

Senate Bill 989

Sponsored by Senator VERGER, Representative MAURER

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Expands types of public bodies exempt from Insurance Code to include public bodies that contribute at least \$500,000 toward cost of health care for employees and retirees.

A BILL FOR AN ACT

1
2 Relating to public bodies exempt from Insurance Code; amending ORS 731.036.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1.** ORS 731.036 is amended to read:

5 731.036. The Insurance Code does not apply to any of the following to the extent of the subject
6 matter of the exemption:

7 (1) A bail bondsman, other than a corporate surety and its agents.

8 (2) A fraternal benefit society that has maintained lodges in this state and other states for 50
9 years prior to January 1, 1961, and for which a certificate of authority was not required on that
10 date.

11 (3) A religious organization providing insurance benefits only to its employees, which organiza-
12 tion is in existence and exempt from taxation under section 501(c)(3) of the federal Internal Revenue
13 Code on September 13, 1975.

14 (4) Public bodies, as defined in ORS 30.260, that either individually or jointly establish a self-
15 insurance program for tort liability in accordance with ORS 30.282.

16 (5) Public bodies, as defined in ORS 30.260, that either individually or jointly establish a self-
17 insurance program for property damage in accordance with ORS 30.282.

18 (6) Cities, counties, school districts, community college districts, community college service dis-
19 tricts or districts, as defined in ORS 198.010 and 198.180, that either individually or jointly insure
20 for health insurance coverage, excluding disability insurance, their employees or retired employees,
21 or their dependents, or students engaged in school activities, or combination of employees and de-
22 pendents, with or without employee or student contributions, if all of the following conditions are
23 met:

24 (a) The individual or jointly self-insured program meets the following minimum requirements:

25 (A) In the case of a school district, community college district or community college service
26 district, the number of covered employees and retired employees aggregates at least 1,000 individ-
27 uals;

28 (B) In the case of an individual public body program other than a school district, community
29 college district or community college service district, the number of covered employees and retired
30 employees aggregates at least 500 individuals, **or the annual contributions to the program ag-**
31 **gregate at least \$500,000;** and

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted.
New sections are in **boldfaced** type.

1 (C) In the case of a joint program of two or more public bodies, the number of covered em-
2 ployees and retired employees aggregates at least 1,000 individuals, or the annual contributions to
3 the program aggregate at least \$500,000;

4 (b) The individual or jointly self-insured health insurance program includes all coverages and
5 benefits required of group health insurance policies under ORS chapter 743;

6 (c) The individual or jointly self-insured program must have program documents that define
7 program benefits and administration;

8 (d) Enrollees must be provided copies of summary plan descriptions including:

9 (A) Written general information about services provided, access to services, charges and sched-
10 uling applicable to each enrollee's coverage;

11 (B) The program's grievance and appeal process; and

12 (C) Other group health plan enrollee rights, disclosure or written procedure requirements es-
13 tablished under ORS chapter 743;

14 (e) The financial administration of an individual or jointly self-insured program must include the
15 following requirements:

16 (A) Program contributions and reserves must be held in separate accounts and used for the ex-
17 clusive benefit of the program;

18 (B) The program must maintain adequate reserves. Reserves may be invested in accordance with
19 the provisions of ORS chapter 293. Reserve adequacy must be calculated annually with proper
20 actuarial calculations including the following:

21 (i) Known claims, paid and outstanding;

22 (ii) A history of incurred but not reported claims;

23 (iii) Claims handling expenses;

24 (iv) Unearned contributions; and

25 (v) A claims trend factor; and

26 (C) The program must maintain adequate reinsurance against the risk of economic loss in ac-
27 cordance with the provisions of ORS 742.065 unless the program has received written approval for
28 an alternative arrangement for protection against economic loss from the Director of the Depart-
29 ment of Consumer and Business Services;

30 (f) The individual or jointly self-insured program must have sufficient personnel to service the
31 employee benefit program or must contract with a third party administrator licensed under ORS
32 chapter 744 as a third party administrator to provide such services;

33 (g) The individual or jointly self-insured program shall be subject to assessment in accordance
34 with ORS 735.614 and former enrollees shall be eligible for portability coverage in accordance with
35 ORS 735.616;

36 (h) The public body, or the program administrator in the case of a joint insurance program of
37 two or more public bodies, files with the Director of the Department of Consumer and Business
38 Services copies of all documents creating and governing the program, all forms used to communicate
39 the coverage to beneficiaries, the schedule of payments established to support the program and,
40 annually, a financial report showing the total incurred cost of the program for the preceding year.
41 A copy of the annual audit required by ORS 297.425 may be used to satisfy the financial report filing
42 requirement; and

43 (i) Each public body in a joint insurance program is liable only to its own employees and no
44 others for benefits under the program in the event, and to the extent, that no further funds, in-
45 cluding funds from insurance policies obtained by the pool, are available in the joint insurance pool.

1 (7) All ambulance services.

2 (8) A person providing either or both of the services described in this subsection in connection
3 with motor vehicles. The exemption under this subsection does not apply to an authorized insurer
4 providing such services under an insurance policy. This subsection applies to the following services:

5 (a) Towing service.

6 (b) Emergency road service, which means adjustment, repair or replacement of the equipment,
7 tires or mechanical parts of a motor vehicle in order to permit the motor vehicle to be operated
8 under its own power.

9 (9)(a) A person described in this subsection who, in an agreement to lease or to finance the
10 purchase of a motor vehicle, agrees to waive for no additional charge the amount specified in par-
11 agraph (b) of this subsection upon total loss of the motor vehicle because of physical damage, theft
12 or other occurrence, as specified in the agreement. The exemption established in this subsection
13 applies to the following persons:

14 (A) The seller of the motor vehicle, if the sale is made pursuant to a motor vehicle retail in-
15 stallment contract.

16 (B) The lessor of the motor vehicle.

17 (C) The lender who finances the purchase of the motor vehicle.

18 (D) The assignee of a person described in this paragraph.

19 (b) The amount waived pursuant to the agreement shall be the difference, or portion thereof,
20 between the amount received by the seller, lessor, lender or assignee, as applicable, which repres-
21 ents the actual cash value of the motor vehicle at the date of loss, and the amount owed under the
22 agreement.

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