

August 9th, 2022

Oregon Bridge Plan Taskforce

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

Project Access NOW is a community-based organization that provides access to healthcare and health-related resources for un-and-underinsured individuals in the Portland metro area. Since its inception 15 years ago, our outreach team has assisted 50,000 households in the tri-county area in applying for health insurance through the Oregon Health Plan and the Federal Marketplace. For those individuals who make even \$1 too much to qualify for OHP, our Premium Assistance program pays premiums in full that would otherwise be unaffordable through the Health Insurance Marketplace.

We write today to share comment on the Preliminary Recommendations offered by the Bridge Plan Taskforce. PANOW strongly believes in the life-saving potential for a Bridge Plan in Oregon to provide coverage to traditionally underserved communities like the ones we work with every day. As we work to remove systemic inequities in healthcare in our state on the basis of race, class, sexuality and other factors, it's critical that we don't create more gaps and "churn" with our solutions. We would like to thank the Task Force for its work in developing an equitable and progressive Bridge Plan and offer the following comment:

Potential for State Funding

While we fully understand the Task Force's direction from HB 4035 was to minimize costs to the state, the legislation does leave the potential to request state funding if necessary. We would like to encourage the Task Force to utilize that allowance and to avoid discouraging the use of state funds if it will come at the cost of lower provider reimbursement or higher cost-sharing to consumers. We know that these factors have disastrous health outcomes for the populations the Bridge Plan is intended to serve and result in less accessibility and lower utilization and enrolment. If the Bridge Plan is to be successful, it must be properly funded, whether the use of state funds is required or not. At a minimum, the Bridge Plan must meet the following standards:

1. The Plan must be affordable with no monthly premiums and no out-of-pocket costs such as copayments or coinsurance.
2. The Plan must provide clear and transparent cost information to the consumer and avoid a tax credit repayment requirement for mid-year income changes, which will also save administrative costs for the state.
3. The Plan must offer higher-than-Medicaid reimbursement rates to ensure a robust and culturally responsive network of providers.

4. The Bridge Plan must provide equal or equivalent quality of care to OHP (including primary, behavioral, and oral health coverage) to avoid further “churn” for this population between the two plans.
5. The Plan should be offered through the existing Marketplace to allow for easier navigation of the healthcare system and to minimize the burden of transitioning between coverage sources.
6. The Plan should be offered through CCOs with pre-existing infrastructure to allow for a seamless transition for the state and consumers.
7. CCOs, CBOs, and other health entities who have established relationships with eligible communities should be provided with appropriate resources to do the necessary culturally specific outreach and community engagement to get folks enrolled in the Bridge Plan.
8. Finally, the Bridge Plan presents a unique opportunity to lay the framework for a public health insurance option in Oregon and should be designed with how the Bridge Plan system and infrastructure may be used in the future to provide such a public option in mind.

While there is certainly the possibility that all these standards could be met with only federal funding, we would like to discourage the Task Force from ruling out the possibility of utilizing state funding if necessary. All of these standards are critical to the success of the Bridge Plan and should not be cut or adjusted to meet the budgetary requirements of strictly utilizing federal funding.

We are grateful for your commitment to this work and are happy to continue to be a resource given our experience filling the coverage gap on behalf of the health systems in the Portland region. Thank you for your time!

Best,



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Executive Director