

Meeting Minutes  
Oregon Health Insurance Marketplace Advisory Committee Meeting  
Wednesday, Sept. 14 - 11 a.m. to 3 p.m.  
Riverhouse on the Deschutes, Deschutes North Room  
3075 U.S. 97 Business – Bend, OR 97703

**Committee members present:** Shonna Butler, Cindi Condon, Dan Field, Joe Finkbonner (by phone) Jim Houser, Sean McNulty, Jesse O'Brien, Ken Provencher (by phone), Shanon Saldivar, Claire Tranchese, Maria Vargas (by phone), Patrick Allen (ex-officio), Mark Fairbanks (ex-officio)

**Members excused:** Joe Enlet

<b>Agenda item and time stamp*</b>	<b>Discussion</b>
<b>Welcome and introductions</b> 0:00	<p>The committee members present introduced themselves; in addition to the committee members, other attendees included: Laura Cali, Oregon Insurance Commissioner; Berri Leslie, Marketplace Administrator; Dawn Jagger, Marketplace Federal Liaison; Lisa Morawski, DCBS Communications Manager; Joel Metlen, Marketplace Legislative and Communications Manager; Victor Garcia, Marketplace Committee Liaison; Hannah Rosenau, Director of Policy and Quality Improvement, Oregon Foundation for Reproductive Health</p> <p>Committee member Lora Lawson recently moved to Texas, and resigned her position. The Marketplace is working on recruiting a replacement.</p>
<b>Subcommittee updates</b> 0:09:10	<p>Related Documents**: <a href="#">BHP subcommittee update Sept. 2016</a> <a href="#">COFA Subcommittee Report Sept. 2016</a></p> <p>Ms. Jagger updated the committee on the basic health program (BHP) subcommittee's work.</p> <ul style="list-style-type: none"><li>- The BHP committee has met twice, and will meet once more before the next full advisory committee meeting.</li><li>- The full committee will hear the recommendations and a summary of the DCBS BHP policy report at the next meeting, the final report from Wakely Actuarial Services, as well as have an opportunity to hear multiple perspectives from various stakeholders</li><li>- The committee asked questions to clarify its role in providing recommendations to the legislature regarding the BHP</li><li>- The results of this work will likely dovetail into a larger 1332 waiver workgroup</li></ul> <p>Ms. Leslie updated the committee on the COFA advisory committee work</p> <ul style="list-style-type: none"><li>- A focused outreach effort has been made to inform this community about the program with the assistance of grant community partner COFA Alliance National Network (CANN)</li><li>- Administration details of the program have been further refined, including a final version of the program application, and progress on a reimbursement debit card model through U.S. Bank</li></ul>
<b>Enrollment outreach</b> 0:31:30	<p>Related document: <a href="#">2017 open enrollment outreach campaign presentation</a> <a href="#">Draft 2nd Quarter 2016 health insurance enrollment</a></p> <p>Ms. Morawski presented information regarding the 2017 open enrollment campaign.</p> <ul style="list-style-type: none"><li>- Last year's campaign was successful, there's not a need for any large changes</li></ul>

- to strategy, just refining strategy to get further gains in market share
- The committee discussed the pros and cons, and the cost-benefit of pursuing specific populations as the percentage of the uninsured Oregon population continues to decline
- Millennials have proven to be a difficult demographic to reach, due in part to the diversity within a category as broad as an age group
- The intersection of qualified health plans (QHP) and Medicare, and which is the best combination for a specific consumer is complicated, and requires careful navigation and messaging
- Different geographic areas present their own unique challenges, and require a variety of outreach strategies such as the engagement of community partners and local organizations

**National insurance market**

Call-in presentation from Sabrina Corlette, a professor at the Georgetown University Center on Health Insurance Reform regarding the current climate in the national insurance market.

**1:05:30**

- Ms. Corlette's area of study includes how private insurance works at the national and state level, and the impacts of the affordable care act (ACA)
- Rising health care costs and adverse selection
- Maintaining enrollment numbers can be challenging depending on how the ACA is implemented in a particular state
- The choices for consumers have thinned as smaller carriers and newer carriers (especially co-ops) have dropped out of the market nationwide
- Co-ops have closed in 17 states
- Rates are going up nationwide, with averages over 20%
- Some states have explored public options, or even a "public fallback" option, which would only be available in the event of limited availability in a given area. Politics is a large factor for the palatability of this type of program in many states.

**Oregon market stability**

Related documents: [Draft 2nd Quarter 2016 health insurance enrollment 2017 Final Health Rates-reconsideration Aug.12, 2016](#)

**1:40:35**

Ms. Cali led a robust discussion on the stability of the Oregon individual health insurance market.

- Only 6% of Oregon purchases health insurance on the individual market, 3% on-exchange, and 3% off-exchange. Another 4% purchase small group coverage, adding up to 10% of the health insurance market that is under the direct regulatory authority of DCBS
- 2014 was first year of ACA enrollment, guaranteed issue for everyone. Nearly a dozen carriers were competing, with only 1<sup>st</sup> year data from 2014 rolling to 2015
- This competition led to competitive underpricing in 2014 and 2015
- 2016 rate setting saw increases to correct for underpricing, but there was still pricing competing below cost
- This in turn led to some carriers making the business decision to leave the individual market, including Health Republic, one of Oregon's two health co-ops
- 2017 rate filings saw carriers raise rates to correct for losses, as well as carriers leaving certain geographic areas, or the individual market altogether – Oregon's Health Co-op closed its doors in the middle of the year.
- Prices and lack of choice in certain areas have led to greater numbers of people paying the tax penalty for lack of insurance rather than pay for insurance

- premiums they cannot afford
- Insurance companies do not have an effective mechanism to limit growth during an open enrollment if necessary
- Individual insurance is only part of the market, and heading towards affordable access for all will likely require a more holistic view of the health insurance market as a whole
- Costs of providing medical care are big drivers of health insurance rates, and there is virtually no regulatory authority over those costs
- A public option, or other regulatory apparatus, may help to contain the costs of medical care. Costs of providing medical care are the largest driver of health insurance rates, and there is virtually no regulatory authority over those costs
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**Pregnancy as a special enrollment period**

**2:55:19**

Related Documents: [Pregnancy SEP Brief](#)  
[SEP for Pregnant Women Overview Sept. 2016](#)

Ms. Jagger introduced the topic for the committee:

- Consumers can normally purchase insurance during open enrollment, November 1 through the end of february
- A Special enrollment period (SEP) is available for certain reasons, usually related to loss of coverage for qualifying events, outside of this open enrollment period.
- Pregnancy is not currently one of those reasons, but advocacy groups are working to change this

Ms. Rosenau continued the discussion of this topic

- Giving birth to or adopting a child already qualifies for an SEP
- Advocacy groups want to add pregnancy as a qualifying event to assist with access to pre-natal care
- The US has the highest pregnancy mortality (death of mother during childbirth) than other developed nations, and the rates are going up.
- Implementation logistics for Oregon could be problematic, as the Federal Marketplace platform does not allow for custom SEP reasons by state at the moment
- Advocates are open to mechanisms other than SEP's to get health coverage for pregnant women
- The committee discussed several other mechanisms by which this may be accomplished

**Adjournment**

The meeting was adjourned at 3:00 pm.

\* These minutes include timestamps from the meeting video, in an hours : minutes : seconds format. The meeting video can be found here:

<https://www.youtube.com/watch?v=Gq9RF0vulJs>

\*\* Meeting materials are found on the Oregon Health Insurance Advisory Committee website:

<http://www.oregonhealthcare.gov/him-committee.html>