

HB 2046 -3 STAFF MEASURE SUMMARY

House Committee On Health Care

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Meeting Dates: 4/1, 4/8

WHAT THE MEASURE DOES:

Removes or modifies certain references to federal law in laws concerning health insurance.

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

-3 Replaces measure. Specifies requirements for short term health insurance policy notices and defines "short term health insurance policy." Prohibits insurers offering health benefit plans from establishing a first premium due date earlier than 15 days after the date that the coverage begins or 15 days after the insurer sends the initial invoice to the insured, whichever is later. Authorizes Department of Consumer and Business Services to access, use, and disclose data from the All Payer All Claims (APAC) reporting system for use in carrying out DCBS' duties. Specifies that personally identifiable information from APAC is confidential and not subject to disclosure. Clarifies premium payment grace period requirements. Clarifies grievance procedure and adverse benefit determination notification requirements. Clarifies that protected health information does not have to be disclosed to an independent review organization if prohibited by state or federal law. Clarifies statements required to be included in health benefit plans by insurers. Clarifies late premium notice requirements.

REVENUE: No revenue impact.

FISCAL: statement issued - minimal impact.

BACKGROUND:

The Oregon Department of Consumer and Business Services' (DCBS) Division of Financial Regulation provides oversight of the state's fully insured health insurance market, including individual and small group plan's. DCBS' regulatory responsibilities including reviewing rates and materials and investigating consumer complaints.

The Affordable Care Act (ACA) provides financial assistance to individuals and families to purchase health coverage through health insurance Marketplaces: premium tax credits to reduce monthly insurance premiums and cost-sharing subsidies to reduce out-of-pocket costs. For individuals who purchase coverage through the individual or group market through the ACA's Health Insurance Marketplace, they often have a specific period of time to make their initial monthly health insurance payment and/or any subsequent premium payments, referred to as the 'grace period' or risk having their coverage terminated, by the insurer for nonpayment of premium(s). For individuals who receive advance premium tax credits (APTCs) and have paid at least one monthly premium in full, the grace period is 90 days; individuals who do not receive APTCs usually have a shorter grace period of 30 days. States can enact different grace periods.

House Bill 2046 removes or modifies certain references to federal law in laws concerning health insurance.