



Department of Consumer and Business Services
Oregon Health Insurance Marketplace
Advisory Committee Meeting

April 22, 2020
 9 a.m. – noon
 Phone: 503-446-4951
 Access code: 292 071 47#

Link to join: [Click here to join the meeting](#)
 (you can choose to have the meeting call you)

Please note that this public meeting will be recorded.

A G E N D A

Time	Topic	Presenter(s)
9:00 – 9:15 a.m.	Welcome and approval of meeting minutes	Dan Field Committee Chair
9:15 – 9:35 a.m.	Federal health policy updates	Stephanie Kennan McGuireWoods Consulting
9:35 – 9:45 a.m.	Meet-and-greet: Mary Moller, DCBS Deputy Director	Mary Moller Deputy Director, DCBS
9:45 – 10:05 a.m.	The American Rescue Plan: Data	Cable Hogue Marketplace Implementation Analyst and Federal Liaison
10:05 – 10:20 a.m.	Window shopping tool: American Rescue Plan updates	Katie Button Marketplace Plan Management Analyst
10:20 – 10:25 a.m.	Public comment	Dan Field Committee Chair
10:25 – 10:45 a.m.	The American Rescue Plan: Outreach and marketing	Amy Coven Marketplace Communications Strategist
10:45 – 11:05 a.m.	2020 Omnibus COVID Relief Bill: COFA citizens' to OHP and impact to the COFA Premium Assistance Program	Nina Remple COFA Premium Assistance Program Manager

11:05 – 11:20 a.m.	2021 legislative session updates	Anthony Behrens Marketplace Senior Policy Advisor
11:20 – 11:40 a.m.	OHIM to OHA Project: Planning phase	Victor Garcia Marketplace Operations Development Specialist Vicky Heppner Project Manager, OHA
11:40 – 11:45 a.m.	Public comment	Dan Field Committee Chair
11:45 a.m. – noon	Wrap up and closing	Dan Field Committee Chair

Marketplace Advisory Committee Meeting Minutes
Thursday, Jan. 28, 2021 - 9 a.m. to noon
Virtual meeting via Microsoft Teams

Committee members: Kraig Anderson, Shonna Butler, Dan Field (chairperson), Jim Houser, Sean McAnulty, Ken Provencher, Shanon Saldivar (vice-chairperson), Sandy Sampson, Andrew Stolfi (ex-officio), Jeremy Vandehey (ex-officio), and Jenn Welander

Members not present: All present

Other presenters: Vicky Heppner, Stephanie Kennan, and Linda Roman

Marketplace staff: Chiqui Flowers, administrator; Anthony Behrens, senior policy advisor; Victor Garcia, operations development specialist; Cable Hogue, implementation analyst and federal liaison; Nina Remple, COFA premium assistance program manager; and Dawn Shaw, division support coordinator

Agenda item and time stamp*	Discussion
Welcome and introductions, committee housekeeping 0:0:00*	Minutes from Oct. 7, 2020, meeting approved. <i>See Pages 1-5 of handout package for a copy of the minutes.</i>
Federal health policy movement 0:01:37	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). <ul style="list-style-type: none">• New energy going on in Washington, D.C., since January.• Today, President Biden will be signing some executive orders.<ul style="list-style-type: none">○ Creating a three-month special enrollment period (SEP) for those who lost insurance coverage due to COVID. Most likely will happen starting Feb. 15 and going to May 15.○ Asking HHS to:<ul style="list-style-type: none">▪ Rescind health regulations barring federally funded providers from providing or referring patients for abortions.▪ Reexamine Medicaid work requirements.▪ Review new policies that undermine the ACA, particularly the ones concerning preexisting conditions.○ Working to make the ACA better, a long list of changes the Trump administration made.○ Looking to incentivize states who have not enacted expanded Medicaid. May require going to Congress.• There is talk about lowering the Medicaid age to 55 or 60.• “Medicare For All” is not supported by Biden.• Subsidizing COBRA coverage.• Raising caps on subsidizing premiums under the ACA.• Possibly using a Medicare Advantage-like program.

- Texas vs. California – if the Supreme Court zeroes out the penalty, Congress can put it back in. It would take years to make the ACA go away if it is rescinded.

**Open Enrollment
2021**

0:16:20

Cable Hogue presented an update of open enrollment data received from CMS.
See Page 32 of the handout package for slide.

- Based on numbers that CMS allows us to share. More information should be released in March.
- The plan selections could be lowered due to the executive orders on not removing people from Medicaid during the pandemic even if their income has increased. There are higher Medicaid numbers and lower QHP numbers.
- Active plan selection is not necessarily a plan change. Consumers could have looked at other plans and decided to remain with their current plan.
- Some are selecting Bronze plans due to the cost-sharing reductions to have lower premiums and using as catastrophic coverage.

**Governor Brown's
health care
priorities**

00:33:05

Linda Roman, health care policy advisor from the Office of Governor Kate Brown presented about the governor's health care priorities.
See Pages 6-15 of the handout package for slides.

- HB 2164 is a placeholder bill, a concept to expand coverage for more people and to build on the work of Cover All Kids. Will focus on a pilot program to expand OHP to undocumented adults, legal permanent residents under five years of residency, and young adults aging out of Cover All Kids.

**2021 Legislative
Season**

01:08:39

Anthony Behrens reviewed the 2021 legislative bills we are working on or watching.
See Pages 6-31 and supplemental handouts packages for slides.

- SB 65
 - Provides assessment for off-exchange dental plans.
 - Minor change to the SHOP program to bring it back down to 50 employees from 100 to align with the small group market.
 - MAC will move to being under the Oregon Health Policy Board (OHPB) and to stagger terms of members.
 - Change to a single report for the agency and MAC instead of two separate ones.
- HB 2041
 - House version of SB 65 with some changes and is acting as a placeholder.
 - Possible COFA 2.0, to help cover people who fall through the cracks and do not qualify for OHP.
 - COFA dental and a possible wrap-around program.
- SB 706
 - Has now been introduced.
 - Sweeps COFA funds into OHA.
 - Deletes previous COFA statutes.
- HB 2042 – DFR bill for surprise billing, may end up being a placeholder bill.
- HB 2045 – DFR bill to make sure Oregon is compliant with NAIC regulations. Will help with the auditing process with other states.
- HB 2046 – DFRs ACA reconnect bill to make sure we are compliant with updated federal regulations.
- HB 2081
 - Changes from benchmark to a target program.

- Requires OHPB to approve actions taken by OHA & DCBS towards providers not in compliance.
- SB 5510 – DCBS’s budget bill.
- Both SJR 12 & HJR 14 sends a proposition amendment to the voters. Will ensure all Oregonians have access to cost-effective care.

Public Comment No public comments
01:34:06

Impacts to COFA citizens and transition to OHP Nina Remple presented on the 2020 Omnibus COVID Relief Bill and the impacts to COFA citizens and the transition to OHP.
01:35:08 *See Page 33 of the handout package for the slide.*

- Making sure that nobody is falling through the cracks and losing coverage.
- Pandemic pushed to virtual enrollments and initially the numbers went down a bit, but was able to recover and consider this a successful year.
- Implemented an application renewal by mail. Applications up by 13 percent with a 16 percent increase in approvals from the previous open enrollment.

Sustainable health care target program & OR state option report Jeremy Vandehey, Director of Health Policy and Analytics, Oregon Health Authority presented about sustainable health care cost grown target program and the Oregon State option.
01:42:10 *See Pages 34-43 of the handout package for slides.*

OHIM to OHA Project Victor Garcia and OHA Project Manager Vicky Heppner presented the planning phase of the potential move of the Marketplace to OHA
02:16:14 *See page 44 of the handout package for slide.*

- Created a one-pager.
- Looking at the IT portion currently, includes website and phones.
- SHIBA won’t be moving with the Marketplace, likely they will move to DHS/APD or go to DFR.
- May need some IAAs for any work post July 1, 2021.
- Making sure there are not interruptions in service.
- Any transition to an SBM will occur later on and not addressed by SB 65, being with OHA will most likely make it easier to get it up and running.
- Have not heard any opposition to the move.

Staying connected during COVID Shannon Saldivar led a discussion about the MAC staying connected during the COVID-19 pandemic.
02:33:55 • Ken suggested to try to do one on ones between meeting to maintain a personal connection.

**Public comment,
wrap up, and
closing**
02:37:05

Next meeting is scheduled to be virtual on Thursday, April 22, 2021, from 9 a.m. to noon.

Thanks to Shannon for stepping in for Dan in moderating the meeting.


Assessment rule hearing will tentatively be Feb. 12, 2021. Stay tuned for further details.

*These minutes include timestamps from the meeting audio in an hour: minutes: seconds format. Meeting materials and audio are found on the Oregon Health Insurance Marketplace Advisory Committee [website](#) under 2021 Meetings, Jan. 28, 2021.

DRAFT

**ARP Provisions, the
uninsured, 2021 SEP
Enrollments, and Open
Enrollment data**

Cable Hogue



American Rescue Plan

- Reduces expected premium contribution to no more than 8.5%

Income Range (% of FPL)	Range of Expected Contributions for 2021 under Prior Law	Range of Expected Contributions for 2021 and 2022 under the Act
100% – 133%	2.07%	0%
133% – 150%	3.10% – 4.14%	0%
150% – 200%	4.14% – 6.52%	0% – 2%
200% – 250%	6.53% – 8.33%	2.0% – 4.0%
250% – 300%	8.33% – 9.83%	4.0% – 6.0%
300% – 400%	9.83%	6% – 8.5%
400% and higher	N/A	8.5%

- Removes upper income limit to receive premium tax credits

American Rescue Plan

- Disregards income above 133% of the federal poverty level for people who are eligible for or receive at least one week of unemployment insurance benefits in 2021 for determining Marketplace financial assistance
- Provides COBRA premium subsidies for enrollees from April 1 to Sept. 30, 2021
- Forgives excess premium tax credits paid in 2020

COVID-19 special enrollment period



- Open to all people who are eligible to shop through the Marketplace
- Runs Feb. 15 to Aug. 15
- Coverage begins the first of the month following enrollment

4

Uninsured overview



- Due to the new temporary changes to the ACA as a result of the ARP, we anticipate a potential influx of new enrollees that were previously uninsured to seek out coverage, as well as potential for those enrolled off-exchange to move on-exchange
- Based analysis from 2020 open enrollment and American Community Survey, there were more than 115,000 uninsured Oregonians eligible to purchase a marketplace plan

5

Uninsured overview



- Of the 115,000 uninsured over 62,000 are less than 300% of FPL, including 46,000 below 250% of FPL. The enhanced APTC amounts could vastly change any estimates they have received for coverage during previous open enrollment periods
- As of December of 2020, the Division of Financial Regulation indicated there were just over 44,000 individuals enrolled in individual market plans, off-exchange.

6

SEP Enrollments

- With the new SEP due to the COVID-19 pandemic opened on 2/15, there has been a significant increase in plan selections from 2/15-3/31 this year
- As of 3/31 we CMS has reported 5,447 plan selections from 2/15-3/31
- In 2020 the plan selections for the same timeframe were 3,965, in 2019 there were 3,657

7

Open Enrollment Data

- Overall Plan Selections: 141,089 down 3% from last year (145,264)
- Auto Re-enrollments: 31,057 up 2% from last year (30,306)
- New Consumers: 26,330 down 20% compared to last year (32,744) (New Consumers are: unique individuals who have selected a QHP with non-canceled 2021 coverage where the consumer does not have 2020 coverage on 12/31/2020 and where the 2021 plan selection is not an auto-enrollment.

8

Open Enrollment Data

- Returning Consumers with an active plan selection: 83,702 up 2% from last year (82,214)
- 98,805 plan selections with APTC
- 41,368 plan selections with CSR (Cost Sharing Reductions)
- 64,194 Bronze Plan selections
- 18,576 Gold Plan selections
- 57,632 Silver Plan selections

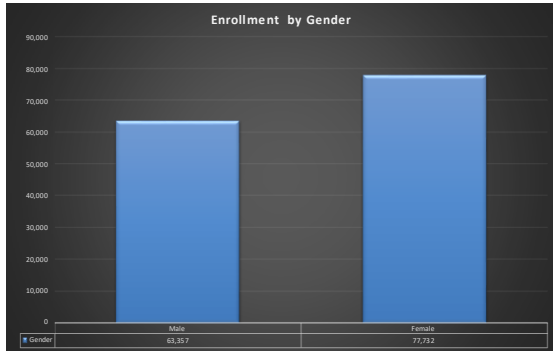
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Open Enrollment Data

- Average premium for all marketplace plan selections: \$562 per month
- Average APTC for those receiving APTCs: \$451 per month
- Average premium after APTC for those receiving APTCs: \$150 per month

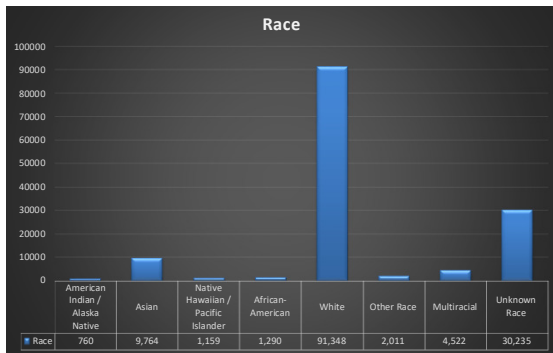
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Open Enrollment Data

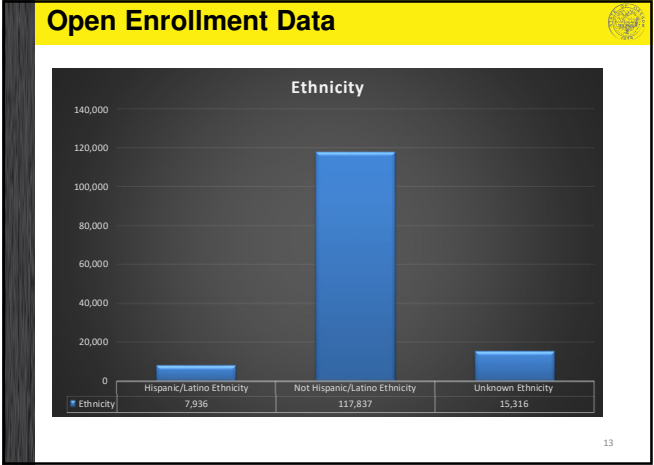


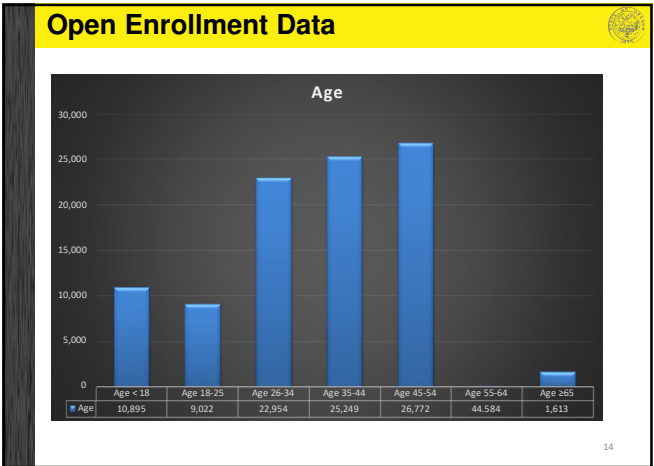
11

Open Enrollment Data



12





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Window Shopping Updates

Katie Button



American Recovery Plan Updates

- Increases tax credits for consumers already receiving them
- Provides tax credits to consumers who were previously ineligible due to income
- Reduces the amount of premium consumers are expected to pay when they are receiving unemployment benefits
 - Household income calculated as 133% FPL
 - HealthCare.gov will begin using this calculation July 1, 2021

Age	Income	Portland Area		La Grande Area	
		Previous APTC	New APTC	Previous APTC	New APTC
35	\$19,140 (150% FPL)	\$320	\$386	\$424	\$490
35	\$38,280 (300% FPL)	\$73	\$195	\$176	\$298
35	\$51,040 (400% FPL)	\$0	\$25	\$72	\$128
35	\$57,420 (450% FPL)	\$0	\$0	\$0	\$83
55	\$19,140 (150% FPL)	\$639	\$705	\$827	\$893
55	\$38,280 (300% FPL)	\$391	\$513	\$580	\$702
55	\$51,040 (400% FPL)	\$287	\$343	\$475	\$532
55	\$57,420 (450% FPL)	\$0	\$298	\$0	\$487
55	\$70,180 (550% FPL)	\$0	\$207	\$0	\$396
55	\$82,940 (650% FPL)	\$0	\$117	\$0	\$306
55	\$95,700 (750% FPL)	\$0	\$27	\$0	\$216
55	\$108,560 (850% FPL)	\$0	\$0	\$0	\$125
55	\$121,220 (950% FPL)	\$0	\$0	\$0	\$35

Window Shopping Site



- OregonHealthCare.gov/WindowShop was updated with the new tax credit calculations on April 1, 2021
- The Window Shopping site also has functionality to help consumers who receive unemployment determine if they are eligible for Medicaid
 - Pandemic Unemployment Assistance payments do not count as income for Medicaid
 - Income determination is calculated weekly going forward

4

Window Shopping Site, Continued



3.4 - Tell us about your income

- Do not include the first stimulus payment as income (up to \$1,200 per adult and \$500 per child), or the second stimulus payment as income (up to \$600 per individual). Do not estimate future job income.
- Only include earned income or unemployment benefits you are currently receiving or that you have received so far this year.
- If your job status or income changes in the future, go to HealthCare.gov to update your application.

3.4A - What is your household income from January 1, 2021 to today?
(Note: Include any unemployment benefits received so far in 2021. Do not include the first stimulus payment as income (up to \$1,200 per adult and \$500 per child), or the second stimulus payment as income (up to \$600 per individual). Do not estimate future job income.)

\$

3.4B - What is your household's weekly unemployment benefit?
(Note: Do not include the additional \$300 per week Federal Pandemic Unemployment Compensation (FPUC) payment.)

\$ per week

3.4C - What is your household's weekly Federal Pandemic Unemployment Compensation (FPUC) payment?
(Note: This benefit is typically \$300 per week per unemployed person.)

\$ per week

3.4D - If anyone in your household is receiving income from a job or source other than unemployment, enter the weekly amount here.

\$ per week

[Click here to see your estimated help paying for coverage.](#)

5

Marketing plan for the American Rescue Plan and COVID-19 Special Enrollment Period

Amy Coven



American Rescue Plan



- Reduces expected premium contribution to no more than 8.5%

Income Range (% of FPL)	Range of Expected Contributions for 2021 under Prior Law	Range of Expected Contributions for 2021 and 2022 under the Act
100% – 133%	2.07%	0%
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200% – 250%	6.53% – 8.33%	2.0% – 4.0%
250% – 300%	8.33% – 9.83%	4.0% – 6.0%
300% – 400%	9.83%	6% – 8.5%
400% and higher	N/A	8.5%

- Removes upper income limit to receive premium tax credits

2

Updated federal poverty level chart



What am I likely eligible for?

In the chart below, find your family size and follow that row over to the dollar amounts. If you earn less than the income amount listed in one column, you may be eligible for that coverage or assistance.

Family Size	Premium Tax Credits (in income %)											
	Eligible for COVID-19 CARES Act Premium Tax Credit				Cost-Sharing Reductions				Members of Federally-maintained Plans			
	Oregon Health Plan (OHP)			OHP for Pregnant Women	OHP for Kids Under 19			Zero Cost-Sharing			Reduced Cost-Sharing	
100%	138%	150%	190%	200%	250%	300%	300%	300%	300%	300%	300%	
1	\$12,880 \$1,020/mo	\$1,482/mo	\$19,320 \$1,566/mo	(Plus one per each person over 18)	\$25,760 \$2,061/mo	\$32,200 \$2,576/mo	\$38,640 \$3,091/mo	\$1,274/mo	\$1,274/mo	\$1,274/mo	\$1,274/mo	
2	\$17,420 \$1,374/mo	\$2,044/mo	\$26,130 \$2,091/mo		\$34,840 \$2,795/mo	\$43,550 \$3,424/mo	\$52,260 \$4,181/mo	\$1,428/mo	\$1,428/mo	\$1,428/mo	\$1,428/mo	
3	\$21,960 \$1,716/mo	\$2,526/mo	\$32,940 \$2,611/mo		\$43,920 \$3,477/mo	\$54,900 \$4,324/mo	\$65,880 \$5,186/mo	\$1,582/mo	\$1,582/mo	\$1,582/mo	\$1,582/mo	
4	\$26,500 \$2,075/mo	\$3,008/mo	\$39,750 \$3,138/mo		\$53,000 \$4,196/mo	\$66,250 \$5,260/mo	\$79,500 \$6,345/mo	\$1,736/mo	\$1,736/mo	\$1,736/mo	\$1,736/mo	
5	\$31,040 \$2,435/mo	\$3,490/mo	\$46,560 \$3,725/mo		\$62,180 \$4,974/mo	\$77,600 \$6,208/mo	\$92,920 \$7,417/mo	\$1,890/mo	\$1,890/mo	\$1,890/mo	\$1,890/mo	
6	\$35,580 \$2,795/mo	\$4,092/mo	\$53,370 \$4,270/mo		\$71,540 \$5,723/mo	\$89,500 \$7,163/mo	\$107,460 \$8,597/mo	\$2,044/mo	\$2,044/mo	\$2,044/mo	\$2,044/mo	
7	\$40,120 \$3,155/mo	\$4,694/mo	\$60,180 \$4,782/mo		\$80,340 \$6,427/mo	\$100,300 \$7,966/mo	\$120,260 \$9,447/mo	\$2,198/mo	\$2,198/mo	\$2,198/mo	\$2,198/mo	
8	\$44,660 \$3,515/mo	\$5,296/mo	\$67,190 \$5,357/mo		\$89,720 \$7,177/mo	\$111,600 \$8,925/mo	\$133,480 \$10,673/mo	\$2,352/mo	\$2,352/mo	\$2,352/mo	\$2,352/mo	
9	\$49,200 \$3,875/mo	\$5,898/mo	\$74,200 \$5,850/mo		\$99,400 \$7,950/mo	\$123,000 \$9,750/mo	\$146,600 \$11,716/mo	\$2,506/mo	\$2,506/mo	\$2,506/mo	\$2,506/mo	

Oregon Health Plan eligibility is based on gross monthly income. This Marketplace-based eligibility is an estimated gross annual income. This chart provides information on eligibility for various programs and services. This chart is valid through 3/31/2021. An updated version will be available at OregonHealthCare.gov as of that time.

Find free local help at OregonHealthCare.gov/GetHelp

3

State campaign



Earned media

- Press releases in English and Spanish
- Media interviews (radio, TV, print)
- Email marketing via newsletter
- Social media posts via Facebook, Instagram, LinkedIn, and Twitter in English and Spanish
- Bilingual (English/Spanish) communications toolkit
- Weekly informational blog posts
- Window shopping tool updated with new eligibility guidelines

7

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COFA Premium Assistance Program

Nina Remple



COFA and Medicaid

- On March 10, 2021 the Oregon Health Authority implemented changes to include COFA citizens eligibility for the Oregon Health Plan (OHP).
- OHA automatically transitioned COFA people with active CAWEM, emergency-only medical, to full OHP benefits.

Date	Enrolled in OHP	COFA PAP enrolled
March 29	292	542
April 16	310	506

COFA and Medicaid

- The state has Medicaid funded programs for people 65+, blind, or disabled and long-term care services.
- COFA citizens eligible for Medicare may now qualify for the Medicare Savings Program that help with premiums, deductibles and copays.
- We are supporting OHA on community outreach.
- Direct messaging to program applicants.

COFA and Medicaid

- Program enrollees that did not have active CAWEM need to apply for OHP.
- We will continue to message directly to program enrollees in multiple languages to apply for Medicaid.

COFA Program closure

- To ensure no COFA Program enrollee experiences a gap in coverage we are seeking approval to maintain the program through the 2021 fiscal year.
- Reasons to continue sponsorship until the enrollee is able to apply for OHP
 - COVID-19 safety precautions
 - Continuity of care, changing to a CCO and establishing new providers
 - Language barriers
 - Lack of technology

COFA Program closure

Projected COFA Program ending fund balance as of June 30, 2021	\$800,467
Estimated expenditures July 21 – June 22 Includes staff, services and supplies, grant awards	\$711,363
Savings based on cancelled plans for the remainder of 2021	\$118,000
Projected premiums for current enrollment for the remainder of 2021.	\$189,000

2021 Session Bills We're Really Watching

Anthony Behrens



SB 65

- Transfers Marketplace to OHA, including COFA.
- Assesses off-exchange dental carriers for plans that we certify.
- Employer size for purposes of SHOP participation will be aligned with the definition of small group in Oregon's insurance code.
- The Marketplace will have specific authority to establish state special enrollment periods (SEPs).
- MAC will become a committee of the Oregon Health Policy Board, technically under the board's direction.

2

SB 65 cont.

- The governor is required to set the term for each MAC member so that terms are staggered, rather than all ending at the same time.
- Single report to Legislature from Marketplace and OHA
- Pending amendment to change operative date of the move from June 2021 to January 2022 and to correct a drafting errors.
- Passed out of Senate Health to Ways and Means on March 1.

3

SB 557/HB 2557



- Establishes COFA Dental Program in Oregon Health Authority to provide dental care to low-income citizens of Pacific Islands in Compact of Free Association who reside in Oregon and lack access to affordable dental coverage (cost > than Medicaid).
- Requires OHA to collaborate with DCBS

4

SB 557/HB 2557 cont.



- Specifies eligibility requirements for program and duties of authority in administering program.
 - COFA Medical enrollee or
 - (A) Is a resident of Oregon;
 - (B) Is a COFA citizen; and
 - (C) Has income that is less than 138 percent of the federal poverty guidelines
 - Allows attestation. Required to provide documents only if OHA has evidence that a person isn't eligible.

5

SB 706



- SB 706 – not introduced at time of report
 - Requires Oregon Health Authority to provide grant to organization for purpose of conducting outreach to citizens of island nations in Compact of Free Association residing in Oregon to enroll citizens of island nations in Compact of Free Association in medical assistance.
- Problems: - FIXED by amendment
 - Bill sweeps the COFA fund for the grant
 - Repeals our COFA statutes

6

HB 2041 - DEAD



- Placeholder for transfer in case SB 65 gets bogged down. Has not been changed to keep up with SB 65.

HB 2042 - DEAD



- Prohibits surprise billing for emergency services provided at out-of-network facility. Prohibits out-of-network health care provider or health care facility from billing or attempting to collect from enrollee in health benefit plan or health care service contract for emergency services provided at in-network facility or out-of-network facility or for other inpatient or outpatient services provided at in-network facility.

8

HB 2044



- Allows DCBS to access data in All Payer All Claims database by certifying data will only be used to carry out department's duties.
- Protects from disclosure PII about consumers who report to department price increases for prescriptions drugs. Requires pharmaceutical manufacturers to report to department information about patient assistance programs offered to consumers for certain new prescription drugs introduced for sale in U.S.
- Requires all insurers offering health benefit plans to annually report to department data about prescription drugs covered by plans. Moves current report from rate filing to annual.

9

HB 2046



- Ensures that current enrollees in individual health benefit plans have at least 30 days to pay their monthly premiums and that new enrollees under such plans have at least 15 days to may the initial “binder” payment due under the policy.
- Ensures that key provisions of the Affordable Care Act are reflected in Oregon law, including requirements for internal claims process, external review, and mandatory notices for purchasers of short term plans.

10

HB 2046 cont.



- Most other sections of the bill either codify existing insurer practices or make minor tweaks to the Insurance Code to ensure alignment with the ACA. Because many of these reforms are already in place, the changes are not expected to have significant impacts on health insurance markets.

11

HB 2081



- Modifies Health Care Cost Growth Target Program and Health Care Cost Growth Target Implementation Committee.
 - Changes “benchmark” to “target”
 - Requires board to approve OHA and DCBS action against providers who fail to meet the target in 2023. Can take action in 2024

12

HB 2491 - DEAD



- Requires short term health insurance policies to cover essential health benefits. Prohibits short term health insurance policies with terms of six months or longer from denying coverage based on preexisting condition.

13

HB 2492 - DEAD



- Allows a carrier to establish a due date the latter of 15 days after start of coverage or 15 days after invoice is sent.
- Requires 30 day grace period for health benefit plans. 10 day grace period for other types of health plans for payment of premiums on certain health plans. Requires 10-day notice for nonpayment of premiums to be mailed to issuers of health insurance and 30-day notice of nonpayment to be mailed to issues of health benefit plans. Takes effect on 91st day following adjournment sine die.
- Applies to plans issued, renewed, or extended on or after Jan. 1, 2022.

14

SB 5510



- DCBS Budget Bill
 - 2-day public hearing on April 7 and April 12

15

SJR 12



- Proposes amendment to Oregon Constitution establishing obligation of state to ensure every resident of state access to cost-effective, clinically appropriate and affordable health care. Requires state to balance obligation to ensure health care with funding of public schools and other essential public services.
- Refers proposed amendment to people for their approval or rejection at next regular general election.

16

HJR 14 - DEAD



- Proposes amendment to Oregon Constitution establishing obligation of state to ensure every resident of state access to cost-effective, clinically appropriate and affordable health care. Requires state to balance obligation to ensure health care with funding of public schools and other essential public services.
- Refers proposed amendment to people for their approval or rejection at next regular general election.

17

**OHIM to OHA Project:
planning phase**
Victor Garcia



Transfer to OHA update 4-22-21

- Senate Bill 65 is moving through Ways and Means, no major legislative hurdles so far
- Pandemic-related 2021 operational factors for both agencies have presented some challenges that would be alleviated by a delay in transfer date
- A proposed transfer of budget authority on 7/1/21 and other operations after 1/1/2022 would mitigate most of those challenges on the visible horizon

Transfer to OHA update (cont.)

- Final decision dependent on legislative approval and passage of SB 65
- Next steps (pending new timeline approval):
 - Finance teams determine what transfers on 7/1 in inter-agency agreement
 - Procedures are defined where necessary for temporary shared responsibility period
 - Project planning must be restructured to accommodate new timelines
 - Planning for transfer of other operations continues
