
SB 966: HPA Housekeeping

SB 966 amends statutes related to the Health Policy and Analytics Division within the Oregon Health Authority (OHA) to reflect changes in program status or requirements and allow for the possibility to capitalize on federal funding. SB 966 has two focus areas – the All Payer All Claims (APAC) data program and the Oregon Health Insurance Marketplace (OHIM).

All Payer All Claims data collection and data release are out of sync with state laws, resources and needs.

The Oregon All Payer All Claims Reporting Program (APAC) contains administrative health care data on insurance coverage, health service costs and utilization for Oregon's insured populations.

Changes are requested to ORS 442.373 so APAC data can be used more fully to end health inequities by 2030, aligning requirements with the best state resources and permitting APAC to participate in upcoming federal funding.

- ▶ SB 966 aligns APAC with the REALD and SOGI standards contained in HB 3159 (2021). Modernizing APAC to these data standards will allow the program to be more useful in assessing and tracking health inequities.
 - Currently the APAC statute only references national standards for the collection of data on race, ethnicity and primary language. SB 966 adds disability (as a component of REALD), sexual orientation and gender identity (SOGI).
- ▶ SB 966 updates the training requirements for providers in the collection of race and ethnicity data, part of the original law, to include sexual orientation and gender identity data.
- ▶ SB 966 adds “researchers” to the list of permitted users, to clarify Oregon’s alignment with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.
 - All research requests are subject to strict scrutiny and must follow the HIPAA provisions for confidentiality and release of minimum necessary data. Other permitted users are insurers, employers, providers, purchasers of health care and state agencies.
- ▶ SB 966 allows APAC to recoup actual costs for collecting and releasing data files. Addressing this will allow Oregon to take advantage of an anticipated federal funding opportunity for all payer claims databases programs, which will likely require providing data at cost for employers and employer organizations.
 - APAC data will continue to be provided for free for users who do not have institutional or grant resources to pay.

Oregon Health Insurance Marketplace: Current statute does not reflect program status

- ▶ ORS 741.004 requires the Health Insurance Exchange (Marketplace) Advisory Committee (HIMAC) to advise the director of the OHA on the “implementation” of a small business health options program (SHOP). SHOP was implemented for plan year 2014, several years prior to the health insurance exchange becoming part of OHA.
 - To accurately reflect program status, SB 966 changes statute to reflect the requirement of the HIMAC to advise the director on the ‘operation’ of a SHOP rather than on the “implementation” of SHOP.
- ▶ Removes certification of exemption to purchase insurance under ORS 741.002 and 741.500 to align with 2017 federal legislation, in which the penalty for not obtaining coverage is \$0, making certification moot. Accordingly, there is no value in including a requirement to certify nor a practical impact to removing the language.
- ▶ Senate Bill 65 (2021) requires multiple years of reporting on the transfer of the health insurance exchange from DCBS to OHA. Because the transfer of the health insurance exchange from the Department of Consumer and Business Services (DCBS) to OHA is complete including comprehensive reporting on the transfer, the section of Senate Bill 65 that requires ongoing reporting on the transfer should be repealed.

Restores DCBS director’s membership on HIMAC

SB 966 amends ORS 741.004 to restore the DCBS director’s membership on the committee. In 2021, Senate Bill 65 changed the makeup of the HIMAC by removing the DCBS director, who is Oregon’s Insurance Commissioner, from the committee. That change was not requested by either agency. The board believes it would benefit from the director’s continued participation.

The health insurance exchange partners with commercial health insurers that are regulated by DCBS. As such, OHA works closely with DCBS on matters that impact health insurers. Having the Oregon Insurance Commissioner’s input on proposals that impact commercial insurers that participate in the health insurance exchange will ensure the two agencies are coordinating when necessary and appropriate.

COFA Premium Assistance Program

In 2021, Congress restored the rights of members of nations of the Compact of Free Association (COFA) to receive Medicaid benefits. Prior to this change, the health insurance exchange operated a premium assistance program to allow COFA members to receive no-cost health insurance through the federally facilitated marketplace. After restoration of Medicaid benefits, the COFA program no longer receives state funding and is no longer active. Consequently, SB 966 repeals the COFA premium assistance statutes with the exception of ORS 413.611, which contains the definition of “COFA citizen” and is necessary for the COFA dental program, a separate OHA, non-Marketplace program.

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