

REVENUE: No revenue impact

FISCAL: Minimal fiscal impact, no statement issued

Action:	Do Pass as Amended and Be Printed Engrossed
Vote:	8 - 0 - 0 - 1
Yeas:	Clem, Conger, Harker, Kennemer, Lively, Thompson, Weidner, Greenlick
Nays:	0
Exc.:	0
Abs.:	Keny-Guyer
Prepared By:	Tyler Larson, Administrator
Meeting Dates:	3/13, 3/18, 4/17

WHAT THE MEASURE DOES: Requires Oregon Health Insurance Exchange (Cover Oregon) and Oregon Health Authority (OHA) include in reports to Legislative Assembly efforts to coordinate eligibility determination and enrollment processes for qualified health plans and state medical assistance programs.

ISSUES DISCUSSED:

- Challenges of transitioning between Medicaid and private insurance
- Personal story of obtaining health care while coming on and off Medicaid

EFFECT OF COMMITTEE AMENDMENT: Replaces the measure.

BACKGROUND: In 2010, the federal government enacted the Patient Protection and Affordable Care Act (ACA). The ACA aims to decrease the number of uninsured Americans and reduce the overall costs of health care. The ACA creates mandates, subsidies and tax credits to employers and individuals to increase the coverage rate. In order to comply with ACA requirements and to provide a regulated marketplace, the Oregon Health Insurance Exchange Corporation (Cover Oregon) was created in 2011.

The transition of individuals between medical assistance programs and the private insurance market is referred to as “churn,” and can represent a significant challenge for patients who must change plans and providers. House Bill 2132-A requires Cover Oregon and Oregon Health Authority report to the Legislative Assembly on efforts to coordinate the transition between medical assistance programs and the commercial market regulated by Cover Oregon.