

Chair Nosse, Vice Chairs Goodwin and Nelson, and members of the Behavioral Health and Health Care Committee:

Thank you for your thoughtful consideration of HB 3157, which would establish a Health Insurance Mandate Review Advisory Committee. As organizations with experience passing legislation to ensure insurance coverage of essential health care services, and/or experience advocating on behalf of consumers for a system that better serves Oregonians, we submit to you a list of questions and concerns regarding this legislation.

We would like to thank insurers, especially Kaiser, for reaching out directly to our organizations to solicit this feedback on HB 3157. We appreciate their stated intent to create a process where insurers, consumers, and legislators can better set expectations and research information needed to pass and implement insurance mandates, but without the resolution of these questions, we remain concerned that HB 3157 will further disadvantage consumers of healthcare, over well-resourced interests that benefit from the current healthcare system.

Questions for your consideration:

General approach:

- If the legislature did not have enough information for a specific insurance mandate, but wanted that information to move forward with an insurance mandate, why couldn't the legislature set up a task force specific to that particular mandate with stakeholders that have knowledge pertaining to that particular issue? For instance, how is one consumer position on the advisor committee supposed to have the depth and breadth of knowledge about reproductive health and applied behavioral analysis (to pick just two examples of the 30 currently mandated services)?
- Should the power and resources to do this analysis be vested in the Legislative Policy Research Office, the Oregon Health Authority and the Department of Consumer and Business Services, as opposed to giving industry lobbyists a formal leading role in statute, as this bill seems to do?
- How does this link to the work of Oregon's Health Evidence Review Commission (HERC)? The HERC is set up to review scientific literature and make recommendations for covered services under Medicaid.

Composition of committee:

- Why only one consumer advocate?
- How is this person supposed to know the range of mandate issues? For instance, would this person be a consumer/expert on IVF, translation services, reproductive health, applied behavior analysis, gender affirming care, or the range of other current or potential insurance mandates?
- What about a seat for workers/workers' representatives? Healthcare is for many people tied to their job and health benefits and plan design can be a key factor in why people choose a job.

Equity:

- It looks like the one consumer representative would not be eligible for reimbursement. The consumer representative should be reimbursed to ensure impacted communities have the capacity to attend these meetings, especially if taking time to provide their knowledge and expertise, often to the detriment of being able to go to work.
- How will communities with the greatest disparities in health outcomes be represented?
- How do you envision anecdotal data being weighed against the data from the insurance industry, the medical industry and the state?
- Are the timelines in the bill realistic, especially if the expectation is a committee of uncompensated volunteers who are participating as private citizens.

Advisory Committee Process:

- Legislative concepts are privileged until the requestor elects to make them public. How would you implement the inclusion of LCs without violating that right? Same with amendments.
- How would you operationalize the inclusion of amendments and legislative concepts? Would LC become responsible for interfacing with this body?
- There are at least 3 health plans that are paid for by the state - PEBB, OEBC, and OHP - and this process should not circumvent the normal LFO process. In particular because some mandates actually save money.

