Health Care Coverage and Access

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House Health Care Committee

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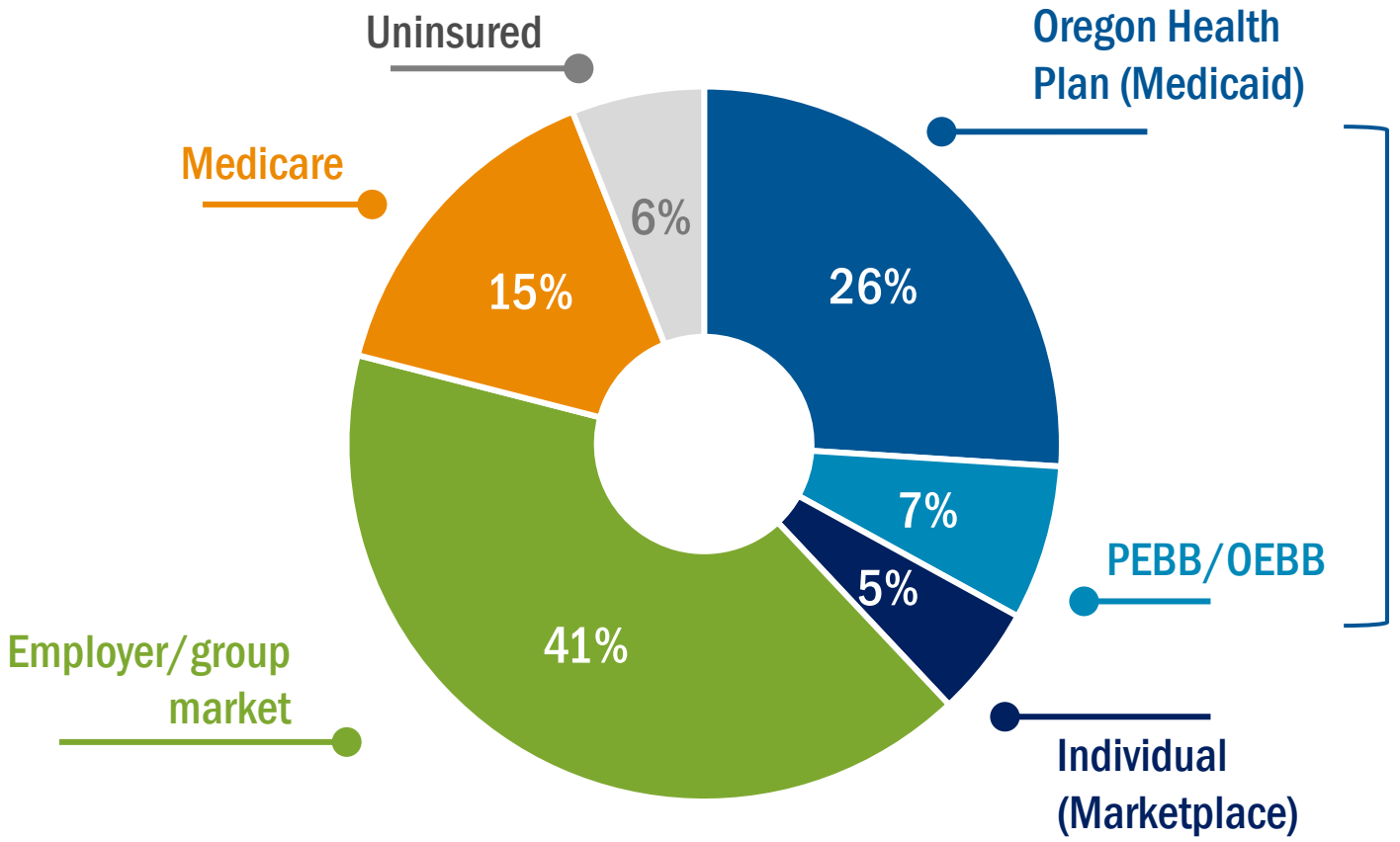
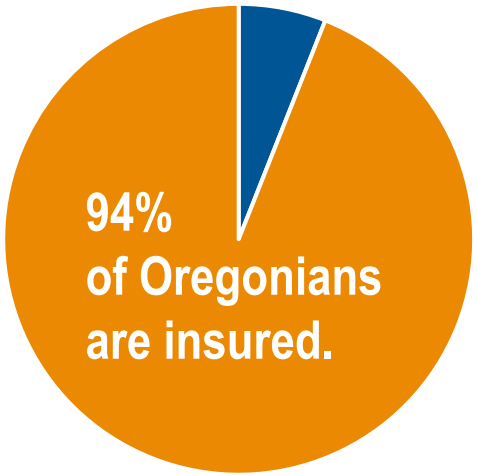
Health Coverage



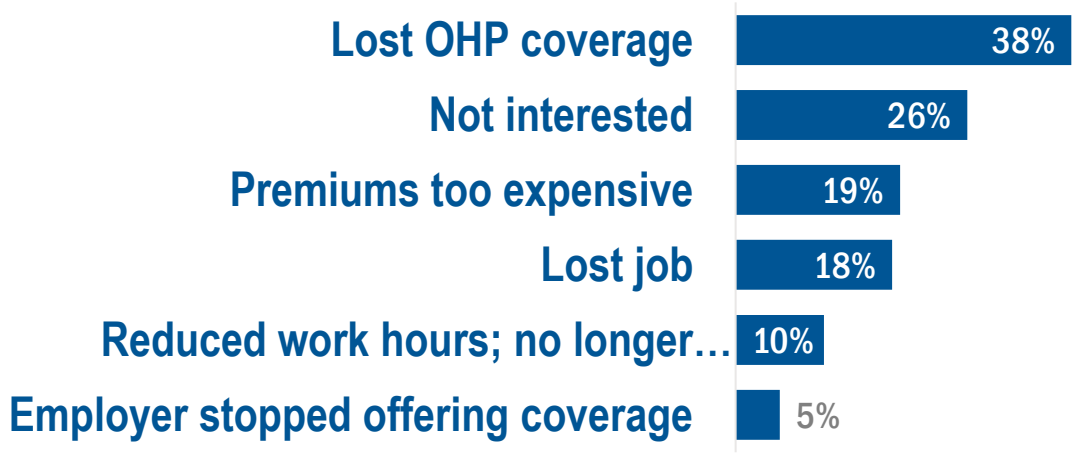
Between PEBB, OEBB, and OHP, the state covers one in three Oregonians.

94 percent of Oregonians are insured.

But what of the remaining 6 percent?



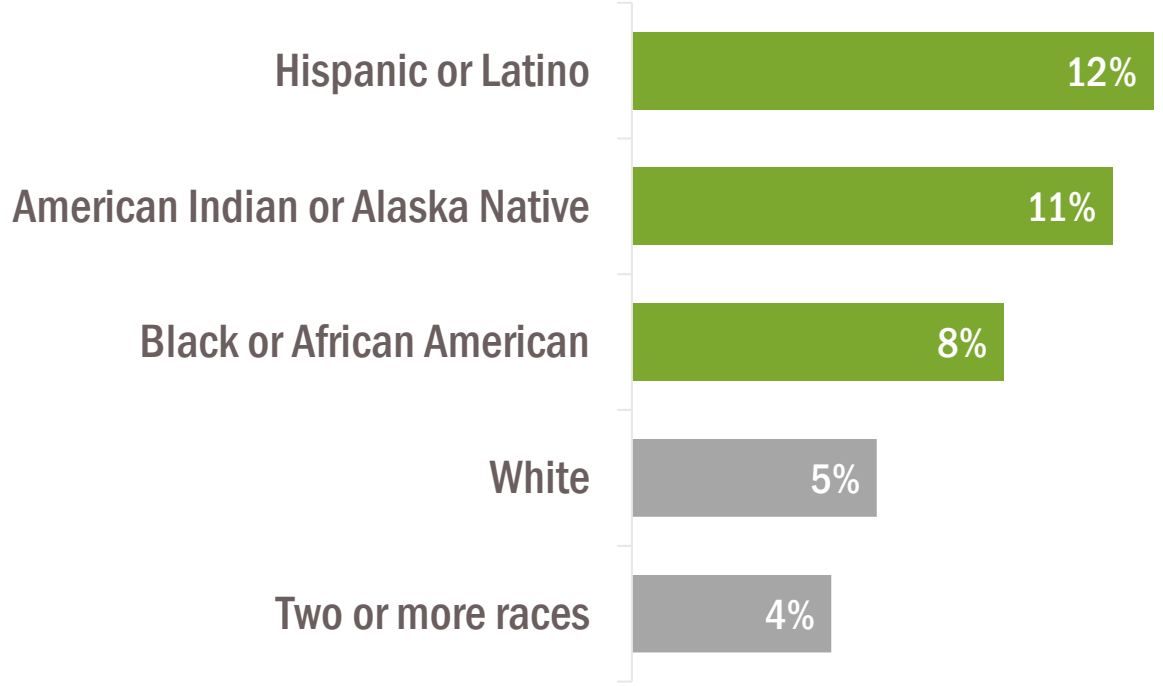
The remaining 6% are uninsured because...



Source: Oregon Health Insurance Survey, 2019

Coverage has not been accessible to all

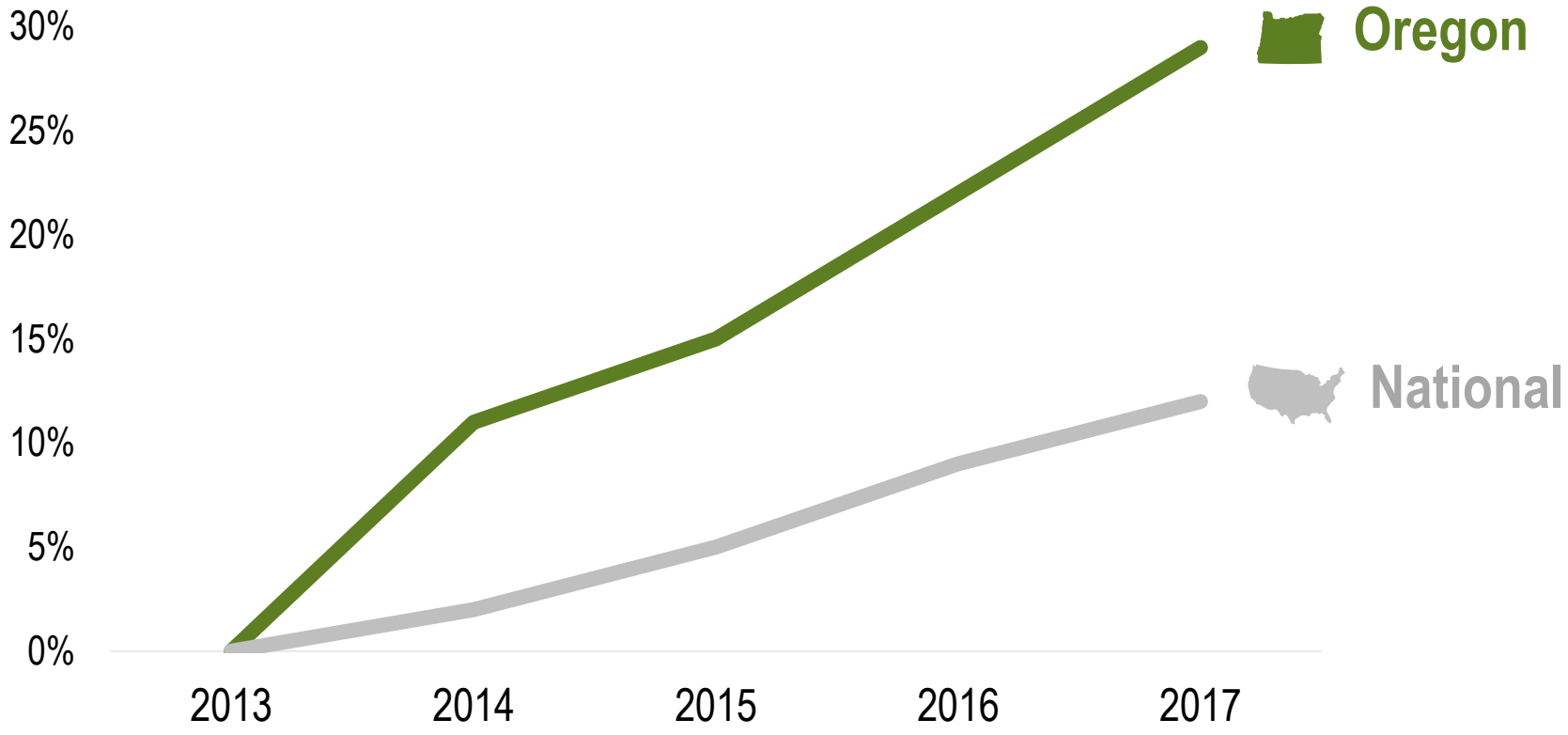
Communities of color are more likely to be uninsured.



Source: Oregon Health Insurance Survey, 2019
Note: Asian, Native Hawaiian/Pacific Islander; and Other estimates are suppressed due to small sample size.

Costs are growing too quickly for family budgets, businesses, and our state

Annual percent increase in health spending in Oregon compared with national Medical Consumer Price Index



APAC
ALL PAYER • ALL CLAIMS

Health care is unaffordable for Oregon families

Deductibles and premiums in Oregon are growing faster than **income**.
(Percent change 2010-2016)

Family deductibles
+77%

Household income
+ 15%

Family premiums
+25%

In 2016
Oregon premiums equated to 29% of a family's total income.

In 2016
16% of Oregon families delayed care because of cost.

Sources: "The Burden of Health Care Costs for Working Families" Penn LDI, April 2019, Oregon Health Insurance Survey, 2019

OHA's 2030 Goal: Eliminate health inequities

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

- **Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:**
    - The equitable distribution or redistributing of resources and power; and
    - Recognizing, reconciling and rectifying historical and contemporary injustices.

First step:
Universal Coverage

Don’t lose ground

Smooth transition of OHP members through upcoming redeterminations

Fill in gaps in the Affordable Care Act

HB 3352 (Cover All People)

Make it easier to get enrolled and stay enrolled

OHP eligibility to reduce churn
Marketplace eligibility/outreach

Create market changes that support more affordable coverage options

HB 2010 (Public Health Plan/ Public Option) for Marketplace/small group

Fill in the Gaps in the ACA: HB 3352

- HB 3352 (2021) aims to provide full Medicaid benefits to adults residing in Oregon **who would otherwise qualify for Medicaid except for their immigration/citizenship status.**
- Coverage starts **July 1, 2022**.
- **$100 million General Fund** expenditure cap on the overall program costs for the 2021-2023 biennium.

Get enrolled, stay enrolled: Medicaid

Proposed Medicaid waiver strategies:

- Continuous OHP enrollment for kids from birth until their 6th birthday.
- Two-year continuous OHP enrollment for people ages 6 and up, even if their income changes.
- A fast, easy way to get enrolled in OHP for people who apply for Supplemental Nutrition Assistance Program (SNAP) benefits.

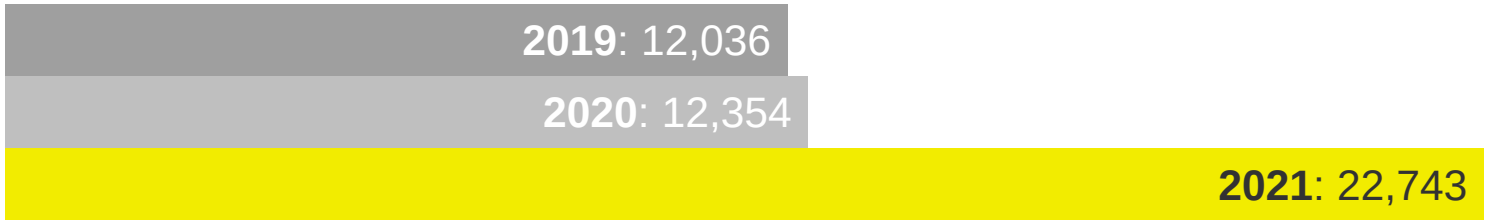
Get enrolled, stay enrolled: Marketplace

American Rescue Plan Act (ARPA) impacts on Marketplace eligibility for 2021 and 2022:

- Premium cliff eliminated by reducing the share of income consumers are expected to contribute towards the monthly premium
- Extends premium tax credit eligibility above 400% of FPL

Biden Administration opened a special enrollment period due to COVID-19 pandemic from Feb. 15 to Aug. 15, 2021, which allowed anyone who is eligible to enroll in health coverage

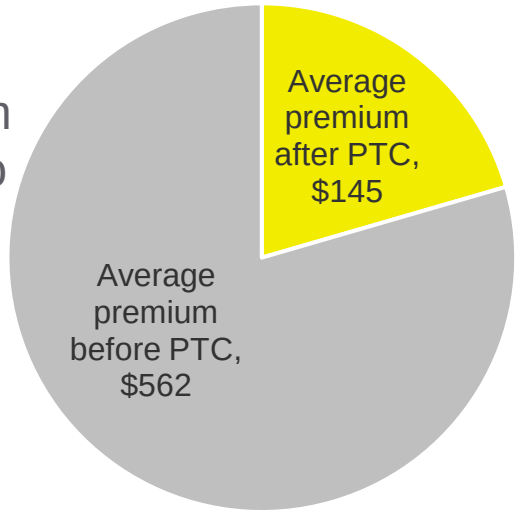
CMS enrollment data shows significantly higher new plan selections from Feb. 15 to Aug. 15 in 2021



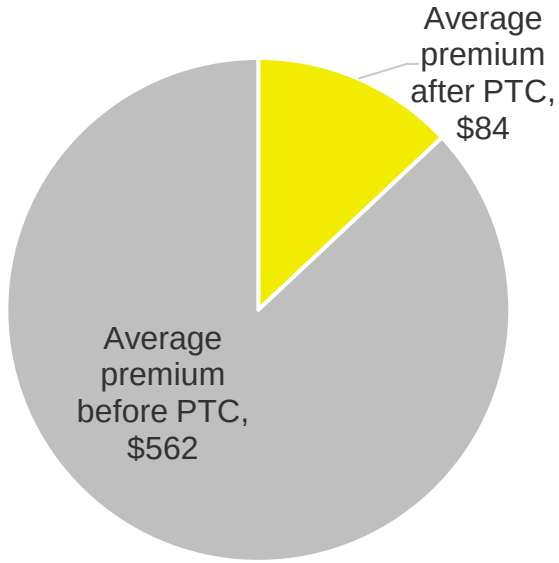
Get enrolled, stay enrolled: Marketplace

ARPA provisions continue through 2022, allowing people to take advantage of enhanced savings during the current open enrollment period

2021 premium costs, **prior** to ARPA taking effect



2021 premium costs, **after** ARPA taking effect



Open enrollment for the 2022 plan year runs from **Nov. 1, 2021 to Jan. 15, 2022**

- Oregonians can preview plans and savings, and find local help at **OregonHealthCare.gov (CuidadoDeSalud.Oregon.gov)**

Create market changes that support more affordable coverage options: HB 2010

HB 2010 directs OHA and DCBS to create an implementation plan for a public option by **January 1, 2022**.

Key Policy Considerations:

Improve Affordability

- Control premium growth and reduce out of pocket costs to improve access to care

Streamline Coverage Transitions

- Ensure people leaving OHP are easily able to enroll in marketplace plans
- Ensure consistency in provider networks to maintain access to care

Maximize Federal Support

- Maintain access to federal Advance Premium Tax Credits (APTCs) that make coverage affordable
- Consider 1332 waivers as needed to obtain federal pass-through savings (like Colorado)

Balance State Control vs. Risk

- Limit financial risks to the state
- Limit non-financial risks including lack of plan and provider participation

Public Option Models in Other States

	Washington	Nevada	Colorado
Cost-containment mechanism	Aggregate provider reimbursement caps	Premium reduction targets (5% lower than benchmark and increases not exceeding those in the Medicare Economic Index)	Premium reduction targets (5% in year 1, 10% in year 2, and 15% in year 3, compared to 2021 inflation-adjusted rates
Provider participation requirements	Mandatory participation for some hospitals beginning in 2023 if public option plans not available statewide	Mandatory participation for some providers	Provider participation may be ordered following a public hearing, with penalties for noncompliant hospitals
Carrier participation	Voluntary; state to contract with 1+ private carriers to offer public option plans	Mixed mandatory/voluntary; Medicaid MCOs must submit "good faith" bids to administer public option plans; other carriers may submit bids	Mandatory; all carriers in individual and small-group markets must offer public option plans in each county in which they operate
Effective dates	Plans first available in 2021, additional changes in 2023	Plans first available in 2026	Plans first available in 2023

Source: Christine H. Monahan, Kevin Lucia, and Justin Giovannelli, "State Public Option–Style Laws: What Policymakers Need to Know," To the Point (blog), Commonwealth Fund, July 22, 2021.

Thank you