74th OREGON LEGISLATIVE ASSEMBLY - 2007 Regular Session MEASURE: CARRIER:

House Committee on Health Care

REVENUE: No revenue impact FISCAL: No fiscal impact

Action: Do Pass and Be Placed on the Consent Calendar

Vote: 5 - 0 - 4

Yeas: Bonamici, Bruun, Cannon, Flores, Kotek

Nays: 0

Exc.: Gelser, Maurer, Richardson, Greenlick

Prepared By: Sandy Thiele-Cirka, Administrator

Meeting Dates: 5/10

WHAT THE MEASURE DOES: Repeals the sunset on provisions permitting insurance carriers to limit the individual health benefit plans in which an individual may elect to enroll and on provisions permitting insurance carriers to offer to insure an applicant under a health benefit plan other than the plan initially elected by the applicant.

SB 586 A

CONSENT

ISSUES DISCUSSED:

- Reasons for the original sunset date
- Impact if the measure is not enacted
- The importance of insurance carriers to have the ability to offer alternative insurance plans
- Role of Oregon Medical Insurance Pool (OMIP)

EFFECT OF COMMITTEE AMENDMENT: No amendment.

BACKGROUND: In 2003, the Legislative Assembly enacted HB 3431, which amended ORS 743.737 to allow individuals to apply to particular plans offered by health insurance companies. Prior to 2003, if an individual applied for an individual health benefit plan and was approved, that individual was eligible for any individual plan offered by the carrier (e.g., \$500 - \$1,000 deductible). However, if an individual was denied, he or she was denied for every plan offered. Insurance carriers had no flexibility to offer different products to different applicants based on their health status. Additionally, HB 3431 (2003) allowed insurance carriers to deny individuals access to certain health benefit plans based on preexisting conditions.

HB 3431 (2003) allowed a health insurance carrier to limit the plans in which an individual could enroll if the individual was accepted for coverage and eliminated the ability for individuals to qualify for the OMIP if the insurance carrier offered less than the applicant's desired level of coverage. Prior to the 2003 legislation, an applicant could choose whether they wanted to accept the offered plan of pursue coverage through OMIP.