

House Bill 2690

Sponsored by Representatives PHAM H, NOSSE; Senator REYNOLDS (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act creates a committee to review proposed measures that require a health plan to pay for a certain type of health service or a health service that is provided by a certain type of provider of health care. The committee must report the results of its review of each measure to the legislature. The LPRO director staffs the committee. (Flesch Readability Score: 66.6).

Establishes the Health Insurance Mandate Review Advisory Committee, staffed by the Legislative Policy and Research Director, to meet during interims between sessions of the Legislative Assembly to review a specified number of proposed measures sponsored by or submitted to the interim committees of the Legislative Assembly related to health if the measure requires health insurance policies to reimburse specified health care providers or to reimburse the cost of a specific service. Specifies the membership of the committee and the type of review that the committee must undertake.

Requires the committee to produce a report of its findings on each proposed measure no later than January 15 of the year in which the measure may be introduced or 15 days after a review is requested, whichever is later.

Requires the director to report to the Legislative Assembly, by September 15, 2027, on the work of the committee and recommendations for legislation.

Sunset June 30, 2028.

Takes effect on the 91st day following adjournment sine die.

A BILL FOR AN ACT

1
2 Relating to the Health Insurance Mandate Review Advisory Committee; creating new provisions;
3 amending ORS 171.875 and 171.880; and prescribing an effective date.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1.** ORS 171.875 is amended to read:

6 171.875. *[Every proposed legislative measure that mandates a health insurance coverage, whether*
7 *by requiring payment for certain providers or by requiring an offering of a health insurance coverage*
8 *by an insurer or health care service contractor as a component of individual or group health insurance*
9 *policies, shall be accompanied by a report that assesses both the social and financial effects of the*
10 *coverage in the manner provided in ORS 171.880, including the efficacy of the treatment or service*
11 *proposed. The report may be prepared either by the chief sponsor or by any other proponent of the*
12 *proposed measure. The report shall be submitted with the proposed measure when the proposed meas-*
13 *ure is submitted for filing, and shall be in writing and be a public record.]*

14 **(1) The Health Insurance Mandate Review Advisory Committee is established, consisting**
15 **of the following members jointly appointed by the President of the Senate and the Speaker**
16 **of the House of Representatives:**

17 **(a) One member representing businesses that offer group health insurance plans to em-**
18 **ployees.**

19 **(b) One member representing insurers that offer health benefit plans.**

20 **(c) One member representing health care providers who are not employed by insurers**
21 **that offer health benefit plans.**

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 (d) One member representing consumers of health insurance benefits who are not rep-
 2 resentative of businesses that offer group health insurance, insurers or health care provid-
 3 ers.

4 (e) One member representing an organization or collaborative that promotes health eq-
 5 uity policies and practices that are informed by racial justice principles.

6 (f) One member with expertise in the provision of health care in rural areas of this state.

7 (2) The term of office of each member of the advisory committee is four years, but the
 8 President and the Speaker may jointly remove a member for any cause. If there is a vacancy
 9 for any cause, the President and the Speaker shall make an appointment to become imme-
 10 diately effective for the unexpired term.

11 (3) During an interim period of the Legislative Assembly, the chairperson or vice chair-
 12 person of an interim committee of the Legislative Assembly related to health may submit
 13 to the Health Insurance Mandate Review Advisory Committee a proposed legislative meas-
 14 ure, sponsored by the committee or submitted to the chairperson or vice chairperson by the
 15 chief sponsor of the proposed measure, that mandates a health insurance coverage, whether
 16 by requiring payment for certain providers or by requiring an offering of a health insurance
 17 coverage by an insurer or a health care service contractor as a component of individual or
 18 group health insurance policies. During the interim period following an even-numbered year
 19 regular session of the Legislative Assembly, the chairperson or vice chairperson may submit
 20 four proposed legislative measures. During the interim period following an odd-numbered
 21 year regular session of the Legislative Assembly, the chairperson or vice chairperson may
 22 submit two proposed legislative measures.

23 (4)(a) The advisory committee shall develop and implement a process for reviewing and
 24 producing a report in accordance with ORS 171.880 on each proposed legislative measure de-
 25 scribed in subsection (3) of this section.

26 (b) With respect to each proposed measure described in subsection (3) of this section, the
 27 Legislative Policy and Research Director shall collect and compile the data needed by the
 28 advisory committee to analyze and make findings on each factor listed in ORS 171.880 and
 29 produce a report of its findings no later than January 15 of the year in which the proposed
 30 measure may be introduced or 15 days after the date that the review was requested, which-
 31 ever is later.

32 (5) A majority of the members of the advisory committee constitutes a quorum for the
 33 transaction of business.

34 (6) Official action by the advisory committee requires the approval of a majority of the
 35 members of the advisory committee.

36 (7) The advisory committee shall elect one of its members to serve as chairperson.

37 (8) The advisory committee shall meet at times and places specified by the call of the
 38 chairperson or of a majority of the members of the advisory committee but may not meet
 39 during a regular or special session of the Legislative Assembly.

40 (9) The advisory committee may adopt rules necessary for the operation of the advisory
 41 committee.

42 (10) The Legislative Policy and Research Director shall provide staff support to the ad-
 43 visory committee.

44 (11) Members of the advisory committee are not entitled to compensation or reimburse-
 45 ment for expenses and serve as volunteers on the advisory committee.

1 **(12) All agencies of state government, as defined in ORS 174.111, and the Oregon Health**
 2 **and Science University are directed to assist the advisory committee in the performance of**
 3 **the duties of the advisory committee and, to the extent permitted by laws relating to**
 4 **confidentiality, to furnish information and advice the members of the advisory committee**
 5 **consider necessary to perform their duties.**

6 **SECTION 2.** ORS 171.880 is amended to read:

7 171.880. (1) *[The]* **A Health Insurance Mandate Review Advisory Committee** report required
 8 under ORS 171.875, to the extent that information is available, shall include but need not be limited
 9 to *[the following]*:

10 *[(1) Answers to the following questions concerning the social effect of the proposed measure:]*

11 *[(a) To what extent is the treatment or service used by the general population of Oregon?]*

12 *[(b) To what extent is the insurance coverage already generally available in Oregon?]*

13 *[(c) What proportion of the population of Oregon already has such coverage?]*

14 *[(d) To what extent does the lack of coverage result in financial hardship in Oregon?]*

15 *[(e) What evidence exists to document the medical need in Oregon for the proposed treatment or*
 16 *services?]*

17 *[(2) Answers to the following questions concerning the financial effect of the proposed measure:]*

18 *[(a) To what extent is the coverage expected to increase or decrease the cost of treatment or ser-*
 19 *vices?]*

20 *[(b) To what extent is the coverage expected to increase the use of the treatment or services?]*

21 *[(c) To what extent is the mandated treatment or services expected to be a substitute for more ex-*
 22 *pensive treatment or services?]*

23 *[(d) To what extent is the coverage expected to increase or decrease the administrative expenses of*
 24 *insurance companies and the premium and administrative expenses of policyholders?]*

25 *[(e) What will be the effect of this coverage on the total cost of health care?]*

26 **(a) The evidence that exists to document the medical need for the treatment or services**
 27 **covered under the proposed measure;**

28 **(b) The extent of the coverage under the proposed measure;**

29 **(c) Whether the proposed measure ensures more or less equitable access to treatment**
 30 **and services by residents of this state;**

31 **(d) Whether denying the coverage under the proposed measure will disproportionately**
 32 **impact individuals described in ORS 746.021 and, if so, a description of the impact;**

33 **(e) Whether the coverage under the proposed measure is an essential health benefit as**
 34 **defined in ORS 731.097;**

35 **(f) Other state or federal laws that relate to the proposed measure including whether**
 36 **other states are defraying the cost of similar coverage in accordance with 42 U.S.C.**
 37 **18031(d)(3);**

38 **(g) The extent to which the coverage in the proposed measure is already provided by the**
 39 **Public Employees' Benefit Board, the Oregon Educators Benefit Board or individual, small**
 40 **employer group and large employer group health insurance plans;**

41 **(h) The extent to which the coverage in the proposed measure is provided in the state**
 42 **medical assistance program as prescribed by the Oregon Health Authority under ORS 414.065**
 43 **or in Medicare Parts A through D;**

44 **(i) The extent to which a lack of the coverage in the proposed measure results in finan-**
 45 **cial hardship to residents of this state; and**

1 (j) The financial effects of the proposed measure based on an actuarial analysis conducted
 2 by the Department of Consumer and Business Services, including:

3 (A) The extent to which the proposed measure is expected to increase or decrease the
 4 cost of treatment or services and the utilization of treatment and services;

5 (B) The extent to which the treatment or services covered by the proposed measure are
 6 expected to substitute for more expensive treatment or services;

7 (C) The per member per month cost of the proposed measure to the Public Employees'
 8 Benefit Board, the Oregon Educators Benefit Board and enrollees in individual, small em-
 9 ployer group and large employer group health insurance plans;

10 (D) The extent to which the coverage required by the proposed measure will cause an
 11 increase in premiums that will impose a financial hardship on residents in this state, par-
 12 ticularly in rural areas or frontier areas, as designated by the Office of Rural Health; and

13 (E) The estimated impact of the proposed measure on the total cost of health care in this
 14 state.

15 (2) The report may not contain policy recommendations.

16 **SECTION 3.** No later than September 15, 2027, the Legislative Policy and Research Di-
 17 rector, in collaboration with the Director of the Department of Consumer and Business
 18 Services and the Health Insurance Mandate Review Advisory Committee, shall report to the
 19 Legislative Assembly in the manner provided in ORS 192.245 on:

20 (1) The implementation of the amendments to ORS 171.875 and 171.880 by sections 1 and
 21 2 of this 2025 Act; and

22 (2) Recommendations for changes to allow for and improve upon the review of proposed
 23 measures described in ORS 171.875 (3) during regular or special sessions of the Legislative
 24 Assembly. The recommendations may include legislation or the need for additional re-
 25 sources.

26 **SECTION 4.** ORS 171.875, as amended by section 1 of this 2025 Act, is amended to read:

27 171.875. [(1) *The Health Insurance Mandate Review Advisory Committee is established, consisting*
 28 *of the following members jointly appointed by the President of the Senate and the Speaker of the House*
 29 *of Representatives:*]

30 [(a) *One member representing businesses that offer group health insurance plans to employees.*]

31 [(b) *One member representing insurers that offer health benefit plans.*]

32 [(c) *One member representing health care providers who are not employed by insurers that offer*
 33 *health benefit plans.*]

34 [(d) *One member representing consumers of health insurance benefits who are not representative*
 35 *of businesses that offer group health insurance, insurers or health care providers.*]

36 [(e) *One member representing an organization or collaborative that promotes health equity policies*
 37 *and practices that are informed by racial justice principles.*]

38 [(f) *One member with expertise in the provision of health care in rural areas of this state.*]

39 [(2) *The term of office of each member of the advisory committee is four years, but the President*
 40 *and the Speaker may jointly remove a member for any cause. If there is a vacancy for any cause, the*
 41 *President and the Speaker shall make an appointment to become immediately effective for the unexpired*
 42 *term.*]

43 [(3) *During an interim period of the Legislative Assembly, the chairperson or vice chairperson of*
 44 *an interim committee of the Legislative Assembly related to health may submit to the Health Insurance*
 45 *Mandate Review Advisory Committee a proposed legislative measure, sponsored by the committee or*

1 submitted to the chairperson or vice chairperson by the chief sponsor of the proposed measure, that
 2 mandates a health insurance coverage, whether by requiring payment for certain providers or by re-
 3 quiring an offering of a health insurance coverage by an insurer or a health care service contractor
 4 as a component of individual or group health insurance policies. During the interim period following
 5 an even-numbered year regular session of the Legislative Assembly, the chairperson or vice chairperson
 6 may submit four proposed legislative measures. During the interim period following an odd-numbered
 7 year regular session of the Legislative Assembly, the chairperson or vice chairperson may submit two
 8 proposed legislative measures.]

9 [(4)(a) The advisory committee shall develop and implement a process for reviewing and producing
 10 a report in accordance with ORS 171.880 on each proposed legislative measure described in subsection
 11 (3) of this section.]

12 [(b) With respect to each proposed measure described in subsection (3) of this section, the Legisla-
 13 tive Policy and Research Director shall collect and compile the data needed by the advisory committee
 14 to analyze and make findings on each factor listed in ORS 171.880 and produce a report of its findings
 15 no later than January 15 of the year in which the proposed measure may be introduced or 15 days after
 16 the date that the review was requested, whichever is later.]

17 [(5) A majority of the members of the advisory committee constitutes a quorum for the transaction
 18 of business.]

19 [(6) Official action by the advisory committee requires the approval of a majority of the members
 20 of the advisory committee.]

21 [(7) The advisory committee shall elect one of its members to serve as chairperson.]

22 [(8) The advisory committee shall meet at times and places specified by the call of the chairperson
 23 or of a majority of the members of the advisory committee but may not meet during a regular or special
 24 session of the Legislative Assembly.]

25 [(9) The advisory committee may adopt rules necessary for the operation of the advisory
 26 committee.]

27 [(10) The Legislative Policy and Research Director shall provide staff support to the advisory
 28 committee.]

29 [(11) Members of the advisory committee are not entitled to compensation or reimbursement for
 30 expenses and serve as volunteers on the advisory committee.]

31 [(12) All agencies of state government, as defined in ORS 174.111, and the Oregon Health and
 32 Science University are directed to assist the advisory committee in the performance of the duties of the
 33 advisory committee and, to the extent permitted by laws relating to confidentiality, to furnish informa-
 34 tion and advice the members of the advisory committee consider necessary to perform their duties.]

35 **Every proposed legislative measure that mandates a health insurance coverage, whether**
 36 **by requiring payment for certain providers or by requiring an offering of a health insurance**
 37 **coverage by an insurer or health care service contractor as a component of individual or**
 38 **group health insurance policies, shall be accompanied by a report that assesses both the so-**
 39 **cial and financial effects of the coverage in the manner provided in ORS 171.880, including**
 40 **the efficacy of the treatment or service proposed. The report may be prepared either by the**
 41 **chief sponsor or by any other proponent of the proposed measure. The report shall be sub-**
 42 **mitted with the proposed measure when the proposed measure is submitted for filing, and**
 43 **shall be in writing and be a public record.**

44 **SECTION 5.** ORS 171.880, as amended by section 2 of this 2025 Act, is amended to read:

45 171.880. [(1) A Health Insurance Mandate Review Advisory Committee report required under ORS

1 171.875, to the extent that information is available, shall include but need not be limited to:]

2 [(a) The evidence that exists to document the medical need for the treatment or services covered
3 under the proposed measure;]

4 [(b) The extent of the coverage under the proposed measure;]

5 [(c) Whether the proposed measure ensures more or less equitable access to treatment and services
6 by residents of this state;]

7 [(d) Whether denying the coverage under the proposed measure will disproportionately impact in-
8 dividuals described in ORS 746.021 and, if so, a description of the impact;]

9 [(e) Whether the coverage under the proposed measure is an essential health benefit as defined in
10 ORS 731.097;]

11 [(f) Other state or federal laws that relate to the proposed measure including whether other states
12 are defraying the cost of similar coverage in accordance with 42 U.S.C. 18031(d)(3);]

13 [(g) The extent to which the coverage in the proposed measure is already provided by the Public
14 Employees' Benefit Board, the Oregon Educators Benefit Board or individual, small employer group
15 and large employer group health insurance plans;]

16 [(h) The extent to which the coverage in the proposed measure is provided in the state medical
17 assistance program as prescribed by the Oregon Health Authority under ORS 414.065 or in Medicare
18 Parts A through D;]

19 [(i) The extent to which a lack of the coverage in the proposed measure results in financial hard-
20 ship to residents of this state; and]

21 [(j) The financial effects of the proposed measure based on an actuarial analysis conducted by the
22 Department of Consumer and Business Services, including:]

23 [(A) The extent to which the proposed measure is expected to increase or decrease the cost of
24 treatment or services and the utilization of treatment and services;]

25 [(B) The extent to which the treatment or services covered by the proposed measure are expected
26 to substitute for more expensive treatment or services;]

27 [(C) The per member per month cost of the proposed measure to the Public Employees' Benefit
28 Board, the Oregon Educators Benefit Board and enrollees in individual, small employer group and
29 large employer group health insurance plans;]

30 [(D) The extent to which the coverage required by the proposed measure will cause an increase in
31 premiums that will impose a financial hardship on residents in this state, particularly in rural areas
32 or frontier areas, as designated by the Office of Rural Health; and]

33 [(E) The estimated impact of the proposed measure on the total cost of health care in this state.]

34 [(2) The report may not contain policy recommendations.]

35 **The report required under ORS 171.875, to the extent that information is available, shall**
36 **include but need not be limited to the following:**

37 **(1) Answers to the following questions concerning the social effect of the proposed**
38 **measure:**

39 **(a) To what extent is the treatment or service used by the general population of Oregon?**

40 **(b) To what extent is the insurance coverage already generally available in Oregon?**

41 **(c) What proportion of the population of Oregon already has such coverage?**

42 **(d) To what extent does the lack of coverage result in financial hardship in Oregon?**

43 **(e) What evidence exists to document the medical need in Oregon for the proposed**
44 **treatment or services?**

45 **(2) Answers to the following questions concerning the financial effect of the proposed**

1 **measure:**

2 (a) To what extent is the coverage expected to increase or decrease the cost of treatment
3 or services?

4 (b) To what extent is the coverage expected to increase the use of the treatment or
5 services?

6 (c) To what extent is the mandated treatment or services expected to be a substitute for
7 more expensive treatment or services?

8 (d) To what extent is the coverage expected to increase or decrease the administrative
9 expenses of insurance companies and the premium and administrative expenses of
10 policyholders?

11 (e) What will be the effect of this coverage on the total cost of health care?

12 **SECTION 6.** Section 3 of this 2025 Act is repealed on June 30, 2028.

13 **SECTION 7.** The amendments to ORS 171.875 and 171.880 by sections 4 and 5 of this 2025
14 Act become operative on June 30, 2028.

15 **SECTION 8.** This 2025 Act takes effect on the 91st day after the date on which the 2025
16 regular session of the Eighty-third Legislative Assembly adjourns sine die.

17