77th OREGON LEGISLATIVE ASSEMBLY – 2013 Regular Session MEASURE: SB 789 STAFF MEASURE SUMMARY CARRIER: Senate Committee on General Gov't, Consumer & Small Business Protection

FISCAL: Minimal fiscal impact, no statement issued	
Action:	Without Recommendation as to Passage and Be Referred to the Committee on Rules
Vote:	5 - 0 - 0
Yeas:	Baertschiger, George, Monnes Anderson, Prozanski, Shields
Nays:	0
Exc.:	0
Prepared By:	Channa Newell, Administrator
Meeting Dates:	3/13, 4/17

REVENUE: No revenue impact

WHAT THE MEASURE DOES: Limits total period of time school district or educational service district is subject to actuarial analysis to six years when district provides health benefit plans other than those provided by Oregon Educators Benefit Board (OEBB). Clarifies requirement for actuarial analysis does not apply to self-insured districts, districts with independent health insurance trusts, or community college districts.

ISSUES DISCUSSED:

- Current practices of school districts not offering OEBB benefit plans
- Cost of actuarial analysis
- Ability to study savings in exempted school districts
- Need for oversight of exempted districts

EFFECT OF COMMITTEE AMENDMENT: No amendment.

BACKGROUND: The Oregon Educators Benefit Board (OEBB) was created in 2007 with the passage of Senate Bill 426. It is responsible for the oversight and management of a statewide health benefits insurance pool for employees and certain retirees of school districts and education service districts. Oregon law requires districts to contract with plans provided or administered by OEBB or through the health insurance exchange, except for districts that were self-insured prior to January 1, 2007, and to offer plans with premiums equal to or less than those provided by OEBB.

Senate Bill 901A (2009) created an additional exception for districts that had not already offered OEBB-provided plans and the district offered plans that had premiums less than or equal to OEBB plans. To be eligible for the exception, a district had to undergo actuarial analysis at least once every two years.

Senate Bill 789 limits the requirement of actuarial analysis to the first six years that a district claims an exception. The measure also clarifies that actuarial analysis does not apply to self-insured districts who were self-insured prior to January 1, 2007, and who provided benefit plans other than those provided by OEBB.