Oregon Educators Benefit Board
Meeting Minutes
March 3, 2015

The Oregon Educators Benefit Board held a regular meeting on March 3, 2015, at the DAS General Services Building, 1225 Ferry Street SE, in Salem, Oregon. Chair Rick Shidaker called the meeting to order at 1:05 p.m.

Attendees

Board Members:
Rick Shidaker, Chair
Nancy MacMorris-Adix, Vice Chair
Heather Cordie
Dave Fiore
Cherie Maas-Anderson
Jaimie Sorenson
Bob Stewart

Board Members Absent:
Ron Gallinat

OEBB Staff:
Denise Hall, Deputy Administrator
Kathy Loretz, Interim Administrator
Heidi Williams, Director of Operations
Rose Mann, Executive Assistant

Consultants:
Kim Hickman, Towers Watson
Jenny Marks, Towers Watson

Guests:
Sally Kallianis, WDG
Paul Tyo, RBH
Brian Riney, Providence
Andrea Lindsey, Standard
David Scearce, The Standard
Gordon Hoberg, Moda
Courtney Burke, Moda
Sophary Sturdevant, KP
Robin Richardson, Moda
Le Huynh, PPS

I. Welcome and Approval of February 3, 2015, meeting synopsis (Attachment 1) - *Video Recording - 0:00:54*

Rick Shidaker introduced Kathy Loretz, Interim PEBB/OEBB administrator.

MOTION - *Video Recording - 0:01:18:* ***Cherie Maas-Anderson moved to accept the February 3, 2015, Board meeting synopsis. Nancy MacMorris-Adix seconded the motion. The motion carried 7 – 0.***

II. Flexible Spending Account/Health Savings Account Selection of Apparent Successful Proposer(s) (Exhibit A) – *Video Recording - 0:01:31*

Jenny Marks, Towers Watson, reviewed the interview and scoring results of HSA/FSA RFP. She announced that the recommendation of staff and consultants for the Apparent Successful Proposer to be awarded to vendor F; Wage Works.

MOTION - *Video Recording - 0:21:07:* ***Nancy MacMorris-Adix moved to accept the recommendation of consultants to award the Apparent Successful Proposer to Wage Works (Vendor F). Dave Fiore seconded the motion. The motion carried 7 – 0.***

III. General Update (Attachments 2 and 3) - *Video Recording 0:21:42*

Denise Hall reviewed the Legislative bills that OEBB has identified as priorities to monitor.

Denise Hall reviewed the Decision Matrix for the Board for 2015 and 2016.

IV. Business and Operations Workgroup (BOW) Recommendations & Status Update (Attachments 4,5, and 6) – *Video Recording 0:41:57*

MOTION - *Video Recording - 0:44:10:* ***Dave Fiore moved to file Division 10 Amendments as Temporary Rules, moving them into the Permanent Rulemaking process with the Secretary of State. Nancy MacMorris-Adix seconded the motion. The motion carried 7 – 0.***

MOTION - *Video Recording - 0:45:29:* ***Dave Fiore moved to file Division 40 Amendments as a Permanent Rule with the Secretary of State. Heather Cordie seconded the motion. The motion carried 7 – 0.***

MOTION - *Video Recording - 0:55:06:* ***Nancy MacMorris-Adix moved to accept the recommendation of staff to make Open Enrollment mandatory for 2015. Cherie Maas-Anderson seconded the motion. The motion carried 7 – 0.***

V. Gym Memberships (Attachment 8) – *Video Recording 0:55:26*

MOTION – ***Video Recording 1:38:25: Dave Fiore moved to authorize the new option whereby eligibility for reimbursement of fitness facility membership costs would be contingent on completion of the online Health Assessment. Jaimie Sorenson seconded the motion. The motion carried 7 – 0.***

VI. Strategies on Evidence and Outcomes Workgroup (SEOW) Status Update -*Video Recording 1:07:45*

Nancy MacMorris-Adix presented an update on the SEOW.

VII. Other Business/Board Roundtable - *Video Recording 0:55:26*

Denise Hall stated that she presented information on the upcoming medical RFP to the Oregon Health Policy Board this morning and there was also a discussion regarding the coordinated care model alignment workgroup and how OEBB will use the CCM framework to move this forward with OEBB members. The OHP Board was very complimentary toward the OEBB Board and offered any assistance OEBB might need.

VIII. General Public Comment

There being no general public comment, nor further business to come before the Board, Chair Shidaker adjourned the meeting at 2:15 p.m.

Attachment 2
April 7, 2015

Considering Changing to a Calendar Year Plan Year

OEBB Staff Surveyed Entities

- Survey was sent to superintendents, business managers and benefit representatives on 11-26-14 – excerpt from cover email:

  "Currently OEBB's plan year runs from October 1 - September 30, with Open Enrollment occurring August 15 - September 15 for most participating entities. Over the past several years, some entities have expressed an interest in moving to a calendar year (January 1 through December 31) plan year. Before staff can prepare a proposal and/or recommendation for the Board to consider, we want to make sure we gather input from all of the OEBB-participating entities."

- Survey included a link to a document outlining considerations in moving to a calendar year plan year – See next 16 slides for items covered and clarifications/updates

Plan Design Impacts

Medical deductible and annual maximum out-of-pocket accumulations

Option 1

Detail:

- OEBB plan deductibles/MOOPs accumulate October – September of each year.
- The change would extend the accumulator accrual from 12 months to 15 months at the same levels as current.

Impact:

- Positive member impact (they have longer to accumulate service to the deductibles/maximum out-of-pocket limits).
- Rate impact for benefit enhancement (would need to get exact impact from each medical vendor).

CLARIFICATION/UPDATE:

- **Note: additional considerations for Moda Plan H and Kaiser Plan 3 are listed on slide 7**

Plan Design Impacts

Medical deductible and annual maximum out-of-pocket accumulations

Option 2

Detail:

- OEBB plan deductibles/MOOPs could be increased (where allowable) to reflect a 15-month accumulation period.

Impact:

- Potential negative member impact on members that satisfy the full deductible and/or maximum out-of-pocket limits in the first 12 months.
- Rate impact would be reduced.

Plan Design Impacts

Other plan and visit limits (home health, acupuncture, outpatient rehabilitation, etc.) accrue on Plan Year basis.

Option 1

Detail:

- Extend the benefit caps and visit limitations to the full 15 months for the transition plan year

Impact:

- Negative member impact (benefit or visit allowances won't renew until January)
- Should result in a slight rate credit for this benefit reduction

Plan Design Impacts

Other plan and visit limits (home health, acupuncture, outpatient rehabilitation, etc.) accrue on a Plan Year basis.

Option 2

Detail:

- Increase the plan maximums to reflect additional benefit period.

Impact:

- Positive member impact if services are needed and received in the first 12 months of the transition year
- May result in a rate increase

Plan Design Impacts

HDHP/HSA Plan Deductible and Maximum Out-of-Pocket

Option 2 – Based on OEBB's current deductible and maximum out-of-pocket

Detail:

- Deductible and maximum out-of-pocket (OOP) on the qualified high deductible health plans (HDHPs) must be pro-rated "up" to account for longer accumulation period to meet statutory minimum requirements.

Impact:

- Individual deductible = ($1,500 /12)*15 = $1,875 (Currently $1,500)
- Family deductible = ($3,000/12)*15 = $3,750 (Currently $3,000)

- Individual max OOP = ($5,000/12)*15 = $6,250 (Currently $5,000)
- Family max OOP = ($10,000/12)*15 = $12,500 (Currently $10,000)

Plan Design Impacts

Dental plan maximums

Option 1

Detail:

- Extend the benefit maximum period from 12 to 15 months for the transition plan year.

Impact:

- Negative member impact (benefit maximum won't renew until January)
- Should result in a slight rate credit for this benefit reduction.

Plan Design Impacts

Dental plan maximums

Option 2

Detail:

- Increase the plan maximum to reflect additional benefit period.

Impact:

- Positive member impact if services would have had to have been split into two plan years, or if more costly services are needed.
- May result in a rate increase.

Flexible Spending Account Elections Impact

Detail:

- Entities with October through September FSA plan years will need to have an October 2015 – September 2016 election period and administer a "short" plan year for October 2016 – December 2016.

Impact:

- Administrative impact to entities – need to allow members to make new elections for a short FSA plan year. Potential new FSA administrator for October 2015 could charge additional fees for this.

CLARIFICATION/UPDATE:

- **Entities would not be required to change their FSA plan year if the preference was to remain on an October – September, or any other plan year. Having the medical plan year and FSA plan year aligned is often preferred, but not required.**

Rate Impacts

Overall

Detail:

- Extending the period for “trending” medical, dental and vision costs may result in higher renewal rates than would have been available in a 12-month contract.

Impact:

- Need to confirm with individual carriers on specific rate impact for medical, dental, vision. No impact on life, disability, long term care, or EAP rates with longer term contracts in place.

Rate Impacts

COBRA Rates

Detail:

- COBRA rates cannot change more than once in a 12-month period.

Impact:

- COBRA rates would be treated consistently with active employee rates.

Compliance

Cafeteria Plan rules require an election period at least every 12 months

Detail:

- Employers aren't generally permitted to "lock in" member elections for longer than 12 months under the cafeteria plan rules.

Impact:

- OEBB to allow an enrollment change period from August 15 through September 15 of the transition year for coverage October 1 through December 31.

CLARIFICATION/UPDATE:

- **OEBB would not publicize the special open enrollment period, but would explain the option in the regular open enrollment materials.**

Compliance

COBRA Plan Change Opportunities

Detail:

- Employers must treat COBRA continuees consistent with active members.

Impact:

- OEBB to allow an enrollment change period from August 15 through September 15 of the transition year for coverage October 1 through December 31.

CLARIFICATION/UPDATE:

- **OEBB would not publicize the special open enrollment period, but would explain the option in the regular open enrollment materials.**

Compliance

Affordable Care Act (ACA) Measurement - Administrative/Stability Period

Detail:

- Entities may have established a measurement period and administrative period to coincide with an October 1 renewal date/stability period.

Impact:

- Measurement periods may need to change and will likely create some overlap.

Administration

Timing of Change

Detail:

- Change could be made for the 2015-16 plan year (i.e., October 1, 2015, through December 31, 2016) during renewals; OR the 2016-17 plan year (i.e., October 1, 2016, through December 31, 2017) as part of the medical, pharmacy, vision RFP; OR future plan year renewals

Impact:

- Effective date of January 1, 2018, will affect the RFP rather than renewal discussions and decisions.

CLARIFICATION/UPDATE:

- **If decision is to move to calendar year plan year effective January 1, 2017, decision must be made during renewals for 2015-16 and RFP for medical, pharmacy and vision would not be released until September 2015 versus June 2015.**
- **If decision is to move to calendar year plan year effective January 1, 2018, decision must be communicated as part of the RFP set for release in June 2015.**

Administration

Communications

Detail:

- OEBB and Entities will need to revise their communication timelines/materials and provide for election changes to be effective October 1 and again for January 1 in the transition year.

Impact:

- Some confusion for employees in the transition year.

Administration

Impact on collective bargaining

Detail:

- Current collective bargaining agreements will likely have specific language relating to insurance or benefit years.

Impact:

- Collective bargaining agreements under negotiation at the time would need to bring this to the table.
- Collective bargaining agreements that are not open for negotiation may result in an employee receiving a contribution change prior to the new rates going into effect for a plan year starting in January until the CBA expires.

CLARIFICATION/UPDATE:

- **Not included in information shared with survey requests, but added following entity responses to survey.**

OEBB Staff Surveyed Entities

- Follow-up email sent to same group 12-8-14 - excerpt from email:

  "If the plan year were to change to January through December, we would propose that the open enrollment period begin on or around August 22 of each year and could run through October 15. An entity would have the ability to communicate a later start date (MyOEBB would still open up on August 22) and could have the open period end any time before the October 15 official end date (just like an entity can close open enrollment early now).

  - Would allow entities that wanted to focus on open enrollment communications and trainings prior to the start of the school year to do so and allow entities that wanted to focus open enrollment communications and meetings after the school year has begun and staff aren't preoccupied with start-up activities to do so as well.
  - Entity benefit and payroll staff would have from October 15 to whatever date is the payroll cutoff date for January premiums to clean up enrollments."

- Reminded attendees of the January 19, 2015, BIE meeting of the survey and allowed two more days for responses.

OEBB Staff Surveyed Entities

- Survey asked three questions

1. How much do you agree with this statement – I fully support OEBB moving to a January through December plan year -- ?

   The allowable responses were – “Completely agree,” “Somewhat agree,” “Somewhat disagree,” and “Completely disagree”

2. Please provide additional details on why you do or do not support OEBB making this change.

3. If OEBB staff wish to discuss your responses further, may they contact you?

Survey Results

- Received 166 responses total
  - Included duplicate responses from many entities
  - Many responses did not identify entity
- 86 responses identified entity
  - Included some duplicate responses, most were similar responses (e.g., either in the grouping of Completely agree or Somewhat agree or in the grouping of Somewhat disagree and Completely disagree)
- Did not include duplicates when counting the number of employees represented by entities in the same grouping (i.e., “supportive” or “not supportive” of a plan year change)

Survey Results

A total of 62 respondents supported OEBB moving to a January through December plan year – 28 identifiable entities representing just under 17,000 employees

- ✓ Completely agree
  - 14 entities that identified the entity (representing about 13,755 employees)
  - 31 respondents selecting this option overall

- ✓ Somewhat agree
  - 14 entities that identified the entity (representing about 3,015 employees)
  - 31 respondents selecting this option overall

Survey Results

- Reasons given for supporting a plan year change

  - ✓ Moves end of plan year away from the summer break ruckus
  - ✓ Allows for longer open enrollment period
  - ✓ Allows more time for reconciliation of employee elections or election error fixes before payroll deductions are made
  - ✓ Allows college to be “in session” and the ability to host a benefits fair providing more information for employees
  - ✓ Better alignment with the ACA
  - ✓ Better alignment with the typical FSA and HSA plan year
  - ✓ Better alignment with most other employers’ open enrollment periods and plan years

Clarification on Survey Responses

- Reasons given for supporting a plan year change

No clarifications needed – Changing to a January – December plan year would:

- ✓ Allow for an extended open enrollment period to recognize preferences of the entity (propose opening MyOEBB on August 15 as in the past and allowing entities to keep MyOEBB open through October 15
- ✓ Allow for up to 60 days to reconcile benefit elections prior to payroll cutoff for first payment in January
- ✓ Align better with ACA requirements, most other employers' plan years, FSA and HSA provisions (note: employees electing to move to an HSA-qualified medical plan with a calendar year FSA in place are unable to contribute to the HSA until January 1 even though the high deductible health plan goes into effect October 1)

Survey Results

A total of 104 respondents did not support OEBB moving to a January through December plan year – 49 identifiable entities representing just under 13,000 employees

- ✓ Somewhat disagree
  - 13 entities that identified the entity (representing about 5,246 employees)
  - 32 respondents selecting this option overall
- ✓ Completely disagree
  - 35 entities that identified the entity (representing about 7,804 employees)
  - 70 respondents selecting this option overall

Survey Results

- Reasons given for NOT supporting a plan year change
  - ✓ Hire practice is a fiscal year, not a calendar year
  - ✓ Alignment with the school year makes more sense
  - ✓ Possibility for two deductibles within 15 months for new hires for the new school year
  - ✓ Increases in employee workloads and negative effects on budget and bargaining processes
  - ✓ Changing premiums mid-year at the same time year-end processes are taking place
  - ✓ Having to enter insurance plans twice for each employee
  - ✓ Budgeting and negotiations would be more difficult with a plan year that is totally different than both the fiscal and school year
  - ✓ Systems are currently setup for October – September plan year
  - ✓ It is an unnecessary disruption to employees and employers
  - ✓ Misalignment for primary hiring and training cycle
  - ✓ Raises the risk to entity's group HRA during transition year

Clarification on Survey Responses

- Reasons given for NOT supporting a plan year change
  - ✓ Possibility for two deductibles within 15 months for new hires for the new school year
    - ❖ OEBB medical plans other than the two high deductible health plans (Moda Plan H and Kaiser Plan 3) have a fourth quarter deductible carryover provision which would allow the amount of the deductible met in October through December (if not completely satisfied) to carry forward to the new plan year
  - ✓ Increases in employee workloads and negative effects on budget and bargaining processes
    - ❖ Impact on bargaining process should be limited to the initial transition and/or first agreement following change
  - ✓ Changing premiums mid-year at the same time year-end processes are taking place
    - ❖ Open enrollment elections should be available for processing following the close of the open enrollment period, not later than October 15 of each year

Clarification on Survey Responses

- Reasons given for NOT supporting a plan year change
  - ✓ Having to enter insurance plans twice for each employee
    - ❖ Unable to address this with limited information of the impact. Newly hired employees would have the ability to select coverage as a new hire for a September 1 or October 1 effective date and make open enrollment elections in MyOEBB for the January 1 effective date – transition provisions would allow ongoing employees to make special election for October 1 effective date and regular open enrollment (annual) election for January 1 effective date

Options that can be considered

1. Move to a calendar year plan year effective January 1, 2017
   - Renewal for 2015-16 would be a 15-month contract
   - Could have provisions to have a 15-month plan year with deductible, MOOP, benefit maximums, etc. prorated, or continue current deductible, MOOP, benefit maximums, etc., spread over 15 months

CLARIFICATION/UPDATE:

- **Moda, Kaiser and Willamette Dental will be providing impacts on rates during renewal process.**

Options that can be considered

2. Move to a calendar year plan year effective January 1, 2018
   - RFP scheduled for release in June 2015 would request a 15-month rate for initial contract and 12-month renewals thereafter
   - Could have provisions to have a 15-month plan year with deductible, MOOP, benefit maximums, etc. prorated, or continue current deductible, MOOP, benefit maximums, etc., spread over 15 months.
3. Continue with the current plan year and possibly reconsider in the future (earliest effective date for a future change would be January 1, 2019, and would need to be re-evaluated for possible options prior to renewals in early 2017)

Oregon Educators Benefit Board (OEBB)
2015 Legislation of Interest

Bill Number(s)	Description	Impact on OEBB	Sponsor(s)	Status*	Priority	Board Priority
HB 2230	Requires OHA to provide Veteran's Affairs with monthly reports on veteran's applying for health care coverage.	Estimated $177,000 to modify OEBB system to collect data.	Reps. Fagan & Nathanson	Passed House. Public Hearing scheduled for Senate Veteran's Affairs Committee	1	1
SB 631	Establishes Health Care for All Oregon Board to develop, implement and have oversight of Health Care for All Oregon Plan to be administered by Oregon Health Authority. Provides comprehensive health care coverage to all individuals residing or working in Oregon. Supplants coverage by private insurers for health services covered by plan. Authorizes Public Employees' Benefit Board and Oregon Educators Benefit Board to offer supplemental health benefit plans to employees. Requires public employees to be covered by Health Care for All Oregon Plan.	Limits OEBB's programs to supplemental insurance	Sens. Dembrow & Shields; Rep. Williamson	Referred to Health Care Committee	1	1
SB 702	Specifies that aggregate total of hours worked by part-time faculty member at more than one public institution of higher education shall be considered in determination of full-time status of faculty member for health care coverage.	TBD pending further analysis and information.	Sen. Dembrow	Referred to Education Committee	1	1
SB 96	Allows certain districts to withdraw from participation in health benefit plans offered by the OEBB under certain circumstances. Permits one withdrawal from participation and prohibits future participation.in OEBB for up to five years. Requires Board to provide certain administration to district upon request and prohibits Board from restricting participating carriers from responding to districts request for proposal.	5-7% increase in OEBB medical, dental & vision plans with higher increases in future years.	No sponsors listed.	Referred to Education Committee	1	1
HB 2026	Permits pharmacist to substitute interchangeable biosimilar products for certain prescribed biological products. Directs State Board of Pharmacy to adopt rules to define "biological product," "biosimilar product" and "interchangeable" for purposes of prescription substitutions.	TBD pending further analysis	House Health Care Committee	Public Hearing held.	2	2
HB 2234	Requires OHA and health insurers offering plans/policies to create billing codes or alternative mechanisms to enable community assessment centers to bill for child abuse medical assessments and services.	No Impact on OEBB through increased medical plan premium rates	Rep. Whisnant & Sen. Gelser	Passed House. Referred to Senate Human Services Committee	2	2
HB 2298	Permits pharmacists to provide pharmacotherapy services to patients, including smoking cessation, emergency contraception, travel medication and practice clinical pharmacy. Requires health insurers to provide payment or reimbursement for services provided by pharmacist under clinical pharmacy agreement.	0.67% increase in OEBB medical/Rx plans	Oregon Pharmacy Coalition	Referred to Health Care Committee	2	2

*Committees must post Work Sessions for bills by April 10, 2015

Oregon Educators Benefit Board (OEBB)
2015 Legislation of Interest

Bill Number(s)	Description	Impact on OEBB	Sponsor(s)	Status*	Priority	Board Priority
HB 2299	Prohibits insurers offering vision benefit plans from limiting or specifying the fee that a provider may charge for services not covered under the plan. Requires reimbursement at a reasonable rate for services or materials provided. Prohibits insurers from credentialing vision care providers. Prohibits insurers from limiting providers to specific supplies, materials or laboratories. Restricts provider contracts to two years. Sets court damage costs for violations of the act.	No Impact on OEBB through increased medical plan premium rates	Oregon Optometric Association	Public Hearing Held	2	2
HB 2466	Modifies requirements for health benefit plans consistent with federal law.	No impact on OEBB	Department of Consumer and Business Services	Public Hearing Held	2	2
HB 2468	Requires that health insurers contract with provider networks that are large and diverse enough to ensure that all covered services, including mental health and substance abuse treatment, are accessible to enrollees without unreasonable delay. Requires that health insurers have provider networks that provide access to culturally and linguistically appropriate health care services.	No Impact on OEBB through increased medical plan premium rates	Department of Consumer and Business Services	Passed House.	2	2
HB 2560	Requires health benefit plan to cover cost of colonoscopy and polyp removal for insured who is 50 years of age or older and who has positive fecal immunochemical test result.	Result in a 0.03% increase in premium rates for OEBB Medical Plans administered by Moda	Rep. Greenlick & Sen. Gelser	Passed House. Referred to Senate Health Care Committee.	2	2
HB 2626	Authorizes State Treasurer to issue lottery bonds to finance grants from Department of Education to school districts to pay for acquisition, construction or improvement of school-based health centers.	No impact on OEBB	Rep. Reardon & Sen. Gelser	Referred to Ways & Means Committee	3	2
HB 2951	Requires policies and certificates of health insurance that offer prescription drug coverage to meet specified cost-sharing requirements.	0.9% increase in premium rates for OEBB Medical Plans administered by Moda	House Health Committee	Public Hearing held.	2	2
HB 3018	Prohibits insurer from imposing cost sharing or similar requirements for services provided by out-of-network providers that are greater than requirements for services provided by in-network providers. Specifies exceptions. Prohibits state agency and insurer from preventing person from paying for person's own medical care, requiring physician to contract with insurer or state medical assistance program or requiring physician to provide medical care.	6.7% increase in premium rates for OEBB Medical Plans administered by Moda	Rep. McKeown & Sen. Roblan	Public Hearing held.	2	2
HB 3021	Requires insurer or third party administrator to reimburse health care provider for fees charged to provider by credit card company that processes payments.	No impact on OEBB	Rep. Keny-Guyer & Sen. Bates	Public Hearing held.	2	2
HB 3300	Requires primary care physician to serve specified percentage of medical assistance recipients in order to contract with Public Employees' Benefit Board or Oregon Educators Benefit Board to provide medical care.	Indeterminate impact on OEBB Medical Plans premium rates	Rep. Lively	Public Hearing held	2	2

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Oregon Educators Benefit Board (OEBB)
2015 Legislation of Interest

Bill Number(s)	Description	Impact on OEBB	Sponsor(s)	Status*	Priority	Board Priority
HB 3358	Prohibits discrimination in rates of insurance reimbursement paid to specified mental health treatment providers.	0.01% increase in premium rates for OEBB Medical Plans administered by Moda	Reps Lively & Gallegos	Referred to Health Care Committee	2	2
SB 93	Requires reimbursement for up to 60-day supply of prescription drug that is prescribed for a chronic condition	Result in 0.025% increase in premium rates for OEBB Medical Plans administered by Moda	Senate Committee on Veteran's Affairs	Work Session held	2	2
SB 144 & SB 151	Modifies requirements for health benefit plan coverage of telemedical health services for health benefit plans, including those offered by OEBB/PEBB.	SB 144 has no impact on OEBB. SB 151 is TBD depending on further analysis.	No sponsors listed.	SB 144 – Passed Senate. Referred to House Health Care Committee SB 151 - Referred to Health Care Committee	2	2
SB 145	Aligns definition of small employer in the Insurance Code with federal definition in 42 U.S.C. 18024	No impact on OEBB through a redefinition of small employers	Senate Health Care Committee	Public Hearing Held	2	2
SB 147	Changes communication requirements for pharmacy or pharmacist that substitutes biological product. Requires pharmacy to provide notice of potential substitution	No Impact on OEBB through increased medical plan premium rates	Senate Health Care Committee	Public Hearing Held	2	2
SB 153	Clarifies the current definition of "independent practice" regarding physician assistants and nurse assistants billing health insurers for primary care and mental health care services performed as part of their scope of practice.	Result in 0.27% increase to OEBB medical plans administered by Moda	Senate Health Care Committee	Passed Senate. Referred to House Health Care Committee.	2	2
SB 440	Requires Oregon Health Policy Board to establish Health Plan Quality Metrics Committee to develop health outcomes and quality measures for CCOs and plans offered by PEBB and OEBB.	Participation in workgroup has no fiscal impact on OEBB	Sen. Steiner Hayward	Public Hearing held	2	2
SB 520	Permits pharmacists to administer vaccines to individuals at least seven years of age. Directs State Board of Pharmacy to amend rules relating to administration of vaccines.	No Impact on OEBB through increased medical plan premium rates	Sen. Kruse	Passed Senate. Referred to House Health Care Committee.	3	2
SB 558	Requires health benefit plans that reimburse prescription drugs to reimburse pharmacists for patient consultation, if they part of an integrated health care delivery system, working under the direct supervision of a physician and consulting patients for chronic condition management	0.6% increase in OEBB Medical Plans administered by Moda	Sen. Gelser	Public Hearing held	2	2

*Committees must post Work Sessions for bills by April 10, 2015

Oregon Educators Benefit Board (OEBB)
2015 Legislation of Interest

Bill Number(s)	Description	Impact on OEBB	Sponsor(s)	Status*	Priority	Board Priority
SB 609	Requires Oregon Health Authority to convene learning collaborative to develop payment method to support provision of care through patient centered primary care homes. Requires Department of Consumer and Business Services to adopt, to greatest extent practicable, method developed by collaborative for reimbursement of patient centered primary care homes by insurers and third party administrators.	No impact on OEBB	Sen. Steiner Hayward & Rep. Lively	Public Hearing held	2	2
SB 625	Requires PBMs to allow covered individuals to fill/refill a prescription at the pharmacy as long as the pharmacy is included in the network or has applied for a contractual relationship. PBMs must reimburse and charge the same copays at the same rate for pharmacies in-network and those applying for a contractual relationship. The regulations do not apply to specialty drugs recognized by DCBS.	TBD pending further analysis	Senate Health Care Committee	Referred to Health Care Committee	2	2
SB 661	Requires health benefit plan that covers opioid analgesic drug products to cover abuse-deterrent opioid analgesic drug products, at no greater cost to insured than other preferred drugs under plan.	TBD pending further analysis	Senate Health Care Committee	Public Hearing held	2	2
SB 665	Creates Hospital Rate Commission in Oregon Health Authority to review hospital charges billed by certain hospitals and recommend to Oregon Health Authority whether to approve charges as reasonable based on prescribed criteria.	No impact on OEBB	Sen. Beyer & Rep. Nosse	Referred to Health Care Committee	2	2
SB 841	Modifies requirements for health plan coverage of prescription drugs dispensed in accordance with synchronization policy.	TBD pending further analysis	Sens. Bates & Steiner Hayward	Public Hearing held	2	2

*Committees must post Work Sessions for bills by April 10, 2015

UPCOMING OREGON EDUCATORS BENEFIT BOARD (OEBB) DECISION MATRIX

Topic	Decision/Action	Decision Due	Status Update	Date Completed
Healthy Futures Program Timelines	Determine if timelines for completion of health assessment should be changed and/or if effective date of incentive deductible/copays should be changed for 2015-16 plan year.	February 3, 2015	Decision made to require HA during open enrollment with incentive plan available October 1 of that year.	**2-3-2015**
FSA/HSA RFP	Apparent Successful Proposer (ASP) Selected	March 3, 2015, meeting	ASP to be announced as agenda item II.	**3-3-2015**
2015-2016 Renewal	Plan designs and rates approved	April 28, 2015, meeting	No additional information at this time (4-3-15)	
Medical, pharmacy, vision RFP	Approve RFP objectives and coverages -- note, this may include decisions to reduce the number of plan offerings and/or rate structure options	April, May and early June 2015	Agenda items planned for 4-7-15 ***(items #II and III) and 4-28-15*** full Board meetings.	
Plan Year Change	The Business and Operations Workgroup (BOW) will be reviewing information relating to changing from the current plan year (October through September) to a calendar year plan year.	If decision to move forward for a January 1, 2017, effective date, then will need a decision at or before April 7, 2015, board meeting; if decision to move forward for a January 1, 2018, effective date, will need the decision by no later than May 5, 2015, board meeting.	BOW reviewed at 2-25-15 meeting. To return to full Board for review, discussion and possible consideration at 4-7-15 meeting. ***On agenda for 4-7-15 meeting (item #VIII)***	
Availability of Composite Rate Structure	The Business and Operations Workgroup (BOW) will be reviewing information relating to availability of the composite rate structure to entities not currently in OEBB and/or employee groups not currently using the composite rate structure for medical.	***April 7, 2015, to begin phasing in with the 2015-16 plan year (will affect renewals).***	BOW reviewed amendments to OAR 111-020-0010 at its 2-25-15 meeting. On 3-3-15 full Board agenda (item number IV) (3-2-15) ***On agenda for 4-7-15 meeting (item #IX)***	
ACA Compliance				
Coverage availability	Determine if a bronze-type medical plan will be made available for employees who are not in a benefit-eligible position, but who work an average of 30 or more hours per week (substitutes, adjunct faculty, temporary workers).	By April 28, 2015, for October 1, 2015, coverage effective date.	BOW reviewed at 2-25-15 meeting. To return to full Board for review, discussion and possible consideration at 4-7-15 meeting. ***On agenda for 4-7-15 meeting (item #X)***	
Affordability for FTE not in benefit-eligible positions	Determine if a bronze-type medical plan will be made available for employees who are not in a benefit-eligible position, but who work an average of 30 or more hours per week (substitutes, adjunct faculty, temporary workers) using a tiered rate structure and limited to employee or employee and child(ren) coverage.	By April 28, 2015, for October 1, 2015, coverage effective date.	BOW reviewed at 2-25-15 meeting. To return to full Board for review, discussion and possible consideration at 4-7-15 meeting. ***On agenda for 4-7-15 meeting (item #X)***	
Affordability for all benefit-eligible employees	Determine whether only a tiered rate structure will be made available and/or whether the tiered rate structure should be set using a different ratio than is used currently.	By April 28, 2015, for October 1, 2015, coverage effective date for non-represented employees, or the first plan year following expiration of an inforce CBA.	BOW reviewed amendments to OAR 111-020-0010 at its 2-25-15 meeting. On 3-3-15 full Board agenda (item number IV) (3-2-15). Applicable to new entities coming into OEBB. Expansion to include employee groups already in OEBB to return to full Board for review, discussion and possible consideration at 4-7-15 meeting. ***On agenda for 4-7-15 meeting (item #IX)***	

UPCOMING OREGON EDUCATORS BENEFIT BOARD (OEBB) DECISION MATRIX

Topic	Decision/Action	Decision Due	Status Update	Date Completed
Excise Tax liability				
Plan options	Determine whether plan options should be reduced to those with premiums under the federal thresholds for the tax.	Immediately following release of formal guidance from IRS or by April 2017, for October 1, 2017, coverage effective date -- Excise Tax to go into effect January 1, 2018.	No formal guidance to date (4-3-15)	
Rate structure	Determine whether only a tiered rate structure will be made available and/or whether the tiered structure should be set using a different ratio than is used currently.	Immediately following release of formal guidance from IRS or by April 2017, for October 1, 2017, coverage effective date – Excise Tax to go into effect January 1, 2018.	No formal guidance to date (4-3-15)	
Methodology for applying tax	Determine how tax will be applied – spread across all available plans, assessed only on plans and/or rate structures that trigger the tax.	Immediately following release of formal guidance from IRS or by April 2017, for October 1, 2017, coverage effective date – Excise Tax to go into effect January 1, 2017.	No formal guidance to date (4-3-15)	
Dental RFP	Determine timing of dental RFP	By July 2015	No action (3-2-15)	
Life, disability, AD&D RFP	Determine timing of life, disability, AD&D RFP	By July 2017	No action (3-2-15)	