

Health Insurance Marketplace Advisory Committee Meeting Minutes

When: February 19, 2026 – 9 a.m. to 12:00 p.m.

Where: Virtual via Microsoft Teams

Committee members: Marin Arreola, Charlie Fisher, Ron Gallinat, Paul Harmon, Lindsey Hopper (chair), TK Keen, Kathleen Orrick, Om Sukheenai, Nashoba Temperly (vice chair), Matthew Woodbridge, Alena Zbirun

Members not present: Stacy Carmichael, Clare Pierce-Wrobel, Katherine Souza

Other presenters and partners: Bill Kramer, Dorocida Martushev, Marybeth Mealue, David Simnitt

Marketplace staff: Anthony Behrens, Katie Button, Amy Coven, Chiqui Flowers (director), Victor Garcia, Cable Hogue, Enedina Lopez Paz, Dawn Shaw, Micheil Wallace

Agenda item and time stamp*

Discussion

Welcome, roll call, gratitude for reappointments & welcome of new members guidelines, approval of minutes

Roll call of Health Insurance Marketplace Advisory Committee (HIMAC) members, review of meeting guidelines, and approval of the December 4 meeting minutes. (See the handout packet pages 1-2 for a copy of the agenda, pages 3-6 for October minutes, and page 7 for list of senate-confirmed HIMAC members and meeting protocols.)

- Approved December 4, 2025, minutes.
 - First motion to approve – Ron Gallinat
 - Second motion to approve – Nashoba Temperly
 - Ayes – Marin Arreola, Charlie Fisher, Paul Harmon, Lindsey Hopper, TK Keen, Kathleen Orrick, Om Sukheenai
 - Nays – none
 - Absent – Stacy Carmichael, Clare Pierce-Wrobel

2026 Open Enrollment: initial estimates & agents and community partners report
6:31

Presenters: Cable Hogue, Marketplace Business Policy and Data Advisor; Micheil Wallace, Marketplace Agent Liaison; Enedina Lopez Paz, Marketplace Community Partner Liaison

(See pages 8 & 9 of the handout packet for a copy of the slides.)

- Marin asked if we had enrollment data on how specific ethnic or vulnerable groups were impacted. Cable responded that when the public use files come out, we will get some idea, but next year we will have more definitive numbers once we transition to the state-based marketplace.
 - Charlie was curious about the partner grantees process and how we find the groups. Both Enedina and Micheil replied that both partner agents and community partners go through an RFGP (request for grant proposal) process. The Marketplace looks at the organizations that apply and the areas that they serve, trying to get as much of the state covered as possible.
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- Kathleen wondered if there is any information about finding pockets of uninsured or if they are using group insurance like church or faith-based groups. Cable indicated that unfortunately with the data we currently can access, we do not have exact information. Through the University of Minnesota's SHADAC (State Health Access Data Assistance Center), we have access to data that gives us an idea of pockets of unenrolled populations. Two of them being the Portland, Clackamas, and Washington Counties and Deschutes County. Next year with our own technology, we will be better able to see movements between enrollments. Faith-based groups are not insurance and are not regulated through DFR (Department of Financial Regulation)
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**2026 Oregon
Legislative
Session
38:12**

Presenters: Marybeth Mealie, Senior Policy Advisor, External Relations, OHA
(See page 10 of the handout packet for a copy of the slide.)

- Paul wondered if there were any bills introduced specific to the State-based Marketplace (SBM). Marybeth indicated that there isn't anything transition-dependent introduced this year.
 - Marin was curious about OHA (Oregon Health Authority) and DHS (Department of Human Services) requesting \$350 million dollars. Marybeth responded that it likely was in response to HR1 changes in continuous eligibility and work requirements.
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**SBM project
updates
51:04**

Presenters: Victor Garcia, Marketplace Operations Advisor and Program Liaison
and Chiqui Flowers, Marketplace Director
(See pages 11-13 of the handout packet for a copy of the slides.)

- SBM Project Timeline: Implementation correction, the requirements have been completed.
 - Acronym definitions:
 - CAC – Consumer Assistance Center
 - UAT – User Acceptance Testing
 - RFQ – Request for quotes
 - EDI - Electronic Data Interchange
 - IEA - Information Exchange Agreement
 - FDSH - Federal Data Services Hub
 - IMPL - "Implementation"
 - SFTP - Secure File Transfer Protocol
 - Om questioned about consumers logging into HealthCare.gov and if they would be redirected into our system. Chiqui informed that notices will be going out and that consumers will need to create new logon credentials in our system. Additionally, Om wanted to know if we were going to go with a third-party platform like Health Sherpa. Chiqui responded that especially in the first year and due to security concerns and non-finalized CMS guidelines, we will not be using a third-party direct enrollment platform partner at this time.
 - In the chat, Alena Zbirun asked: "What about 1332 Waiver Extension? Can we use this money to provide affordable health insurance?" Victor informed that the state has a 1332 waiver in the form of the Basic Health Program. We could have another 1332 waiver program but there would not be any federal funding for it and there isn't any state funding available at this time.
 - Om asked about an extended OEP (open enrollment period) and Victor responded that due to federal guidelines, OEP cannot go past December 31.
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**Public
comment &
break**

- Walk-on agenda item: Bill Kramer, our OHPB (Oregon Health Policy Board) liaison provided some updates.
 - Two priorities for OHPB for 2026 are Affordability and Primary Care. With the affordability priority, they have created two committees: the
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Affordability Committee and the Industry Advisory Committee. The Affordability Committee is looking for a member who is an employer and would like to see if anyone is interested or has any recommendations. They would not have to know about health insurance.

- Thank you for all your efforts.
- From the chat:
 - Q – Jake Vandermeer: “How would a special enrollment period for pregnancy exacerbate risk profile in the individual marketplace for insurance?”
 - A – Katie Button: “We would do some analysis of other states’ experience before deciding to implement this. As most of our exchange population is older, there probably wouldn’t be a significant number of people who use this SEP. The benefits of prenatal care for both pregnant person and baby may improve general population health, which may outweigh the risk of people enrolling mid-year.”

**Proposed 2027
Notice of
Benefit and
Payment
Parameters**
1:45:50

Presenter: Anthony Behrens, Marketplace Senior Policy Advisor and Carrier Liaison (See pages 14-19 of the handout packet for a copy of the slides.)

- Recent change is the public comment deadline from March 11 to March 13, 2026.
- Charlie Fisher asked in the chat about what would be an example of an improper payment. Anthony explained that an improper payment would be paying someone who is not eligible for APTCs (advance premium tax credits), paying a deceased person’s APTCs, or someone who doesn’t live in the state.
- Kathleen Orrick questioned why non-pediatric dental was being removed as an EHB (essential health benefit) especially since dental does have a great impact in one’s overall health. Anthony responded that dental is not being eliminated and will still be offered but no longer considered part of the EHB. EHBs were initially designed from a typical employer plan, and they did not include dental as part of their EHB.

**Marketplace
Strategic
Planning:
updates &
workshops**
2:11:20

Presenters: David Simnitt, Principal, DS Consulting; Katie Button, Marketplace Policy and Plan Management Advisor (See pages 19-20 of the handout packet for a copy of the slides.)

- Alena had three questions/observations.
 - OHP and Marketplace has Marketplace and Oregon Health Plan applications include different questions and data verification processes, which can sometimes create inconsistencies when an application is transferred from the Marketplace to OHP for eligibility determination. For example, she has seen cases where income information appeared differently in the OHP system after a Marketplace transfer, even when the applicant had not reported that income (such as unemployment income appearing in the record). This can create confusion for consumers and enrollment assisters and may lead to incorrect eligibility determinations.
 - Thinks that AI (artificial intelligence) should be explored. AI can help explain concepts such as deductibles, co-insurance, and out-of-pocket maximums in simple language, guiding consumers through plan comparison and helping them make more informed choices.
 - Wondered if there is data on if people apply on their own or get assistance through navigators.
- Paul felt that the top themes resonated with him and the top bullet: simplify, getting, keeping, and understanding coverage informed the bullets below.

Everything built to minimize the challenges to stay in the market and make the changes easier for consumers.

- Lindsey added that while a number of the priorities resonate with the others, some of the priorities compete and conflict with resources and it will be important recognizing that going forward.
- Kathleen believes that education is a top priority.
- Paul indicated on slide 79 numbers 2,3, &4 (improving customer experience, using data, and education) were getting to the root causes of the challenges and would help remove barriers.
- Alena in chat “Random question, is it possible to increase # of plans in the marketplace? I know that it already has a lot of different plans, which can be very confusing for consumers. But I’m asking because there are studies that say adding one more plan decreases premiums by 5-6%, because increased market competition which attract consumers.” Katie responded that in Oregon we are fortunate to have 6 carriers, currently we are restrained by federal requirements and in the fall, we will not have those restraints.
- Matthew in chat “On the pink slide, Item 1: it’s really common for people losing OHP coverage to only find out after coverage has ended, often months later when they seek care. Anything improving that awareness of OHP coverage ending will help smooth the transition. I think the only notification currently is a one-time letter.” Amy replied that she has been working with OHP to make it so that people open the letters and that when they do they understand the content.
- Charlie had two related thoughts. 1) having a platform that is as consumer friendly as possible and 2) tailor the experience so that the plans are more responsive to what the consumers need.
- Lindsey cautioned that right now we are needing to develop a minimum viable product and that is a high priority. Paul’s comment on finding a root cause is critical before pursuing broader variability or tailoring.
- Kathleen commented that being able to reach a live voice and not be caught in an AI phone tree would be a great way to provide customer service.
- Alena asked for suggestions on how to stay involved. David replied that submitting suggestions in writing and attending future forums would be the best way.
- Om would like to be involved in the plan benefit designs in the future.

**Public
comment, wrap
up & closing
2:46:57**

- No public comment given.
- Gave a thanks to Gladys Boutwell for her service.
- Next meeting is April 16, 2026. It will be our in-person meeting.

*These 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 2026 Meetings, February 19.