

HOUSE AMENDMENTS TO HOUSE BILL 2010

By COMMITTEE ON HEALTH CARE

April 16

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

2 After line 2, insert:

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

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

13 “Whereas the public health plan should provide more consumer-friendly plan design with lower
14 out-of-pocket costs and make health care more accessible at the point of care; and

15 “Whereas the public health plan should support the Legislative Assembly’s goal to align health
16 system transformation goals and efforts across state programs, including state-sponsored health
17 programs and the health insurance exchange, and to align expectations of the health care delivery
18 system; and

19 “Whereas the state should leverage its purchasing power as the largest purchaser of health in-
20 surance, covering nearly 40 percent of the state between the medical assistance program, public
21 employees and the health insurance exchange, to help reduce and control costs and increase the
22 quality and value of care delivered in this state, including through the bulk purchasing of pre-
23 scription drugs and the production of generic prescription drugs; now, therefore,”.

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

25 “**SECTION 1. (1) The Oregon Health Authority, in collaboration with the Department of**
26 **Consumer and Business Services, shall create an implementation plan for a public health**
27 **plan to be made available to individuals and families in the individual health insurance mar-**
28 **ket. The plan may also be made available to small employers whose employees struggle with**
29 **health care costs.**

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

31 “(a) Potential federal opportunities to support a state-supported public health plan such
32 as a basic health plan or, in collaboration with the Department of Consumer and Business
33 Services, a waiver for state innovation, under the Patient Protection and Affordable Care
34 Act, options for the state to obtain federal waivers to further increase affordability or other
35 opportunities.

1 “(b) Which populations in this state are most in need of new coverage options and how
2 new options could be tailored to the needs of specific population.

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

5 “(d) How the American Rescue Plan Act of 2021 (P.L. 117-2) and other federal program
6 changes may improve affordability and access to coverage and how these changes inform
7 state policy options related to developing a new coverage option.

8 “(e) How a state-based technology platform could further the implementation and acces-
9 sibility of a public health plan.

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

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

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

15 “(3) Based on the analyses performed under subsection (2) of this section, the authority
16 and the department shall make recommendations on:

17 “(a) The operating structure and governance of the public health plan, including which
18 agency will administer the plan and how a delivery system will be procured.

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

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

24 “(d) How the plan can further the state goals of health system transformation including
25 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 leverage state purchas-
31 ing power to ensure program affordability and ensure that per capita costs stay within the
32 cost growth target.

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

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

38 “(h) Enrollment infrastructure that may be needed by coordinated care organizations, if
39 coordinated care organizations are the recommended delivery system, to enroll members in
40 a separate program.

41 “(i) Outreach infrastructure and investments that would support educating people in this
42 state, particularly communities of color and populations with above-average uninsured rates,
43 about available options for subsidized coverage and newly available options under the Amer-
44 ican Rescue Plan Act of 2021 (P.L. 117-2), and support increasing enrollment of eligible indi-
45 viduals in existing programs that provide affordable coverage.

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

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

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

8 “(6) No later than January 1, 2022, the authority and the department shall report to the
9 Legislative Assembly, in the manner provided in ORS 192.245, on the implementation plan
10 created under subsection (1) of this section, including the analyses under subsection (2) of
11 this section and recommendations under subsection (3) of this section. The report shall also
12 include any future legislative changes needed to secure federal waivers or federal funding or
13 any additional state authority needed to implement the public health plan.

14 “(7) The authority may take steps necessary to obtain federal approval, if necessary, to
15 implement a public health plan and to convey to the Centers for Medicare and Medicaid
16 Services this Legislative Assembly’s support for a public health plan.

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

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

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