

HOUSE AMENDMENTS TO HOUSE BILL 4164

By JOINT COMMITTEE ON WAYS AND MEANS

March 2

1 On page 1 of the printed bill, line 2, after “ORS” insert “243.886,”.

2 On page 7, after line 14, insert:

“SCHOOL DISTRICT PARTICIPATION IN HEALTH INSURANCE EXCHANGE

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7 “**SECTION 9.** ORS 243.886 is amended to read:

8 “243.886. (1) Except as provided in subsections (2), [*and*] (3) **and (4)** of this section,[:]

9 “[*a*] a district may not provide or contract for a benefit plan **and eligible employees of dis-**
10 **tricts may not participate in a benefit plan** unless the benefit plan:

11 “**(a)** Is provided and administered by the Oregon Educators Benefit Board under ORS 243.860
12 to 243.886; **or** [*and*]

13 “[*b*] *Eligible employees of a district may participate only in benefit plans provided and adminis-*
14 *tered by the board.*]

15 “**(b) On or after October 1, 2015, is offered through the health insurance exchange under**
16 **ORS 741.310 (1)(b).**

17 “(2)(a) Except for community college districts, a district that was self-insured before January 1,
18 2007, or a district that had an independent health insurance trust established and functioning before
19 January 1, 2007, may provide or contract for benefit plans other than benefit plans provided and
20 administered by the board if the premiums for the benefit plans provided or contracted for by the
21 district are equal to or less than the premiums for comparable benefit plans provided and adminis-
22 tered by the board.

23 “(b) A community college district may provide or contract for benefit plans other than benefit
24 plans provided and administered by the board.

25 “(c) In accordance with procedures adopted by the board to extend benefit plan coverage under
26 ORS 243.864 to 243.874 to eligible employees of a self-insured district, a district with an independent
27 health insurance trust or a community college district, these districts may choose to offer benefit
28 plans that are provided and administered by the board. Once employees of a district participate in
29 benefit plans provided and administered by the board, the district may not thereafter provide or
30 contract for benefit plans other than those provided and administered by the board.

31 “(3)(a) A district that has not offered benefit plans provided and administered by the board be-
32 fore June 23, 2009, may provide or contract for benefit plans other than benefit plans provided and
33 administered by the board if the premiums for the benefit plans provided or contracted for by the
34 district are equal to or less than the premiums for comparable benefit plans provided and adminis-
35 tered by the board. Once employees of a district or an employee group within a district participates

1 in benefit plans provided and administered by the board, the district may not thereafter provide or
2 contract for benefit plans for those employees or employee groups other than those provided and
3 administered by the board.

4 “(b) To maintain the exception created in this subsection, the board must perform an actuarial
5 analysis of the district at least once every two years. If requested by the district or a labor organ-
6 ization representing eligible employees of the district, the board shall perform the actuarial analysis
7 annually.

8 “(c) As used in this subsection, ‘district’ does not include a community college district.

9 “(4) Nothing in ORS 243.860 to 243.886 may be construed to expand or contract collective bar-
10 gaining rights or collective bargaining obligations.

11 “**SECTION 10.** ORS 741.310 is amended to read:

12 “741.310. (1) The following individuals and groups may purchase qualified health plans through
13 the health insurance exchange:

14 “(a) Beginning January 1, 2014[, *individuals and*]:

15 “**(A) Individuals and families; and**

16 “**(B) Employers with no more than 50 employees.**

17 “**(b) Beginning October 1, 2015, districts and eligible employees of districts that are sub-**
18 **ject to ORS 243.886, unless their participation is precluded by federal law.**

19 “[*b*] (c) Beginning January 1, 2016, employers with 51 to 100 employees.

20 “(2)(a) Only individuals who purchase health plans through the exchange may be eligible to re-
21 ceive premium tax credits under section 36B of the Internal Revenue Code and reduced cost-sharing
22 under 42 U.S.C. 18071.

23 “(b) Only employers that purchase health plans through the exchange may be eligible to receive
24 small employer health insurance credits under section 45R of the Internal Revenue Code.

25 “(3) Only an insurer that has a certificate of authority to transact insurance in this state and
26 that meets applicable federal requirements for participating in the exchange may offer a qualified
27 health plan through the exchange. Any qualified health plan must be certified under subsection (4)
28 of this section. Prepaid managed care health services organizations that do not have a certificate
29 of authority to transact insurance may serve only medical assistance recipients through the ex-
30 change and may not offer qualified health plans.

31 “(4)(a) The Oregon Health Insurance Exchange Corporation shall adopt by rule uniform re-
32 quirements, standards and criteria for the certification of qualified health plans, including require-
33 ments that a qualified health plan provide, at a minimum, essential health benefits and have
34 acceptable consumer and provider satisfaction ratings.

35 “(b) The corporation may limit the number of qualified health plans that may be offered through
36 the exchange as long as the same limit applies to all insurers.

37 “(c) **The corporation shall consult with stakeholders, including but not limited to repre-**
38 **sentatives of school administrators, school board members and school employees, regarding**
39 **the plans that may be offered through the exchange to districts and eligible employees of**
40 **districts under subsection (1)(b) of this section.**

41 “(5) Notwithstanding subsection (4) of this section, the corporation shall certify as qualified a
42 dental only health plan as permitted by federal law.

43 “(6) The corporation shall establish one streamlined and seamless application and enrollment
44 process for both the exchange and the state medical assistance program.

45 “(7) The corporation, in collaboration with the appropriate state authorities, may establish risk

1 mediation programs within the exchange.

2 “(8) The corporation shall establish by rule a process for certifying insurance producers to fa-
3 cilitate the transaction of insurance through the exchange, in accordance with federal standards and
4 policies.

5 “(9) The corporation shall ensure, as required by federal laws, that an insurer charges the same
6 premiums for plans sold through the exchange as for identical plans sold outside of the exchange.

7 “(10) The corporation is authorized to enter into contracts for the performance of duties, func-
8 tions or operations of the exchange, including but not limited to contracting with:

9 “(a) All insurers that meet the requirements of subsections (3) and (4) of this section, to offer
10 qualified health plans through the exchange; and

11 “(b) Navigators certified by the corporation under ORS 741.002.

12 “(11) The corporation is authorized to apply for and accept federal grants, other federal funds
13 and grants from nongovernmental organizations for purposes of developing, implementing and ad-
14 ministering the exchange. Moneys received under this subsection shall be deposited in [*and credited*
15 *to the Oregon Health Insurance Exchange Fund*] **an account** established under ORS 741.101.

16 “**SECTION 11.** ORS 741.310, as amended by section 12, chapter 415, Oregon Laws 2011, is
17 amended to read:

18 “741.310. (1) **The following** individuals and [*employers with no more than 100 employees*] **groups**
19 may purchase qualified health plans through the health insurance exchange:

20 “(a) **Individuals and families;**

21 “(b) **Employers with no more than 100 employees; and**

22 “(c) **Districts and eligible employees of districts that are subject to ORS 243.886, unless**
23 **their participation is precluded by federal law.**

24 “(2)(a) Only individuals who purchase health plans through the exchange may be eligible to re-
25 ceive premium tax credits under section 36B of the Internal Revenue Code and reduced cost-sharing
26 under 42 U.S.C. 18071.

27 “(b) Only employers that purchase health plans through the exchange may be eligible to receive
28 small employer health insurance credits under section 45R of the Internal Revenue Code.

29 “(3) Only an insurer that has a certificate of authority to transact insurance in this state and
30 that meets applicable federal requirements for participating in the exchange may offer a qualified
31 health plan through the exchange. Any qualified health plan must be certified under subsection (4)
32 of this section. Prepaid managed care health services organizations that do not have a certificate
33 of authority to transact insurance may serve only medical assistance recipients through the ex-
34 change and may not offer qualified health plans.

35 “(4)(a) The Oregon Health Insurance Exchange Corporation shall adopt by rule uniform re-
36 quirements, standards and criteria for the certification of qualified health plans, including require-
37 ments that a qualified health plan provide, at a minimum, essential health benefits and have
38 acceptable consumer and provider satisfaction ratings.

39 “(b) The corporation may limit the number of qualified health plans that may be offered through
40 the exchange as long as the same limit applies to all insurers.

41 “(c) **The corporation shall consult with stakeholders, including but not limited to repre-**
42 **sentatives of school administrators, school board members and school employees, regarding**
43 **the plans that may be offered through the exchange to districts and eligible employees of**
44 **districts under subsection (1)(c) of this section.**

45 “(5) Notwithstanding subsection (4) of this section, the corporation shall certify as qualified a

1 dental only health plan as permitted by federal law.

2 “(6) The corporation shall establish one streamlined and seamless application and enrollment
3 process for both the exchange and the state medical assistance program.

4 “(7) The corporation, in collaboration with the appropriate state authorities, may establish risk
5 mediation programs within the exchange.

6 “(8) The corporation shall establish by rule a process for certifying insurance producers to fa-
7 cilitate the transaction of insurance through the exchange, in accordance with federal standards and
8 policies.

9 “(9) The corporation shall ensure, as required by federal laws, that an insurer charges the same
10 premiums for plans sold through the exchange as for identical plans sold outside of the exchange.

11 “(10) The corporation is authorized to enter into contracts for the performance of duties, func-
12 tions or operations of the exchange, including but not limited to contracting with:

13 “(a) Insurers that meet the requirements of subsections (3) and (4) of this section, to offer qual-
14 ified health plans through the exchange; and

15 “(b) Navigators certified by the corporation under ORS 741.002.

16 “(11) The corporation is authorized to apply for and accept federal grants, other federal funds
17 and grants from nongovernmental organizations for purposes of developing, implementing and ad-
18 ministering the exchange. Moneys received under this subsection shall be deposited in [*and credited*
19 *to the Oregon Health Insurance Exchange Fund*] **an account** established under ORS 741.101.

20 “**SECTION 12. The Oregon Health Insurance Exchange Corporation shall apply for a**
21 **waiver of federal law or any formal permission from the appropriate federal agency or**
22 **agencies that is necessary to allow districts and eligible employees of districts to obtain**
23 **health benefit plans through the health insurance exchange in accordance with ORS**
24 **243.886.”**

25 After line 17, insert:

26 “**SECTION 13.** ORS 243.886, as amended by section 9 of this 2012 Act, is amended to read:

27 “243.886. (1) Except as provided in subsections (2), (3) and (4) of this section, a district may not
28 provide or contract for a benefit plan and eligible employees of districts may not participate in a
29 benefit plan unless the benefit plan:

30 “(a) Is provided and administered by the Oregon Educators Benefit Board under ORS 243.860 to
31 243.886; or

32 “(b) [*On or after October 1, 2015,*] Is offered through the health insurance exchange under ORS
33 741.310 [(1)(b)] **(1)(c)**.

34 “(2)(a) Except for community college districts, a district that was self-insured before January 1,
35 2007, or a district that had an independent health insurance trust established and functioning before
36 January 1, 2007, may provide or contract for benefit plans other than benefit plans provided and
37 administered by the board if the premiums for the benefit plans provided or contracted for by the
38 district are equal to or less than the premiums for comparable benefit plans provided and adminis-
39 tered by the board.

40 “(b) A community college district may provide or contract for benefit plans other than benefit
41 plans provided and administered by the board.

42 “(c) In accordance with procedures adopted by the board to extend benefit plan coverage under
43 ORS 243.864 to 243.874 to eligible employees of a self-insured district, a district with an independent
44 health insurance trust or a community college district, these districts may choose to offer benefit
45 plans that are provided and administered by the board. Once employees of a district participate in

1 benefit plans provided and administered by the board, the district may not thereafter provide or
2 contract for benefit plans other than those provided and administered by the board.

3 “(3)(a) A district that has not offered benefit plans provided and administered by the board be-
4 fore June 23, 2009, may provide or contract for benefit plans other than benefit plans provided and
5 administered by the board if the premiums for the benefit plans provided or contracted for by the
6 district are equal to or less than the premiums for comparable benefit plans provided and adminis-
7 tered by the board. Once employees of a district or an employee group within a district participates
8 in benefit plans provided and administered by the board, the district may not thereafter provide or
9 contract for benefit plans for those employees or employee groups other than those provided and
10 administered by the board.

11 “(b) To maintain the exception created in this subsection, the board must perform an actuarial
12 analysis of the district at least once every two years. If requested by the district or a labor organ-
13 ization representing eligible employees of the district, the board shall perform the actuarial analysis
14 annually.

15 “(c) As used in this subsection, ‘district’ does not include a community college district.

16 “(4) Nothing in ORS 243.860 to 243.886 may be construed to expand or contract collective bar-
17 gaining rights or collective bargaining obligations.

18 **“SECTION 14. The amendments to ORS 243.886 by section 13 of this 2012 Act become**
19 **operative January 1, 2016.”.**

20 In line 18, delete “9” and insert “15”.

21 On page 9, line 2, delete “10” and insert “16”.

22 On page 10, line 2, delete “11” and insert “17”.

23 In line 29, delete “12” and insert “18”.

24 On page 11, delete lines 3 through 45.

25 On page 12, delete lines 1 through 38.

26 In line 39, delete “15” and insert “19”.

27 On page 13, line 2, delete “16” and insert “20”.

28 On page 16, line 38, delete “17” and insert “21”.

29 On page 17, line 13, delete “18” and insert “22”.

30 In line 19, delete “19” and insert “23”.

31 In line 27, delete “20” and insert “24”.

32 In line 33, delete “21” and insert “25”.

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