



## Division of Financial Regulation Insurance Advisory Committee

Tuesday November 9, 2021 9:00 am

### Agenda

1. Welcome and roll call: Jennifer Baker, Chairperson of IAC Executive Committee  
See list of attendees attached.

2. Approval of minutes to July 2021 meeting  
Moved by Chris Boone, second by Jennifer, motion passed.  
Also: Nancy noted that goal is to meet face to face (offer hybrid) starting January 2022.

3. Commissioner Stolfi's report: attach copy

Strategic planning for DCBS, get a staffer to focus everyday on strategic planning, working to set goals, objectives, not reinvent what DCBS is and does, but focus on how to do the things we do better. And communicate it better. Look to IAC for feedback and direction.

Budget: two-year budget in place, now looking at 2023-2025, new initiative to focus more to engage with community partners, especially vulnerable communities, when planning our budgeting process, more focused and deliberate process. And talk to IAC about the DFR budget is meeting our goals and needs. Proactively engaging with underserved communities.

NAIC: leading work on climate risk disclosure, for insurance sector, survey, Oregon joined in it and we lead the committee. Now have about 70+% of U.S. market is participating, update and revise, following taskforce for climate related financial disclosure (TCFD), from FSB in Basel, Switzerland. TCFD focused and adding insurance aspects.

- New wildfire program advisory council, formed by SB 762, 2021, creating a fire map, wildland urban interface map, enhanced building codes, and insurance angle, Doug Graff.
- Student loan servicing regulations, soon to hire staff to do licensing and be an ombudsman.
- Licensing pharmaceutical representatives
- Prescription drug advisory board, ED and board members, let us know if you want to serve.
- Behavioral health
- 3<sup>rd</sup> annual prescription drug price transparency, wed Dec 8<sup>th</sup>, 1 pm and survey
- Credit for reinsurance—adopts important NAIC model that recognizes credit for reinsurance for insurance ceded by domestic insurers to assuming insurers in reciprocal jurisdictions. Maintains our NAIC accreditation by adoption of the model by Oregon rule.

- Prior authorization reporting requirements—based on 2021 legislation, we now take additional information in about how carriers handle prior authorizations.
- Rule establishing 2022 reinsurance program payment parameters based on our actuarial review
- External review rulemaking to remove HIPAA waiver requirement based on 2021 legislation

Block chain: Chris wants to hear what the DFR is thinking about block chain. Add to a future agenda, NAIC, and a few teams reviewing products, going into strategic plan without strategies set in place, so Commissioner anticipates strategies block chain, for next meeting, to talk about the work that is going on.

TCFD disclosure: Ryan wants to know more about what the transition period looks like to get to the framework for disclosure, TCFD, will it be available for folks to see. Final decision has not yet been made, the draft is being reviewed, and starting 11/17/2021 it will be out for 30 days of public comments.

Merger: Jim would like to know if the merger of DFCS and DOI has been effective. Things like compliance, forms and rates, and regulations is been very helpful, enforcement, and increased collaboration, resources and information sharing. Jennifer called out the great work of Tricia and her team, and how impactful it has been. And it has brought better understanding and clarity for insurers.

#### Nancy's outreach report

- Staff: Nancy introduced outreach team members Karla Martinez and Craig Vattiat.
- Events and guides: she shared events staff have presented at, and new consumer guides for renters' insurance and disaster scams.
- Media: there have been radio and TV ads for DFR, including ones on Univision.
- Web updates included info on renter's insurance, publications, and the outreach team services.
- The outreach team is recruiting for a bilingual financial education outreach coordinator.
- Nancy will retire the end of November, and the recruitment for a consumer liaison will start soon. Karla will provide staff support to the IAC in the interim.

#### 4. Issues and advice for DFR consideration:

4.1 Question 1: As the DFR works with Oregon Health Authority (OHA) on implementation of a public option health plan for the individual market, what key elements should they consider and prioritize when designing a plan that will reduce premium costs, provide transparency, while maintaining broader access to quality healthcare and preventing significant market disruption?

Jennifer will summarize everyone's feedback and submit to DCBS. Jennifer feedback: Medicaid CCO system is strong, can strengthen it, Manat report from Dec 2020, 92k people are eligible for fin assistance, once coverage for all is fully implemented, remaining coverage gap will be

small, and that is who should be targeted. Washington experience to learn from, not a lot of engagement in their new system. Don't disrupt the current system. Maximize expansion of ACA benefits, subsidize ACA plans like COPA program, and to those eligible but delaying care. Medicaid continuous enrollment for children, continuous for OHP members, simplify redetermination, invest in navigators (OHA budget), universal access to primary care, eg min 3 primary care visits without cost sharing.

Maribeth shared OSPIRG is working on this, highlight that there is a high underinsured rate, can not afford the plan or to use the plan, therefore reduce premium costs, look to Colorado on premium reduction standards to hold the plan accountable to. Premiums are going up, 77% since 2014.

Jerry observed from his consumer groups, the goal is to encourage universal access: no restriction based on age, health, employment, and no price discrimination based on age or cognitive status, grievances, network adequacy, sufficient numbers and distribution, behavioral health, and small business owners. Existing navigators and sister program and let remember Cover Oregon, helping get folks enrolled, therefore better leverage the numerous organizations that can help with navigation and outreach.

Chris's feedback from agents includes that the agents want a competitive and innovative market for consumers, rules of the road played the same between public and commercial options, be transparent about it. Provider access can become an access because of cost shift. Are there ways to innovate with what we have, access and outcomes, are we seeing the outcomes we need, that is where we can put money. There is a model for brokers to help navigate ACA plans, don't duplicate models that are working.

Dave Nessler-Cass: similar to marketplace advisory committee. First goal to address population that does not have access to coverage, focus on the gaps. Don't re-engineer the existing market. Affordability issues is still a concern for consumers and payers, align it with the cost growth work that Oregon is doing, integrate it with the longstanding efforts to get more affordable health care, address costs. Jennifer agrees outcome based is the way to go.

Ryan Chieffo: Whatever form this takes, guarantee association coverage needs to be kept in mind. Think about how this fit. Doing something new means we should model on successes elsewhere, be methodical about unintended consequences, and aspects of the market and e comprehensive the first time.

Tamara Bakewell called out the importance of workforce and navigators, are those navigator programs being assessed, and does DFR have the ability to access that info, because if it is not working don't expand it, but if it does work, lets exploit it. And navigators are needed for new residents in Oregon. Jennifer added that the previous administration reduced (eliminated) funding for navigators.

#### 4.2 Question 2: How can the DFR address affordability, accessibility and transparency of the costs of prescription medications?

Jerry's feedback included the transparency of medication pricing, and concern about delays in drugs going to generic, and AARP – use OHSU and institute of clinical research for best options to help health providers and consumers.

Jim has a principle concern about the high costs, and undue influence of drug companies, and we are not being given the information, and affects of delaying generic drugs coming out. Drug companies need to be controlled.

Jennifer: Prescription drug advisory board and an upper payment limit for insurance payment, we don't want the cost to go to the hospital or provider group, that will just increase the cost. We need to focus on the cost from pharmaceuticals.

Maribeth: The price transparency report is coming out again, which is great. Need to push for expanding the info that is coming to DFR, like the legislation that failed in 2021.

Jerry added that legislature approved the use of peer on peer counseling for providers when prescribing drugs, and that seemed effective, can we see if DHS and the formulary assess how that went. Use of samples versus what can be more affective and reasonable.

Jennifer will put together a 2-page doc on these questions.

##### 5. Discussion of charter changes

Focusing on commissioner

Chairperson

Staggering positions, good to think about it, let natural turn over do it, worth looking at, make sure you can track it easily.

##### 6. Elections for 2022 executive committee members

Ryan Chieffo

Chris Boone

Jim Davis

They will decide amongst themselves before January

Thanks to new executive committee, and engaging in strategic plan.

##### 7. Roundtable

Brian Fordham, Wed 1 pm P&C industry, changes in program, discussing data calls, updated market conduct standards, updated product filing standards. Meeting registration shared.

Tamara Bakewell requested that the group review guidance on pediatric wheelchairs, and get input from carriers, please let her know if you can review for her.

