



Oregon Health Insurance Exchange OBA Guiding Principles

The rising cost of health care and health insurance is an unsustainable burden on Oregon businesses and families. Senate Bill (SB) 99, passed by the 2011 Oregon Legislature, established the Oregon Health Insurance Exchange Corporation. In early 2012, the Exchange will present a business plan to lawmakers for review and approval. To that end, the following guiding principles should be employed to measure the success of Oregon's health insurance exchange and help define its structure, power and function:

- 1. The Oregon Health Insurance Exchange must provide a value proposition* for employers and individuals that is clear, achievable and competitive.***
- 2. The Exchange should be transparent in measuring and reporting actual outcomes in relation to stated objectives.***
- 3. The Exchange should increase the number of covered lives and reverse the growing trend of cost shift to business and the private sector.***
- 4. The Exchange should promote competition by offering employers and individuals a broad choice of high-quality and reliable health plans and delivery systems.***
- 5. The Exchange should be easy for employers and individuals to access and navigate and offer standardized resources and tools for objectively comparing insurance options inside and outside of the Exchange.***
- 6. The Oregon Health Insurance Exchange Board and the Exchange Corporation should be held accountable for their results to its stakeholders and provide public outreach to ensure stakeholder involvement.***
- 7. The Exchange should encourage those who purchase coverage through the Exchange to be a diverse mix of Oregonians.***
- 8. The Exchange should be self-sustaining.***
- 9. Participation in the Exchange should be voluntary. Employers should not be penalized by the State if they choose to terminate their coverage through the Exchange.***
- 10. The Exchange should be aligned with the comprehensive health care reform in Oregon.***

*The "Value Proposition" of the Exchange should include but not be limited to employee choice, diverse provider networks, wellness support, accessibility, cost savings and rate stability.