

**HOUSE AMENDMENTS TO
SENATE BILL 303
(INCLUDING AMENDMENTS TO RESOLVE CONFLICTS)**

By COMMITTEE ON STATE AND FEDERAL AFFAIRS

July 29

1 On page 1 of the printed bill, line 2, after "ORS" insert "291.055,".

2 In line 5, after "2003" insert ", and sections 11 and 12, chapter ___, Oregon Laws 2005 (Enrolled
3 House Bill 2062)" and after "735.708" insert "and section 5, chapter 238, Oregon Laws 2005 (Enrolled
4 House Bill 2063), and section 5, chapter 262, Oregon Laws 2005 (Enrolled House Bill 2064)".

5 On page 5, after line 34, insert:

6 "(g) Establish procedures by rule for the publication or release of aggregate data relating to:

7 "(A) Applicants for enrollment and persons enrolled in the Family Health Insurance Assistance
8 Program;

9 "(B) Health benefit plans for small employers offered by the office; and

10 "(C) Other programs operated by the office.".

11 On page 6, after line 25, insert:

12 "(g) Establish procedures by rule for the publication or release of aggregate data relating to:

13 "(A) Applicants for enrollment and persons enrolled in the Family Health Insurance Assistance
14 Program;

15 "(B) Health benefit plans for small employers offered by the office; and

16 "(C) Other programs operated by the office.".

17 On page 8, after line 28, insert:

18 "**SECTION 23a. Section 5, chapter 238, Oregon Laws 2005 (Enrolled House Bill 2063)**
19 **(amending ORS 735.720), and section 5, chapter 262, Oregon Laws 2005 (Enrolled House Bill**
20 **2064) (amending ORS 735.720), are repealed.**

21 "**SECTION 23b.** If House Bill 2062 does not become law, ORS 735.720, as amended by section
22 23 of this 2005 Act, is amended to read:

23 "735.720. For purposes of ORS 735.720 to 735.740:

24 "(1) 'Carrier' has the meaning given that term in ORS 735.700.

25 "(2) 'Eligible individual' means an individual who:

26 "(a) Is a resident of the State of Oregon;

27 "(b) Is not eligible for Medicare;

28 "(c) Either has been without health benefit plan coverage for a period of time established by the
29 Office of Private Health Partnerships, or meets exception criteria established by the office;

30 "(d) Except as otherwise provided by the office, has family income less than 200 percent of the
31 federal poverty level;

32 "(e) Has investments and savings less than the limit established by the office; and

33 "(f) Meets other eligibility criteria established by the office.

34 "(3)(a) 'Family' means:

1 “[(a)] (A) A single individual;

2 “[(b)] (B) An adult and the adult’s spouse;

3 “[(c)] (C) An adult and the adult’s spouse, all unmarried, dependent children under 23 years of
4 age, including adopted children, children placed for adoption and children under the legal
5 guardianship of the adult or the adult’s spouse, and all dependent children of a dependent child; or

6 “[(d)] (D) An adult and the adult’s unmarried, dependent children under 23 years of age, in-
7 cluding adopted children, children placed for adoption and children under the legal guardianship of
8 the adult, and all dependent children of a dependent child.

9 **“(b) A family includes a dependent elderly relative or a dependent adult disabled child
10 who meets the criteria established by the office and who lives in the home of the adult de-
11 scribed in paragraph (a) of this subsection.**

12 “(4)(a) ‘Health benefit plan’ means a policy or certificate of group or individual health insurance,
13 as defined in ORS 731.162, providing payment or reimbursement for hospital, medical and surgical
14 expenses. ‘Health benefit plan’ includes a [*medical savings account,*] health care service contractor
15 or health maintenance organization subscriber contract, the Oregon Medical Insurance Pool and any
16 plan provided by a less than fully insured multiple employer welfare arrangement or by another
17 benefit arrangement defined in the federal Employee Retirement Income Security Act of 1974, as
18 amended.

19 “(b) ‘Health benefit plan’ does not include coverage for accident only, specific disease or condi-
20 tion only, credit, disability income, coverage of Medicare services pursuant to contracts with the
21 federal government, Medicare supplement insurance, student accident and health insurance, long
22 term care insurance, hospital indemnity only, dental only, vision only, coverage issued as a supple-
23 ment to liability insurance, insurance arising out of a workers’ compensation or similar law, auto-
24 mobile medical payment insurance, insurance under which the benefits are payable with or without
25 regard to fault and that is legally required to be contained in any liability insurance policy or
26 equivalent self-insurance or coverage obtained or provided in another state but not available in
27 Oregon.

28 “(5) ‘Income’ means gross income in cash or kind available to the applicant or [*recipient*] **appli-
29 cant’s family. ‘Income’ does not mean earned income of minor children.**

30 “(6) ‘Investment and savings’ means cash, securities as defined in ORS 59.015, negotiable in-
31 struments as defined in ORS 73.0104 and such similar investments or savings as the office may es-
32 tablish that are available to the applicant or [*recipient*] **applicant’s family** to contribute toward
33 meeting the needs of an applicant or eligible individual.

34 “(7) ‘Medicaid’ means medical assistance provided under 42 U.S.C. section 1396a (section 1902
35 of the Social Security Act).

36 “[(8) ‘*Medical savings account*’ means a trust that is created exclusively for the purpose of paying
37 qualified medical expenses of the account holder and that qualifies for tax deduction under section 220
38 of the Internal Revenue Code. ‘*Medical savings account*’ includes an associated high deductible health
39 benefit plan.]

40 “[(9)] (8) ‘Resident’ means an individual who meets the residency requirements established by
41 rule by the office.

42 “[(10)] (9) ‘Subsidy’ means payment or reimbursement to an eligible individual toward the pur-
43 chase of a health benefit plan, and may include a net billing arrangement with carriers or a pro-
44 spective or retrospective payment for health benefit plan premiums and eligible copayments or
45 deductible expenses directly related to the eligible individual.

1 “[(11)] (10) ‘Third-party administrator’ means any insurance company or other entity licensed
2 under the Insurance Code to administer health insurance benefit programs.

3 “**SECTION 23c. The amendments to ORS 735.720 by section 23b of this 2005 Act become**
4 **operative on January 1, 2006.**

5 “**SECTION 23d. If House Bill 2062 becomes law, section 23 of this 2005 Act (amending ORS**
6 **735.720) is repealed and ORS 735.720, as amended by section 5, chapter __, Oregon Laws 2005**
7 **(Enrolled House Bill 2062), is amended to read:**

8 “735.720. For purposes of ORS 735.720 to 735.740:

9 “(1) ‘Carrier’ has the meaning given that term in ORS 735.700.

10 “(2) ‘Eligible individual’ means an individual who:

11 “(a) Is a resident of the State of Oregon;

12 “(b) Is not eligible for Medicare;

13 “(c) Either has been without health benefit plan coverage for a period of time established by the
14 [*Insurance Pool Governing Board*] **Office of Private Health Partnerships**, or meets exception cri-
15 teria established by the [*board*] **office**;

16 “(d) Except as otherwise provided by the [*board*] **office**, has family income less than 200 percent
17 of the federal poverty level;

18 “(e) Has investments and savings less than the limit established by the [*board*] **office**; and

19 “(f) Meets other eligibility criteria established by the [*board*] **office**.

20 “(3) ‘Family’ means:

21 “(a) A single individual;

22 “(b) An adult and the adult’s spouse;

23 “(c) An adult and the adult’s spouse, all unmarried, dependent children under 23 years of age,
24 including adopted children, children placed for adoption and children under the legal guardianship
25 of the adult or the adult’s spouse, and all dependent children of a dependent child; or

26 “(d) An adult and the adult’s unmarried, dependent children under 23 years of age, including
27 adopted children, children placed for adoption and children under the legal guardianship of the
28 adult, and all dependent children of a dependent child.

29 “(4)(a) ‘Health benefit plan’ means a policy or certificate of group or individual health insurance,
30 as defined in ORS 731.162, providing payment or reimbursement for hospital, medical and surgical
31 expenses. ‘Health benefit plan’ includes a health care service contractor or health maintenance or-
32 ganization subscriber contract, the Oregon Medical Insurance Pool and any plan provided by a less
33 than fully insured multiple employer welfare arrangement or by another benefit arrangement defined
34 in the federal Employee Retirement Income Security Act of 1974, as amended.

35 “(b) ‘Health benefit plan’ does not include coverage for accident only, specific disease or condi-
36 tion only, credit, disability income, coverage of Medicare services pursuant to contracts with the
37 federal government, Medicare supplement insurance, student accident and health insurance, long
38 term care insurance, hospital indemnity only, dental only, vision only, coverage issued as a supple-
39 ment to liability insurance, insurance arising out of a workers’ compensation or similar law, auto-
40 mobile medical payment insurance, insurance under which the benefits are payable with or without
41 regard to fault and that is legally required to be contained in any liability insurance policy or
42 equivalent self-insurance or coverage obtained or provided in another state but not available in
43 Oregon.

44 “(5) ‘Income’ means gross income in cash or kind available to the applicant or the applicant’s
45 family. Income does not include earned income of the applicant’s children or income earned by a

1 spouse if there is a legal separation.

2 “(6) ‘Investment and savings’ means cash, securities as defined in ORS 59.015, negotiable in-
3 struments as defined in ORS 73.0104 and such similar investments or savings as the [board] **office**
4 may establish that are available to the applicant or recipient to contribute toward meeting the needs
5 of an applicant or eligible individual.

6 “(7) ‘Medicaid’ means medical assistance provided under 42 U.S.C. section 1396a (section 1902
7 of the Social Security Act).

8 “(8) ‘Resident’ means an individual who meets the residency requirements established by rule
9 by the [*Insurance Pool Governing Board*] **office**.

10 “(9) ‘Subsidy’ means payment or reimbursement to an eligible individual toward the purchase
11 of a health benefit plan, and may include a net billing arrangement with carriers or a prospective
12 or retrospective payment for health benefit plan premiums and eligible copayments or deductible
13 expenses directly related to the eligible individual.

14 “(10) ‘Third-party administrator’ means any insurance company or other entity licensed under
15 the Insurance Code to administer health insurance benefit programs.

16 “**SECTION 23e.** If House Bill 2062 becomes law, ORS 735.720, as amended by section 23d of this
17 2005 Act, is amended to read:

18 “735.720. For purposes of ORS 735.720 to 735.740:

19 “(1) ‘Carrier’ has the meaning given that term in ORS 735.700.

20 “(2) ‘Eligible individual’ means an individual who:

21 “(a) Is a resident of the State of Oregon;

22 “(b) Is not eligible for Medicare;

23 “(c) Either has been without health benefit plan coverage for a period of time established by the
24 Office of Private Health Partnerships, or meets exception criteria established by the office;

25 “(d) Except as otherwise provided by the office, has family income less than 200 percent of the
26 federal poverty level;

27 “(e) Has investments and savings less than the limit established by the office; and

28 “(f) Meets other eligibility criteria established by the office.

29 “(3)(a) ‘Family’ means:

30 “[a] **(A)** A single individual;

31 “[b] **(B)** An adult and the adult’s spouse;

32 “[c] **(C)** An adult and the adult’s spouse, all unmarried, dependent children under 23 years of
33 age, including adopted children, children placed for adoption and children under the legal
34 guardianship of the adult or the adult’s spouse, and all dependent children of a dependent child; or

35 “[d] **(D)** An adult and the adult’s unmarried, dependent children under 23 years of age, in-
36 cluding adopted children, children placed for adoption and children under the legal guardianship of
37 the adult, and all dependent children of a dependent child.

38 “**(b) A family includes a dependent elderly relative or a dependent adult disabled child**
39 **who meets the criteria established by the office and who lives in the home of the adult de-**
40 **scribed in paragraph (a) of this subsection.**

41 “(4)(a) ‘Health benefit plan’ means a policy or certificate of group or individual health insurance,
42 as defined in ORS 731.162, providing payment or reimbursement for hospital, medical and surgical
43 expenses. ‘Health benefit plan’ includes a health care service contractor or health maintenance or-
44 ganization subscriber contract, the Oregon Medical Insurance Pool and any plan provided by a less
45 than fully insured multiple employer welfare arrangement or by another benefit arrangement defined

1 in the federal Employee Retirement Income Security Act of 1974, as amended.

2 “(b) ‘Health benefit plan’ does not include coverage for accident only, specific disease or condi-
3 tion only, credit, disability income, coverage of Medicare services pursuant to contracts with the
4 federal government, Medicare supplement insurance, student accident and health insurance, long
5 term care insurance, hospital indemnity only, dental only, vision only, coverage issued as a supple-
6 ment to liability insurance, insurance arising out of a workers’ compensation or similar law, auto-
7 mobile medical payment insurance, insurance under which the benefits are payable with or without
8 regard to fault and that is legally required to be contained in any liability insurance policy or
9 equivalent self-insurance or coverage obtained or provided in another state but not available in
10 Oregon.

11 “(5) ‘Income’ means gross income in cash or kind available to the applicant or the applicant’s
12 family. Income does not include earned income of the applicant’s children or income earned by a
13 spouse if there is a legal separation.

14 “(6) ‘Investment and savings’ means cash, securities as defined in ORS 59.015, negotiable in-
15 struments as defined in ORS 73.0104 and such similar investments or savings as the office may es-
16 tablish that are available to the applicant or [recipient] **the applicant’s family** to contribute toward
17 meeting the needs of an applicant or eligible individual.

18 “(7) ‘Medicaid’ means medical assistance provided under 42 U.S.C. section 1396a (section 1902
19 of the Social Security Act).

20 “(8) ‘Resident’ means an individual who meets the residency requirements established by rule
21 by the office.

22 “(9) ‘Subsidy’ means payment or reimbursement to an eligible individual toward the purchase
23 of a health benefit plan, and may include a net billing arrangement with carriers or a prospective
24 or retrospective payment for health benefit plan premiums and eligible copayments or deductible
25 expenses directly related to the eligible individual.

26 “(10) ‘Third-party administrator’ means any insurance company or other entity licensed under
27 the Insurance Code to administer health insurance benefit programs.

28 “**SECTION 23f. The amendments to ORS 735.720 by section 23e of this 2005 Act become**
29 **operative on January 1, 2006.**

30 “**SECTION 23g.** If House Bill 2062 becomes law, ORS 735.720, as amended by section 5a, chap-
31 ter ___, Oregon Laws 2005 (Enrolled House Bill 2062), is amended to read:

32 “735.720. For purposes of ORS 735.720 to 735.740:

33 “(1) ‘Carrier’ has the meaning given that term in ORS 735.700.

34 “(2) ‘Eligible individual’ means an individual who:

35 “(a) Is a resident of the State of Oregon;

36 “(b) Is not eligible for Medicare;

37 “(c) Either has been without health benefit plan coverage for a period of time established by the
38 [Insurance Pool Governing Board] **Office of Private Health Partnerships**, or meets exception cri-
39 teria established by the [board] **office**;

40 “(d) Except as otherwise provided by the [board] **office**, has family income less than 200 percent
41 of the federal poverty level;

42 “(e) Has investments and savings less than the limit established by the [board] **office**; and

43 “(f) Meets other eligibility criteria established by the [board] **office**.

44 “(3)(a) ‘Family’ means:

45 “(A) A single individual;

1 “(B) An adult and the adult’s spouse;

2 “(C) An adult and the adult’s spouse, all unmarried, dependent children under 23 years of age,
3 including adopted children, children placed for adoption and children under the legal guardianship
4 of the adult or the adult’s spouse, and all dependent children of a dependent child; or

5 “(D) An adult and the adult’s unmarried, dependent children under 23 years of age, including
6 adopted children, children placed for adoption and children under the legal guardianship of the
7 adult, and all dependent children of a dependent child.

8 “(b) A family includes a dependent elderly relative or a dependent adult disabled child who
9 meets the criteria established by the [board] office and who lives in the home of the adult described
10 in paragraph (a) of this subsection.

11 “(4)(a) ‘Health benefit plan’ means a policy or certificate of group or individual health insurance,
12 as defined in ORS 731.162, providing payment or reimbursement for hospital, medical and surgical
13 expenses. ‘Health benefit plan’ includes a health care service contractor or health maintenance or-
14 ganization subscriber contract, the Oregon Medical Insurance Pool and any plan provided by a less
15 than fully insured multiple employer welfare arrangement or by another benefit arrangement defined
16 in the federal Employee Retirement Income Security Act of 1974, as amended.

17 “(b) ‘Health benefit plan’ does not include coverage for accident only, specific disease or condi-
18 tion only, credit, disability income, coverage of Medicare services pursuant to contracts with the
19 federal government, Medicare supplement insurance, student accident and health insurance, long
20 term care insurance, hospital indemnity only, dental only, vision only, coverage issued as a supple-
21 ment to liability insurance, insurance arising out of a workers’ compensation or similar law, auto-
22 mobile medical payment insurance, insurance under which the benefits are payable with or without
23 regard to fault and that is legally required to be contained in any liability insurance policy or
24 equivalent self-insurance or coverage obtained or provided in another state but not available in
25 Oregon.

26 “(5) ‘Income’ means gross income in cash or kind available to the applicant or the applicant’s
27 family. Income does not include earned income of the applicant’s children or income earned by a
28 spouse if there is a legal separation.

29 “(6) ‘Investment and savings’ means cash, securities as defined in ORS 59.015, negotiable in-
30 struments as defined in ORS 73.0104 and such similar investments or savings as the [board] office
31 may establish that are available to the applicant or the applicant’s family to contribute toward
32 meeting the needs of an applicant or eligible individual.

33 “(7) ‘Medicaid’ means medical assistance provided under 42 U.S.C. section 1396a (section 1902
34 of the Social Security Act).

35 “(8) ‘Resident’ means an individual who meets the residency requirements established by rule
36 by the [Insurance Pool Governing Board] office.

37 “(9) ‘Subsidy’ means payment or reimbursement to an eligible individual toward the purchase
38 of a health benefit plan, and may include a net billing arrangement with carriers or a prospective
39 or retrospective payment for health benefit plan premiums and eligible copayments or deductible
40 expenses directly related to the eligible individual.

41 “(10) ‘Third-party administrator’ means any insurance company or other entity licensed under
42 the Insurance Code to administer health insurance benefit programs.

43 “**SECTION 23h. The amendments to ORS 735.720 by section 23g of this 2005 Act become**
44 **operative on January 1, 2006.”.**

45 On page 9, after line 18, insert:

1 “**SECTION 24a.** If House Bill 2062 becomes law, section 24 of this 2005 Act (amending ORS
2 735.722) is repealed and ORS 735.722, as amended by section 6, chapter __, Oregon Laws 2005
3 (Enrolled House Bill 2062), is amended to read:

4 “735.722. (1) There is established the Family Health Insurance Assistance Program in the [*In-*
5 *surance Pool Governing Board*] **Office of Private Health Partnerships**. The purpose of the program
6 is to remove economic barriers to health insurance coverage for residents of the State of Oregon
7 with family income less than 200 percent of the federal poverty level, and investment and savings
8 less than the limit established by the [*board*] **office**, while encouraging individual responsibility,
9 promoting health benefit plan coverage of children, building on the private sector health benefit plan
10 system and encouraging employer and employee participation in employer sponsored health benefit
11 plan coverage.

12 “(2) The [*Insurance Pool Governing Board*] **Office of Private Health Partnerships** shall be
13 responsible for the implementation and operation of the Family Health Insurance Assistance Pro-
14 gram. The Administrator of the Office for Oregon Health Policy and Research, in consultation with
15 the Oregon Health Policy Commission, shall make recommendations to the [*board*] **Office of Private**
16 **Health Partnerships** regarding program policy, including but not limited to eligibility requirements,
17 assistance levels, benefit criteria and carrier participation.

18 “(3) The [*board*] **Office of Private Health Partnerships** may contract with one or more third-
19 party administrators to administer one or more components of the Family Health Insurance Assis-
20 tance Program. Duties of a third-party administrator may include but are not limited to:

21 “(a) Eligibility determination;

22 “(b) Data collection;

23 “(c) Assistance payments;

24 “(d) Financial tracking and reporting; and

25 “(e) Such other services as the [*board*] **office** may deem necessary for the administration of the
26 program.

27 “(4) If the [*board*] **office** decides to enter into a contract with a third-party administrator pur-
28 suant to subsection (3) of this section, the [*board*] **office** shall engage in competitive bidding. The
29 [*board*] **office** shall evaluate bids according to criteria established by the [*board*] **office**, including
30 but not limited to:

31 “(a) The bidder’s proven ability to administer a program of the size of the Family Health In-
32 surance Assistance Program;

33 “(b) The efficiency of the bidder’s payment procedures;

34 “(c) The estimate provided of the total charges necessary to administer the program; and

35 “(d) The bidder’s ability to operate the program in a cost-effective manner.

36 “**SECTION 24b.** If House Bill 2062 becomes law, section 11, chapter __, Oregon Laws 2005
37 (Enrolled House Bill 2062), is amended to read:

38 “**Sec. 11.** (1) A small employer may obtain a health benefit plan offered by the [*Insurance Pool*
39 *Governing Board*] **Office of Private Health Partnerships** only if the small employer pays a con-
40 tribution established under ORS 735.710 (1)(f) toward the premium incurred on behalf of a covered
41 eligible employee.

42 “(2) Notwithstanding section 2b, chapter 742, Oregon Laws 2003, the [*Insurance Pool Governing*
43 *Board*] **Office of Private Health Partnerships** may offer a health benefit plan to a small employer
44 that contributed to a health benefit plan solely for the benefit of the employer or the employer’s
45 dependents.

1 “**SECTION 24c.** If House Bill 2062 becomes law, section 12, chapter ___, Oregon Laws 2005
2 (Enrolled House Bill 2062), is amended to read:

3 “**Sec. 12.** (1) The [*Insurance Pool Governing Board*] **Office of Private Health Partnerships**
4 shall impose and collect assessments against carriers who have entered into contracts under ORS
5 735.710 (1)(c) to offer health benefit plans for small employers. The [*board*] **office** shall apply the
6 same assessment rate against all participating carriers.

7 “(2) A carrier’s assessment shall be an amount established by rule that is:

8 “(a) Not greater than one percent of the earned premiums a carrier receives from selling health
9 benefit plans to small employers under ORS 735.710 (1)(c); or

10 “(b) A flat rate per small employer health benefit plan sold by a carrier to small employers un-
11 der ORS 735.710 (1)(c).

12 “(3) A carrier shall pay its assessment as required by the [*board*] **office**.

13 “(4) The [*board*] **office** shall adopt rules to implement this section.

14 “**SECTION 24d.** If House Bill 2062 becomes law, ORS 291.055, as amended by section 14, chap-
15 ter ___, Oregon Laws 2005 (Enrolled House Bill 2062), is amended to read:

16 “291.055. (1) Notwithstanding any other law that grants to a state agency the authority to es-
17 tablish fees, all new state agency fees or fee increases adopted after July 1 of any odd-numbered
18 year:

19 “(a) Are not effective for agencies in the executive department of government unless approved
20 in writing by the Director of the Oregon Department of Administrative Services;

21 “(b) Are not effective for agencies in the judicial department of government unless approved in
22 writing by the Chief Justice of the Supreme Court;

23 “(c) Are not effective for agencies in the legislative department of government unless approved
24 in writing by the President of the Senate and the Speaker of the House of Representatives;

25 “(d) Shall be reported by the state agency to the Oregon Department of Administrative Services
26 within 10 days of their adoption; and

27 “(e) Are rescinded on July 1 of the next following odd-numbered year, or on adjournment sine
28 die of the regular session of the Legislative Assembly meeting in that year, whichever is later, un-
29 less otherwise authorized by enabling legislation setting forth the approved fees.

30 “(2) This section does not apply to:

31 “(a) Any tuition or fees charged by the State Board of Higher Education and state institutions
32 of higher education.

33 “(b) Taxes or other payments made or collected from employers for unemployment insurance
34 required by ORS chapter 657 or premium assessments required by ORS 656.612 and 656.614 or con-
35 tributions and assessments calculated by cents per hour for workers’ compensation coverage re-
36 quired by ORS 656.506.

37 “(c) Fees or payments required for:

38 “(A) Health care services provided by the Oregon Health and Science University, by the Oregon
39 Veterans’ Homes and by other state agencies and institutions pursuant to ORS 179.610 to 179.770.

40 “(B) Assessments and premiums paid to the Oregon Medical Insurance Pool established by ORS
41 735.614 and 735.625.

42 “(C) Copayments and premiums paid to the Oregon medical assistance program.

43 “(D) Assessments paid to the [*Insurance Pool Governing Board*] **Office of Private Health**
44 **Partnerships** under section 12 [*of this 2005 Act*], **chapter ___, Oregon Laws 2005 (Enrolled House**
45 **Bill 2062).**

1 “(d) Fees created or authorized by statute that have no established rate or amount but are cal-
2 culated for each separate instance for each fee payer and the fee assessed is based on actual cost
3 of services provided.

4 “(e) State agency charges on employees for benefits and services.

5 “(f) Any intergovernmental charges.

6 “(g) Forest protection district assessment rates established by ORS 477.210 to 477.265 and the
7 Oregon Forest Land Protection Fund fees established by ORS 477.760.

8 “(h) State Department of Energy assessments required by ORS 469.421 (8) and 469.681.

9 “(i) Any charges established by the Oregon State Fair and Exposition Center in accordance with
10 ORS 565.080 (3).

11 “(j) Assessments on premiums charged by the Insurance Division of the Department of Consumer
12 and Business Services pursuant to ORS 731.804 or fees charged by the Division of Finance and
13 Corporate Securities of the Department of Consumer and Business Services to banks, trusts and
14 credit unions pursuant to ORS 706.530 and 723.114.

15 “(k) Public Utility Commission operating assessments required by ORS 756.310 or charges paid
16 to the Residential Service Protection Fund required by chapter 290, Oregon Laws 1987.

17 “(L) Fees charged by the Housing and Community Services Department for intellectual property
18 pursuant to ORS 456.562.

19 “(3)(a) Fees temporarily decreased for competitive or promotional reasons or because of unex-
20 pected and temporary revenue surpluses may be restored to their normal level if, at the time the fee
21 is decreased, the state agency specifies the following:

22 “(A) The reason for the fee decrease; and

23 “(B) The conditions under which the fee will be restored to its normal level.

24 “(b) Fees that are decreased for reasons other than those described in paragraph (a) of this
25 subsection may not be subsequently increased except as allowed by ORS 291.050 to 291.060 and
26 294.160.

27 “**SECTION 24e.** If House Bill 2062 becomes law, ORS 291.055, as amended by section 14, chapter
28 ____, Oregon Laws 2005 (Enrolled House Bill 2062), and section 24d of this 2005 Act, is amended to
29 read:

30 “291.055. (1) Notwithstanding any other law that grants to a state agency the authority to es-
31 tablish fees, all new state agency fees or fee increases adopted after July 1 of any odd-numbered
32 year:

33 “(a) Are not effective for agencies in the executive department of government unless approved
34 in writing by the Director of the Oregon Department of Administrative Services;

35 “(b) Are not effective for agencies in the judicial department of government unless approved in
36 writing by the Chief Justice of the Supreme Court;

37 “(c) Are not effective for agencies in the legislative department of government unless approved
38 in writing by the President of the Senate and the Speaker of the House of Representatives;

39 “(d) Shall be reported by the state agency to the Oregon Department of Administrative Services
40 within 10 days of their adoption; and

41 “(e) Are rescinded on July 1 of the next following odd-numbered year, or on adjournment sine
42 die of the regular session of the Legislative Assembly meeting in that year, whichever is later, un-
43 less otherwise authorized by enabling legislation setting forth the approved fees.

44 “(2) This section does not apply to:

45 “(a) Any tuition or fees charged by the State Board of Higher Education and state institutions

1 of higher education.

2 “(b) Taxes or other payments made or collected from employers for unemployment insurance
3 required by ORS chapter 657 or premium assessments required by ORS 656.612 and 656.614 or con-
4 tributions and assessments calculated by cents per hour for workers’ compensation coverage re-
5 quired by ORS 656.506.

6 “(c) Fees or payments required for:

7 “(A) Health care services provided by the Oregon Health and Science University, by the Oregon
8 Veterans’ Homes and by other state agencies and institutions pursuant to ORS 179.610 to 179.770.

9 “(B) Assessments and premiums paid to the Oregon Medical Insurance Pool established by ORS
10 735.614 and 735.625.

11 “(C) Copayments and premiums paid to the Oregon medical assistance program.

12 “[*(D) Assessments paid to the Office of Private Health Partnerships under section 12, chapter ___,*
13 *Oregon Laws 2005 (Enrolled House Bill 2062).*]

14 “(d) Fees created or authorized by statute that have no established rate or amount but are cal-
15 culated for each separate instance for each fee payer and the fee assessed is based on actual cost
16 of services provided.

17 “(e) State agency charges on employees for benefits and services.

18 “(f) Any intergovernmental charges.

19 “(g) Forest protection district assessment rates established by ORS 477.210 to 477.265 and the
20 Oregon Forest Land Protection Fund fees established by ORS 477.760.

21 “(h) State Department of Energy assessments required by ORS 469.421 (8) and 469.681.

22 “(i) Any charges established by the Oregon State Fair and Exposition Center in accordance with
23 ORS 565.080 (3).

24 “(j) Assessments on premiums charged by the Insurance Division of the Department of Consumer
25 and Business Services pursuant to ORS 731.804 or fees charged by the Division of Finance and
26 Corporate Securities of the Department of Consumer and Business Services to banks, trusts and
27 credit unions pursuant to ORS 706.530 and 723.114.

28 “(k) Public Utility Commission operating assessments required by ORS 756.310 or charges paid
29 to the Residential Service Protection Fund required by chapter 290, Oregon Laws 1987.

30 “(L) Fees charged by the Housing and Community Services Department for intellectual property
31 pursuant to ORS 456.562.

32 “(3)(a) Fees temporarily decreased for competitive or promotional reasons or because of unex-
33 pected and temporary revenue surpluses may be restored to their normal level if, at the time the fee
34 is decreased, the state agency specifies the following:

35 “(A) The reason for the fee decrease; and

36 “(B) The conditions under which the fee will be restored to its normal level.

37 “(b) Fees that are decreased for reasons other than those described in paragraph (a) of this
38 subsection may not be subsequently increased except as allowed by ORS 291.050 to 291.060 and
39 294.160.

40 “**SECTION 24f. The amendments to ORS 291.055 by section 24e of this 2005 Act become**
41 **operative on January 2, 2008.**”

42 On page 10, line 43, after “section” insert “and ORS 735.710”.

43 On page 11, delete lines 8 through 10.