

Requested by SENATE COMMITTEE ON HEALTH CARE

**PROPOSED AMENDMENTS TO
SENATE BILL 1530**

1 On page 1 of the printed bill, line 2, after “ORS” insert “731.804 and”.

2 On page 3, after line 2, insert:

3 **“SECTION 4. (1) As used in this section, ‘health benefit plan’ has**
4 **the meaning given that term in ORS 743B.005.**

5 **“(2) In consultation with the Department of Consumer and Business**
6 **Services, the Oregon Health Authority shall design a program to pro-**
7 **vide statewide access by the residents of this state to the medications**
8 **and procedures described in section 2 of this 2022 Act.**

9 **“(3) In developing the design of the program described in subsection**
10 **(2) of this section, the authority and the department shall consult with**
11 **consumer advocates, insurers transacting insurance in this state that**
12 **offer the health benefit plans described in section 2 (6) of this 2022 Act**
13 **and other stakeholders.**

14 **“(4) The authority, in collaboration with the department, shall:**

15 **“(a) If funding is available, take any actions authorized by state law**
16 **to implement the program described in subsection (2) of this section;**
17 **and**

18 **“(b) Not later than November 1, 2022, report to the Speaker of the**
19 **House of Representatives, the President of the Senate and the interim**
20 **committees of the Legislative Assembly related to health:**

21 **“(A) Any actions taken by the authority under paragraph (a) of this**

1 **subsection; and**

2 **“(B) Recommendations for legislative changes necessary to fully**
3 **implement the program described in subsection (2) of this section.**

4 **“SECTION 5.** ORS 731.804 is amended to read:

5 “731.804. (1) Except as otherwise provided in this section, each authorized
6 insurer doing business in this state shall pay assessments that the Director
7 of the Department of Consumer and Business Services determines are neces-
8 sary to support the legislatively authorized budget of the Department of
9 Consumer and Business Services with respect to functions of the department
10 under the Insurance Code. The director shall determine the assessments ac-
11 cording to one or more percentage rates established by the director by rule.
12 The director shall specify in the rule when assessments shall be made and
13 payments shall be due. The premium-weighted average of the percentage
14 rates may not exceed nine-hundredths of one percent of the gross amount of
15 premiums received by an insurer or the insurer’s insurance producers from
16 and under the insurer’s policies covering direct domestic risks, after deduct-
17 ing the amount of return premiums paid and the amount of dividend pay-
18 ments made to policyholders with respect to such policies. In the case of
19 reciprocal insurers, the amount of savings paid or credited to the accounts
20 of subscribers shall be deducted from the gross amount of premiums. In es-
21 tablishing the percentage rate or rates, the director shall use the most recent
22 premium data approved by the director. In establishing the amounts to be
23 collected under this subsection, the director shall take into consideration the
24 expenses of the department for administering the Insurance Code and the
25 fees collected under subsection (2) of this section. When the director estab-
26 lishes two or more percentage rates:

27 “(a) Each rate shall be based on such expenses of the department ascribed
28 by the director to the line of insurance for which the rate is established.

29 “(b) Each rate shall be applied to the gross amount of premium received
30 by an insurer or its insurance producers for the applicable line of insurance

1 as provided in this subsection.

2 “(2) The director may collect fees for specific services provided by the
3 department under the Insurance Code according to a schedule of fees estab-
4 lished by the director by rule. The director may collect such fees in advance.
5 In establishing the schedule for fees, the director shall take into consider-
6 ation the cost of each service for which a fee is imposed.

7 “(3)(a) Notwithstanding the provisions of ORS 743A.067 (7)(e) and
8 [743A.067] (9) **and section 2 (6) of this 2022 Act**, for the purpose of miti-
9 gating inequity in the health insurance market, the director may assess a fee
10 on any insurer that offers a health benefit plan, as defined in ORS 743B.005,
11 that is exempt from a provision of ORS chapter 743A or other provision of
12 the Insurance Code that requires specified coverage by health benefit plans.

13 “(b) Any fees collected under paragraph (a) of this subsection must be the
14 actuarial equivalent of costs attributed to the provision and administration
15 of the required coverage by an insurer that is not exempt.

16 “(c) Nothing in this section limits the authority of the director to enforce
17 the provisions of ORS chapter 743A if an insurer unlawfully fails to comply.

18 “(d) Notwithstanding ORS 646A.628, fees paid in accordance with para-
19 graph (a) of this subsection shall be deposited in the General Fund to become
20 available for general governmental expenses.

21 “(4) Establishment and amendment of the schedule of fees under sub-
22 section (2) of this section are subject to prior approval of the Oregon De-
23 partment of Administrative Services and a report to the Emergency Board
24 prior to adopting the fees and shall be within the budget authorized by the
25 Legislative Assembly as that budget may be modified by the Emergency
26 Board.

27 “(5) The director may not collect an assessment under subsection (1) of
28 this section from any of the following persons:

29 “(a) A fraternal benefit society complying with ORS chapter 748.

30 “(b) Any person or class of persons designated by the director by rule.

1 “(6) The director may not collect an assessment under subsection (1) of
2 this section with respect to premiums received from any of the following
3 policies:

4 “(a) Workers’ compensation insurance policies.

5 “(b) Wet marine and transportation insurance policies.

6 “(c) Any category of policies designated by the director by rule.”.

7 In line 3, delete “4” and insert “6”.

8 On page 6, after line 13, insert:

9 “**SECTION 7.** Section 4 of this 2022 Act is amended to read:

10 “**Sec. 4.** [(1) As used in this section, ‘health benefit plan’ has the meaning
11 given that term in ORS 743B.005.]

12 “[(2) In consultation with the Department of Consumer and Business Ser-
13 vices,] The Oregon Health Authority shall [design] **administer** a program to
14 provide statewide access by the residents of this state to the medications and
15 procedures described in section 2 of this 2022 Act.

16 “[(3) In developing the design of the program described in subsection (2)
17 of this section, the authority and the department shall consult with consumer
18 advocates, insurers transacting insurance in this state that offer the health
19 benefit plans described in section 2 (6) of this 2022 Act and other
20 stakeholders.]

21 “[(4) The authority, in collaboration with the department, shall:]

22 “[(a) If funding is available, take any actions authorized by state law to
23 implement the program described in subsection (2) of this section; and]

24 “[(b) Not later than November 1, 2022, report to the Speaker of the House
25 of Representatives, the President of the Senate and the interim committees of
26 the Legislative Assembly related to health:]

27 “[(A) Any actions taken by the authority under paragraph (a) of this sub-
28 section; and]

29 “[(B) Recommendations for legislative changes necessary to fully implement
30 the program described in subsection (2) of this section.]”.

1 In line 14, delete “5” and insert “8”.

2 Delete lines 16 and 17 and insert:

3 **“SECTION 9. (1) The amendments to ORS 731.804 and 743B.005 by**
4 **sections 5 and 6 of this 2022 Act become operative on January 1, 2023.**

5 **“(2) The amendments to section 4 of this 2022 Act by section 7 of**
6 **this 2022 Act become operative on January 1, 2024.”.**

7 In line 18, delete “7” and insert “10”.

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