SENATE AMENDMENTS TO SENATE BILL 717

By COMMITTEE ON GENERAL GOVERNMENT, CONSUMER AND SMALL BUSINESS PROTECTION

April 27

- On page 1 of the printed bill, after line 2, insert:

 "Whereas the State of Oregon, through its regulation of health insurance, has an obligation to
- 3 balance the needs of individual and small group policyholders and the needs of insurers; now,
- 4 therefore,".

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- 5 In line 5, restore the bracketed material.
- 6 In line 29, delete "may" and insert "shall".
- 7 On page 2, line 20, after "for" insert "an".
- In line 21, delete "insurance" and insert "benefit plan, as defined in ORS 743.730".
- 9 Delete lines 25 through 32 and insert:
- "(2) The director may conduct a public meeting, in accordance with the provisions of ORS 192.610 to 192.690, on any filing with respect to an individual or small employer health benefit plan submitted under subsection (1) of this section.
 - "(3)(a) The director shall conduct a public meeting, in accordance with the provisions of ORS 192.610 to 192.690, on any filing with respect to an individual or small employer health benefit plan submitted under subsection (1) of this section if:
 - "(A) The filing proposes an average annual increase to the premium rates charged by the insurer of seven percent or greater; and
 - "(B) The rate increase affects 1,000 or more policyholders.
 - "(b) The purpose of a public meeting conducted under this subsection is to obtain additional information necessary for the director to determine if the proposed premium rates meet the requirements of ORS 743.018 (4) and that there are no grounds for disapproval under ORS 742.005. An actuary for the insurer or other representative of the insurer who is knowledgeable about the details of the filing must appear at the public meeting to answer questions.
 - "(4) The director shall certify any of the following individuals or groups to formally participate in any proceedings under this section as intervenors:
 - "(a) A group of 10 or more policyholders who will be affected by the premium rates in the filing and who jointly apply, in writing, to intervene.
 - "(b) An association with 10 or more members who are policyholders who will be affected by the premium rates in the filing and who jointly apply, in writing, to intervene.
 - "(c) An office of health insurance consumer assistance or ombudsman described in 42 U.S.C. 300gg-93 or similar consumer assistance organization or ombudsman.
- "(5) A certified intervenor shall have access to all information described in ORS 743.018 (3), 743.737 (10) and 743.760 (10) to the same extent as and subject to no greater restrictions on access than are imposed on the department. An insurer must respond to any requests for information from the director or a certified intervenor no later than the 20th day after the beginning of the public

1 comment period on the filing.

"(6) No later than 10 days after the close of the public comment period and with at least 10 days' advance notice to the insurer, the director may, or upon the request of a certified intervenor shall, conduct a public hearing. At any public hearing held under this subsection, the insurer shall have the burden of proving that the proposed premium rates meet the requirements of ORS 743.018 (4) and that there are no grounds for disapproval under ORS 742.005.".

In line 33, delete "(3)" and insert "(7)".

In line 35, delete "10 business days after the close" and insert "90 days after the beginning" and delete the boldfaced material and insert "if the insurer has provided all necessary information to the director".

In lines 36 through 38, delete the boldfaced material.

In line 39, delete the boldfaced material and insert "If the director does not approve or modify a rate filing by the 90th day after the beginning of the public comment period, the rate filing shall be deemed disapproved.

- "(8) The director shall give written notice of the approval, modification or disapproval of a rate filing to:
 - "(a) Any certified intervenors in the proceedings; and
 - "(b) Any person that submitted public comments during the public comment period for the filing.
- "(9) A certified intervenor shall be reimbursed by the insurer for reasonable expenses incurred for expert testimony presented at proceedings under this section, not to exceed \$10,000 for each filing.".
- In line 44, delete "insurance policies" and insert "benefit plans, as defined in ORS 743.730,".

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