

June 15<sup>th</sup>, 2022

Chair Goldberg, Vice-Chair Junkeer, and Members of the Joint Task Force on Universal Health Care:

My name is Peter Merritt, and I'm writing to you today representing the 501(c)(3) nonprofit organization Project Access NOW. As a community-based organization providing access to health care and health-related resources for un- and under- insured communities, Project Access NOW has a unique understanding of the dire state of our current healthcare system and just how desperately the people of Oregon need universal coverage. We are pleased to see the fantastic work the task force has done while developing a Universal Plan for the state. We are especially pleased to see features of the plan like: 1) no means testing or income limits; 2) no premiums, deductibles, or co-pays; 3) incorporation of Medicaid and Medicare populations under the same plan; 4) access to behavioral health and dental coverage; and 5) increased provider reimbursement. All of these features will materially benefit the communities that Project Access NOW currently serves and will ensure a strong, resilient plan that best serves our state.

As the plan continues to be developed, there are some things we feel could strengthen it further:

1. Oversight Board: We believe it is absolutely critical that community-based organizations and other **diverse voices be represented strongly on the governing board for the plan**. We have been filling gaps in care and coverage for years and have built deep connections with the community and would provide an essential perspective to governing the plan.
2. Health Systems Savings: It's always a positive when our systems of delivering healthcare are streamlined, especially when there are financial savings for either the state or other health entities. However, these savings should be represented downstream at the consumer level. There is mention of investments in rural communities and behavioral health with these savings, but **we urge you to consider how the reroute of those funds by health systems will be guaranteed**.
3. Community Health Workers: We hope to see not just a diverse network of providers covered by the plan, but diverse types of providers. Federal and state Medicaid authorities are developing requirements around support of these new and innovative roles. **Community Health Workers have been proven to be beneficial in providing care to diverse communities and should be represented strongly in the plan**.
4. Behavioral Health and Social Determinants of Health: We are glad to see that Behavioral Health benefits will be covered by the Plan, but **how will upstream investments be made to address the social determinants of health?** OHP currently engages in Community Benefit Initiatives to leverage Health Related Services funding at a community-level. Will this practice be carried out by the Universal Health Plan and, if so, how? These investments, some of which have been coordinated by Project Access NOW for Oregon CCOs like CareOregon and Health Share of Oregon, are critical pieces of the state health puzzle.
5. Enrollment and Outreach: We look forward to hearing more about the state's plan to engage in outreach and enrollment for the plan. Last year, Project Access NOW enrolled 4,117 clients into

OHP or a federal marketplace plan. These individuals represent only a fraction of those who are currently falling through the cracks of our system. **Comprehensive and culturally-specific outreach to diverse communities will be critical in rolling out the Universal Health Plan, and we hope that community-based organizations will be included in that outreach.**

6. Providers: We are happy to see that an increase in provider reimbursement is a top priority for the plan, and urge the Task Force to take provider engagement a step further by removing ANY and all potential barriers to provider participation such as a burdensome registration or claims processes. If any barriers to provider participation are present, there is a potential for providers to favor private insurance or private-pay patients, which has disastrous effects on our communities. It's paramount that consumers are able to access a diverse and robust network of providers they trust.
7. Prescription Medications: Formularies can often be unnecessarily restrictive and burdensome for the consumer, especially those with chronic or rare conditions. If a formulary is to be implemented for the plan, it is of the utmost importance that it be exhaustive and make allowances for medications not included on the formulary to be covered in necessary circumstances. **Barriers to accessing medication can create disastrous health outcomes in vulnerable communities.**

As an organization working every day to change the material conditions of vulnerable communities through access to healthcare, a Universal Plan is near and dear to our hearts. We're very excited to see it becoming closer to a reality in the state of Oregon. Thank you for your attention to this matter, and we look forward to your further work on the issue.

Thank you,

Peter Merritt  
Strategic Projects Specialist and Advocacy Committee Member