LC 929 2023 Regular Session 10/6/22 (LHF/ps)

DRAFT

SUMMARY

Modifies charge imposed on insurers offering certain dental plans outside of health insurance exchange.

Declares emergency, effective on passage.

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A BILL FOR AN ACT

2 Relating to insurers offering dental plans outside of the health insurance

3 exchange; amending ORS 741.105 and 741.222; and declaring an emergency.

4 Be It Enacted by the People of the State of Oregon:

5 **SECTION 1.** ORS 741.105 is amended to read:

741.105. [(1) The Oregon Health Authority shall establish, by rule, an ad-6 ministrative charge. The authority shall impose and collect the charge from 7 all insurers participating in the health insurance exchange or offering a health 8 plan certified by the authority and state programs participating in the health 9 insurance exchange. The Health Insurance Exchange Advisory Committee 10 shall advise the authority in establishing the administrative charge. 11 The charge must be in an amount sufficient to cover the costs of grants to 12navigators, in-person assisters and application counselors certified under ORS 13 741.002 and to pay the administrative and operational expenses of the authority 14 in carrying out ORS 741.001 to 741.540. The charge shall be paid in a manner 1516 and at intervals prescribed by the authority.]

(1) The Oregon Health Authority shall establish, by rule, administrative charges meeting the requirements of this section, to be paid in
a manner and at intervals prescribed by the authority. The authority
shall impose and collect the charges from:

(a) All insurers participating in the health insurance exchange and
 offering a qualified health plan certified by the authority;

3 (b) State programs participating in the health insurance exchange;
4 and

(c) All insurers that do not participate in the health insurance exchange and that offer dental plans certified by the authority as meeting the requirements for pediatric oral services under 42 U.S.C.
18022(b)(1)(J).

9 (2) The Health Insurance Exchange Advisory Committee shall ad-10 vise the authority in establishing the administrative charges. The 11 charges must be in amounts sufficient to:

(a) Pay the administrative and operational expenses of the author ity in carrying out ORS 741.001 to 741.540; and

(b) For the charges imposed under subsection (1)(a) and (b) of this
 section, cover the costs of grants to in-person assisters, application
 counselors and navigators certified under ORS 741.002.

[(2)(a)] (3)(a) [Each insurer's charge] The charge for each insurer described in subsection (1)(a) of this section shall be based on the number of individuals[, excluding individuals enrolled in state programs,] who are enrolled in qualified health plans:

21 (A) Offered by the insurer through the exchange; and

22 (B) Certified by the authority.

(b) The charge to each state program shall be based on the number ofindividuals enrolled in state programs offered through the exchange.

[(3)] (4) The charge imposed under subsection (3) of this section may not
exceed:

(a) Five percent of the premium or other monthly charge for each enrollee
if the number of enrollees receiving coverage through the exchange is at or
below 175,000;

30 (b) Four percent of the premium or other monthly charge for each 31 enrollee if the number of enrollees receiving coverage through the exchange

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1 is above 175,000 and at or below 300,000; and

2 (c) Three percent of the premium or other monthly charge for each 3 enrollee if the number of enrollees receiving coverage through the exchange 4 is above 300,000.

5 [(4)(a)] (5)(a) If charges collected under subsection (1) of this section ex-6 ceed the amounts needed for the administrative and operational expenses of 7 the authority in administering the health insurance exchange, the excess 8 moneys collected may be held and used by the authority to offset future net 9 losses.

(b) The maximum amount of excess moneys that may be held [under this 10 subsection] from insurers and state programs described in subsection 11 12(1)(a) and (b) of this section is the total costs and expenses described in subsection [(1)] (2) of this section anticipated by the authority for a six-13 month period. Any moneys received that exceed the maximum shall be ap-14 plied by the authority to reduce the charges imposed by this section on 15insurers and state programs described in subsection (1)(a) and (b) of 16 this section. 17

[(5)] (6) Charges under subsection (1)(a) and (b) of this section shall be based on annual statements and other reports submitted by insurers and state programs as prescribed by the authority.

[(6)] (7) In addition to charges imposed under subsection (1) of this section, to the extent permitted by federal law the authority may impose a fee on insurers and state programs participating in the exchange to cover the cost of commissions of insurance producers that are certified by the authority or by the United States Department of Health and Human Services to facilitate the participation of individuals and employers in the exchange.

27 [(7)(a)] (8)(a) The authority shall establish and amend the charges and 28 fees under this section in accordance with ORS 183.310 to 183.410.

(b) If the authority intends to increase an administrative charge or fee, the notice of intended action required by ORS 183.335 shall be sent, if the Legislative Assembly is not in session, to the interim committees of the

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Legislative Assembly related to health, to the Joint Interim Committee on Ways and Means and to each member of the Legislative Assembly. The Director of the Oregon Health Authority shall appear at the next meetings of the interim committees of the Legislative Assembly related to health and the next meetings of the Joint Interim Committee on Ways and Means that occur after the notice of intended action is sent and fully explain the basis and rationale for the proposed increase in the administrative charges or fees.

8 (c) If the Legislative Assembly is in session, the authority shall give the 9 notice of intended action to the committees of the Legislative Assembly re-10 lated to health and to the Joint Committee on Ways and Means and shall 11 appear before the committees to fully explain the basis and rationale for the 12 proposed increase in administrative charges or fees.

[(8)] (9) All charges and fees collected under this section shall be deposited in the Health Insurance Exchange Fund.

15 **SECTION 2.** ORS 741.222 is amended to read:

741.222. (1) The Director of the Oregon Health Authority shall report to
the Legislative Assembly each year on:

(a) The financial condition of the health insurance exchange, including
actual and projected revenues and expenses of the administrative operations
of the exchange and commissions paid to insurance producers out of fees
collected under ORS 741.105 [(6)] (7);

(b) The implementation of the Small Business Health Options Program;

(c) The development of the information technology system for the ex-change; and

(d) Any other information requested by the leadership of the LegislativeAssembly.

(2) The director shall provide to the Legislative Assembly, the Governorand the Oregon Health Policy Board, not later than April 15 of each year:

(a) A report covering the activities and operations of the authority in
administering the health insurance exchange during the previous year of
operations;

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1 (b) A statement of the financial condition, as of December 31 of the pre-2 vious year, of the Health Insurance Exchange Fund; and

3 (c) Recommendations, if any, for additional groups to be eligible to pur4 chase qualified health plans through the exchange under ORS 741.310.

5 <u>SECTION 3.</u> This 2023 Act being necessary for the immediate pres-6 ervation of the public peace, health and safety, an emergency is de-7 clared to exist, and this 2023 Act takes effect on its passage.

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