

**PROPOSED AMENDMENTS TO
A-ENGROSSED HOUSE BILL 2128**

1 On page 1 of the printed A-engrossed bill, delete lines 4 through 26 and
2 delete pages 2 and 3 and insert:

3 **SECTION 1.** ORS 741.310, as amended by section 10, chapter 38, Oregon
4 Laws 2012, and section 96, chapter 107, Oregon Laws 2012, is amended to
5 read:

6 “741.310. (1) The following individuals and groups may purchase qualified
7 health plans through the health insurance exchange:

8 “(a) Beginning January 1, 2014:

9 “(A) Individuals and families; and

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

11 “(b) Beginning October 1, 2015, districts and eligible employees of dis-
12 tricts that are subject to ORS 243.886, unless their participation is precluded
13 by federal law.

14 “(c) Beginning January 1, 2016, employers with 51 to 100 employees.

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

18 “(b) Only employers that purchase health plans through the exchange may
19 be eligible to receive small employer health insurance credits under section
20 45R of the Internal Revenue Code.

21 “(3) Only an insurer that has a certificate of authority to transact insur-
22 ance in this state and that meets applicable federal requirements for partic-

1 ipating in the exchange may offer a qualified health plan through the
2 exchange. Any qualified health plan must be certified under subsection (4)
3 of this section. Prepaid managed care health services organizations that do
4 not have a certificate of authority to transact insurance may serve only
5 medical assistance recipients through the exchange and may not offer quali-
6 fied health plans.

7 “(4)(a) The Oregon Health Insurance Exchange Corporation shall adopt
8 by rule uniform requirements, standards and criteria for the certification of
9 qualified health plans, including requirements that a qualified health plan
10 provide, at a minimum, essential health benefits and have acceptable con-
11 sumer and provider satisfaction ratings.

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

15 “[*(c) The corporation shall consult with stakeholders, including but not*
16 *limited to representatives of school administrators, school board members and*
17 *school employees, regarding the plans that may be offered through the ex-*
18 *change to districts and eligible employees of districts under subsection (1)(b)*
19 *of this section.*]

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

22 “(6) The corporation shall establish one streamlined and seamless appli-
23 cation and enrollment process for both the exchange and the state medical
24 assistance program.

25 “(7) The corporation, in collaboration with the appropriate state authori-
26 ties, may establish risk mediation programs within the exchange.

27 “(8) The corporation shall establish by rule a process for certifying in-
28 surance producers to facilitate the transaction of insurance through the ex-
29 change, in accordance with federal standards and policies.

30 “(9) The corporation shall ensure, as required by federal laws, that an

1 insurer charges the same premiums for plans sold through the exchange as
2 for identical plans sold outside of the exchange.

3 “(10) The corporation is authorized to enter into contracts for the per-
4 formance of duties, functions or operations of the exchange, including but
5 not limited to contracting with:

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

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

9 “(11)(a) **The corporation shall consult with stakeholders, including**
10 **but not limited to representatives of school administrators, school**
11 **board members, school employees and the Oregon Educators Benefit**
12 **Board regarding the plans that may be offered through the exchange**
13 **to districts and eligible employees of districts under subsection (1)(b)**
14 **of this section.**

15 “(b) **The board and the corporation shall each adopt rules to ensure**
16 **that:**

17 “(A) **Any plan offered under subsection (1)(b) of this section is**
18 **underwritten by an insurer using a single risk pool composed of all**
19 **eligible employees who are enrolled or who will be enrolled in the plan**
20 **both through the exchange and outside of the exchange; and**

21 “(B) **In every plan offered under subsection (1)(b) of this section,**
22 **the coverage is comparable.**

23 “[11] (12) The corporation is authorized to apply for and accept federal
24 grants, other federal funds and grants from nongovernmental organizations
25 for purposes of developing, implementing and administering the exchange.
26 Moneys received under this subsection shall be deposited in an account es-
27 tablished under ORS 741.101.

28 “**SECTION 2.** ORS 741.310, as amended by section 12, chapter 415, Oregon
29 Laws 2011, section 11, chapter 38, Oregon Laws 2012, and section 97, chapter
30 107, Oregon Laws 2012, is amended to read:

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

3 “(a) Individuals and families;

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

5 “(c) Districts and eligible employees of districts that are subject to ORS
6 243.886, unless their participation is precluded by federal law.

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

10 “(b) Only employers that purchase health plans through the exchange may
11 be eligible to receive small employer health insurance credits under section
12 45R of the Internal Revenue Code.

13 “(3) Only an insurer that has a certificate of authority to transact insur-
14 ance in this state and that meets applicable federal requirements for partic-
15 ipating in the exchange may offer a qualified health plan through the
16 exchange. Any qualified health plan must be certified under subsection (4)
17 of this section. Prepaid managed care health services organizations that do
18 not have a certificate of authority to transact insurance may serve only
19 medical assistance recipients through the exchange and may not offer quali-
20 fied health plans.

21 “(4)(a) The Oregon Health Insurance Exchange Corporation shall adopt
22 by rule uniform requirements, standards and criteria for the certification of
23 qualified health plans, including requirements that a qualified health plan
24 provide, at a minimum, essential health benefits and have acceptable con-
25 sumer and provider satisfaction ratings.

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

29 “[c) *The corporation shall consult with stakeholders, including but not*
30 *limited to representatives of school administrators, school board members and*

1 *school employees, regarding the plans that may be offered through the ex-*
2 *change to districts and eligible employees of districts under subsection (1)(c)*
3 *of this section.]*

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

6 “(6) The corporation shall establish one streamlined and seamless appli-
7 cation and enrollment process for both the exchange and the state medical
8 assistance program.

9 “(7) The corporation, in collaboration with the appropriate state authori-
10 ties, may establish risk mediation programs within the exchange.

11 “(8) The corporation shall establish by rule a process for certifying in-
12 surance producers to facilitate the transaction of insurance through the ex-
13 change, in accordance with federal standards and policies.

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

17 “(10) The corporation is authorized to enter into contracts for the per-
18 formance of duties, functions or operations of the exchange, including but
19 not limited to contracting with:

20 “(a) Insurers that meet the requirements of subsections (3) and (4) of this
21 section, to offer qualified health plans through the exchange; and

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

23 “(11)(a) **The corporation shall consult with stakeholders, including**
24 **but not limited to representatives of school administrators, school**
25 **board members, school employees and the Oregon Educators Benefit**
26 **Board regarding the plans that may be offered through the exchange**
27 **to districts and eligible employees of districts under subsection (1)(c)**
28 **of this section.**

29 “(b) **The board and the corporation shall each adopt rules to ensure**
30 **that:**

1 **“(A) Any plan offered under subsection (1)(c) of this section is**
2 **underwritten by an insurer using a single risk pool composed of all**
3 **eligible employees who are enrolled or who will be enrolled in the plan**
4 **both through the exchange and outside of the exchange; and**

5 **“(B) In every plan offered under subsection (1)(c) of this section, the**
6 **coverage is comparable.**

7 “~~[(11)]~~ **(12)** The corporation is authorized to apply for and accept federal
8 grants, other federal funds and grants from nongovernmental organizations
9 for purposes of developing, implementing and administering the exchange.
10 Moneys received under this subsection shall be deposited in an account es-
11 tablished under ORS 741.101.”

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