



## Oregon Health Insurance Marketplace Advisory Committee Meeting

June 22, 2020  
9 a.m. – noon  
Phone: 503-446-4951  
Access code: 955 691 098#

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 – 9:10 a.m.	Welcome and approval of meeting minutes	Shanon Saldivar Committee Vice Chair
9:10 – 9:25 a.m.	Federal health policy updates	Stephanie Kennan McGuireWoods Consulting
9:25 – 10:00 a.m.	Oregon Health Policy Board overview	Dr. David Bangsberg OHPB Chair  Jeremy Vandehey Director of Health Policy and Analytics, OHA
10:00 – 10:40 a.m.	Updates from the Division of Financial Regulation <ul style="list-style-type: none"><li>The American Rescue Plan Act and State Continuation (<a href="https://dfr.oregon.gov/covid19-consumers/covid19-consumer-health/Documents/ARP-state-continuation-FAQ.pdf">https://dfr.oregon.gov/covid19-consumers/covid19-consumer-health/Documents/ARP-state-continuation-FAQ.pdf</a>)</li><li>The American Rescue Plan Act and Carrier Requirements</li><li>2022 Proposed Rates and Silver Loading</li><li>2021 Legislative Season Recap and Priorities</li></ul>	Tashia Sizemore DFR Life and Health Manager  Jesse O'Brien DFR Policy Manager
10:40 – 10:45 a.m.	Public comment	Shanon Saldivar Committee Vice Chair

10:45 – 11:15 a.m.	Upcoming Health Policy and Analytics work and engagement opportunities	Jeremy Vandehey Director of Health Policy and Analytics, OHA
11:15 – 11:30 a.m.	OHIM to OHA transition updates	Victor Garcia Marketplace Operations Development Specialist  Matt Betts Director of Business Operations, HPA Division, OHA
11:30 – 11:45 a.m.	Marketplace Advisory Committee business <ul style="list-style-type: none"> <li>• Formalization of subcommittee designation with the OHPB</li> <li>• Roster changes</li> <li>• Proposed amendments to the committee bylaws</li> <li>• Future meetings</li> </ul>	Dan Field Committee Chair  Chiqui Flowers Marketplace Administrator
11:50 – 11:55 a.m.	Public comment	Dan Field Committee Chair
11:55 a.m. – noon	Wrap up and closing	Dan Field Committee Chair

**Marketplace Advisory Committee Meeting Minutes**  
**Thursday, Apr. 22, 2021 - 9 a.m. to noon**  
**Virtual meeting via Microsoft Teams**

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

**Members not present:** Shonna Butler, Kathleen Johnathan, and Jenn Welander

**Other presenters:** Vicky Heppner and Stephanie Kennan

**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; Katie Button, plan management analyst; Amy Coven, communications specialist; and Dawn Shaw, division support coordinator

<b>Agenda item and time stamp*</b>	<b>Discussion</b>
<b>Welcome and introductions, committee housekeeping</b> 0:0:00*	<p>Minutes from Jan. 28, 2021, meeting approved. <i>See Pages 3-4 of handout package for a copy of the minutes.</i></p> <p>Introduced new members: Linzay Shirahama from Project Access NOW, who was in attendance, and Kathleen Johnson our Compact of Free Association (COFA) committee member, who was unable to attend.</p>
<b>Federal health policy movement</b> 0:05:05	<p>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).</p> <ul style="list-style-type: none"><li>• Into President Biden's first 100 days and there is work to unwind some regulations the previous administration enacted that impacted Medicaid.</li><li>• Deciding to do a small or big healthcare package. They have started some changes with the American Rescue Plan. Main roadblocks are the lack of appointed leadership for Office of Management and Budget (OMB), U.S. Food and Drug Administration (FDA), and U.S. Department of Health and Human Services (HHS). There have been some issues with nominees.</li><li>• HHS has \$80 million in grants available for navigators and federally facilitated marketplaces for fiscal year 2022. Really wanting to get more people enrolled in the marketplace. More to come on this as it likely won't apply to us as we are a state-based marketplace on the federal platform (SBM-FP).</li><li>• The social/human portion of the infrastructure bill may be separated out. It is unclear at this time and will know more soon. Will likely include drug pricing reform.</li><li>• Possible changes to Medicare including adding hearing, dental, and vision. There is talk about moving the eligible age to 60 and others are wanting 50 to get more healthy people into the pool so it will help lower the cost.<ul style="list-style-type: none"><li>○ Medicare E – an employer option sold on the exchange.</li><li>○ Medicare X – creating a public option.</li></ul></li><li>• Some do not want changes included in a budget reconciliation package, which is a way to get around needing 60 votes and needing a majority vote.</li></ul>

- There was a question on if the family glitch is likely to be addressed, but it is unknown when.

**Meet-and-greet:  
Mary Moller,  
DCBS Deputy  
Director**  
0:27:17

Mary Moller is the new Department of Consumer and Business Services (DCBS) Deputy Director as of December 15, 2020. In the governor's office, she took care of executive appointments and has sent appointment letters to many in this committee. Is supportive of a move to the Oregon Health Authority (OHA) if the legislation passes.

**The American  
Rescue Plan: Data**  
0:33:04

Cable Hogue presented an overview of the American Rescue Plan (ARP), COVID-19 special enrollment period (SEP), and open enrollment period (OEP) enrollment data received from CMS.

*See Pages 7-11 of the handout package for slides.*

- The Consolidated Omnibus Budget Reconciliation Act (COBRA) state continuation plan premium subsidies will not have an impact on us. The Division of Financial Regulation (DFR) will have the control.
- Enhanced advanced premium tax credit (APTC) amounts for unemployed people is not yet operationalized for people who enroll through HealthCare.gov. Those additional savings will be available this summer.

**Window shopping  
tool: ARP updates**  
01:03:36

Katie Button presented the updates to the Window Shopping tool due to ARP.

*See Pages 13-14 of the handout package for slides.*

- The Window Shopping Tool helps to off-ramp people who may be eligible for the Oregon Health Plan (OHP) sooner in the process.
- Demo of the tool is at 1:06:20 to 1:08:08 in the recording.
- The usage of the tool is up two to five times more from last year.

**Public comment  
and break**  
01:13:00

No public comments

**ARP outreach and  
marketing**  
01:23:04

Amy Coven presented ARP outreach and marketing plans.

*See Pages 15-17 of the handout package for slides.*

- The updated federal poverty level (FPL) chart includes the tribal and Citizen Alien Waived Emergent Medical (CAWEM) information. The 400% column was removed because it is no longer applicable to eligibility guidelines.
- The state paid advertising campaign is piloting new strategies for targeted outreach. First wave is general information. Second wave concentrates on specific demographics (single, couple with no kids, families) and has different images.
- Sean was wondering if information about the sliding scales at Federally Qualified Health Centers (FQHC) and hospital financial aid could be included on the chart. Those factors could impact plan selection. Amy is going to follow up with Sean to see what can be made into a brochure or flyer.
- Shannon wanted to know if there has been any coordination with getting information out to the unemployed. The Marketplace has an agreement with the Oregon Employment Department to send our rack cards in the mailings that go out.
- Sean wondered about outreach materials for CAWEM, Amy will follow up on this as well.

**2020 Omnibus  
COVID relief bill  
and impact to  
COFA**

01:39:48

Nina Remple presented updates about the impact to the COFA premium assistance program due to the 2020 Omnibus COVID-19 relief bill.

*See Pages 19-20 of the handout package for slides.*

- Last December, the Consolidated Appropriations Act reinstated Medicaid eligibility to COFA citizens.
- Going back to April, due to the OHP transition, we were able to save the program \$13,000 a month in premiums.
- Will continue to send out messaging.
- Some are hesitant to change plans if in the middle of treatments.

**Possible future  
topics**

01:50:50

Dan inquired if there are any future topics. Kraig wondered how to get over the hurdles to get the uninsured enrolled in the Marketplace. Chiqui stated that in a lot of ways we are data blind because HealthCare.gov does not give us the data. We have been trying to target specific groups. Happy for any suggestions and will be taking this topic back to the outreach team.

**2021 Legislative  
Season**

02:03:32

Anthony Behrens and Jeremy Vandehey reviewed the 2021 legislative bills we are working on or watching.

*See Pages 21-26 and supplemental handouts packages for slides.*

- SB 65
  - Sent to Ways & Means on March 1. No hearings scheduled.
  - An amendment is needed to fix a legislative counsel drafting error related to assessing off-exchange dental carriers for which we certify plans. We certify almost five times as many off-exchanges plans as on.
  - The change in operative date for the move to OHA is to accommodate for OEP.
- SB 557/HB 2557
  - HB 2557 is dead, it was a place holder on the House side.
  - SB 557 was sent to Ways & Means on March 17.
- SB 706
  - Sent to Ways & Means on March 17.
- SB 2010 (was not in the presentation)
  - Calls on DCBS and OHA to design a public option. Report will need to be done by the beginning of 2022. Will need to report on how a state platform would be beneficial.
  - 4/16 passed out of House Health to joint Ways & Means.
- HB 2041 – Dead
- HB 2042 – Dead
  - Federal law obviated the need for this bill.
- HB 2044
  - DCBS access to all-payer all-claims database part of this bill was amended into 2046.
- HB 2046
  - Third reading on 4/13 was rescheduled due to a COVID outbreak.
- HB 2081
  - Not a DCBS bill.
  - On 4/16 it was heard and has been passed on to the Senate.
  - Passed 52 to 5 in the House.
- HB 2492 – Dead
- SB 5510
  - Work session to be scheduled around the first or second weeks in May.

- SJR 12
  - 4/19 to House Health Care committee. No meetings or hearings scheduled currently.
- HJR 14 – Dead
  - Was a placeholder, House version of SJR 12.
- There was a value-based payment bill that did not go through.
- HB 3353 – Cover All People bill, going towards universal payment.

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## **OHIM to OHA Project**

02:23:07

Victor Garcia and Vicky Heppner, OHA Project Manager presented on the planning phase of the potential move of the Marketplace to OHA

*See page 27 of the handout package for slide.*

- The move to OHA will bring the Marketplace closer to OHP. A big opportunity to align goals and marketing.
- There shouldn't be a problem in maintaining a connection to DFR. The connection between OHA and DCBS is good.
- Feel free to contact Vicky or Victor if there are any questions or concerns.
- IT & phones transitions will be the next step after the financial portion is ironed out.
- The team will come over to OHA in one unit, working on the shared services.
- The MAC will move to be under Oregon Health Policy Board.
- Eligibility for FQHCs to request reimbursements for Marketplace enrollments will most likely require a rule change to address issues changing from DCBS to OHA.

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## **Public comment, wrap up, and closing**

02:48:12

Had to delay submission of the Marketplace Annual Report due to a delay in CMS releasing the public use data file. Close to completing the MAC Annual Report, should be done by the end of the week. Will be emailing them out for your review.

Next meeting is scheduled to be virtual on Thursday, July 22, 2021, from 9 a.m. to noon. Hopefully the October meeting can be a hybrid.

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\*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, April 22, 2021.

# Oregon Health Policy Board

## Marketplace Advisory Committee

July 22, 2021

Presenters:  
David Bangsberg  
Jeremy Vandehey



HEALTH POLICY AND ANALYTICS DIVISION

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### Today's Agenda

1. Legislative charge
2. Membership
3. Committees of the Board
4. Prioritization process & 2021 – 2023 Priorities
5. Current work

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### Legislative Charge



Oregon Health Policy Board

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Policy Oversight

Oregon Health Authority

Public Employees Benefit Board

Oregon Educators Benefit Board

Oregon Health Plan

Oregon State Hospital

OHPB Committees

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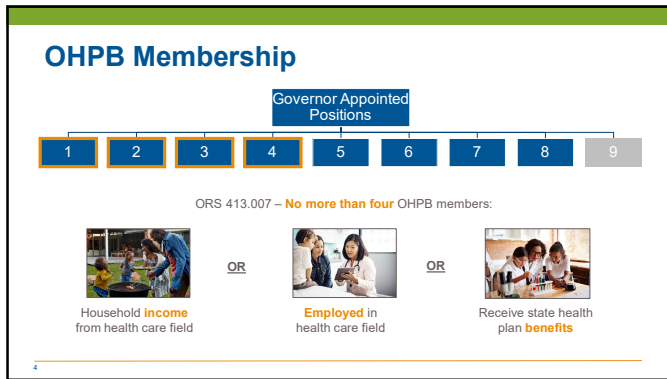
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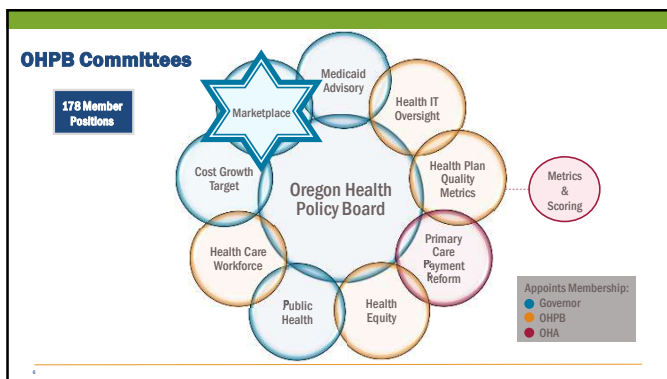
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# Prioritization Process

Oregon Health Policy Board

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## Broad Scope

OHPB Capacity

Members

Staff

Committee Members

Scope of Work

Governor

Legislation

OHA

Committees

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## Prioritization Process

January 2021  
Letter to OHPB

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Governor's charge for OHPB

1. Center work on health equity
2. Cost Growth Target Program
3. OHA's 1115 Waiver Renewal

February 2021  
OHPB Retreat

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☑ Confirmed Governor's charge

➕ Added priority of OHPB Committee Work

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### Board Priorities (2021 – 2023)



IMPLEMENTATION OF THE COST GROWTH TARGET PROGRAM



OHA'S 1115 WAIVER RENEWAL



ENSURING WORK IS CENTERED ON HEALTH EQUITY



COMMITTEES OF THE BOARD WORK

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## Current Work

Oregon Health Policy Board

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### Oregon Health Authority & Oregon Health Policy Board Have Prioritized Health Equity

- OHA strategic goal to **eliminate** health inequities by 2030
- OHA core **value** of health equity: "We consider the diversity of Oregon's communities as we make decisions about how policy and practice are developed, and how resources are distributed."
- OHPB strategic **priority** to advance health equity

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## Definition of Health Equity

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

OHPB &  
Committees  
Health Equity Work

Health Equity  
Framework

Health Equity  
Assessment

Committee  
Membership  
Workgroup

Health Equity  
Policy & Procedure



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## Waiver Overarching Goal: Advance Health Equity

- If we are successful in our waiver application, Oregon will continue to lead the way on Medicaid reform – **pioneering new ways to center equity in health system transformation.**
- To achieve this, our policy framework breaks down the drivers of health inequities into four actionable sub-goals.



Creating an  
equity-centered  
system of health



Ensuring access to  
coverage for all  
people in Oregon



Encouraging  
smart, flexible  
spending



Reinvesting gov't  
savings across  
systems

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## Waiver: Timeline

Oregon is applying to the Centers for Medicare & Medicaid Services (CMS) for a new five-year Medicaid 1115 Demonstration waiver



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### Cost Growth Target Program: Current Status



**Jan 2021**  
Recommendation report submitted



**May 2021**  
HB 2081 passed



**Summer 2021**  
VBP Compact Workgroup launches



**Oct 2021**  
Data submissions due

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## Thank You



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## **DFR Legislative Recap for MAC**

### *DFR Agency Bills – Health*

- HB 2044 – Drug price transparency program updates (failed to pass)
- HB 2045 – NAIC accreditation
- HB 2046 – “ACA Reconnect”
  - Grace periods for premium payment
  - Short-term limited-duration health plan consumer notices
  - Updates to statutes on notice of adverse benefit determinations and external review
  - DCBS access to All-Payer, All Claims (APAC) database
- SB 46 – Disability insurance claims protections

### *Major external bills – Health*

- HB 2010 – DCBS/OHA study re: public option for health insurance
- HB 2081 – Health care cost growth target program
- HB 2362 – Health care merger & acquisition review at OHA
- HB 2508 – Telehealth coverage
- HB 2517 – Updates to statutes on prior authorization, step therapy and utilization review
- HB 2623 – Insulin copay cap
- HB 3046 – Behavioral health coverage requirements
- HB 3158 – Demographic data collection
- SB 2 – Proton beam therapy coverage
- SB 65 – Marketplace transfer to OHA
- SB 428 – Extends Universal Care Task Force
- SB 699 – Prohibits pre-existing conditions exclusions in grandfathered health plans
- SB 763 – Pharmaceutical sales representative licensure
- SB 844 – Prescription Drug Affordability Board
- SJR 12 – Ballot referral to create constitutional right to access to health care



## RESOLUTION OF THE ADVISORY COMMITTEE OF THE OREGON HEALTH INSURANCE EXCHANGE

WHEREAS, Senate Bill 1, a legislative act of 2015 abolishing the Oregon Health Insurance Exchange Corporation and transferring its duties and functions to the Oregon Department of Consumer and Business Services (DCBS), was enacted by the Oregon Legislative Assembly and signed into law by Governor Kate Brown on March 6, 2015;

WHEREAS, DCBS created the Oregon Health Insurance Marketplace, a division of DCBS, to administer the functions and duties transferred from the Oregon Health Insurance Exchange Corporation;

WHEREAS, Senate Bill 65, a legislative act of 2021, transfers the duties of the Oregon Health Insurance Marketplace and functions from the Oregon Department of Consumer and Business Services to the Oregon Health Authority (OHA) was enacted by the Oregon Legislative Assembly and signed into law by Governor Brown on July \_\_\_\_, 2021;

WHEREAS, under the governing legislation, the governor must appoint 14 members of the Health Insurance Exchange Advisory Committee, hereafter referred to as the Marketplace Advisory Committee, and the OHA Director or their designee must serve as a member; and

WHEREAS, the members of the Marketplace Advisory Committee acknowledge their individual and collective responsibilities to provide advice in good faith, in the best interest of Oregonians, and in accordance with Senate Bill 65 and other law;

NOW, THEREFORE, BE IT RESOLVED that the Marketplace Advisory Committee hereby adopts its bylaws for the Marketplace Advisory Committee of the Oregon Health Insurance Marketplace, attached as Exhibit A.

I HEREBY CERTIFY that the foregoing resolution was adopted on the 22<sup>nd</sup> day of July 2021, by the Marketplace Advisory Committee of the Oregon Health Insurance Marketplace.

**Dan Field**  
Committee Chair

## Exhibit A

# BYLAWS OF THE MARKETPLACE ADVISORY COMMITTEE

## ARTICLE I

### DEFINITIONS

- ACA: Patient Protection and Affordable Care Act signed into law by President Barack Obama on March 23, 2010.
- Actual conflict of interest: As defined in ORS 244.020, means any action or any decision or recommendation by a person acting in a capacity as a public official, the effect of which would be to the private pecuniary benefit or detriment of the person or the person's relative or any business with which the person or a relative of the person is associated unless the pecuniary benefit or detriment arises out of circumstances described in ORS 244.020 (12).
- Biennium: The state fiscal or budgetary cycles begins July 1 of every odd-numbered year and ends June 30 two years later. For example, the 2015-17 biennium begins July 1, 2015, and ends June 30, 2017.
- Business: As defined in Government Ethics statute (ORS 244.020), business means any corporation, partnership, proprietorship, firm, enterprise, franchise, association, organization, self-employed individual, and any other legal entity operated for economic gain, but excluding any income-producing not-for-profit corporation that is tax exempt under section 501(c) of the Internal Revenue Code with which a public official or a relative of the public official is associated only as a member or board director or in a non-remunerative capacity.
- CCIIO: U.S. Department of Health and Human Services; Centers for Medicare and Medicaid Services; Center for Consumer Information and Insurance Oversight.
- CMS: U.S. Department of Health and Human Services; Centers for Medicare and Medicaid Services.
- Executive session: As defined in ORS 192.610 (2): Any meeting or part of a meeting of a governing body that is closed to certain people for deliberation on certain matters.
- Fiscal year: The fiscal year of the Marketplace begins July 1 of each year and ends June 30 of the next year.
- Marketplace Advisory Committee: The committee is the advisory body, also referred to as the Health Insurance Exchange Advisory Committee, established by the 2015 legislation creating the Oregon Health Insurance Marketplace as modified by Senate Bill 65 in 2021.
- Potential conflict of interest: As defined in ORS 244.020, means any action or any decision or recommendation by a person acting in a capacity as a public official, the effect of which could be to the private pecuniary benefit or detriment of the person or the person's relative, or a business with which the person or the person's relative is associated, unless the pecuniary benefit or detriment arises out of the following:

- (a) An interest or membership in a particular business, industry, occupation, or other class required by law as a prerequisite to the holding by the person of the office or position.
  - (b) Any action in the person's official capacity which would affect to the same degree a class consisting of all inhabitants of the state, or a smaller class consisting of an industry, occupation, or other group including one of which or in which the person, or the person's relative or business with which the person or the person's relative is associated, is a member or is engaged.
  - (c) Membership in or membership on the board of directors of a nonprofit corporation that is tax-exempt under section 501(c) of the Internal Revenue Code.
- Public Meeting Law: ORS 192.610-192.690 are the state statutes governing public meetings. The committee must comply with these statutes.

## **ARTICLE II**

### **PURPOSE AND POWERS**

Section 1: The Committee will advise the director of **OHA** on development and implementation of the policies and operational procedures governing the administration of the Marketplace.

Section 2: The Oregon Health Insurance Marketplace is an independent unit within the **Health Policy and Analytics Division of the OHA.**

Section 3: As set forth in the legislation, the duties of the Marketplace Advisory Committee are to provide advice on all of the following:

- The amount of the assessment imposed on insurers under ORS 741.105
- The implementation of a Small Business Health Options Program in accordance with 42 U.S.C. 18031
- The processes and procedures to enable each insurance producer to be authorized to act for all of the insurers offering health benefit plans through the Marketplace
- The affordability of health benefit plans offered by employers under section 5000A(e)(1) of the Internal Revenue Code
- Outreach strategies for reaching minority and low-income communities
- Solicitation of customer feedback
- The affordability of health benefit plans offered through the Marketplace

Section 4: The committee may hire experts to help discharge its duties, subject to the approval of the director of the Department of Consumer and Business Services. All expenses of the committee will be paid out of the Health Insurance Marketplace Fund.

## ARTICLE III

### MARKETPLACE ADVISORY COMMITTEE

Section 1: The committee consists of 15 members, consisting of one ex-officio voting members (the director or designee of the director of the OHA and 14 members appointed by the governor and confirmed by the Senate.

Section 2: Committee member terms of office are two years, with no more than three consecutive terms of service.

Section 3: Appointed committee members serve at the pleasure of the governor.

Section 4: The Chair and Vice Chair are elected by committee. In lieu of an election, the committee may choose to request these positions to be appointed by the director of the Department of Consumer and Business Services.

Section 5: The committee may create policies that describe the governance structure, decision-making processes, and other relevant committee processes. Such policies may be outlined in a committee policy manual.

Section 6: Committee members serve without compensation but are entitled to travel expenses as outlined in ORS 292.495.

#### Section 7: Rules of Order

- A. The committee will conduct its business through discussion, consensus building, and informal meeting procedures.
- B. The chairperson may, from time to time, establish specific procedural rules of order to assure the orderly, timely and fair conduct of business. The chairperson may refer to the most recent edition of Robert's Rules of Order for guidance.

#### Section 8: Quorum and Voting Rights

- A. Quorum – A majority of the voting members of the committee constitutes a quorum for the transaction of business or other action, so eight voting members constitute a quorum of the committee. The continued presence of a quorum is required for any official vote or action of the committee throughout an official meeting. Less than a quorum of the committee may receive testimony.
- B. Voting – All official actions of the committee must be taken by a public vote. On all motions or other matters, a voice vote may be used. At the discretion of the chairperson or at the request of a committee member, a show of hands or roll-call vote may be conducted. Proxy votes are not permitted. The results of all votes and the vote of each member by name must be recorded. Abstaining votes are recorded as abstention. At least eight concurring votes must be cast in order to pass or reject a motion.

Section 9: Conflict of Interest. Actions of the committee are subject to the Oregon government ethics law, including requirements for declaring conflicts of interest and potential conflicts of interest.

#### ARTICLE IV

##### COMMITTEE MEETINGS

Section 1: Meetings of the committee are open to the public and held in accordance with the state's public meeting law.

Section 2: A majority of the voting members of the committee constitute a quorum for the transaction of business. Committee members may participate in meetings by telephone or videoconferencing. Committee members participating by such means are counted for quorum purposes, and their votes are counted when determining the actions of the committee.

Section 3: At the discretion of the chairperson, special or emergency meetings of the committee may be convened in order to conduct official business between regularly scheduled meetings. In the absence of the chairperson or vice chairperson, a majority of committee members may call a meeting. In accordance with ORS 192.660, the chairperson may convene an executive session during a regular, special, or emergency meeting.

Section 4: In accordance with ORS 244.120, committee members must publicly announce the nature of any conflict of interest or potential conflict of interest before participating in any official action on the issue giving rise to the conflict of interest.

#### ARTICLE V

##### SUBCOMMITTEES

Section 1: The committee may establish subcommittees, technical committees, or workgroups as needed to discharge its duties.

#### ARTICLE VI

##### HEALTH INSURANCE MARKETPLACE FUND

Section 1: The Oregon Health Insurance Exchange Fund is established in the state treasury, separate and distinct from the General Fund. Interest earned by the fund will be credited to the fund.

Section 2: The Oregon Health Insurance Marketplace Fund consists of money received by the **OHA** under ORS 741.001 to 741.540 and money transferred by Senate Bill **65**. The money in the fund is continuously appropriated to the department.

Section 3: The committee advises the director of the **OHA** on the amount of assessment imposed on insurers under ORS 741.105.

## ARTICLE VII

### INDEMNIFICATION

Section 1: The following statutes apply to the members of the committee:

- 30.260 – 30.300: Definitions for statutes related to “Tort Actions Against Public Bodies”
- 30.310: Actions and Suits By Governmental Units
- 30.312: Actions by Governmental Units Under Federal Antitrust Laws
- 30.390: Satisfaction of Judgment Against Public Corporations
- 30.400: Actions By and Against Public Officers in Official Capacity

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## ARTICLE VIII

### AMENDMENT TO BYLAWS

Section 1: The committee, or any member of the committee, may propose amendments to the bylaws. Committee members must receive proposed amendments no less than seven days before any regularly scheduled, special, or emergency meeting. Proposed amendments must be approved by a quorum vote.

History of amendments to bylaws:

- April 7, 2016 – Initial approval.
- June 4, 2018 – Revised title, updated with information of abolishment of the Oregon Health Insurance Exchange Corporation and creation of the Oregon Health Insurance Marketplace, sections reordered alphabetically, CMS definition added, Article 3, Section 1 added division director.
- October 2, 2019 – Revised term limits.
- July 22, 2021 – Revised title; revised resolution to incorporate SB 65 changes; revised Article I definition of “Marketplace Advisory Committee” to reflect SB 65 changes; revised Article II, Sections 1 and 2 and deleted Section 4 to reflect SB 65 changes; revised Article III, Section 1 to reflect changes required by SB 65; revised Article VI, Sections 2 and 3 to reflect SB 65 changes; deleted Article VII to reflect changes required by SB 65; renumbered Articles to Roman numerals, Articles VII and VIII to reflect deletions, and Article II Section 5 to reflect deletion; formatted spacing to be consistent with existing document; and made grammatical corrections.