

# House Bill 2010

Sponsored by Representative SALINAS, Senator BEYER, Representative NOSSE; Representatives ALONSO LEON, CAMPOS, DEXTER, MARSH, PHAM, REYNOLDS, RUIZ, SANCHEZ, WILDE, Senator JAMA

## SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Creates public option to allow consumers to enroll in state-designed health plans through health insurance exchange.

## A BILL FOR AN ACT

1  
2 Relating to health care.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1. (1) As used in this section and section 2 of this 2021 Act:**

5 (a) **“Coordinated care organization” has the meaning given that term in ORS 414.025.**

6 (b) **“Gold level” has the meaning given that term in 42 U.S.C. 18022(d).**

7 (c) **“Health insurance exchange” has the meaning given that term in ORS 741.300.**

8 (d) **“Health plan” has the meaning given that term in ORS 741.300.**

9 (e) **“Public option health plan” means a health plan approved by the Department of Consumer and Business Services to be offered by a public option provider through the public option on the health insurance exchange.**

10 (f) **“Public option provider” means an insurance carrier or coordinated care organization that:**

11 (A) **Has a certificate of authority to transact insurance in this state; and**

12 (B) **Offers a public option health plan.**

13 (g) **“Silver level” has the meaning given that term in 42 U.S.C. 18022(d).**

14 (2) **A public option is created to provide residents of this state with the opportunity to enroll in state-designed health plans through the health insurance exchange. The goals of the public option are to:**

15 (a) **Address the lack of affordable health plans for individuals and families.**

16 (b) **Provide affordable health care coverage to individuals who qualify for coverage as a spouse or child of an employee under a policy of employer-sponsored health insurance but for whom the employer does not contribute toward the cost of their coverage.**

17 (c) **Ensure continuity of care for individuals and families with unstable incomes who cycle in and out of the state medical assistance program.**

18 (d) **Enable small business owners to purchase affordable health insurance plans for themselves and their employees.**

19 (e) **Reduce premiums, deductibles or other cost-sharing.**

20 (3) **An insurance carrier that contracts with the Public Employees’ Benefit Board or the Oregon Educators Benefit Board to offer one or more health plans to public employees, or that contracts with the Oregon Health Authority as part of a coordinated care organization**

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**NOTE:** Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 or that offers a Medicare Advantage Plan in this state, shall offer public option health plans  
 2 at the silver level and gold level that are approved by the department as meeting the criteria  
 3 in subsection (4) of this section.

4 (4) Public option health plans must:

5 (a) Be offered through the health insurance exchange to individuals and small business  
 6 owners;

7 (b) Reimburse health care providers for the cost of services at no more than 100 percent  
 8 of the reimbursement paid by Medicare, unless the public option provider can demonstrate  
 9 that such rate is insufficient to recruit enough providers to meet standards established for  
 10 network adequacy; and

11 (c) To the extent that federal requirements for offering health plans on the health in-  
 12 surance exchange permit:

13 (A) Focus on integrative primary and behavioral health care;

14 (B) Increase expenditures to improve the social determinants of health;

15 (C) Provide access to traditional health care workers such as doulas, peer support spe-  
 16 cialists, health navigators and community health workers;

17 (D) Reinvest in community-based activities to improve health; and

18 (E) Apply metrics to participating health care providers to target health equity and lan-  
 19 guage access for culturally and linguistically diverse and low income populations.

20 (5) Notwithstanding subsection (4)(b) of this section, the department shall encourage  
 21 public option providers to reimburse health care providers using value-based payment  
 22 methodologies to the greatest extent practicable.

23 (6) A health care provider who is licensed or certified to practice in this state and who  
 24 provides care to individuals enrolled in a plan offered by the Public Employees' Benefit Board  
 25 or the Oregon Educators Benefit Board, or enrolled in a Medicare Advantage Plan or enrolled  
 26 in a coordinated care organization, may not refuse to participate in public option health  
 27 plans.

28 (7) Public option providers shall purchase drugs for public option health plan enrollees  
 29 using the Oregon Prescription Drug Program established in ORS 414.312.

30 (8) Premium rates for public option health plans are subject to ORS 743.019.

31 (9) The authority shall make available to the department information collected under  
 32 ORS 415.012 to 415.430 as the department deems necessary to review premium rates for co-  
 33 ordinated care organizations in accordance with ORS 743.019.

34 (10) The department shall apply to the Centers for Medicare and Medicaid Services for a  
 35 waiver for state innovation under 42 U.S.C. 18052 to secure any federal financial participation  
 36 that may be available to pay the costs of the public option.

37 **SECTION 2.** The Department of Consumer and Business Services, in collaboration with  
 38 the Oregon Health Authority, shall monitor the implementation of the public option de-  
 39 scribed in section 1 of this 2021 Act to evaluate the success of the public option in achieving  
 40 the goals described in section 1 of this 2021 Act, including by tracking the following:

41 (1) Enrollment;

42 (2) Quality of care;

43 (3) Market competition;

44 (4) Average provider reimbursement rates in each region where public option health  
 45 plans are available; and

1           **(5) The overall stability of the statewide health insurance market.**

2           **SECTION 3. The Department of Consumer and Business Services shall take all steps**  
3 **necessary to ensure that public option health plans, as defined in section 1 of this 2021 Act,**  
4 **are available on the health insurance exchange by the beginning of the 2022 open enrollment**  
5 **period for the 2023 plan year.**

6           **SECTION 4. The Department of Consumer and Business Services shall take immediate**  
7 **steps toward implementing a state-based platform for the health insurance exchange and**  
8 **discontinuing the use of the federally facilitated exchange.**

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