

Health Insurance Mandate Review Advisory Committee

HB 2690

Achieve greater transparency around equitable access to mandated benefits and costs

Background

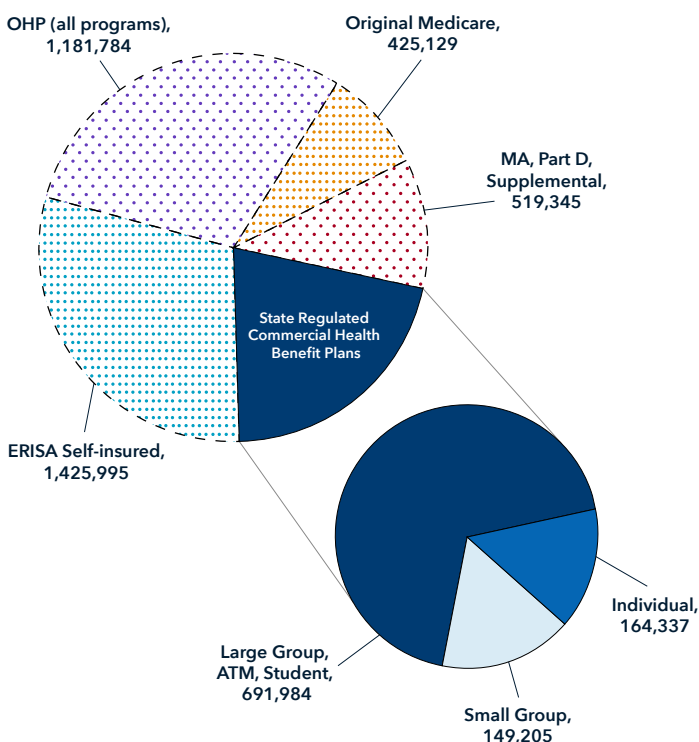
Since 1985, Oregon has required reports that support any health insurance mandates. However, this law is not being followed. The Legislature is missing critical data that would permit them to make better-informed decisions on bills and serve their communities more effectively. Furthermore, the information currently required within these reports is outdated and needs updating.

Problem

Each session, lawmakers consider different bills mandating health plans to cover specific benefits or provider payments. Often, the scope of these mandates is not well defined, and the impacts not well understood. These mandates lack clear definitions and frequently overlook rural impacts.

Access to Insurance

People Covered



Data reflects enrollment as of September 30, 2024. Commercial and ERISA figures from DFR. Medicaid and Medicare from OHA and CMS, respectively.

Solution

HB 2690, a pilot version of HB 3157 (2023) that passed to Ways & Means with strong bi-partisan support, establishes a Health Insurance Mandate Review Advisory Committee to clarify mandate scope and gather data. The Committee will review up to six mandates during legislative interims, producing reports by January 15th, before the session. Staffed by the Legislative Policy & Research Office (LPRO), this three-year pilot ensures lawmakers have better data without preventing new mandates.

The review process enhances transparency by:

- Clearly defining mandate scope, coverage, and costs.
- Examining state and federal law interactions.
- Conducting equity and actuarial analyses, including rural impacts.

The Committee gathers data but does not make policy recommendations. HB 2690 promotes informed policymaking, aligning Oregon with 32 other states that review mandates. It's time for a transparent, data-driven approach.