

July 12th, 2022

Oregon Bridge Plan Taskforce

Re: Bridge Plan Market Impacts, Mitigation Strategies, Industry & Consumer Feedback

Submitted by email: jtbhcp.exhibits@oregonlegislature.gov

Chairs Steiner-Hayward and Prusak, Members of the Taskforce:

I write to you today on behalf of Project Access NOW, a community-based organization providing health and health-related resources to un and underinsured individuals in the Portland area. PANOW serves a number of different communities that will be impacted by the introduction of the Bridge Plan: our Outreach, Enrollment, and Access program assists over 4,000 Medicaid-eligible households per year in applying for Oregon Health Plan, and our Premium Assistance program pays the Federal Marketplace premiums that would otherwise be unaffordable for households that make even \$1 too much to qualify for OHP. These communities make up the “churn” population the Bridge Plan intends to serve.

While the Bridge Plan will cover many underserved folks in Oregon, it certainly won't cover all of them, and as a result, it's critical that the introduction of the Plan not destabilize the insurance market and create additional challenges for the consumer. We believe the following should be considered to maintain stability for the Marketplace and therefore, the consumer:

1. **The Bridge Plan must allow individuals the option to purchase private coverage if eligible.** Individuals who qualify for the Bridge Plan should continue to be able to purchase a private insurance plan through the Marketplace, if they so choose. This will minimize destabilization on the Marketplace, allow for more freedom of choice for consumers, and ultimately protect consumers from experiencing the effects of disruption on the market like increased premiums and co-pays, shifting coverage, etc.
2. **The Task Force should consider the ability of smaller CCOs to administer a Bridge Plan.** Many CCOs do not currently administer commercial benefits and to not have the infrastructure to collect premiums, process copays, or to collect for

non-payment. If the benefits between OHP and the Bridge are different (likely dental, NEMT, Health-Related Services, and/or THWs), it will be important to consider the impact on smaller CCOs who may be challenged to implement a program that has significant differences from OHP, particularly on a tight timeline.

We are grateful for your work to develop a vision for a more equitable and healthy future for Oregonians and look forward to working with the Task Force to ensure that the best possible version of that future is actualized. Thank you for your consideration.

Best,



Carly Hood-Ronick MPA, MPH
Executive Director