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I certify that the attached copies are true, full and correct copies of the PERMANENT Rule(s) adopted on Upon filing, by the
Department of Consumer and Business Services, Insurance Regulation 836

Agency and Division

Administrative Rules Chapter Number

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To become effective Upon filing. Rulemaking Notice was published in the January 2016 Oregon Bulletin.

RULE CAPTION

Aligning health insurance rules to changes in applicable state and federal laws

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

RULEMAKING ACTION

Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

ADOPT:

836-053-0015, 836-053-1500, 836-053-1505, 836-053-1510

AMEND:

836-010-0013, 836-052-1000, 836-053-0010, 836-053-0021, 836-053-0030, 836-053-0050, 836-053-0066, 836-053-0230, 836-053-0410, 836-053-0431, 836-053-0465, 836-053-0472, 836-053-0510, 836-053-0825, 836-053-0830, 836-053-0835

REPEAL:

836-053-0014(T), 836-053-0015(T), 836-053-1500(T), 836-053-1505(T), 836-053-1510(T), 836-009-0020, 836-009-0025, 836-009-0030, 836-009-0035, 836-009-0040

RENUMBER:

AMEND AND RENUMBER:

Statutory Authority:

ORS 731.244, 743.018, 743.019, 743.020, 743.499, 743.730, 743.731(4), 743.737, 743.745, 743.751, 743.754, 743.758, 743.769, 743.894, 743A.144, & 746.240

Other Authority:

2014 OL Ch. 80; Sec. 5, section 1, chapter 575, OL2015; section 7, chapter 26, OL 2016

Statutes Implemented:

ORS 742.003, 742.005, 742.007, 743.018, 743.019, 743.020, 743.499, 743.522, 743.730 et. seq., 743.731, 743.734, 743.736, 743.737, 743.745 & 743.766 - 743.769, 743.751 - 743.754, 743.767, 743.769, 743.894, 743A.144 & 746.240 and section 5, chapter 80, OL 2014, sections 1 and 3, chapter 575, OL 2015 and section 7, chapter 26, OL 2016

RULE SUMMARY

These rules reflect changes in state and federal laws and statutes that impact current rules and require new rules. The rules include provisions defining "small employer" and establishing eligible employees and the counting methodology an insurer must use to determine whether an employer is a small employer or a large employer. These rules are necessary to implement requirements of Senate Bill 231 (2015 Session) to establish the definition of "prominent carrier" and to prescribe the primary care services for which costs must be reported to the Department of Consumer and Business Services (DCBS) by prominent carriers. These rules define "prominent carrier" based on annual premium income and clarify the data to be reported to DCBS.

Because federal legislation eliminates the need for expanded transitional plans for small employer groups that have 51-100 employees, these rules also repeal a previously adopted temporary rule that allowed small group transitional plans and provided guidance to insurers who proposed to issue the transitional plans to certain small employers. The rules also eliminate provisions related to individual transitional plans

which ended on December 31, 2015, because those provisions will no longer be necessary and update exhibits related to transitional plans.

The rules specify the intent of the DCBS to not enforce provisions of a state mandate related to prosthetics and orthotics that sunset by operation of the state law. Other federal statutes may impose similar coverage requirements.

The rules clarify that an insurer may not rescind a policy or certificate on the basis of statements related to pediatric dental coverage.

Rules relating to a one percent assessment on health insurers are repealed because the assessment is no longer imposed by Oregon statutes.

Finally, the rules eliminate obsolete references to 2014 special enrollment periods, the Oregon Health Insurance Exchange Corporation, the use of health statements for underwriting purposes and make technical changes to reflect the merger of two DCBS divisions, the Insurance Division and the Division of Finance and Corporate Securities, into a single division, the Division of Financial Regulation.

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