

LC 468: Policy & Analytics Housekeeping

This legislative concept includes housekeeping measures that codify small changes related to the Health Policy and Analytics Division of OHA to reflect changes in program status or requirements and to allow the possibility to capitalize on federal funding.

All Payer All Claims: Data Collection, Training Requirements, and Data Release

The Oregon All Payer All Claims Reporting Program (APAC) contains administrative health care data on insurance coverage, health service cost, and utilization for Oregon's insured populations. Three changes are requested to ORS 442.373 to update the statute allowing APAC data to be used more fully to end health inequities, align requirements with the best state resources, and permit APAC to participate in upcoming federal funding.

- ▶ Current statute references national standards for the collection of data on race, ethnicity, language and disability (REALD) and sexual orientation and gender identify (SOGI). The Oregon legislature passed standards for REALD and SOGI data collection that exceed national standards, so a change is required to ensure compliance with Oregon law and to collect demographic data that can be used to address health inequities through program and policy.
- ▶ Current statute directs APAC to adopt rules and provide cultural competency training to providers on the collection of race, ethnicity, and primary language. This requirement was created before OHA's Office of Equity and Inclusion's Cultural Competence Continuing Education or the cultural competency requirements by Oregon's licensing boards. APAC does not interact directly with healthcare providers nor does the program have expertise in this area, so this provision should be removed.
- ▶ This legislative concept allows APAC to recoup actual costs for providing data sets to employers and researchers. 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.

Oregon Health Insurance Marketplace: Advisory Committee, COFA, and Reporting

- ▶ 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 the current status of the program status, this legislative concept changes statute so the HIMAC will advise the OHA director on the operation of a SHOP rather than on the "implementation" of SHOP.

- ▶ In 2021, Senate Bill 65 changed the makeup of the HIMAC by removing the director of the Department of Consumer and Business Services (DCBS), who is Oregon's Insurance Commissioner, from the committee. This change was not requested, and the board would continue to benefit from the director's expertise. 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. This legislative concept restores the DCBS director's membership on the committee.
- ▶ 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, this legislative concept repeals the COFA statutes.
- ▶ Senate Bill 65 (2021) requires several years of reporting on the transfer of the health insurance exchange from the Department of Consumer and Business Services (DCBS) to OHA. Because the transfer of the health insurance exchange is essentially complete, the section that requires reporting on the transfer should be repealed in 2023 instead of 2026.

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