

SB 250 A STAFF MEASURE SUMMARY

House Committee On Health Care

Prepared By: Oliver Droppers, LPRO Analyst

Meeting Dates: 5/14

WHAT THE MEASURE DOES:

Aligns key provisions of the Affordable Care Act with the Oregon law. Prohibits health benefit plans from discriminating on the basis of actual or perceived race, color, national origin, sex, sexual orientation, gender identity, age, or disability. Exempts master group policies validly issued in another state from definition of "transact insurance." Allows Director of Department of Consumer and Business Services (DCBS) to assess fees on exempt health benefit plans for the purposes of mitigating inequity in the health insurance market. Applies chemical dependency coverage requirements to individual health benefit plans that are not grandfathered. Exempts individual health benefit plans paid for through a health reimbursement arrangement from provisions applying to group health benefit plans. Requires carriers of individual health benefit plans, other than a grandfathered plan, to issue plans without preexisting condition exclusions, waiting periods, or different terms or conditions based on health status. Permits DCBS to allow carriers to cap the number of enrollees in an individual health benefit plan if DCBS finds that issuing the plan to more individuals would have a material adverse effect on the carrier's ability to fulfill its contractual obligations.

REVENUE: Indeterminate.

FISCAL: Minimal impact.

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

No amendment.

BACKGROUND:

Through its Division of Financial Regulation, the Department of Consumer and Business Services (DCBS) is the state's primary regulator of all types of insurance companies, including health insurance companies. In 2015, the division regulated health insurers covering approximately 1 million Oregonians in the individual, small group, large group, associations, and trusts markets. An estimated 710,000 Oregonians were covered by self-insured employers, which are regulated by the federal government under the 1974 Employee Retirement Income Security Act (ERISA).

The federal Patient Protection and Affordable Care Act (ACA), enacted in 2010, contained a multitude of provisions impacting Medicare, Medicaid, and the employer and individual insurance markets. Many of these provisions went into effect in 2014 with the goal of reducing the number of Americans without health insurance. Key provisions included the individual insurance "mandate," pre-existing condition protections, essential health benefit coverage requirements, and insurance premium subsidies.

Senate Bill 250-A aligns aspects of the Oregon Insurance Code with the ACA.

1st Chamber vote (Senate): Ayes, 25; Nays, 5