

October 18th, 2022

Oregon Bridge Plan Taskforce

Re: Bridge Plan Consumer Input, Health-Related Services, and “Phase 4”

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, as well as the population that won’t qualify for the BHP but will experience the market effects of its introduction.

As that Task Force grows closer to finalizing its recommendations to the legislature, we feel strongly that the following considerations should be taken:

1. **The Bridge Plan must incorporate consumer input in a significant capacity.** We were disappointed to see that the Task Force’s consumer listening session scheduled in July was cancelled due to low registration, and urge the Task Force to take whatever steps necessary to incorporate consumer input, preferably prior to the conclusion of the Task Force’s work. This input should be, if at all possible, included in the Task Force’s recommendations. If the Task Force decides to pursue focus groups or surveys as the method of gathering consumer input, consumers who participate should be compensated for their time appropriately.
2. **The BHP should robustly cover Health-Related Services.** Project Access NOW currently administers HRS funding for OHP members on behalf of a number of CCOs for critical services that boost health outcomes and minimize health spending.

While we recognize the upfront financial challenges associated with covering these services, we urge the Task Force to make these services available to those accessing the BHP, as they have been proven to ultimately save the state money by preventing the need for more expensive care down the line as a result of lack of access to resources.

- 3. The Bridge Plan should include a “Phase 4” that offers a BHP-like plan for purchase on the Marketplace for those in the 200-400% FPL range.** Individuals in the 200-400% FPL range experience many of the same challenges in accessing health coverage and health care that those in the 138-200% BHP target population do, and these challenges may only become more significant after the introduction of the BHP and market destabilization begins. Many of the individuals in this income range currently require assistance from organizations like Project Access NOW to access coverage and healthcare, and that number may grow if Marketplace plans become more expensive and less accessible to them. We urge the Task Force to consider including an expansion of the Bridge Plan with a state-regulated option that mimics the BHP, available for purchase on the Marketplace for individuals over 200% FPL. Such a plan will protect this population from their already existing challenges in accessing healthcare and the new challenges they may experience as a result of the BHP market destabilization.

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
Chief Executive Officer