Oregon Health Insurance Marketplace Advisory Committee Meeting
October 13, 2022
9 a.m. - noon

In-person
Barbara Roberts Human Services Building
500 Summer Street NE, Conference Room 160
Salem, OR 97301

Virtual
Click here to join the meeting
(You can choose to have the meeting call you)
Phone: 971-277-2343
Access code: 762 940 436#

Everyone is welcome to join Health Insurance Marketplace Advisory Committee (HIMAC) meetings. For accessibility questions or requests, please contact dawn.a.shaw@dhsoha.state.or.us or call 503-951-3947 at least 3 business days prior to the meeting.

Please note that this public meeting will be recorded and transcribed.

A G E N D A

Time	Agenda Item	Facilitators and Presenters	Purpose
9:00 – 9:10 a.m.	Welcome, meeting guidelines, and approval of previous meeting's minutes	Kraig Anderson Acting Committee Chair	Information and voting
9:10 – 9:15 a.m.	Welcome Joanie Moore*	Kraig Anderson Acting Committee Chair	Information
9:15 – 9:25 a.m.	Meet the Interim Health Policy and Analytics (HPA) Director	Ali Hassoun Interim HPA Director and Public Employees Benefit Board / Oregon Educators Benefit Board Director	Information
9:25 – 9:40 a.m.	Federal health policy updates	Stephanie Kennan McGuireWoods Consulting	Information
9:40 – 10:00 a.m.	2023 preliminary private health insurance rates*	Tashia Sizemore Life and Health Program Manager, Division of Financial Regulation (DFR), Department of Consumer and Business Services (DCBS)	Information

*As approved in the committee workplan on 07/21/2022.

Time	Agenda Item	Facilitators and Presenters	Purpose
10:00 – 10:20 a.m.	2023 plan offerings*	Katie Button Marketplace Plan Management and Policy Analyst	Information
10:20 – 10:25 a.m.	Public comment	Kraig Anderson Acting Committee Chair	
10:25 – 10:35 a.m.	Break		
10:35 – 11:15 a.m.	Bridge Program and Marketplace Mitigation updates*	Tim Sweeney Policy Analyst, Health Policy and Analytics, OHA Katie Button Marketplace Plan Management and Policy Analyst Lindsey Hopper HIMAC Representative, Bridge Program Task Force	Information and Discussion
11:15 – 11:35 a.m.	What's new: Open Enrollment marketing*	Amy Coven Marketplace Stakeholder and Communications Analyst	Information
11:35 – 11:45 a.m.	Other committee business: • Chair and Vice-Chair elections* • Vote on changes to bylaws*	Kraig Anderson Acting Committee Chair Chiqui Flowers Marketplace Administrator	Information and voting
11:45 – 11:50 a.m.	Public comment	Kraig Anderson Acting Committee Chair	
11:05 – 11:55 a.m.	Wrap up and closing	Kraig Anderson Acting Committee Chair	

*As approved in the committee workplan on 07/21/2022.

Oregon Health Insurance Marketplace
500 Summer St. NE E-56, Salem, OR 97301 | 855-268-3767 (toll-free)

Health Insurance Marketplace Advisory Committee Meeting Minutes

Thursday, April 21, 2022 - 9 a.m. to noon
Virtual meeting via Microsoft Teams

Committee members: Kraig Anderson (acting chair), Gladys Boutwell, Ron Gallinat, Maribeth Guarino, Paul Harmon, Lindsey Hopper, Ines Kemper, Linzay Shirahama, Andrew Stolfi (ex-officio), and Nashoba Temperly

Members not present: Kathleen Jonathan, Holly Sorensen, Om Sukheenai, and Drew Tarab

Other presenters: Stephanie Kennan, Tashia Sizemore, Leann Johnson, and Vivian Levy

Marketplace staff: Katie Button, plan management analyst; Chiqui Flowers, administrator; Victor Garcia, operations development specialist; and Dawn Shaw, office support coordinator

Agenda item and time stamp*	Discussion
Welcome, meeting guidelines, and approval of previous meeting minutes	Introduction of committee members and staff *See Pages 1-2 of handout package for a copy of the agenda. Page 1 of the slide deck for the meeting guidelines. Pages 3-7 of the handout package for a copy of the April minutes.* • Approved April 21, 2022, minutes.

Education Series: Marketplace Plan Management
3:10
	Katie Button reviewed the Marketplace plan approval process.
	See Pages 2-8 of the slide deck for a copy of the presentation.
	• Acronym definitions
	  ○ ACA – Affordable Care Act
	  ○ CSR – cost sharing reduction
	  ○ FPL – federal poverty level
	  ○ OOP – out-of-pocket
	  ○ SBM-FP – State Based Marketplace on the Federal Platform
	  ○ PCP – primary care physician
	  ○ CMS – Centers of Medicare and Medicaid Services
	• Maribeth wondered if the Window Shopping Tool includes information about physicians. Katie indicated that it does include information about providers and hospitals, but not all facilities. Tried to get the information cleaned up to show better information. Our provider lists and hospital lists are cleaner than the HealthCare.gov lists.
	• Maribeth asked why Oregon doesn't have any platinum plans. Katie responded that they were not as popular and the insurance companies chose to offer the other tiers instead.
	• Kraig questioned on how the Marketplace gets feedback on discretionary considerations on the standard plan. Katie replied that both the DFR rulemaking process and receiving feedback from consumers through complaints. The Marketplace makes sure that any changes have a positive impact.
	• Ines queried if there is a way for consumers to compare the plans apples-to-apples/oranges-to-oranges. Katie replied that through the Window Shopping Tool there is a way to put in your physician and prescriptions. To make sure that

	the consumers are making informed choices the best way is to contact a local agent or community partner to go over the options.
2023 preliminary private health insurance rates 23:05	Tashia Sizemore, the DFR (Department of Financial Regulation) Life & Health Program Manager discussed the 2023 private insurance rate approval process. • Did not have a slide deck due to the rates not being finalized. Will come back after the final rates are approved for another presentation. • DFR works with Katie to make sure the plans work the way that they are supposed to. • Changed the timeline so rate review hearings are not around the 4th of July holiday. • There will be meetings next week to review the forms and binders. • Individual and small group plans continue to show stability. • 2021 claims are coming up higher most likely due to COVID. • For 2023, there are no carriers leaving or new carriers providing plans. • When reviewing plans medical trends and legislative changes for 2023 are considered. • CMS did change the AVs (actuarial value) for 2023. • Rate increases are ranging from 2.3% to 12.6% for the individual market, 3.5% to 10% for the small group. • Will be sharing rate information with the Cost Growth Task Force. Seeing a trend exceeding the 3.4% benchmark. • Kraig mentioned that the increase in rates do not affect just Oregon and are nationwide. Tashia indicated that the rates are increased nationwide to go along with inflation, will be discussed in the rate hearing. Insurance Commissioner Andrew Stolfi stated there is some concern that rates are up due to medical usage. • There has been increased utilization due to people putting off normal procedures due to COVID. • DFR has worked to make the rate review process better. The presentations are now recorded and PowerPoints will be posted. Tashia invited all to attend. • Linzay mentioned that cost is a major factor with her clients. She works with clients with low income. Some consumers may not enroll due to cost or get surprised with rates when plans roll over. Rates are higher but cost of living adjustments and wages have not increased.
Federal health policy updates 40:07	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). • Right now, things in Congress are hectic due to a desired August 5 recess. • New life is being breathed back into budget reconciliation. They are determining what they want to cut or increase. It is at Ways and Means to come up with plans. There will need to be a majority vote for the reconciliation to pass. • Build Back Better Act died in the Senate. Parts may still be used in other bills like the extension of tax credits. • "Byrd bath" – reconciliation must directly affect federal funding.

- Lindsey had a question about silver loading. Stephanie indicated that talk keeps coming up but there are no plans yet.
    - Explanation of silver loading: In the early years of the ACA, the federal government made payments to insurers to compensate them for the cost of providing these cost-sharing reductions (CSRs). Following a legal dispute over whether the ACA appropriated the funds needed to make CSR payments, the Trump administration ended these payments in 2017. Insurers responded by raising the premiums they charged for silver plans to offset the now-uncompensated cost of continuing to provide CSRs, a practice commonly called “silver loading.”
- Kraig – was concerned with ARPA subsidies but it looks more positive going forward.

Break
53:40

Public comment
1:05:59

None given.

Meet the Oregon Health Authority Director
1:06:44

Pat Allen, the Director of the Oregon Health Authority introduced himself to the new members and discussed his priorities.

- Great gains were made in getting people insured during the pandemic, progress with the African American community and health coverage for children regardless of citizenship.
- Health insurance is a pathway for better health care.
- With the PHE (public health emergency) unwinding, there will be around 1.4 million Oregonians going through the redetermination process for OHP (Oregon Health Plan). 300,000 people could potentially lose coverage. Some states are choosing not to do anything about this issue. Oregon will be working to minimize people who are uninsured.
- Trying to minimize impact changes that are being made to other areas.
- Biggest strategic goal is ending health inequity by 2030.
- Wants to make sure that everyone has access to healthcare. What the state has been doing isn’t working and needs to change.
- Political dynamic has changed, especially with the discussion around a state-based marketplace.
- Ron asked if the 40% that OHA has covered only count people on OHP. Pat indicated that it includes Medicaid, Healthier Oregon Program, OEBB (Oregon Educators Benefit Board), and PEBB (Public Employee Benefit Board).
- Kraig was glad to hear that the SBM is becoming more of a reality.
- Kraig wondered what lessons were learned during the pandemic. Pat replied that we have increased modernization and have built up relationships with the community.
- Learned a lot about trust and humility.
- Ines queried if Oregon is considering universal health care. Pat responded that there were different ways that could happen. We could build on existing

	programs or throw it all out and have one system. SB 770 has a work group currently looking at the large scale issues.
Education series: OHA's Equity & Inclusion Program 1:24:50	Leann Johnson presented information on the Oregon Health Authority's Equity and Inclusion program. *See Pages 10-13 of the slide deck for a copy of the presentation.* • Kraig appreciated the overview and wanted to know how we can incorporate this into our work. Leann stated that she will be having conversations with Chiqui about any concerns and will be available as a resource.
Medicaid Redeterminations update 1:43:54	Vivian Levy reviewed the plans for the Medicaid redeterminations. *See Pages 13-16 of the slide deck for a copy of the presentation.* • Most likely the PHE will be bumped out to January. We should know in August if the PHE will be extended. • Notices will be going out at 30 days and 60 days. Consumers will have 60 days to enroll with no gap in coverage. • Ron wondered about a regional approach on renewals to avoid overloading the community partners. Vivian stated we have set up a flexible process to move things around. • Linzay asked if community partners (CP) are available to request flexibility. Vivian responded that not on individual case level. We will be looking to create reports to send out to CPs to do targeted outreach. • Linzay also wanted to know if people are on OHP and over income elect to drop due to increase in income, is that being considered? Vivian replied that they are building a temporary Medicaid group for those below 200% FPL spread out so they will remain covered. For those above 200% FPL, we are looking at when to sequence this group to get the most out of their Marketplace coverage. • Linzay additionally questioned if someone could voluntarily drop. Vivian indicated that could be problematic because to get tax credits they will need a closure notice that they wouldn't get with a voluntary disenrollment. Current guidance indicated a consumer may voluntarily terminate their Medicaid coverage, and then apply and enroll in Marketplace coverage, provided they are above Medicaid income levels, and not eligible for Medicaid under any other eligibility provisions. They still must do this within two months of the end of their Medicaid coverage. • Paul assumed more time is better, is there a better time of year resource wise that would increase our odds of transitioning better. Vivian did agree that January would be very problematic due to open enrollment and the holiday season. Would like to align with other programs, like SNAP (Supplemental Nutrition Assistance Program) to make sure we get higher numbers contacted. • Kraig thanked Vivian for the presentation and wondered if there is any coordination with the Marketplace and the community partner groups for people outside of the Medicaid system. Vivian indicated that there has been guidance from CMS. It is better that the Marketplace is a part of OHA now so there is a more coordinated effort. • Chiqui stated that HealthCare.gov is limited on what we can and cannot do. We are going to get a list of people who are no longer eligible. We will have a call center set up to help find community partners and agents. We want to inform

	consumers which plans could be the best options based on cost and providers. Chiqui added that there is a self-attestation on Healthcare.gov, more to come.
Bridge Program Task Force updates 2:17:20	Timothy Sweeney and Lindsey Hopper presented updates on the Bridge Program Task Force. *See Pages 16-20 of the slide deck for a copy of the presentation.* • There could be a potential federal funding of $500 per member per month. • Meeting every other week. • Doing scenario planning on a broad scale and it is challenging to get short term answers. Building potential recommendations. • Ines asked about silver loading. ○ Explanation of silver loading: In the early years of the ACA, the federal government made payments to insurers to compensate them for the cost of providing these cost-sharing reductions (CSRs). Following a legal dispute over whether the ACA appropriated the funds needed to make CSR payments, the Trump administration ended these payments in 2017. Insurers responded by raising the premiums they charged for silver plans to offset the now-uncompensated cost of continuing to provide CSRs, a practice commonly called “silver loading.” • Paul wondered about timing, what are the odds that it will be available for the PHE unwinding. Tim responded that that we are working on an 1115 waiver eligibility category that will keep eligible people on OHP. They will be there until the Bridge Program is up and running. • Chiqui informed that if anyone who wants to provide public comment on the Bridge Program meetings is free to do so. The next HIMAC meeting is planned for October. We could potentially have a meeting sooner in a separate meeting if needed. Members can request additional meetings. Tim stated that there will be a Bridge Program Task Force meeting October 4, there will be updates for the October meeting.
Committee business 2:46:58	Kraig Anderson and Chiqui Flowers discussed the new charter and baseline program. Call for nominations for upcoming chair and vice chair position elections. *See Pages 8-11 of the handout package for a copy of the charter and baseline work plan.* • Gladys and Nashoba are trading off as HIMAC representatives on the Community Partner Work Group. • New charter and baseline work plan reviewed and approved by the committee. • Email Chiqui any nominations for chair and vice-chair by July 31, even if the nomination is yourself. If nominating for anyone other than yourself the individual will be contacted to see if they are interested in the position.
Public comment, wrap up & closing 2:50:59	No public comment given. Next meeting will be Thursday, October 13, 2022, 9 a.m. to noon.

*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 2022 Meetings, July 21.
Rev 8/5/2022

ACA-COMPLIANT PLANS
2023 HEALTH INSURANCE RATE REQUESTS

INDIVIDUAL MARKET

Company	Average rate request	Requested Portland silver 40-year-old rate	Preliminary rate decision	Preliminary Portland silver 40-year-old rate	Final rate decision	Final Portland silver 40-year-old rate
BridgeSpan Health Company	2.3%	$501	2.3%	$501	2.3%	$501
Kaiser Foundation Health Plan of the Northwest	4.7%	$460	4.7%	$460	4.7%	$460
Moda Health Plan, Inc.	5.8%	$454	5.8%	$454	5.8%	$454
PacificSource Health Plans	12.6%	$507	12.6%	$507	12.6%	$507
Providence Health Plan	7.5%	$479	6.5%	$474	6.5%	$474
Regence BlueCross BlueShield of Oregon	4.6%	$451	4.6%	$451	4.6%	$451
Average	6.7%	$471	6.7%	$470	6.7%	$470

SMALL GROUP MARKET

Company	Average rate request	Requested Portland silver 40-year-old rate	Preliminary rate decision	Preliminary Portland silver 40-year-old rate	Final rate decision	Final Portland silver 40-year-old rate
Health Net Health Plan of Oregon, Inc	0.0%	$376	3.4%	$381	3.4%	$381
Kaiser Foundation Health Plan of the Northwest	3.9%	$348	5.9%	$355	5.9%	$355
Moda Health Plan, Inc.	3.6%	$387	3.6%	$387	3.6%	$387
PacificSource Health Plans	4.2%	$385	8.9%	$385	8.9%	$385
Providence Health Plan	10.0%	$379	10.6%	$379	10.6%	$379
Regence BlueCross BlueShield of Oregon	7.4%	$385	7.4%	$385	7.4%	$385
Samaritan Health Plans, Inc.	4.3%	$414	4.3%	$414	4.3%	$414
UnitedHealthcare Insurance Company	9.0%	$446	4.9%	$428	4.9%	$428
UnitedHealthcare of Oregon, Inc.	11.6%	$446	7.5%	$428	7.5%	$428
Average	6.9%	$381	7.8%	$381	7.8%	$381

DFR | Division of Financial Regulation
Department of Consumer and Business Services

440-5220 (COM/9/22)

PROPOSED 2023 INDIVIDUAL PLAN COVERAGE BY COUNTY

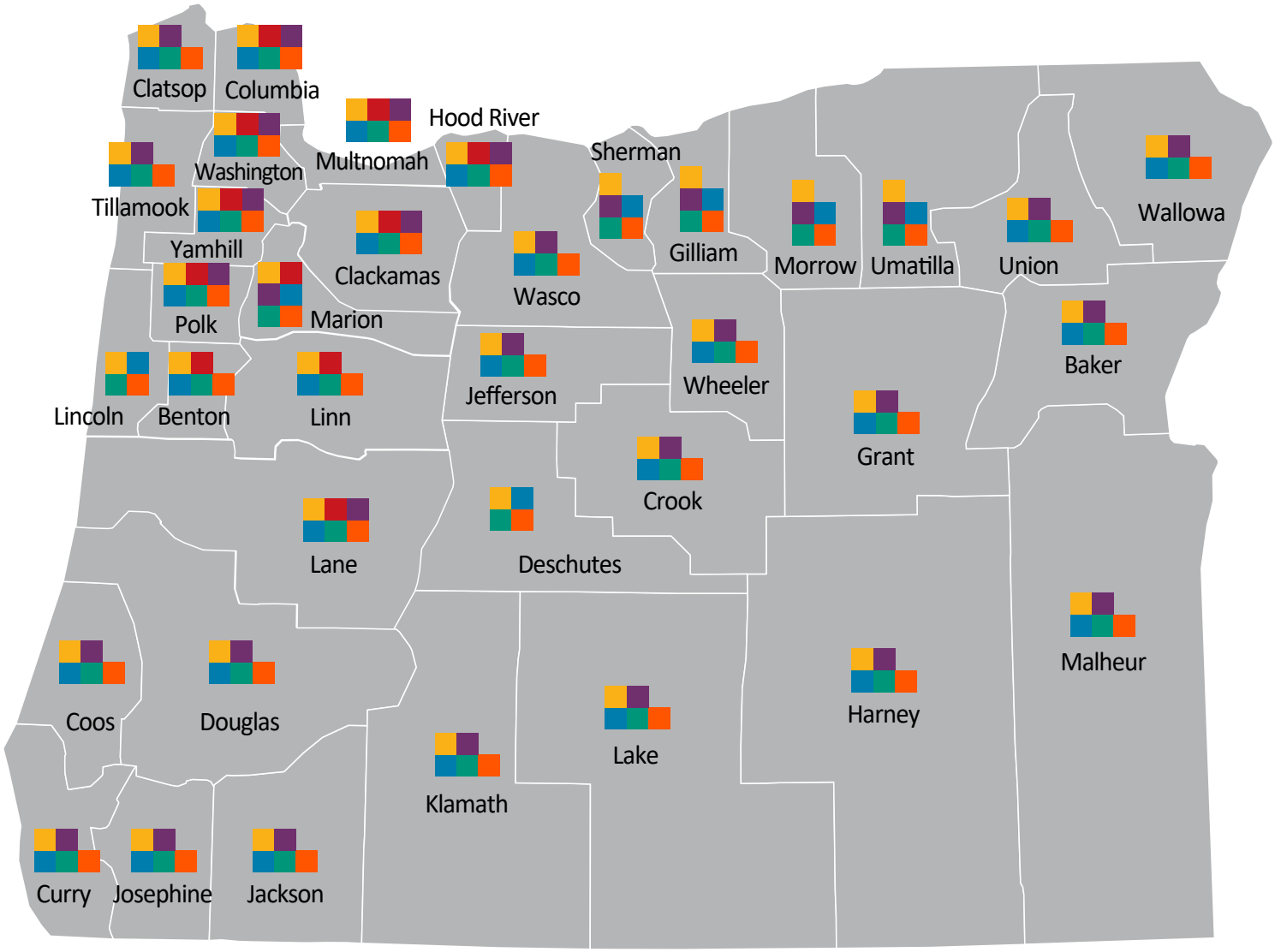
County	BridgeSpan	* Kaiser	Moda	PacificSource	Providence	Regence	Total Carriers
BAKER	✓		✓	✓	✓	✓	5
BENTON	✓	✓		✓	✓	✓	5
CLACKAMAS	✓	✓	✓	✓	✓	✓	6
CLATSOP	✓		✓	✓	✓	✓	5
COLUMBIA	✓	✓	✓	✓	✓	✓	6
COOS	✓		✓	✓	✓	✓	5
CROOK	✓		✓	✓	✓	✓	5
CURRY	✓		✓	✓	✓	✓	5
DESCHUTES	✓			✓	✓	✓	4
DOUGLAS	✓		✓	✓	✓	✓	5
GILLIAM	✓		✓	✓	✓	✓	5
GRANT	✓		✓	✓	✓	✓	5
HARNEY	✓		✓	✓	✓	✓	5
HOOD RIVER	✓	✓	✓	✓	✓	✓	6
JACKSON	✓		✓	✓	✓	✓	5
JEFFERSON	✓		✓	✓	✓	✓	5
JOSEPHINE	✓		✓	✓	✓	✓	5
KLAMATH	✓		✓	✓	✓	✓	5
LAKE	✓		✓	✓	✓	✓	5
LANE	✓	✓	✓	✓	✓	✓	6
LINCOLN	✓			✓	✓	✓	4
LINN	✓	✓		✓	✓	✓	5
MALHEUR	✓		✓	✓	✓	✓	5
MARION	✓	✓	✓	✓	✓	✓	6
MORROW	✓		✓	✓	✓	✓	5
MULTNOMAH	✓	✓	✓	✓	✓	✓	6
POLK	✓	✓	✓	✓	✓	✓	6
SHERMAN	✓		✓	✓	✓	✓	5
TILLAMOOK	✓		✓	✓	✓	✓	5
UMATILLA	✓		✓	✓	✓	✓	5
UNION	✓		✓	✓	✓	✓	5
WALLOWA	✓		✓	✓	✓	✓	5
WASCO	✓		✓	✓	✓	✓	5
WASHINGTON	✓	✓	✓	✓	✓	✓	6
WHEELER	✓		✓	✓	✓	✓	5
YAMHILL	✓	✓	✓	✓	✓	✓	6

* Kaiser is offering partial service in Benton, Linn, and Hood River counties.

DFR Division of Financial Regulation
Department of Consumer and Business Services

440-5220 (COM/9/22)

OREGON PRIVATE PLANS
available on HealthCare.gov



BridgeSpan	PacificSource
Kaiser	Providence
Moda	Regence

CARRIER **MAP KEY**

DFR | Division of Financial Regulation

Department of Consumer and Business Services

440-5220 (COM/9/22)

Oregon Health Insurance Marketplace
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Health Insurance Marketplace Advisory Committee
Chair and Vice-Chair nominations 2022

Chair

Kraig Anderson

I am currently a Senior Vice President and the Chief Actuary for Moda Health and have over thirty years of experience in health insurance. Prior to joining Moda in November 2000, I worked for Providence Health Plan and Kaiser Permanente Northwest. I am a Fellow of the Society of Actuaries and I oversee the actuarial, underwriting, analytics, and provider contracting departments for the company.

During my career, I have provided input on many state and Federal healthcare policy proposals. I have participated in various workgroups and task forces and have given written and verbal testimony to legislators and regulators. Specific examples of health policy that are relevant to HIMAC include rate review and the implementation of the Affordable Care Act (ACA). I have also been involved in CCO policy through Moda's participation in the Eastern Oregon CCO (EOCCO) and the OHSU IDS.

I have worked to address the cost of healthcare in Oregon since 2014 when I was appointed to the Sustainable Healthcare Expenditures Workgroup. In 2017, I joined the Task Force on Health Care Cost Review established by Senate Bill 419. In 2019, I was named to the Sustainable Health Care Cost Growth Target Implementation Committee where I contributed to the recommendations for implementing the health care cost growth target program for Oregon.

I am currently serving my second term on the Health Insurance Marketplace Advisory Committee. Through my participation in this committee, I can assess the potential impact of new healthcare policies on the Marketplace.

Vision for the committee

The Oregon Health Insurance Marketplace is essential in helping reduce the number of uninsured in the state. It also addresses health equity by minimizing barriers to enrolling in health coverage through education, marketing, and outreach. The Marketplace has helped to stabilize the Oregon individual market and offers plan and carriers options for consumers throughout the state.

Despite this success, the Marketplace faces the following challenges that Health Insurance Marketplace Advisory Committee (HIMAC), Oregon Health Insurance Marketplace (OHIM) and the Oregon Health Authority (OHA) need to address over the next few years.

- The ongoing reliance on the HealthCare.gov technology platform.
- The unwinding of the Medicaid continuous coverage provision and the potential impacts of the Joint Task Force on the Bridge Health Care Program proposals on the Marketplace.
- The lasting impact of COVID-19 on the health status of Oregonians and inflationary pressures on Oregon providers reflected in higher Marketplace premium increases.

I would like to see the Marketplace achieve its goal of transitioning to a state-based health insurance exchange platform. I would also like to see the Marketplace successfully meet to the challenges mentioned above, by receiving thoughtful guidance from the HIMAC.

The HIMAC will be most effective if all members contribute their unique perspectives to the long-term success of Marketplace. My vision for the HIMAC is for it to fulfill its advisory role on matters impacting the Marketplace. To achieve this, I would recommend the committee focus on the following:

1. The continuation of the educational series begun earlier this year,
2. Ensuring an environment where all members participate in a safe and inclusive manner, and
3. Structuring meetings in such a way to deliver meaningful feedback and recommendations to OHIM and the OHA.

An effective HIMAC will not only improve the resiliency of the Marketplace considering its challenges but will allow the committee to achieve its 2022-23 work plan commitments more effectively.

Vice Chair

Lindsey Hopper

An Executive Vice President with PacificSource Health Plans. Lindsey is based in Bend and works with urban and rural communities across the state. She has more than fifteen years of experience with health care transformation, health law, Oregon's coordinated care organizations, public administration, public health, and health insurance products. Lindsey specializes in serving health plan members and communities through community and provider partnerships across Medicaid, Medicare, and Commercial insurance. Before joining PacificSource, Lindsey practiced health law. She focused on implementing the Affordable Care Act, helping providers launch accountable care organizations, and assisting providers and health systems in matters of health care regulation and administrative law compliance. Before that, Lindsey worked for the state of Montana in several capacities, including drafting administrative rules to implement changes in public health laws.

Vision for the committee

I'm interested in Marketplace strategies that prevent gaps and build a workable pathway to coverage for Oregonians in all stages of life. I think the Marketplace should reduce barriers and improve access to affordable, continuous coverage.

I'm interested in exploring what can be done to promote more discussion and deliberation with a goal of process inclusivity.

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 19, 2021;

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

WHEREAS, the Oregon Health Authority has committed to ending health inequities by 2030, and the Oregon Health Policy Board has prioritized ensuring policy work is centered on health equity; and

WHEREAS, the members of the Health Insurance 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 Health Insurance Marketplace Advisory Committee hereby adopts its bylaws for the Health Insurance Marketplace Advisory Committee of the Oregon Health Insurance Marketplace, attached as Exhibit A.

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

[Insert name here]
Committee Chair

Exhibit A

BYLAWS OF THE HEALTH INSURANCE 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.
- Health equity: A health system under which 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.

- Health Insurance 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 a distinct office 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 and other traditionally underserved populations;
- Ways to mitigate health disparities linked to race, ethnicity, primary language, gender identity, sexual orientation, disability, age, social class, and other similar factors and end health inequities by 2030;
- Solicitation of customer feedback; and
- 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 Oregon Health Authority. All expenses of the committee will be paid out of the Health Insurance Marketplace Fund.

ARTICLE III

HEALTH INSURANCE MARKETPLACE ADVISORY COMMITTEE

Section 1: The committee consists of 15 voting members, consisting of one ex-officio member (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 Oregon Health Authority.

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: A committee member, other than a qualified member as defined by ORS 292.495(4), shall serve without compensation, but, unless otherwise prohibited by law. A committee member is entitled to travel expenses as outlined in ORS 292.495 may receive actual and necessary travel or other expenses actually incurred in the performance of their official duties within the limits provided by law or by the Oregon Department of Administrative Services under ORS 292.210 to 292.250. In addition to actual and necessary travel or other expenses actually incurred in the performance of their official duties within the limits provided by law or by the Oregon Department of Administrative Services under ORS 292.210 to 292.250, a qualified member – a

committee member with single-filer or joint-filer adjusted gross income for the tax year prior to the year of service of less than $50,000 or $100,000 respectively – shall be provided, for each day or portion of a day during which the member is actually engaged in the performance of official duties, an amount equal to the per diem paid to members of the Legislative Assembly under ORS 171.072. Notwithstanding the above, a committee member or a qualified committee member may decline any and all compensation.

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 Marketplace.

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

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.
- October 6,2021 – Article II, Section 2 changed “independent” to “distinct”. Article II, Section 4 and Article III Section 4 changed “Department of Consumer and Business Services” to “Oregon Health Authority”.
- October 13, 2022 – Changed chair from Dan Field to [insert name here]. Revised resolution to include verbiage on OHA’s commitment and focus on work centered on health equity. All throughout, changed “Marketplace Advisory Committee” to “Health Insurance Marketplace Advisory Committee”. Updated Article I with agency’s definition of “health equity”. Updated Article III, Section 6 to comply with HB 4992.