

1                   **DEPARTMENT OF CONSUMER AND BUSINESS SERVICES**  
2                                   **INSURANCE DIVISION**  
3   **DIVISION 53**  
4   **HEALTH BENEFIT PLANS**  
5  
6

7   **836-053-0016           [TO BE REPEALED]**

8   **Categories of Small Employers**

9           [As used in OAR 836-053-0016 to 836-053-0070:]

10          [(1) "Oregon small employer" means a small employer as defined in ORS 743.730. In  
11          general, an Oregon small employer is an employer with at least two and no more than 25  
12          eligible employees, as defined in ORS 743.730, who work on a regularly scheduled basis of 17.5  
13          or more hours per week. For purposes of determining if an employer is an Oregon small  
14          employer, the proprietor or partners of a business may be included as employees, as provided in  
15          ORS 743.730.]

16          [(2) "HIPAA small employer" means a small employer as defined in the Health Insurance  
17          Portability and Accountability Act of 1996 (HIPAA, 42 U.S.C. 300gg-91) who does not otherwise  
18          qualify as an Oregon small employer. In general, a HIPAA small employer is an employer with  
19          at least two and no more than 50 partial- and full-time employees. For purposes of determining  
20          if an employer is a HIPAA small employer, the proprietor or partners of a business are not  
21          included as employees, as provided in federal regulations at 29 CFR 2510.3-3.]

22          Stat. Auth.: ORS 731.244, ORS 743.731(4) & ORS 746.240

23          Stats. Implemented: ORS 743.730 et seq.  
24

25   **836-053-0021**

26   **Plans Offered to [Oregon] Small Employers**

27          The following provisions apply to health benefit plans offered to [Oregon] small  
28          employers:

29          (1) A small employer carrier shall issue a plan to a small employer if the employee  
30          eligibility criteria established by the small employer meet the requirements of this section. **After**  
31          **April 1, 2008, a carrier must use the Oregon Standardized Group Profile Form established**  
32          **by the Director to collect data to determine the applicable type of group coverage for an**  
33          **employer and to provide disclosure notices as required for small employers.** The eligibility  
34          criteria must be based solely on weekly work hours and completion of a group eligibility waiting  
35          period, if applicable, and those criteria must meet the following standards:

36                  (a) The work hours requirement may range from 17.5 to 40 hours per week, but a single,  
37          uniform requirement must apply to all employees of the employer; and

38                  (b) A waiting period requirement may not exceed 90 days and a single, uniform  
39          requirement must apply to all employees of the employer.

40          **(2) A carrier must include a sole proprietor as an employee.**

41          [(2)] **(3)** Employee eligibility criteria must be limited to those described in section (1) of  
42          this rule. Impermissible criteria include:

43                  [(a) *Employee classifications or categories, such as salaried, hourly, management, and*  
44          *non-management;*]

45                  [(b)] **(a)** Health status;

1 [(c)] **(b)** Disability; and  
2 [(d)] **(c)** A requirement that an employee be actively at work when coverage would  
3 otherwise begin.

4 [(3)] **(4)** A small employer carrier may provide different health benefit plans to different  
5 categories of employees of an employer, as determined by the employer **but based on bona fide**  
6 **employment-based classifications that are consistent with the employer's usual business**  
7 **practice**., [if the categories do] **The categories may** not relate to the actual or expected health  
8 status of the employees or their dependents, **regardless of the number of employees in the**  
9 **group**. [All eligible employees, in accordance with the criteria established by the employer  
10 under section (1) of this rule, however, must be offered coverage.]

11 [(4)] **(5)** A small employer carrier may enforce reasonable employer participation and  
12 contribution requirements, as specified in OAR 836-053-0040. Such requirements, however,  
13 shall be applied uniformly to all [Oregon] small employers with the same number of eligible  
14 employees. In determining minimum participation requirements, a carrier shall count only those  
15 employees who are not covered by an existing group health benefit plan.

16 [(5)] **(6)** Premium rates for plans issued to [Oregon] small employers are subject to the  
17 rating and filing requirements of ORS 743.737 and OAR 836-053-0065 and 836-053-0910.  
18 Stat. Auth.: ORS 731.244, ORS 743.731(4) & ORS 746.240  
19 Stats. Implemented: ORS 743.730 et seq.

20  
21 **836-053-0026 [TO BE REPEALED]**

22 **Plans Offered to HIPAA Small Employers**

23 [The following provisions apply to health benefit plans offered to HIPAA small  
24 employers:]

25 [(1) A small employer carrier shall issue a plan to a small employer if the employee  
26 eligibility criteria established by the small employer meet the following requirements:

27 [(a) Permissible employee eligibility criteria include:]

28 [(A) Employee classifications or categories, such as salaried, hourly, management, and  
29 non-management;]

30 [(B) A work hours requirement of 17.5 to 40 hours per week, which may vary for different  
31 classifications or categories of employees; and]

32 [(C) A group eligibility waiting period requirement, which may vary for different  
33 classifications or categories of employees.]

34 [(b) Impermissible employee eligibility criteria include:]

35 [(A) Health status;]

36 [(B) Disability; and]

37 [(C) A requirement that an employee be actively at work when coverage would otherwise  
38 begin.]

39 [(2) A small employer carrier may provide different health benefit plans to different  
40 categories of employees, as determined by the employer, if the categories do not relate to the  
41 actual or expected health status of the employees or their dependents.]

42 [(3) A small employer carrier may enforce reasonable employer participation and  
43 contribution requirements, as specified in OAR 836-053-0040. Such requirements, however,  
44 shall be applied uniformly to all HIPAA small employers with the same number of eligible  
45 employees.]

1           [(4) Premium rates for plans issued to HIPAA small employers are not subject to the  
2 rating and filing requirements of ORS 743.737 and OAR 836-053-0065 and 836-053-0910.]  
3 Stat. Auth.: ORS 731.244, ORS 743.731(4) & ORS 746.240  
4 Stats. Implemented: ORS 743.730 et seq.  
5

6 **836-053-0030**

7 **Marketing**

8           The following requirements **relating to marketing** apply to health benefit plans offered  
9 to [*Oregon small employers and to HIPAA*] small employers:

10           (1) A small employer carrier may offer different small employer health benefit plans in  
11 different geographic areas. However, the Basic plan required under ORS 743.734 and a point-of-  
12 service plan required of certain carriers under ORS 743.808 must be offered in every geographic  
13 area in which the carrier offers or renews its small employer health benefit plans. A small  
14 employer carrier may not cease offering or renewing, or offering and renewing, its Basic plan in  
15 a geographic area unless the carrier discontinues all plans in the geographic area as provided in  
16 ORS 743.737(5)(e).

17           (2) A small employer carrier must offer all of its approved small employer health benefit  
18 plans and plan options, including the Basic plan required under ORS 743.734 and a point-of-  
19 service plan required of certain carriers under ORS 743.808, to all small employers on a  
20 guaranteed issue basis. A carrier may not serve only a portion of the small employer market,  
21 such as employers with more than 25 employees, and a carrier may not establish or maintain a  
22 closed plan or plan option or a closed book of business in the small employer market. For  
23 purposes of this section, a "closed" arrangement is one in which coverage is maintained and  
24 renewed for currently enrolled small employers, but the coverage is not offered or issued to other  
25 small employers.

26           (3) A small employer carrier may not require a small employer to purchase or maintain  
27 other lines of coverage, such as group life insurance, in order to purchase or maintain a small  
28 employer health benefit plan.

29           (4) A small employer carrier that offers a particular health benefit plan in the small  
30 employer market only through one or more bona fide associations is not required to offer that  
31 plan, on a guaranteed issue basis or otherwise, to small employers that are not members of the  
32 association.

33           (5) A small employer carrier must market fairly all of its small employer health benefit  
34 plans and plan options and shall not engage in any practice that:

35           (a) Restricts a small employer's choice of such plans and plan options; or

36           (b) Has the effect or is intended to influence a small employer's choice of such plans and  
37 plan options for reasons of risk selection.

38           (6) A small employer carrier shall not provide to any insurance producer any financial or  
39 other incentive that conflicts with the requirements of section (5) of this rule.

40           (7) A small employer carrier must use the same sales compensation methodology for all  
41 small employer health benefit plans offered by the carrier.

42           (8) A small employer carrier may not terminate, fail to renew, or limit its contract or  
43 agreement of representation with an insurance producer for any reason related to the following:  
44 the health status, claims experience, occupation, geographic location of small employer groups,  
45 or the type of small employer plans placed by the [*agent*] **insurance producer** with the carrier.

1           **(9) When a small employer carrier is required to treat an employer as a small**  
2 **employer under ORS 743.733(2), the carrier may limit coverage to categories of employees**  
3 **as authorized by ORS 743.734(6).**

4 Stat. Auth.: ORS 731.244, 743.731[(4)] & 746.240

5 Stats. Implemented: ORS **743.733, 743.734**, 743.736[(4), 743.736(7)], 743.737[(9)] &  
6 746.650[(1)]

7  
8 **836-053-0040**  
9 **Underwriting**

10           The following requirements **relating to underwriting** apply to health benefit plans  
11 offered to [*Oregon small employers and to HIPAA*] small employers:

12           (1) A small employer carrier shall not use health statements when offering small  
13 employer health benefit plans, except for late enrollees as provided in ORS 743.734. A health  
14 statement that is used for a late enrollee must comply with the requirements of OAR 836-053-  
15 0510. After enrollment, health statements or other information may be used by a carrier for the  
16 purpose of providing services or arranging for the provision of services under a small employer  
17 health benefit plan.

18           (2) The crediting of prior coverage, as specified in ORS 743.737, shall be applied in  
19 either of the following cases:

20           (a) If creditable coverage remains in effect on the enrollment date, as specified in ORS  
21 743.737(1); or

22           (b) If creditable coverage terminated no more than 63 days prior to the enrollment date,  
23 as specified in ORS 743.737(1).

24           (3) All policy forms and enrollee summaries for small employer health benefit plans that  
25 contain a preexisting conditions provision must clearly disclose how prior creditable coverage  
26 will be counted. A carrier may use the following statement, or another similar disclosure, for this  
27 purpose:

28 The duration of the preexisting conditions provision in this policy will be reduced by the amount  
29 of your prior "creditable coverage" if:

30           (a) Your creditable coverage is still in effect on your date of enrollment in this policy; or

31           (b) Your creditable coverage ended no more than 63 days before your date of enrollment  
32 in this policy. "Creditable coverage" means any of the following coverages: Group coverage  
33 (including FEHBP and Peace Corps); Individual coverage (including student health plans);  
34 Medicaid; Medicare; CHAMPUS; Indian Health Service or tribal organization coverage; state  
35 high risk pool coverage; and public health plans. Creditable coverage does not include coverage  
36 only for a specified disease or illness or hospital indemnity (income) insurance.

37           (4) To expedite the accurate crediting of prior coverage, in accordance with section (2) of  
38 this rule, a small employer carrier shall:

39           (a) Include a question about potential creditable coverage in all enrollment forms that are  
40 used in conjunction with any small employer health benefit plan containing a preexisting  
41 conditions provision; and

42           (b) Include a notice about potential creditable coverage whenever the carrier notifies an  
43 enrollee that a claim has been denied because of a preexisting conditions provision. The notice of  
44 claim denial shall also include a telephone number at the carrier that the enrollee may use for  
45 additional information regarding the denied claim.

1 (5) Except as permitted under a preexisting conditions provision, a small employer carrier  
2 shall not modify health insurance with respect to an employee or any eligible dependent of an  
3 employee by means of a rider, endorsement or otherwise, for the purpose of restricting or  
4 excluding coverage for certain diseases or medical conditions otherwise covered by the health  
5 benefit plan.

6 (6) Participation and contribution requirements established by a small employer carrier  
7 shall be governed by the following:

8 (a) Participation requirements must apply on an aggregate basis in which all categories of  
9 eligible employees of a small employer are combined;

10 (b) Except as provided in this subsection, a small employer carrier may not increase any  
11 requirement for minimum employee participation or any requirement for minimum employer  
12 contribution applicable to a small employer except at plan anniversary. At plan anniversary, the  
13 carrier may increase the requirements only to the extent those requirements are applicable to all  
14 other small employer groups of the same size. At the anniversary of a plan or at any time other  
15 than the anniversary, an insurer may consider the existing group as a new group for purposes of  
16 coverage if the eligibility requirements applicable to the group are changed by the employer;

17 (c) If a carrier requires 100 percent participation of eligible employees, as allowed by  
18 ORS 743.737, the carrier shall not impose a contribution requirement upon the employer that  
19 exceeds 50 percent of the premium of an employee-only benefit plan; **and**

20 (d) Every small employer health benefit plan issued by a small employer carrier must  
21 specify all of the participation, contribution, and eligibility requirements that have been agreed  
22 upon by the carrier and the small employer. The carrier must apply the participation and  
23 eligibility requirements uniformly to all categories of eligible employees and their dependents  
24 and may establish and apply contributions for different categories of employees and dependents  
25 that exceed the minimum contribution[; *and*].

26 [(e) *For the purpose of determining whether an employer is a small employer as the term*  
27 *is defined in ORS 743.730, all eligible employees as defined in ORS 743.730 shall be counted*  
28 *regardless of the number of employees actually participating in the employer's health plan.*]

29 (7) A modification to an existing small employer health benefit plan that is required by  
30 ORS 743.730 to 743.745 or OAR 836-053-0010 to 836-053-0065 shall be implemented for each  
31 policyholder on the next renewal date. For the purposes of this rule, the next renewal date means  
32 the first renewal date of the policy issued to the policyholder that occurs on or after the operative  
33 date of the governing statutory provision (i.e., October 1, 1996 for SB 152 (1995); August 1,  
34 1997, for SB 98 (1997)). In addition, for small employer health benefit plans, if a certificate  
35 holder or dependent has limited coverage because of late enrollment in a plan, credit shall be  
36 granted for the time so enrolled against the maximum exclusion or limitation specified in ORS  
37 743.737 and such crediting of time shall be effective as of the next renewal date.

38 (8) A late enrollee, as defined in ORS 743.730, must be accepted for coverage in a small  
39 employer health benefit plan, but may be subject to the coverage limitations specified in ORS  
40 743.737. A health statement may be used to determine a late enrollee's preexisting conditions,  
41 but not to determine a late enrollee's eligibility to enroll or enrollment date. If a late enrollee is  
42 subject to a preexisting conditions provision, credit for prior creditable coverage must be applied  
43 to such provision.

44 (9) An enrollee who qualifies under a special enrollment period, as specified in ORS  
45 743.737, must be accepted for coverage in a small employer health benefit plan and shall not be

1 considered a late enrollee. Such an enrollee, however, is subject to the preexisting conditions  
2 provision, if any, and the creditable coverage requirements that apply to regular enrollees.

3 (10) A small employer health benefit plan shall be renewable at the option of the  
4 policyholder and shall not be discontinued by the carrier during or at the termination of the  
5 contract period except in the circumstances specified in ORS 743.737 and consistent with the  
6 requirements of HIPAA (42 U.S.C. 300gg-12).

7 Stat. Auth.: ORS 731.244

8 Stats. Implemented: ORS 743.736[(4), *ORS 743.736(7)*], ORS 743.737[(9)] & ORS 746.650[(1)]

### 9 10 **836-053-0050**

#### 11 **Trade Practices**

12 The following requirements **relating to trade practices** apply to health benefit plans  
13 offered to [*Oregon small employers and to HIPAA*] small employers:

14 (1) When offering plans to small employers, a carrier must briefly describe the variety of  
15 small employer plans and plan options that are available from the carrier and must specify that  
16 all plans and plan options are offered on a guaranteed issue basis.

17 (2) A small employer health benefit plan must be issued with an effective date no later  
18 than 31 days after the carrier actually receives the application.

19 (3) Neither a small employer carrier nor an insurance producer may encourage or direct a  
20 small employer to seek coverage from another carrier because of the small employer's health  
21 status, claims experience, industry occupation or geographic location, if within the carrier's  
22 service area.

23 (4) Neither a small employer carrier nor an insurance producer may induce or otherwise  
24 encourage a small employer to separate or otherwise exclude an eligible employee from  
25 employment or from health coverage or benefits provided in connection with the employee's  
26 employment.

27 (5) A small employer health benefit plan may specify that an enrolled small employer  
28 may replace its current coverage with another small employer plan offered by the carrier only on  
29 the anniversary date of the current coverage. This limitation also applies to a small employer that  
30 discontinues coverage with a carrier, or forfeits coverage because of non-payment of premiums,  
31 and then requests new coverage with the same carrier.

32 Stat. Auth.: ORS 731.244, 743.731(4) & 746.240

33 Stats. Implemented: ORS 743.736[(5)&(7)], 743.737[(2)-(4), 743.737(9)] & 746.240

### 34 35 **836-053-0060**

#### 36 **Benefit Design**

37 The following provisions **relating to benefit design** apply to health benefit plans offered  
38 to [*Oregon small employers and to HIPAA*] small employers:

39 (1) No limitations or exclusion period may be placed on any benefit in the Basic health  
40 benefit plan other than those contained in ORS 743.737 and as specified in **Exhibit 1** of this rule.

41 (2) A small employer carrier must offer an approved Basic health benefit plan in  
42 accordance with ORS 743.736 and may offer additional plans. Additional plans may include  
43 greater or lesser benefit coverage than the Basic plan.

44 (3) For small employer plans other than the Basic plan, a carrier may impose an exclusion  
45 period for specified covered services, other than for pregnancy and maternity, that applies to all  
46 employees and dependents upon enrollment in the plan. A carrier may determine the excluded

1 services, but the exclusion period shall not exceed 24 months and credit for prior creditable  
2 coverage must be applied if the excluded service was covered under the prior creditable  
3 coverage, without regard to the level or use of coverage in the prior plan, and:

4 (a) Creditable coverage remains in effect on the enrollment date, as specified in ORS  
5 743.737(3); or

6 (b) Creditable coverage terminated no more than 63 days prior to the enrollment date, as  
7 specified in ORS 743.737(3).

8 (4) Prior coverage credit toward an exclusion period must be applied on the basis of  
9 elapsed time in the prior coverage. For example, if the exclusion period is 24 months and the  
10 enrollee had creditable coverage for 12 months, the applicable exclusion period would be 12  
11 months.

12 Stat. Auth.: ORS 731.244, ORS 743.731[(4)] & ORS 746.240

13 Stats. Implemented: ORS 743.731[(4)] & ORS 743.737[(1) - ORS 743.737(3)]

## 14 15 **836-053-0065**

### 16 **Rating**

17 The following provisions **relating to rating** apply to health benefit plans offered to  
18 [Oregon] small employers:

19 (1) A small employer carrier shall file a single geographic average rate (GAR) for each  
20 health benefit plan that is offered to [Oregon] small employers within a geographic area **and for**  
21 **each category of family composition**. The GAR must be determined on a pooled basis and the  
22 pool shall include:

23 (a) All of the carrier's business in the [Oregon] small employer market; and

24 (b) Any other business in the [Oregon] group market that the carrier wishes to include in  
25 the pool.

26 (2) There shall be one rating class for each small employer carrier. All small employer  
27 health benefit plans of the carrier shall be rated in that class. **A rating of a health benefit plan is**  
28 **subject to adjustments reflecting the provision of benefits not required to be covered by the**  
29 **basic health benefit plan and differences in family composition**.

30 (3) The variation in geographic average rates among different small employer health  
31 benefit plans offered by a carrier must be based solely on objective differences in plan design or  
32 coverage. The variation shall not include differences based on the risk characteristics or claims  
33 experience of the actual or expected enrollees in a particular plan, **except as authorized by ORS**  
34 **743.737(8)(b)**. **A variation based on the level of contribution by the small employer or on**  
35 **the level of participation by eligible employees, or on both, must be actuarially sound. A**  
36 **carrier may adjust premium rates to reflect expected claims experience of a small employer**  
37 **as authorized by ORS 743.737(8)(b)(D) with respect to issuance or renewal of coverage**.

38 (4) A small employer carrier shall file its geographic average rates for small employer  
39 health benefit plans in accordance with the rate filing requirements of OAR 836-053-0910.

40 (5) A small employer carrier shall assess administrative expenses in a uniform manner to  
41 all small employer health benefit plans, including the Basic health plan. Administrative expenses  
42 shall be expressed as a percentage of premium and the percentage may not vary with the size of  
43 the small employer.

44 (6) Plans shall be rated within the following geographic areas comprising counties as  
45 follows:

46 (a) Area 1 shall include: Clackamas, Multnomah, Washington, and Yamhill;

1 (b) Area 2 shall include: Benton, Lane, and Linn;

2 (c) Area 3 shall include: Marion and Polk;

3 (d) Area 4 shall include: Deschutes, Klamath, and Lake;

4 (e) Area 5 shall include: Clatsop, Columbia, Coos, Curry, Lincoln, and Tillamook;

5 (f) Area 6 shall include: Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson,  
6 Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, and Wheeler.

7 (g) Area 7 shall include: Douglas, Jackson and Josephine.

8 (7) A small employer carrier may use five digit zip code groupings to define the carrier's  
9 geographic areas. The zip code groupings may vary from the county areas defined in section (6)  
10 of this rule by no more than ten percent of the population of a county. The small employer carrier  
11 must use either the zip code system or the county system and shall not modify the geographic  
12 areas in any other manner.

13 (8) A small employer carrier may use the same geographic average rate for multiple  
14 rating areas.

15 (9) A small employer carrier may deviate from the requirements of the rate bands  
16 specified in ORS 743.737 for coverage that extends to a geographic area outside the state of  
17 Oregon. The carrier must do so in a reasonable fashion and maintain records regarding the basis  
18 for the rate charged in the small employer's file.

19 **(10) Premium rates for small employer health benefit plans are subject to the**  
20 **following:**

21 **(a) The premium rates charged during a rating period for a health benefit plan**  
22 **issued to a small employer with 2 to 25 employees may not vary from the geographic**  
23 **average rate by more than:**

24 **(A) 44.7 percent, for a rate that is filed on or before January 1, 2008 to become**  
25 **effective on or before April 1, 2008.**

26 **(B) 46.5 percent, effective January 1, 2009.**

27 **(C) 48.2 percent, effective January 1, 2010.**

28 **(D) 50.0 percent, effective January 1, 2011.**

29 **(b) The premium rates charged during a rating period for a health benefit plan**  
30 **issued to a small employer with 26 to 50 employees may not vary from the geographic**  
31 **average rate by more than:**

32 **(A) 62.6 percent, for a rate that is filed on or before January 1, 2008 to become**  
33 **effective on or before April 1, 2008.**

34 **(B) 58.3 percent, effective January 1, 2009.**

35 **(C) 54.1 percent, effective January 1, 2010.**

36 **(D) 50.0 percent, effective January 1, 2011.**

37 **(11) The variations in premium rates described in section (10) of this rule may be**  
38 **based on one or more of the following factors as determined by the carrier:**

39 **(a) The ages of enrolled employees and their dependents;**

40 **(b) The level at which the small employer contributes to the premiums payable for**  
41 **enrolled employees and their dependents;**

42 **(c) The level at which eligible employees participate in the health benefit plan;**

43 **(d) The level at which enrolled employees and their dependents engage in tobacco**  
44 **use;**

45 **(e) The level at which enrolled employees and their dependents engage in health**  
46 **promotion, disease prevention or wellness programs;**

1 (f) The period of time during which a small employer retains uninterrupted  
2 coverage in force with the same small employer carrier; and

3 (g) Adjustments to reflect the provision of benefits not required to be covered by the  
4 basic health benefit plan and differences in family composition.

5 (12) Within the three-year period established in section 8, chapter 389, Oregon Laws  
6 2007, a carrier shall phase in for its small employer groups the premium rate changes  
7 resulting from amendments to ORS 743.737 by sections 6 and 7, chapter 389, Oregon Laws  
8 2007, and the concurrent combining of all small group rates. A carrier must complete the  
9 small group rate phase in no less promptly than will be completed according to the  
10 schedule established in this section. A carrier must commence the phase in during the first  
11 year and may complete the phase in during the first or second year. For the purpose of the  
12 schedule, employer groups of 2 to 25 employees shall be treated as one pool, and employer  
13 groups of 26 to 50 employers shall be treated as a second pool. Under the schedule, a  
14 carrier shall phase in the rating changes as follows:

15 (a) For 2008, a carrier shall apply to an employer group the group's own pool  
16 experience plus 25 percent of the experience of the other pool.

17 (b) For 2009, a carrier shall apply to an employer group the group's own pool  
18 experience plus 50 percent of the experience of the other pool.

19 (c) For 2010, a carrier shall apply to an employer group the group's own pool  
20 experience plus 75 percent of the experience of the other pool.

21 (d) For 2011 and each year thereafter, a carrier shall apply to an employer group  
22 the experience of the combined pool.

23 Stat. Auth.: ORS 731.244 & ORS 743.731

24 Stats. Implemented: ORS 743.731, ORS 743.734 & ORS 743.737

25  
26