pay a monthly administrative charge equal to $6.00 times the number of members enrolled through the Marketplace in that month.¶
(b) Stand alone dental plans through the Marketplace shall pay a monthly administrative charge equal to $0.57 times the number of members enrolled through the Marketplace in that month.¶
(5) Effective January 1, 2020, each health insurer or health care service contractor offering:¶
(a) Qualified health plans through the Marketplace shall pay a monthly administrative charge equal to $5.50 times the number of members enrolled through the Marketplace in that month.¶
(b) Stand alone dental plans through the Marketplace shall pay a monthly administrative charge equal to $0.36 times the number of members enrolled through the Marketplace in that month.¶
(6) Effective January 1, 2021, each health insurer or health care service contractor offering:¶
(a) Qualified health plans through the Marketplace shall pay a monthly administrative charge equal to $5.50 times the number of members enrolled through the Marketplace in that month.¶
(b) Stand alone dental plans through the Marketplace shall pay a monthly administrative charge equal to $0.36 times the number of members enrolled through the Marketplace in that month.¶
(7) Effective January 1, 2022, each health insurer or health care service contractor offering:¶
(a) Qualified health plans through the Marketplace shall pay a monthly administrative charge equal to $5.50 times the number of members enrolled through the Marketplace in that month.¶
(b) Stand alone dental plans through the Marketplace shall pay a monthly administrative charge equal to $0.36 times the number of members enrolled through the Marketplace in that month.¶
(8) Effective January 1, 2023, each health insurer or health care service contractor offering:¶
(a) Qualified health plans through the Marketplace shall pay a monthly administrative charge equal to $5.50 times the number of members enrolled through the Marketplace in that month.¶
(b) Stand alone dental plans through the Marketplace shall pay a monthly administrative charge equal to $0.36 times the number of members enrolled through the Marketplace in that month.¶
(9) Effective January 1, 2024, each health insurer or health care service contractor offering:¶
(a) Qualified health plans through the Marketplace shall pay a monthly administrative charge equal to $5.50 times the number of members enrolled through the Marketplace in that month.¶
(b) Stand alone dental plans through the Marketplace shall pay a monthly administrative charge equal to $0.36 times the number of members enrolled through the Marketplace in that month.¶
(10) Effective January 1, 2025, each health insurer or health care service contractor offering:¶
(a) Qualified health plans through the Marketplace shall pay a monthly administrative charge equal to $5.50 times the number of members enrolled through the Marketplace in that month.¶
(b) Stand alone dental plans through the Marketplace shall pay a monthly administrative charge equal to $0.36 times the number of members enrolled through the Marketplace in that month.¶
(11) Effective January 1, 2026, each health insurer or health care service contractor offering:¶
(a) Qualified health plans through the Marketplace shall pay a monthly administrative charge equal to $6.85 times the number of members enrolled through the Marketplace in that month.¶
(b) Stand alone dental plans through the Marketplace shall pay a monthly administrative charge equal to $0.45 times the number of members enrolled through the Marketplace in that month.¶
(12) Effective January 1, 2027, each health insurer or health care service contractor offering:¶
(a) Qualified health plans through the Marketplace shall pay a monthly administrative charge equal to $35.60 times the number of members enrolled in a Marketplace plan in that month.¶
(b) Stand alone dental plans through the Marketplace shall pay a monthly administrative charge equal to $1.70 times the number of members enrolled in a Marketplace plan in that month.
Statutory/Other Authority: ORS 741.002
Statutes/Other Implemented: ORS 741.105