

HOUSE AMENDMENTS TO HOUSE BILL 3145

By COMMITTEE ON CONSUMER PROTECTION

May 4

1 On page 1 of the printed bill, line 2, after the second semicolon delete the rest of the line and
2 delete line 3 and insert “amending ORS 743.018, 750.055 and 750.333; repealing ORS 731.240; and
3 declaring an emergency.”.

4 Delete lines 5 through 28 and delete pages 2 through 11 and insert:

5 **“SECTION 1. Sections 2 to 6 of this 2009 Act are added to and made a part of the In-**
6 **urance Code.**

7 **“SECTION 2. (1) When an insurer files a schedule or table of premium rates for a health**
8 **benefit plan for small employers or for an individual health benefit plan under ORS 743.018,**
9 **prior to approving or disapproving the premium rates, the Director of the Department of**
10 **Consumer and Business Services shall open a 30-day public comment period on the rate fil-**
11 **ing. The 30-day public comment period must begin on the date the director makes the rate**
12 **filing available for public inspection under ORS 743.018.**

13 **“(2) Upon the director’s own initiative, the director may conduct a public hearing under**
14 **section 3 of this 2009 Act on a rate filing for a health benefit plan for small employers or for**
15 **an individual health benefit plan submitted under ORS 743.018.**

16 **“(3) The director shall conduct a public hearing under section 3 of this 2009 Act on a rate**
17 **filing for a health benefit plan for small employers or for an individual health benefit plan**
18 **submitted under ORS 743.018 if:**

19 **“(a) The rate filing proposes an average annual change to rates of eight percent or**
20 **greater; and**

21 **“(b) The director receives a written request from:**

22 **“(A) The insurer who submitted the rate filing, if the insurer also submits comments**
23 **that address whether the rate filing is consistent with the standards for review of a rate**
24 **filing under ORS 743.018;**

25 **“(B) Ten persons who are policyholders affected by the rate filing if approved and who**
26 **submit comments that address whether the rate filing is consistent with the standards for**
27 **review of a rate filing under ORS 743.018; or**

28 **“(C) An association having not fewer than 10 members who are policyholders who would**
29 **be subject to the rate filing if approved and who submit comments that address whether the**
30 **rate filing is consistent with the standards for review of a rate filing under ORS 743.018.**

31 **“(4) The director shall approve or disapprove a rate filing for a health benefit plan for**
32 **small employers or for an individual health benefit plan submitted under ORS 743.018:**

33 **“(a) Within five days after the close of the public comment period if a public hearing is**
34 **not conducted; or**

35 **“(b) Within 30 days after the public hearing if a public hearing is conducted pursuant to**

1 subsection (2) or (3) of this section.

2 “(5) The director may extend the time limits in subsection (4) of this section for one ad-
3 ditional period not to exceed 30 days. However, the director shall approve or disapprove a
4 rate filing within 90 days after the insurer files the schedule or table of premium rates under
5 ORS 743.018.

6 “(6) The director shall give notice of the approval or disapproval of a rate filing for a
7 health benefit plan for small employers or for an individual health benefit plan submitted
8 under ORS 743.018:

9 “(a) To the public in accordance with rules adopted by the director; and

10 “(b) In writing to the insurer who submitted the rate filing. The notice to the insurer
11 must comply with ORS 183.415.

12 “(7) A person who submitted comments that address whether the rate filing is consistent
13 with the standards for review of a rate filing under ORS 743.018 (5) and who is adversely af-
14 fected by the decision of the director to approve or disapprove a premium rate filing under
15 subsection (4) of this section may request a hearing to determine whether the proposed rate
16 complies with the standards. The person must request the hearing in accordance with the
17 provisions of ORS chapter 183 applicable to a contested case proceeding.

18 “SECTION 3. (1) The Director of the Department of Consumer and Business Services
19 shall conduct a hearing held pursuant to section 2 (2) or (3) of this 2009 Act in accordance
20 with this section. If the hearing is in response to a written request under section 2 (3) of this
21 2009 Act, the insurer, persons or association must state the grounds for requesting the
22 public hearing.

23 “(2) A public hearing under this section is conducted for the purpose of obtaining addi-
24 tional information on a rate filing and is not a contested case as defined in ORS 183.310 and
25 is not subject to the requirements of ORS 183.600 to 183.690.

26 “(3) The director shall give notice of a public hearing under this section at least 14 days
27 before the public hearing to the insurer, to the persons or association that requested the
28 public hearing and to persons who have requested notice of the public hearing.

29 “SECTION 4. Notwithstanding any provision of ORS 743.737 or 743.767, for purposes of
30 complying with provisions limiting the increase of rates of a health benefit plan to not more
31 than once in a 12-month period, if the proposed rate increase is subject to a public hearing
32 under section 2 of this 2009 Act, the proposed rate shall be considered to take effect on the
33 anniversary date of the plan even if the rate is not finally approved until after the anniver-
34 sary date. However, the insurer may not collect premiums in accordance with the proposed
35 rate until the rate is approved.

36 “SECTION 5. (1) In order to allow the Director of the Department of Consumer and
37 Business Services to determine whether a proposed rate for a health benefit plan for small
38 employers or for an individual health benefit plan is based upon reasonable administrative
39 expenses under ORS 743.018 (5), a licensed health insurer shall include in a rate filing a
40 statement of administrative expenses in such form and detail as the director prescribes by
41 rule, including but not limited to:

42 “(a) A statement of administrative expenses on a per member per month basis; and

43 “(b) An explanation of the basis for any proposed increases or decreases.

44 “(2) The director may approve reasonable increases in administrative expenses but,
45 without sufficient justification by the insurer that the increases are necessary and appro-

1 p^riate as determined by the director, may not approve increases in administrative expenses
2 that exceed the cost of living for the previous calendar year, based on the Portland-Salem,
3 OR-WA, Consumer Price Index for All Urban Consumers for All Items, as published by the
4 Bureau of Labor Statistics of the United States Department of Labor.

5 **“SECTION 6.** The Director of the Department of Consumer and Business Services shall
6 by rule:

7 **“(1) Specify the information a carrier must submit as part of a rate filing under ORS**
8 **743.018; and**

9 **“(2) Identify the information submitted that will be exempt from disclosure under ORS**
10 **743.018 because the information constitutes a trade secret and would, if disclosed, harm**
11 **competition.**

12 **“SECTION 7.** ORS 743.018 is amended to read:

13 **“743.018.** (1) Except for group life and health insurance, and except as provided in ORS 743.015,
14 every insurer shall file with the Director of the Department of Consumer and Business Services all
15 schedules and tables of premium rates for life and health insurance to be used on risks in this state,
16 and shall file any amendments to or corrections of such schedules and tables.

17 **“(2) In addition to the requirements of ORS 743.010, 743.737 and 743.767, the director must**
18 **consider the factors set forth in subsection (5) of this section in determining whether to**
19 **approve or disapprove the schedules and tables of premium rates for health insurance filed**
20 **for a health benefit plan for small employers or for an individual health benefit plan in ac-**
21 **cordance with subsection (1) of this section.**

22 **“[(2)] (3)** Except as provided in ORS 743.737 and 743.760 and [*subsection (3) of this*] section **6**
23 **of this 2009 Act**, a rate filing by a carrier for any of the following health benefit plans subject to
24 ORS 743.730 to 743.773 shall be available for public inspection immediately upon submission of the
25 filing to the director:

26 **“(a) Health benefit plans for small employers.**

27 **“(b) Portability health benefit plans.**

28 **“(c) Individual health benefit plans.**

29 **“[(3) The director, upon request by a carrier, may exempt from disclosure any part of the filing that**
30 **the director determines to contain trade secrets and that would, if disclosed, harm competition. The part**
31 **that the director determines to be exempt from disclosure shall be considered confidential for purposes**
32 **of ORS 705.137. The director may not disclose a part of a filing subject to a carrier’s request pending**
33 **the director’s determination under this subsection.]**

34 **“(4) The director may not approve a proposed premium rate for a health benefit plan for**
35 **small employers or for an individual health benefit plan unless the insurer establishes to the**
36 **satisfaction of the director that the rates are:**

37 **“(a) Actuarially sound;**

38 **“(b) Reasonable and not excessive, inadequate or unfairly discriminatory; and**

39 **“(c) Based upon reasonable administrative expenses.**

40 **“(5) In order to determine whether the insurer has established that a proposed premium**
41 **rate for a health benefit plan for small employers or for an individual health benefit plan is**
42 **reasonable and not excessive, inadequate or unfairly discriminatory, the director must con-**
43 **sider:**

44 **“(a) The insurer’s financial position, including but not limited to profitability, surplus,**
45 **reserves and investment earnings.**

- 1 **“(b) Historical and projected nonmedical, medical and hospital expenses.**
- 2 **“(c) The historical and projected loss ratio between the amounts spent on medical ser-**
3 **vices and earned premiums.**
- 4 **“(d) The historical and projected trend in costs of medical services.**
- 5 **“(e) Historical and projected administrative costs.**
- 6 **“(f) The variation in proposed rates over the population affected.**
- 7 **“(g) The effect of medical underwriting.**
- 8 **“(h) Any anticipated change in the number of enrollees if the proposed rate is approved.**
- 9 **“(i) Changes to covered benefits or the health benefit plan design that accompany the**
10 **rate increases, including:**
- 11 **“(A) An expansion or reduction of the benefits covered under the health benefit plan;**
- 12 **“(B) An expansion or reduction of benefits due to a change in the formulas, methodol-**
13 **ogies or schedules used in making benefit determinations;**
- 14 **“(C) An increase or decrease in coinsurance, deductibles, copayments or other costs paid**
15 **by enrollees; and**
- 16 **“(D) The establishment of new requirements for coverage, including prior authorization**
17 **or other methods of utilization control, or elimination of requirements.**
- 18 **“(j) The insurer’s efforts, since the insurer’s last rate filing for the same category of**
19 **health benefit plan, to contain costs while maintaining or improving quality, including:**
- 20 **“(A) The extent to which the health benefit plan design reduces or waives copayments,**
21 **coinsurance and deductibles for preventive health care, primary care and chronic disease**
22 **management;**
- 23 **“(B) Whether the insurer uses the Oregon Prescription Drug Program or another pro-**
24 **gram that is effective in reducing prescription drug costs;**
- 25 **“(C) The insurer’s adoption of innovative provider contracting practices or payment**
26 **methodologies that promote quality and efficiency and encourage providers to use evidence-**
27 **based clinical standards; and**
- 28 **“(D) The insurer’s programs that identify and address excessive or inadequate utilization**
29 **of covered services.**
- 30 **“(k) Whether the proposed change in rate is necessary to maintain the insurer’s solvency**
31 **or to maintain rate stability and prevent excessive rate increases in the future.**
- 32 **“(L) Whether the proposed change in rate will result in or reduce market disruption.**
- 33 **“(6) In addition to materials submitted by the insurer as part of the rate filing, in order**
34 **to consider the factors described in subsection (5) of this section, the director may examine**
35 **documents and materials that the insurer previously submitted to the department and if**
36 **necessary, require the insurer to submit additional materials.**

37 **“SECTION 8.** ORS 750.055, as amended by section 5, chapter 22, Oregon Laws 2008, is amended
38 to read:

39 **“750.055. (1) The following provisions of the Insurance Code apply to health care service con-**
40 **tractors to the extent not inconsistent with the express provisions of ORS 750.005 to 750.095:**

41 **“(a) ORS 705.137, 705.139, 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385,**
42 **731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454, 731.488, 731.504, 731.508, 731.509,**
43 **731.510, 731.511, 731.512, 731.574 to 731.620, 731.592, 731.594, 731.640 to 731.652, 731.730, 731.731,**
44 **731.735, 731.737, 731.750, 731.752, 731.804 and 731.844 to 731.992 and section 2, chapter 22, Oregon**
45 **Laws 2008.**

1 “(b) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.592, not
2 including ORS 732.582.

3 “(c) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695
4 to 733.780.

5 “(d) ORS chapter 734.

6 “(e) ORS 742.001 to 742.009, 742.013, 742.061, 742.065, 742.150 to 742.162, 742.400, 742.520 to
7 742.540, 743.010, 743.013, 743.018 to 743.030, 743.050, 743.100 to 743.109, 743.402, 743.472, 743.492,
8 743.495, 743.498, 743.522, 743.523, 743.524, 743.526, 743.527, 743.528, 743.529, 743.549 to 743.552,
9 743.560, 743.600 to 743.610, 743.650 to 743.664, 743.804, 743.807, 743.808, 743.814 to 743.839, 743.842,
10 743.845, 743.847, 743.854, 743.856, 743.857, 743.858, 743.859, 743.861, 743.862, 743.863, 743.864, 743.911,
11 743.913, 743A.010, 743A.012, 743A.036, 743A.048, 743A.062, 743A.064, 743A.066, 743A.068, 743A.070,
12 743A.080, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.110, 743A.140, 743A.148, 743A.160,
13 743A.164, 743A.168, 743A.184, 743A.188 and 743A.190 **and sections 2 to 6 of this 2009 Act.**

14 “(f) The provisions of ORS chapter 744 relating to the regulation of insurance producers.

15 “(g) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608,
16 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and
17 746.690.

18 “(h) ORS 743A.024, except in the case of group practice health maintenance organizations that
19 are federally qualified pursuant to Title XIII of the Public Health Service Act unless the patient is
20 referred by a physician associated with a group practice health maintenance organization.

21 “(i) ORS 735.600 to 735.650.

22 “(j) ORS 743.680 to 743.689.

23 “(k) ORS 744.700 to 744.740.

24 “(L) ORS 743.730 to 743.773.

25 “(m) ORS 731.485, except in the case of a group practice health maintenance organization that
26 is federally qualified pursuant to Title XIII of the Public Health Service Act and that wholly owns
27 and operates an in-house drug outlet.

28 “(2) For the purposes of this section, health care service contractors shall be deemed insurers.

29 “(3) Any for-profit health care service contractor organized under the laws of any other state
30 that is not governed by the insurance laws of the other state is subject to all requirements of ORS
31 chapter 732.

32 “(4) The Director of the Department of Consumer and Business Services may, after notice and
33 hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025
34 and 750.045 that are deemed necessary for the proper administration of these provisions.

35 “**SECTION 9.** ORS 750.055, as amended by section 7, chapter 137, Oregon Laws 2003, section
36 3, chapter 263, Oregon Laws 2003, sections 501 and 502, chapter 22, Oregon Laws 2005, sections 5
37 and 6, chapter 255, Oregon Laws 2005, section 5, chapter 418, Oregon Laws 2005, section 3, chapter
38 128, Oregon Laws 2007, section 9, chapter 182, Oregon Laws 2007, section 6, chapter 313, Oregon
39 Laws 2007, section 4, chapter 504, Oregon Laws 2007, section 4, chapter 566, Oregon Laws 2007,
40 section 4, chapter 872, Oregon Laws 2007, and section 6, chapter 22, Oregon Laws 2008, is amended
41 to read:

42 “750.055. (1) The following provisions of the Insurance Code apply to health care service con-
43 tractors to the extent not inconsistent with the express provisions of ORS 750.005 to 750.095:

44 “(a) ORS 705.137, 705.139, 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385,
45 731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454, 731.488, 731.504, 731.508, 731.509,

1 731.510, 731.511, 731.512, 731.574 to 731.620, 731.592, 731.594, 731.640 to 731.652, 731.730, 731.731,
2 731.735, 731.737, 731.750, 731.752, 731.804 and 731.844 to 731.992 and section 2, chapter 22, Oregon
3 Laws 2008.

4 “(b) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.592, not
5 including ORS 732.582.

6 “(c) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695
7 to 733.780.

8 “(d) ORS chapter 734.

9 “(e) ORS 742.001 to 742.009, 742.013, 742.061, 742.065, 742.150 to 742.162, 742.400, 742.520 to
10 742.540, 743.010, 743.013, 743.018 to 743.030, 743.050, 743.100 to 743.109, 743.402, 743.472, 743.492,
11 743.495, 743.498, 743.522, 743.523, 743.524, 743.526, 743.527, 743.528, 743.529, 743.549 to 743.552,
12 743.560, 743.600 to 743.610, 743.650 to 743.656, 743.804, 743.807, 743.808, 743.814 to 743.839, 743.842,
13 743.845, 743.847, 743.854, 743.856, 743.857, 743.858, 743.859, 743.861, 743.862, 743.863, 743.864, 743.911,
14 743.913, 743A.010, 743A.012, 743A.036, 743A.048, 743A.062, 743A.064, 743A.066, 743A.068, 743A.070,
15 743A.080, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.110, 743A.140, 743A.148, 743A.160,
16 743A.164, 743A.168, 743A.184 and 743A.190 **and sections 2 to 6 of this 2009 Act.**

17 “(f) The provisions of ORS chapter 744 relating to the regulation of insurance producers.

18 “(g) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608,
19 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and
20 746.690.

21 “(h) ORS 743A.024, except in the case of group practice health maintenance organizations that
22 are federally qualified pursuant to Title XIII of the Public Health Service Act unless the patient is
23 referred by a physician associated with a group practice health maintenance organization.

24 “(i) ORS 735.600 to 735.650.

25 “(j) ORS 743.680 to 743.689.

26 “(k) ORS 744.700 to 744.740.

27 “(L) ORS 743.730 to 743.773.

28 “(m) ORS 731.485, except in the case of a group practice health maintenance organization that
29 is federally qualified pursuant to Title XIII of the Public Health Service Act and that wholly owns
30 and operates an in-house drug outlet.

31 “(2) For the purposes of this section, health care service contractors shall be deemed insurers.

32 “(3) Any for-profit health care service contractor organized under the laws of any other state
33 that is not governed by the insurance laws of the other state is subject to all requirements of ORS
34 chapter 732.

35 “(4) The Director of the Department of Consumer and Business Services may, after notice and
36 hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025
37 and 750.045 that are deemed necessary for the proper administration of these provisions.

38 “**SECTION 10.** ORS 750.333, as amended by section 7, chapter 22, Oregon Laws 2008, is
39 amended to read:

40 “750.333. (1) The following provisions of the Insurance Code apply to trusts carrying out a
41 multiple employer welfare arrangement:

42 “(a) ORS 731.004 to 731.150, 731.162, 731.216 to 731.268, 731.296 to 731.316, 731.324, 731.328,
43 731.378, 731.386, 731.390, 731.398, 731.406, 731.410, 731.414, 731.418 to 731.434, 731.454, 731.484,
44 731.486, 731.488, 731.512, 731.574 to 731.620, 731.640 to 731.652 and 731.804 to 731.992.

45 “(b) ORS 733.010 to 733.050, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

1 “(c) ORS chapter 734.

2 “(d) ORS 742.001 to 742.009, 742.013, 742.061 and 742.400.

3 “(e) ORS 743.028, 743.053, 743.524, 743.526, 743.527, 743.528, 743.529, 743.530, 743.560, 743.562,
4 743.600, 743.601, 743.602, 743.610, 743.730 to 743.773 (except 743.760 to 743.773), 743.801, 743.804,
5 743.807, 743.808, 743.814 to 743.839, 743.842, 743.845, 743.847, 743.854, 743.856, 743.857, 743.858,
6 743.859, 743.861, 743.862, 743.863, 743.864, 743A.012, 743A.064, 743A.080, 743A.100, 743A.104, 743A.110
7 and 743A.184 **and sections 2 to 6 of this 2009 Act.**

8 “(f) ORS 743A.010, 743A.014, 743A.024, 743A.028, 743A.032, 743A.036, 743A.040, 743A.044,
9 743A.048, 743A.066, 743A.068, 743A.084, 743A.088, 743A.090, 743A.140, 743A.148, 743A.168, 743A.180,
10 743A.188 and 743A.190. Multiple employer welfare arrangements to which ORS 743.730 to 743.773
11 apply are subject to the sections referred to in this paragraph only as provided in ORS 743.730 to
12 743.773.

13 “(g) Provisions of ORS chapter 744 relating to the regulation of insurance producers and insur-
14 ance consultants, and ORS 744.700 to 744.740.

15 “(h) ORS 746.005 to 746.140, 746.160 and 746.220 to 746.370.

16 “(i) ORS 731.592 and 731.594.

17 “(j) Section 2, chapter 22, Oregon Laws 2008.

18 “(2) For the purposes of this section:

19 “(a) A trust carrying out a multiple employer welfare arrangement shall be considered an
20 insurer.

21 “(b) References to certificates of authority shall be considered references to certificates of
22 multiple employer welfare arrangement.

23 “(c) Contributions shall be considered premiums.

24 “(3) The provision of health benefits under ORS 750.301 to 750.341 shall be considered to be the
25 transaction of health insurance.

26 “**SECTION 11.** ORS 750.333, as amended by section 4, chapter 263, Oregon Laws 2003, section
27 11, chapter 182, Oregon Laws 2007, section 8, chapter 313, Oregon Laws 2007, section 6, chapter 504,
28 Oregon Laws 2007, section 6, chapter 566, Oregon Laws 2007, section 6, chapter 872, Oregon Laws
29 2007, and section 8, chapter 22, Oregon Laws 2008, is amended to read:

30 “750.333. (1) The following provisions of the Insurance Code apply to trusts carrying out a
31 multiple employer welfare arrangement:

32 “(a) ORS 731.004 to 731.150, 731.162, 731.216 to 731.268, 731.296 to 731.316, 731.324, 731.328,
33 731.378, 731.386, 731.390, 731.398, 731.406, 731.410, 731.414, 731.418 to 731.434, 731.454, 731.484,
34 731.486, 731.488, 731.512, 731.574 to 731.620, 731.640 to 731.652 and 731.804 to 731.992.

35 “(b) ORS 733.010 to 733.050, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

36 “(c) ORS chapter 734.

37 “(d) ORS 742.001 to 742.009, 742.013, 742.061 and 742.400.

38 “(e) ORS 743.028, 743.053, 743.524, 743.526, 743.527, 743.528, 743.529, 743.530, 743.560, 743.562,
39 743.600, 743.601, 743.602, 743.610, 743.730 to 743.773 (except 743.760 to 743.773), 743.801, 743.804,
40 743.807, 743.808, 743.814 to 743.839, 743.842, 743.845, 743.847, 743.854, 743.856, 743.857, 743.858,
41 743.859, 743.861, 743.862, 743.863, 743.864, 743A.012, 743A.064, 743A.080, 743A.100, 743A.104, 743A.110
42 and 743A.184 **and sections 2 to 6 of this 2009 Act.**

43 “(f) ORS 743A.010, 743A.014, 743A.024, 743A.028, 743A.032, 743A.036, 743A.040, 743A.044,
44 743A.048, 743A.066, 743A.068, 743A.084, 743A.088, 743A.090, 743A.140, 743A.148, 743A.168, 743A.180
45 and 743A.190. Multiple employer welfare arrangements to which ORS 743.730 to 743.773 apply are

1 subject to the sections referred to in this paragraph only as provided in ORS 743.730 to 743.773.

2 “(g) Provisions of ORS chapter 744 relating to the regulation of insurance producers and insur-
3 ance consultants, and ORS 744.700 to 744.740.

4 “(h) ORS 746.005 to 746.140, 746.160 and 746.220 to 746.370.

5 “(i) ORS 731.592 and 731.594.

6 “(j) Section 2, chapter 22, Oregon Laws 2008.

7 “(2) For the purposes of this section:

8 “(a) A trust carrying out a multiple employer welfare arrangement shall be considered an
9 insurer.

10 “(b) References to certificates of authority shall be considered references to certificates of
11 multiple employer welfare arrangement.

12 “(c) Contributions shall be considered premiums.

13 “(3) The provision of health benefits under ORS 750.301 to 750.341 shall be considered to be the
14 transaction of health insurance.

15 “**SECTION 12.** ORS 750.333, as amended by section 8, chapter 137, Oregon Laws 2003, section
16 4, chapter 263, Oregon Laws 2003, section 3, chapter 446, Oregon Laws 2003, section 6, chapter 418,
17 Oregon Laws 2005, section 12, chapter 182, Oregon Laws 2007, section 9, chapter 313, Oregon Laws
18 2007, section 7, chapter 504, Oregon Laws 2007, section 7, chapter 566, Oregon Laws 2007, section
19 7, chapter 872, Oregon Laws 2007, and section 9, chapter 22, Oregon Laws 2008, is amended to read:

20 “750.333. (1) The following provisions of the Insurance Code apply to trusts carrying out a
21 multiple employer welfare arrangement:

22 “(a) ORS 731.004 to 731.150, 731.162, 731.216 to 731.268, 731.296 to 731.316, 731.324, 731.328,
23 731.378, 731.386, 731.390, 731.398, 731.406, 731.410, 731.414, 731.418 to 731.434, 731.454, 731.484,
24 731.486, 731.488, 731.512, 731.574 to 731.620, 731.640 to 731.652 and 731.804 to 731.992.

25 “(b) ORS 733.010 to 733.050, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

26 “(c) ORS chapter 734.

27 “(d) ORS 742.001 to 742.009, 742.013, 742.061 and 742.400.

28 “(e) ORS 743.028, 743.053, 743.524, 743.526, 743.527, 743.528, 743.529, 743.530, 743.560, 743.562,
29 743.600, 743.601, 743.602, 743.610, 743.730 to 743.773 (except 743.760 to 743.773), 743.801, 743.804,
30 743.807, 743.808, 743.814 to 743.839, 743.842, 743.845, 743.847, 743.854, 743.856, 743.857, 743.858,
31 743.859, 743.861, 743.862, 743.863, 743.864, 743A.012, 743A.064, 743A.080, 743A.100, 743A.104, 743A.110
32 and 743A.184 **and sections 2 to 6 of this 2009 Act.**

33 “(f) ORS 743A.010, 743A.014, 743A.024, 743A.028, 743A.032, 743A.036, 743A.040, 743A.048,
34 743A.066, 743A.068, 743A.084, 743A.088, 743A.090, 743A.140, 743A.148, 743A.168, 743A.180 and
35 743A.190. Multiple employer welfare arrangements to which ORS 743.730 to 743.773 apply are sub-
36 ject to the sections referred to in this paragraph only as provided in ORS 743.730 to 743.773.

37 “(g) Provisions of ORS chapter 744 relating to the regulation of insurance producers and insur-
38 ance consultants, and ORS 744.700 to 744.740.

39 “(h) ORS 746.005 to 746.140, 746.160 and 746.220 to 746.370.

40 “(i) ORS 731.592 and 731.594.

41 “(j) Section 2, chapter 22, Oregon Laws 2008.

42 “(2) For the purposes of this section:

43 “(a) A trust carrying out a multiple employer welfare arrangement shall be considered an
44 insurer.

45 “(b) References to certificates of authority shall be considered references to certificates of

1 multiple employer welfare arrangement.

2 “(c) Contributions shall be considered premiums.

3 “(3) The provision of health benefits under ORS 750.301 to 750.341 shall be considered to be the
4 transaction of health insurance.

5 **“SECTION 13. ORS 731.240 is repealed.**

6 **“SECTION 14. (1) Sections 2 to 5 of this 2009 Act and the amendments to ORS 743.018,
7 750.055 and 750.333 by sections 7 to 12 of this 2009 Act become operative on April 1, 2010.**

8 **“(2) The Director of the Department of Consumer and Business Services may take any
9 action before the operative date specified in subsection (1) of this section that is necessary
10 to enable the director to exercise, on and after the operative date specified in subsection (1)
11 of this section, all the duties, functions and powers conferred on the director by sections 2
12 to 5 of this 2009 Act and the amendments to ORS 743.018, 750.055 and 750.333 by sections 7
13 to 12 of this 2009 Act.**

14 **“SECTION 15. Sections 2 to 5 of this 2009 Act and the amendments to ORS 743.018,
15 750.055 and 750.333 by sections 7 to 12 of this 2009 Act apply to premium rate filings for
16 health benefit plans that are issued or renewed on or after April 1, 2010.**

17 **“SECTION 16. This 2009 Act being necessary for the immediate preservation of the public
18 peace, health and safety, an emergency is declared to exist, and this 2009 Act takes effect
19 on its passage.”.**

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