



May 14, 2013

Senator Laurie Monnes Anderson, Chair  
Senator Jeff Kruse, Vice-Chair  
Senate Committee on Health Care and Human Services  
Oregon Legislative Assembly

RE: HB 2132-A

Dear Chair Monnes Anderson, Vice-Chair Kruse and Members of the Committee:

On behalf of the Oregon Primary Care Association (OPCA) I respectfully request your support of HB 2132-A. OPCA is a non-profit membership organization comprising Oregon's 31 community health centers. Our members operate 201 health clinics statewide that provide coordinated care to 330,000 rural and/or medically underserved patients annually. Oregon's community health centers are medical homes that provide integrated and coordinated physical, oral and behavioral health services to our patients. The majority of our patients lack insurance or are covered by Medicaid.

As Oregon Health Plan members' incomes fluctuate they will move between CCOs and qualified health plans on Cover Oregon. A recent national study concludes that once health insurance exchanges are established, within any six-month timeframe, more than 35 percent of adults with family incomes below 200 percent of the federal poverty limit will experience a shift in eligibility from Medicaid to coverage provided by an insurance exchange. Additionally, within any one-year timeframe, an estimated 28 million individuals will transition from coverage through an exchange to Medicaid. A recent OHA study estimated the number of Oregonians who will annually transition between the CCOs and Cover Oregon plans will be 60,000 in 2016.

These transitions should be managed to ensure continuity of care. Smooth coverage transitions are particularly crucial to minimize disruptions in services for people who are in a prescribed course of treatment, e.g., radiation or chemotherapy, as well as those with complex health care needs. And appropriately managing churn produces savings to the system as healthcare coverage gaps lead to slippage in people's health and increased use of the most expensive care options, such as emergency rooms.

HB 2132-A requires OHA and Cover Oregon to work collaboratively to coordinate eligibility determination and enrollment processes for qualified health plans and state medical assistance programs and to regularly report to the Legislative Assembly on the coordination of these efforts. The bill is the result of a consensus reached by the Oregon Primary Care Association, OHA and Cover Oregon. It passed unanimously out of the House Health Care Committee with no testimony in opposition and passed unanimously off of the House floor.

The -4 amendment addresses a minor technical oversight in the bill. The bill as currently drafted requires OHA to report quarterly to the Legislative Assembly and Cover Oregon to report annually. The intent of the bill was for both entities to report quarterly which the dash-4 amendment will require.

Thank you for your consideration.

Sincerely,  
  
John Hummel, State and Federal Policy Director