

May 24, 2022

Bridge Plan Task Force Members

RE: 5/24 Joint Task Force on the Bridge Health Care Program Meeting - Plan Design Part 1:  
Benefits, Costs and Reimbursements

Dear Members of the Bridge Plan Task Force:

Thank you for the opportunity to provide comments as the Bridge Plan Task Force (BPTF) discusses the plan design for the Bridge Plan, including considerations around benefits, costs, and provider reimbursements. We appreciate the opportunity to weigh in and share our perspective based on our experience in other states also working to ensure their residents have access to high-quality, affordable health care.

United States of Care is a non-partisan, non-profit organization working to ensure everyone has access to quality, affordable health care, regardless of health status, social need, or income. We work in states across the country to develop pragmatic policy solutions that meet the needs of people and have been engaged in efforts to advance and implement public health insurance options, as well as other efforts to expand access to coverage and improve affordability. United States of Care is unique in its commitment to advancing policies that are designed to respond to the needs of people. We have seen through [our research](#) that the high cost of care is the biggest issue of concern to people, even when you consider varying demographics, geography, and ideologies. The high cost of care impacts every part of people's experience with the health care system, from rising premiums to high deductibles and cost-sharing. In Oregon, that is no different, and the Bridge Plan provides people with an immediate solution while paving a path for other reforms down the road.

When we talk to people around the country about their health care, we learn that they often have trouble [understanding their care and navigating the health care system](#). The specific population that the Bridge Plan will be supporting often "churns" between Medicaid and Marketplace coverage. Having consistency across coverage options, would create an easier to navigate system where beneficiaries don't have to question what services are available and how to access them.

### **Designing a Comprehensive Benefits Package**

The Bridge Plan should be **at least as comprehensive as Marketplace plans** with essential health benefits (EHBs), but should aim higher and **include more services covered by the Oregon Health Plan (OHP), including dental**. Designing Bridge Plan benefits to be similar to OHP will allow for better continuity of care and provide the same or better level of access to services for Oregonians switching between these two sources of coverage. The Bridge Plan benefits package and coverage levels should not vary so significantly from the Medicaid benefit

package under OHP that individuals experience a lapse in the provision of necessary care if they were to transition from one program to the other. For example, because of the federal continuous coverage requirement brought on by the Public Health Emergency, the percentage of uninsured adults who delayed care because of cost or faced challenges paying medicaid bills [decreased in 2021](#) across all income brackets. With thoughtful consideration to benefits, the Bridge Plan will be critical to providing continuity of coverage for vulnerable Oregonians.

The Task Force should pursue opportunities to prioritize dental, primary, behavioral, and preventive health care with this plan. [All OHP beneficiaries have dental coverage](#) that allows them annual cleanings, x-rays, fillings, and more, and the Bridge Plan should provide, at a minimum, the same dental coverage for its members. Research has connected [oral and periodontal \(gum\) diseases to chronic conditions](#), such as heart disease and diabetes. Providing dental health care now can prevent and alleviate the burden of chronic diseases later on in life. Proper dental care is a cornerstone of healthy communities, as oral health coverage can improve health outcomes and [reduce](#) overall health spending. Opportunities to expand access to oral health care can also help [address existing racial disparities](#) in access for those underserved by the current health care system. Additionally, coverage of preventive, primary, and behavioral health care services in the Bridge Plan benefits package prioritizes investment in the long-term health and well-being of Oregonians. With these facts in mind, we urge the BPTF to include dental coverage in the benefits package of the Bridge Plan as well as develop a benefit structure that prioritizes primary, preventive, and behavioral health care.

### **Minimizing Cost to Beneficiaries**

The Bridge Plan should **minimize or eliminate premiums and cost-sharing for individuals** covered under the plan. From a [recent poll](#), we learned that overall cost, including expensive premiums, is a top concern for Oregonians. One of the goals for the Bridge Plan is to reduce the impact of Oregonians churning from one coverage source to another, and subsequently going from paying little to no cost-sharing on Medicaid to paying large premiums and deductibles for private coverage. As the name suggests, this program should be a “bridge” between OHP coverage, with no premiums and out-of-pocket costs, and Marketplace coverage, with higher premiums and out-of-pocket costs. The Bridge Plan should not feel so drastically different in coverage levels or cost compared to OHP that consumers experience a lapse in care and we ask the BPTF to limit the premium and cost-sharing requirements under the Bridge Plan. We encourage the BPTF to look to states like Minnesota and New York, that have prioritized the affordability of coverage for this population, which both states have found to be a historically healthy population. The increased cost burden of making the drastic transition to higher-cost Marketplace coverage may result in some Oregonians choosing to forgo coverage, and these coverage gaps can lead to missed doctor’s appointments, higher costs for services, and thus can lead to poorer health outcomes because of delayed or neglected care.

We encourage the BPTF to prioritize coverage of certain high-value services, including preventive, primary, and behavioral health care services with little to no cost-sharing in the Bridge Plan design. The COVID-19 pandemic has exacerbated the existing mental health crisis, and Oregonians [continue to report](#) barriers to accessing mental health care, forcing many to forgo care due to high costs. Increasing access to affordable access to key health care services

[can help reduce](#) unnecessary hospital admissions and emergency room utilization, and [improve overall health](#). And specifically focusing on providing coverage with no or minimal cost-sharing for preventive and primary care services where there are gaps in access and utilization for communities of color, such as [chronic disease management services](#) to address issues like heart disease, hypertension, and diabetes, can also improve racial and ethnic health disparities.

### **Provider Reimbursement to Support Continued Access to Care**

As the BPTF identifies key plan design elements to promote the goals of the Bridge Plan, it is important to develop adequate provider reimbursement levels so this population continues to have access to necessary services as they transition to the Bridge Plan. We ask the BPTF to set provider reimbursement higher rates than OHP and to explore value-based payment model options that take into account social drivers of health and address unique patient needs. In particular, we ask the BPTF to support essential community providers that serve as critical care access points for this population.

### **Promoting Health Equity Across Coverage Options**

As the BPTF develops the Bridge Plan framework, it will be important to consider how best to utilize the strengths of the [Coordinated Care \(CCO\) infrastructure](#). To further support continuity of coverage, promote care coordination, and advance health equity, **the Bridge Plan should be required to adhere to the same health equity standards as OHP.** This was a recommendation from OHA's [implementation plan](#) for a public health insurance option, and since CCOs currently operate under those standards, it will minimize any disruptions in adopting the Bridge Plan while continuing to move Oregon towards eliminating health equities. Maintaining or improving these equity metrics will keep the Bridge Plan aligned with OHP.

### **Federal Funding Pathway**

We appreciate the BPTF's focus on plan design as it relates to benefit structure and cost-sharing requirements for individuals covered under the Bridge Plan. As these continue to be deliberated, we encourage the BPTF to **consider the statutory requirements and potential constraints related to benefit design and cost-sharing under the federal pathways currently being explored.** We also encourage the BPTF to consider the long-term implications of whichever pathway is pursued to stand up the Bridge Plan. The BPTF should consider how leveraging multiple pathways, such as a 1331 and 1332, may work together over time to ensure all Oregonians continue to have access to high-quality, affordable health care. In the face of federal inaction, [Oregonians face a 41% increase](#) in their premium prices on the individual market at the end of the year when the enhanced subsidies from the American Rescue Plan Act go away. For this reason, we believe it is critical to be thinking about the impending affordability challenges in concert with mitigating churn, as the Bridge Plan is intended to do.

We appreciate the deliberations of the BPTF members on these important considerations in the Bridge Plan design. We strongly believe that the development of the Bridge Plan will continue making progress toward Oregon's goals of developing a low-cost, high-quality plan and will position Oregon to continue to be a national leader in health reform and health equity. Including comprehensive health benefits that match the benefits this population would receive through OHP, minimizing cost-sharing, and adhering to the health equity standards will enhance the Bridge Plan as a coverage option and lead to better health outcomes for Oregonians.

We applaud the Task Force for its commitment to ensuring continuity of coverage and affordability for all Oregonians through the design of the Bridge Plan. As you continue to develop the policy in HB 4035 and weigh the various considerations, please consider the team at United States of Care a resource, and if you have any questions regarding these comments, please don't hesitate to reach out.

Sincerely,

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