

Health Insurance Marketplace Advisory Committee Meeting Minutes

DRAFT

When: Thursday, October 17, 2024 – 9 a.m. to noon

Where: Virtual via Microsoft Teams

In-person at the Barbara Roberts Human Services Building
500 Summer St NE Rm 160, Salem OR 97301

Committee members:

Virtual – Gladys Boutwell, Charlie Fisher, Ron Gallinat, Paul Harmon, Ali Hassoun, Lindsey Hopper (chair), Nashoba Temperly (vice chair), Andrew Stolfi, Om Sukheenai,

In-person – Kathleen Orrick

Members not present: Stacy Carmichael, Shannon Lee

Other presenters: Em Droge, Matthew Green, John English, Stephanie Kennan, Bill Kramer, Dorocida Martushev, Sean McAnulty, Marybeth Mealue, Philip Schmidt, Tashia Sizemore, Tim Sweeney

Marketplace staff: Anthony Behrens, senior policy analyst; Katie Button, plan management and policy analyst; Amy Coven, communications and public engagement analyst; Chiqui Flowers, director; Victor Garcia, operations development specialist; Dawn Shaw, office support coordinator

Agenda item and time stamp*	Discussion
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Welcome, roll call, guidelines, approval of minutes, new member introduction	<p>Roll call of Health Insurance Marketplace Advisory Committee (HIMAC) members, review of meeting guidelines, and approval of the April 18 meeting minutes. (See the handout packet pages 1-2 for a copy of the agenda, pages 3-8 for the June minutes, and page 9 for meeting protocols, page 10 for Kathleen Orrick info)</p> <ul style="list-style-type: none">• Approved July 18, 2024, minutes.
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Federal health policy updates 14:42	<p>Stephanie Kennan from McGuire Woods Consulting joined us 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">• CMS (Centers of Medicare& Medicaid Services) received 74,000 complaints from people using the federal platform getting their plans changed without their consent. More than 134,000 complaints that they had been enrolled in plans without their consent.<ul style="list-style-type: none">○ CMS has put some new rules and more oversight.○ Two kicked out to private sector websites that may have issues protecting US consumer personal information.• ARPA (American Rescue Plan Act) expanded premium tax credits will expire next year.<ul style="list-style-type: none">○ A permanent fix would cost \$335 billion.○ Likely a temporary fix will be in place during the lame duck session.
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- CBO (Congressional Budget Office) projected that with the end of the tax credits, enrollment will fall from 22.8 million in 2025 to 18.9 million in 2026.
- 2026 NBPP (Notice of Benefits and Payment Parameters) came out Oct. 4.
 - Congress is watching a section on user fees and the expiring credits.
- Consumer fraud protection policy enhancement. CMS is wanting to update the script that agents and brokers can use to document compliance with consumer consent to confirm the accuracy of the eligibility data.
- On Nov. 1, DACA (Deferred Action for Childhood Arrivals) recipients can start to enroll in plans via HealthCare.gov.
- HHS (Health and Human Services), Treasury, and the Department of Labor finalized updates on mental health parity requirements for employer and individual health plans.
 - Update on restrictions on prior authorization requirements and network access for those seeking mental health and substance abuse services.
 - The industry is pushing back on this.
- The Supreme Court has dropped the Chevron doctrine making it easier to bring lawsuits for issues that are beyond Congress intent.
- DEA (Drug Enforcement Administration) telemedicine regulation.
 - During COVID, the DEA provided flexibility for prescribers of Schedule II drugs that should have ended last year. There is an extension that will end in Dec.
 - The DEA sent OMB (Office of Management and Budget) a proposal that would significantly limit prescribers the number of prescriptions a prescriber could do through telemedicine. It would also make controlled substances, like Adderall, harder to prescribe. A separate rule will be made for buprenorphine.
- CBO released a report about lowering drug prices. The one proposal that would give substantial cost changes is the international reference pricing policy.
 - There has been a lot of push back from Congress.
- CBO is looking to require federal agencies to provide them with data to do an informed cost analysis.
- Kathleen was curious about the two private enrollment platforms excluded by CMS. Stephanie followed up via email that these two platforms were Beneficial and Insura.
- Om wondered why Congress was pushing back about the international drug reference pricing. Stephanie explained that historically the attitude is that they do what they do and we do what we do.
- Kathleen also asked about telehealth and if they are going to require face-to-face encounters. There is a concern because a lot of people have limits on transportation. Stephanie responded that they have flagged this issue, especially in rural areas.

**OHA 2025
legislative
preview
23:19**

OHA (Oregon Health Authority) Government Relations staff Phil Schmidt, Matthew Green, Marybeth Mealue, John English, and Em Droge presented the bills of interest for the OHA for the upcoming 2025 legislative session.
(See pages 10-13 of the handout packet for a copy of the slides.)

- Government relations [website](#) contains the agency budget, slideshow, more in-depth information about LCs (legislative concepts), and draft bill language.
 - Direct link to the [slide deck](#) shared in this meeting.
 - Charlie wondered if there will be a need to coordinate with the federal government on the money received from the [OHP] (Oregon Health Plan) Bridge plan. John
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thinks there will be a fair amount of discretion, but we haven't figured out what to do with the savings.

Introduction of Bill Kramer, OHPB liaison 49:44	This was an ad hoc addition to our agenda. Since moving to OHA, the HIMAC is now under the oversight of the OHPB (Oregon Health Policy Board). Bill Kramer is our new OHPB liaison.
SBM project updates 54:12	<p>Victor Garcia, Marketplace Operations Development Specialist, and Dorocida Martushev, SBM Project Manager went over SBM (State-based Marketplace) Project updates. Amy Coven presented about community engagement related to the SBM Project.</p> <p>(See pages 13-14 of the handout packet for a copy of the slides.)</p> <ul style="list-style-type: none">• Gladys had three questions on slide 33, POP (policy option package) second phase funding.<ul style="list-style-type: none">○ Will agents be able to connect via a third party app (TPA), like Health Sherpa? Victor responded that with TPAs there is a regulatory burden. CMS has been in charge of that. Also, that we will be more responsive than the FFM (Federally Facilitated Marketplace). Most states that have transitioned have not indicated that there was a need in their respective states.○ Who will be managing the platform after implementation. Victor stated that the FTE (full-time equivalent) employees will be state staff who will help manage the platform as well as handle appeals and tier 3 complex cases.○ In 2013, they had to re-enroll everyone, starting from scratch. Will we have to do that again Victor replied that when we do the data migration the agents of record information should transfer over as well.
OHP Bridge updates 1:15:59	<p>Timothy Sweeney, Sean McAnulty, and Katie Button presented updates on the OHP Bridge program.</p> <p>(See pages 14-16 of the handout packet for a copy of the slide deck)</p> <ul style="list-style-type: none">• No additional questions asked.
Public comment 1:22:26	None given. Committee members opted to skip the break to get the agenda back on schedule.
2025 health insurance rates 1:27:13	<p>Tashia Sizemore, Life and Health Product Regulation Manager of the Division of Financial Regulation (DFR) presented updates on the 2025 health insurance rates. (See page 16 of the handout packet for a copy of the slide deck, pages 23-48 for copies of the additional resources)</p> <ul style="list-style-type: none">• Shared resources, ACA-compliant plans, and the Consumer Guide to 2025 Health Insurance Rate Filings.• The consumer guide was created to increase consumer transparency. It pulls out more in-depth information about what goes into the rate filings. Looking at things like insurer fees, regulatory surcharges, funding of patient centered outcomes, exchange, fees, and premium assessment as well as the profit margin with a fine-tooth comb.

- Healthcare is getting more expensive and the average and the overall trend. Trend usually is around 6% but is expected to be higher in 2025.
- DCBS (Department of Consumer and Business Services) and Commissioner Stolfi will be creating the consumer guide every year going forward.
- Press releases have not included rates for rural areas which has generated consumer calls. Looking to provide additional information on the geographic rating areas in the future.
- Charlie thinks the consumer guide is great and would like to see it going out annually before public comment period on rates. Tashia explained that the guide this year was last minute but will produce it sooner next year.
- Commissioner Stolfi would like to hear if there is any feedback or other issues.

2025 plan offerings and window shopping tool
1:40:07

Katie Button, Marketplace Plan Management and Policy Analyst, reviewed the 2025 plan offerings and updates to the window shopping tool.
(See pages 17-18 of the handout packet for a copy of the slide deck)

- Paul was concerned about consumers that are having a premium increase as well as an increase in out-of-pocket costs and if there are any communication strategies for Lincoln and Douglas Counties. Katie replied that we just had a Partner Summit with agents and community partners and they reminded them to reach out and make sure that consumers are reviewing their plan details.

2025 open enrollment outreach and education
1:52:51

Amy Coven, Marketplace Communications and Public Engagement Analyst, outlined the outreach and education plans for 2025 open enrollment.
(See pages 18 -19 of the handout packet for a copy of the slide deck)

- No additional questions asked.

Proposed 2026 NBPP overview
2:06:57

Anthony Behrens, Marketplace Senior Policy Advisor, went over the newly released proposed 2026 NBPP (notice of benefits and payment parameters).
(See pages 20-21 of the handout packet for a copy of the slide deck)

- No additional questions asked.

Public comment, committee business, wrap up and closing
2:20:03

(See pages 21 of the slide deck & 49 of the handout packet for a copy of the proposed 2025 work plan)

- No public comments received or given.
- Reviewed, voted on, and approved the 2025 Work Plan.
- Voted in Chair Lindsey Hopper and Vice Chair Nashoba Temperly.
- Our next meeting will be December 5. Depending on the weather and competing priorities we may change the meeting online or cancel it altogether.

*These minutes include timestamps from the meeting recording in an hour: minutes: seconds format. Meeting materials and recording are found on the Oregon Health Insurance Marketplace Advisory Committee [website](#) under 2024 Meetings, October 17.