

HB 2010-3
(LC 1641)
4/12/21 (LHF/ps)

Requested by Representative HAYDEN

**PROPOSED AMENDMENTS TO
HOUSE BILL 2010**

1 On page 1 of the printed bill, line 2, after “care” insert “; and declaring
2 an emergency”.

3 After line 2, insert:

4 “Whereas the Legislative Assembly intends to create a state-supported
5 public health plan for Oregonians to achieve the Legislative Assembly’s goal
6 of universal access to affordable, high quality insurance coverage by pro-
7 viding new and more affordable coverage options to individuals and small
8 businesses that struggle to afford health care or health insurance due to
9 premium and out-of-pocket costs; and

10 “Whereas the public health plan should be designed to support and ad-
11 vance other state efforts to improve value and contain costs, including
12 prioritization of health equity, the statewide health care cost growth target,
13 advancing the integrated and coordinated care delivery system, advancing
14 value-based payment methods and moving the health system in this state to
15 using a global budget; and

16 “Whereas the public health plan should provide more consumer-friendly
17 plan design with lower out-of-pocket costs and make health care more ac-
18 cessible at the point of care; and

19 “Whereas the public health plan should support the Legislative
20 Assembly’s goal to align health system transformation goals and efforts
21 across state programs, including state-sponsored health programs and the

1 health insurance exchange, and to align expectations of the health care de-
2 livery system; and

3 “Whereas the state should leverage its purchasing power as the largest
4 purchaser of health insurance, covering nearly 40 percent of the state be-
5 tween the medical assistance program, public employees and the health in-
6 surance exchange, to help reduce and control costs and increase the quality
7 and value of care delivered in this state, including through the bulk pur-
8 chasing of prescription drugs and the production of generic prescription
9 drugs; now, therefore,”.

10 Delete lines 4 through 31 and delete pages 2 and 3 and insert:

11 **“SECTION 1. (1) The Oregon Health Authority, in collaboration**
12 **with the Department of Consumer and Business Services, shall create**
13 **an implementation plan for a public health plan to be made available**
14 **to individuals and families in the individual health insurance market.**
15 **The plan may also be made available to small employers whose em-**
16 **ployees struggle with health care costs.**

17 **“(2) The authority and the department shall analyze:**

18 **“(a) Potential federal opportunities to support a state-supported**
19 **public health plan such as a basic health plan or, in collaboration with**
20 **the Department of Consumer and Business Services, a waiver for state**
21 **innovation, under the Patient Protection and Affordable Care Act,**
22 **options for the state to obtain federal waivers to further increase**
23 **affordability or other opportunities.**

24 **“(b) Which populations in this state are most in need of new cov-**
25 **erage options and how new options could be tailored to the needs of**
26 **specific population.**

27 **“(c) The effect that introducing a public health plan may have on**
28 **the overall stability of insurance markets in this state.**

29 **“(d) How the American Rescue Plan Act of 2021 (P.L. 117-2) and**
30 **other federal program changes may improve affordability and access**

1 to coverage and how these changes inform state policy options related
2 to developing a new coverage option.

3 “(e) How a state-based technology platform could further the im-
4 plementation and accessibility of a public health plan.

5 “(f) Adverse consequences of certain design elements which the
6 state may wish to avoid, including not adopting a public health plan.

7 “(g) What level of additional subsidies, such as premium assistance
8 or cost-sharing subsidies, would help with affordability for Oregonians
9 struggling with health care costs.

10 “(h) Coverage strategies being developed by the Task Force on
11 Universal Health Care.

12 “(3) Based on the analyses performed under subsection (2) of this
13 section, the authority and the department shall make recommen-
14 dations on:

15 “(a) The operating structure and governance of the public health
16 plan, including which agency will administer the plan and how a de-
17 livery system will be procured.

18 “(b) How the state can leverage existing state-backed plans or net-
19 works, such as coordinated care organizations and plans offered by the
20 Public Employees’ Benefit Board and the Oregon Educators Benefit
21 Board, to offer a more affordable option.

22 “(c) Plan design options to reduce out-of-pocket costs for individ-
23 uals to reduce barriers to care at the point of service.

24 “(d) How the plan can further the state goals of health system
25 transformation including but not limited to:

26 “(A) The use of value-based payment and global budgets;

27 “(B) Eliminating health disparities;

28 “(C) Aligning quality and access metrics; and

29 “(D) Meeting the state’s cost growth target.

30 “(e) Cost containment options and opportunities for the state to

1 leverage state purchasing power to ensure program affordability and
2 ensure that per capita costs stay within the cost growth target.

3 “(f) Plan and program design options aligned with the state’s goal
4 of eliminating health inequities in the next 10 years.

5 “(g) Other structural and program changes the state could make
6 to ensure successful implementation of any plans developed, including
7 how a state-based technology platform could further the implementa-
8 tion and accessibility of a public health plan option.

9 “(h) Enrollment infrastructure that may be needed by coordinated
10 care organizations, if coordinated care organizations are the recom-
11 mended delivery system, to enroll members in a separate program.

12 “(i) Outreach infrastructure and investments that would support
13 educating people in this state, particularly communities of color and
14 populations with above-average uninsured rates, about available
15 options for subsidized coverage and newly available options under the
16 American Rescue Plan Act of 2021 (P.L. 117-2), and support increasing
17 enrollment of eligible individuals in existing programs that provide
18 affordable coverage.

19 “(j) Statutory changes needed to implement the recommendations.

20 “(4) The authority and the department may rely upon previous
21 studies on implementing a basic health plan or other public options
22 conducted for the state by Manatt, Phelps and Phillips, research and
23 consultation from the Task Force on Universal Health Care and any
24 other relevant public option studies or reports completed within the
25 past five years.

26 “(5) The authority and the department shall contract with outside
27 experts, if necessary, to get the needed analyses within the required
28 deadlines.

29 “(6) No later than January 1, 2022, the authority and the depart-
30 ment shall report to the Legislative Assembly, in the manner provided

1 in ORS 192.245, on the implementation plan created under subsection
2 (1) of this section, including the analyses under subsection (2) of this
3 section and recommendations under subsection (3) of this section. The
4 report shall also include any future legislative changes needed to se-
5 cure federal waivers or federal funding or any additional state au-
6 thority needed to implement the public health plan.

7 “(7) The authority may take steps necessary to obtain federal ap-
8 proval, if necessary, to implement a public health plan and to convey
9 to the Centers for Medicare and Medicaid Services this Legislative
10 Assembly’s support for a public health plan.

11 “SECTION 2. Section 1 of this 2021 Act is repealed on January 2,
12 2023.

13 “SECTION 3. This 2021 Act being necessary for the immediate
14 preservation of the public peace, health and safety, an emergency is
15 declared to exist, and this 2021 Act takes effect on its passage.”.

16
