

FISCAL IMPACT OF PROPOSED LEGISLATION**Measure: HB 3458 - A**Seventy-Seventh Oregon Legislative Assembly – 2013 Regular Session
Legislative Fiscal Office**Only Impacts on Original or Engrossed
Versions are Considered Official**Prepared by: Kim To
Reviewed by: Linda Ames, Susie Jordan
Date: 4/16/2013**Measure Description:**

Establishes Oregon Supplemental Reinsurance Program to be administered by Oregon Medical Insurance Pool Board.

Government Unit(s) Affected:

Department of Consumer and Business Services (DCBS), Oregon Health Authority (OHA)

Local Government Mandate:

This bill does not affect local governments' service levels or shared revenues sufficient to trigger Section 15, Article XI of the Oregon Constitution.

Summary of Net Expenditure Impact - Oregon Health Authority		
	2013-15 Biennium	2015-17 Biennium
General Fund	0	0
Other Funds	(133,067)	90,920
Federal Funds	0	(54,262,291)
Non-Limited Other Funds	3,332,435	(61,417,565)
Total Funds	\$3,199,368	(\$115,588,936)
Positions	4	(3)
FTE	(3.02)	(0.02)
Summary of Net Revenue Impact - Oregon Health Authority		
	2013-15 Biennium	2015-17 Biennium
General Fund	0	0
Other Funds	(133,067)	90,920
Federal Funds	0	(54,262,291)
Non-Limited Other Funds	3,332,435	(61,417,565)
Total Funds	\$3,199,368	(\$115,588,936)

Analysis:

House Bill 3458 A-Engrossed closes the Oregon Medical Insurance Pool (OMIP) program at the end of December 2013, and establishes the new Oregon Reinsurance Program for years 2014 through 2016 to be administered by the Oregon Medical Insurance Pool (OMIP) Board.

Passage of this bill is anticipated to achieve savings for the state. Under current law, the OMIP program provides health insurance to people who have been denied individual health coverage because of their pre-existing medical conditions. The OMIP program is funded by a combination of monthly premiums and an assessment on all insurance companies who provide health insurance to Oregonians. Starting January 1, 2014, due to the passage of the federal Affordable Care Act (ACA), Oregonians will gain access to health insurance in the individual insurance market. This market will serve anyone not covered through an employer-sponsored health plan. Under ACA, insurers can no longer deny

coverage based on pre-existing health conditions, making the state programs and policies providing for people with pre-existing conditions no longer necessary. HB 3458 aligns state policies and programs with these changes, by closing the Oregon Medical Insurance Pool (OMIP) program at the end of December 2013, and implementing the new Oregon Reinsurance Program for years 2014 through 2016.

The Oregon Reinsurance Program (ORP) is a temporary program (scheduled to end December 31, 2016) to stabilize individual market premiums during this transition by covering a portion of exceptional claims costs for roughly 2,100 high-risk Oregonians. The program will be funded by an annual assessment on all insurers for calendar years 2014, 2015, and 2016. The cost to individuals and employer groups that buy insurance would be less than existing assessments that fund the OMIP program subsidizing the same population.

Oregon Health Authority (OHA)

The closure of the OMIP program is anticipated in the 2013-15 Governor’s Budget. Due to uncertainties in federal regulations at the time of the development of the Governor’s Budget, the OMIP program was scheduled to close in June 2014. Calculations in this fiscal have been adjusted to reflect a December 2013 closing date. With the closing of the OMIP program, clients will be transferred by the end of 2013 over to the Oregon Health Plan (OHP) or directed to CoverOregon. Currently, OMIP supports approximately 11,120 total lives, and roughly 7% receive premium support from the Family Health Insurance Assistance Program (FHIAP), and will be eligible for direct transfer from FHIAP into the OHP, and the remaining 93% will need to seek ongoing coverage through CoverOregon.

	2013-15 Biennium	2015-17 Biennium
General Fund	0	0
Other Funds	(878,683)	(566,088)
Federal Funds	0	(54,262,291)
Non-Limited Other Funds	(100,167,565)	(132,917,565)
Total Funds	(\$101,046,248)	(\$187,745,944)
Positions	0	(7)
FTE	(4.75)	(1.75)

Furthermore, HB 3458 tasks the Oregon Health Authority’s OMIP Board with the administration of the Oregon Reinsurance Program in collaboration with the Department of Consumer and Business Services (DCBS). In addition to the technical assistance provided by DCBS, OHA anticipates needing four limited duration positions starting in January 2014 and continuing through program close in December 2016 to take on both program development and operational tasks. OHA estimates the total cost of the program to be \$104,245,616 Total Funds and 1.73 FTEs for the 2013-15 biennium; and \$72,157,008 Total Funds and 1.73 FTEs for the 2015-17 biennium.

	2013-15 Biennium	2015-17 Biennium
General Fund	0	0
Other Funds	745,616	657,008
Federal Funds	0	0
Non-Limited Other Funds	103,500,000	71,500,000
Total Funds	\$104,245,616	\$72,157,008
Positions	4	4
FTE	1.73	1.73

These adjustments will be included in House Bill 5030, the Oregon Health Authority budget appropriation bill.

Department of Consumer and Business Services (DCBS)

This bill is anticipated to have minimal fiscal impact on the Department of Consumer and Business Services. DCBS anticipates using existing staff and resources to provide OHA with the assistance necessary to carry out the provisions of this bill. DCBS estimates dedicating approximately 80 hours of an Operations and Policy Analyst 4 position; 20 hours of an Operations and Policy Analyst 1 position to assist with drafting administrative rules in 2014 to define the administration of the Oregon Reinsurance Program; roughly 80 hours of a Health Actuary's position to assist with setting the 2014 assessment; and approximately 20 hours of the Chief Actuary's time to assist OHA with the implementation and administration of the Program. DCBS is also committed to providing some ongoing actuarial consultation to OHA to assist with the setting of the annual assessment rate for calendar years 2015 and 2016. The department estimates approximately 30 hours each year of a Health Actuary position to carry out this work.