

**Oregon Health Policy Board**  
**Health Insurance Marketplace Advisory Committee Charter**  
Approved by the Committee on 10/12/2023

**I. Authority**

The Health Insurance Marketplace Advisory Committee (HIMAC) is created to advise the Oregon Health Insurance Marketplace (OHIM) and the Oregon Health Authority (OHA) in the development and implementation of the policies and operational procedures governing the administration of a health insurance exchange in this state including, but not limited to, all 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 the insurers offering qualified health plans through the health insurance exchange.
- The affordability of qualified health 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 plans offered through the exchange.

The committee shall periodically review its charter at the request of the OHA Director or the Oregon Health Policy Board (OHPB).

**II. Scope**

The OHPB or the OHA Director may solicit recommendations from the committee, and the committee may initiate recommendations on its own.

The committee may provide annual reports to the Legislative Assembly, in the manner provided in ORS 192.245, of the findings and recommendations the committee considers appropriate, including but not limited to a report on the:

- Adequacy of assessments for reserve programs and administrative costs;
- Implementation of the Small Business Health Options Program;
- Number of qualified health plans offered through the exchange;
- Number and demographics of individuals enrolled in qualified health plans;
- Advance premium tax credits provided to enrollees in qualified health plans; and
- Feedback from the community about satisfaction with the operation of the exchange and qualified health plans offered through the exchange.

### **III. Dependencies**

The Committee will seek information from and collaborate with a wide range of partners including, but not limited to:

- OHA Leadership
- Oregon Health Policy Board
- Oregon Legislature
- Governor's Office
- Department of Consumer and Business Services
- Community-based organizations
- Oregon's Federally Recognized Tribes

The ability of the Committee to fulfill its statutory duties as outlined in section II is contingent upon support of and direction by OHA, as well as coordination with other health policy advisory bodies.

### **IV. Membership**

The committee consists of 15 members. Thirteen members shall be appointed by the Governor and are subject to confirmation by the Senate in the manner prescribed in ORS 171.562 and 171.565. The appointed members serve at the pleasure of the Governor. The Director of the Oregon Health Authority and the Director of the Department of Consumer and Business Services or their designees shall serve as ex officio members of the committee.

Thirteen members appointed by the Governor must represent the interests of:

- Insurers;
- Insurance producers;
- Navigators, in-person assisters, application counselors and other individuals with experience in facilitating enrollment in qualified health plans;
- Health care providers;
- The business community, including small businesses and self-employed individuals;
- Consumer advocacy groups, including advocates for enrolling hard-to-reach populations;
- Enrollees in qualified health plans; and
- State agencies that administer the medical assistance program under ORS chapter 414.

The members of the committee shall be appointed for a term fixed by the Governor, not to exceed two years, and shall be entitled to compensation and travel expenses in accordance with ORS 292.495. The committee may hire, subject to the approval of the director, such experts as the committee may require to discharge its duties. All expenses of the committee shall be paid out of the Health Insurance Exchange Fund established in ORS 741.102.

## **V. Staff Resources**

The committee is staffed by OHIM employees of the Health Policy and Analytics Division of OHA, as led by the OHIM Director and the HPA Director. Support will also be provided by other OHA staff, leaders, and consultants as requested or needed. Staff will assist the committee in the performance of its duties and, to the extent permitted by laws relating to confidentiality furnish such information and advice as the members of the committee consider necessary to perform their duties.

## **VI. Expectations for Meetings**

The following expectations apply to all committee meetings:

- The committee will meet six times per calendar year (January, February, April, July, October, and December). Meetings may be cancelled or moved if needed. More frequent and ad hoc meetings may be called for by the chairperson.
- A standard meeting time will be established (with special exceptions).
- Meetings shall be conducted in accordance with Oregon's Public Meetings Law (ORS 192.610 through 192.710) and Public Records Law (ORS 192.001 through 192.505) and documented on the committee website: [oregonhealthcare.gov/MAC](http://oregonhealthcare.gov/MAC).
- Committee members, staff, and other attendees are expected to participate in a safe and inclusive manner.
- All meetings will offer attendees an option to participate virtually. Meetings will also have closed captioning as a standard feature. Additional accessibility features may be available upon request.
- A public notice will be provided to the public and media at least seven days in advance of each regular meeting and at least three days in advance of any special meeting.
- A majority of the voting members of the committee constitutes a quorum for the transaction of business during committee meetings.
- Committee members are expected to review materials prior to the meeting and come prepared to discuss and participate.

- Written minutes and recordings will be taken and made at all regular and special meetings. Minutes will include a summary of members present, all motions and guidelines proposed and their disposition, the substance of discussion on any matter, and a reference to any document discussed or distributed at the meeting or made available to the committee prior to the meeting. Approved minutes and recordings will be documented on the committee website: [oregonhealthcare.gov/MAC](https://oregonhealthcare.gov/MAC). Transcripts are available upon request.