



**From the desk of Representative Maxine Dexter, M.D.
House District 33**

Dear Colleagues,

Through the Families First Coronavirus Response Act (FFCRA), Oregon has been able to provide coverage continuity for Oregon Health Plan Members since March 2020. As a result of this sustained coverage through this public health emergency, the uninsured rate in Oregon has dropped to a record low of 4.6%. When the nationally-declared public health emergency ends, Oregon will have to begin redetermining Medicaid eligibility for 1.4 million Oregonians. It is estimated that 300,000 Oregonians will lose coverage if the determination process remains unchanged. House Bill 4035 will help the OHA and DCBS, through a workgroup process, create a bridge plan to continue healthcare coverage for these Oregonians. I am writing this letter to share with you Senator Wyden's strong support for this effort and encourage you to also stand in support. HB 4035 presents a critical opportunity for Oregon to continue our legacy of leading in healthcare innovation and maintaining broad access to affordable healthcare for the people of our state.

Sincerely,

A handwritten signature in black ink, appearing to read "Maxine Dexter", written in a cursive style.

Representative Maxine Dexter, M.D.
House District 33 (NW Portland and NE Washington County)

United States Senate

COMMITTEE ON FINANCE

WASHINGTON, DC 20510-6200

February 20, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: Coverage Transitions Following the COVID-19 Public Health Emergency

Dear Administrator Brooks-LaSure,

I write as states prepare for the possible expiration of the COVID-19 public health emergency (PHE), which will have important implications for state Medicaid programs and the essential coverage Medicaid provides to over 80 million Americans to date.

In March 2020, through the Families First Coronavirus Response Act (FFCRA), Congress enacted provisions to strengthen state Medicaid programs and provide key coverage protections to beneficiaries during the COVID-19 pandemic. Specifically, through section 6008 of FFCRA, Congress provided states with the opportunity to receive enhanced federal Medicaid funding (a 6.2 percentage point increase in the federal Medicaid match) during the PHE if states maintained the eligibility standards, methodologies, and procedures they had in place as of January 1, 2020, and if states maintained continuous coverage for beneficiaries enrolled on or after March 18, 2020. This continuous coverage provision will expire at the end of the month in which the COVID-19 PHE ends, which will allow states to resume renewals and redeterminations for Medicaid eligibility.

During the pandemic, this continuous coverage protection has been critical to helping people maintain access to health care. This was particularly true for individuals who experienced job instability and reduced incomes at the height of the pandemic, as well as individuals whose normal fluctuations in income (due, for example, to seasonal work) lead them to typically “churn” in and out of Medicaid eligibility over the course of a year. Once FFCRA’s continuous coverage provision expires, many of these individuals could be determined ineligible for Medicaid. Some estimates suggest that Medicaid enrollment could decline by as much as 15 million people after the PHE; about one-third of adults in this group could be eligible for subsidized Affordable Care Act Marketplace coverage.¹

¹ Buttgens M, Green A. “What Will Happen to Unprecedented High Medicaid Enrollment after the Public Health Emergency?” Urban Institute. September 2021. Available at: https://www.urban.org/sites/default/files/publication/104785/what-will-happen-to-unprecedented-high-medicaid-enrollment-after-the-public-health-emergency_0.pdf

I am concerned that many individuals and families could become temporarily or permanently uninsured as they transition from Medicaid coverage. As states unwind the FFCRA provisions, it will be essential to ensure that individuals determined ineligible for Medicaid are able to seamlessly enroll into affordable and comprehensive coverage, whether that be through the Marketplaces, Children’s Health Insurance Program, Basic Health Program, or employer-sponsored coverage. As you know, becoming uninsured—even if temporarily—can result in delayed care, foregone care, and declines in health.²

I strongly encourage you to expedite the release of guidance and tools to provide a path for states to ensure individuals have continued and stable coverage as they transition from Medicaid, and encourage you to consider approaches within existing federal authority such as the Basic Health Plan and State Innovation Waivers that provide states with flexibility to meet their population’s needs. States, including my home state of Oregon, are actively looking for ways to address this issue and maintain the record-low uninsured rates they have achieved during the pandemic.³

It is essential that we maintain these coverage gains to ensure access to quality, affordable health care and financial stability for individuals and families. I look forward to working with you to address this issue, and appreciate your tireless efforts to support access to health care for Americans during and after the pandemic.

Thank you,



Ron Wyden
Chairman
Committee on Finance

CC: Ellen Montz, Deputy Administrator and Director of the Center for Consumer Information and Insurance Oversight; Daniel Tsai, Deputy Administrator and Director, Center for Medicaid & CHIP Services

² Sugar S, De Lew N, Sommers BD. Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic. Office of Health Policy, Assistant Secretary for Policy and Evaluation, Us Department of Health and Human Services. April 12, 2021. Available at: <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>

³ In 2021, 95.4% of people in Oregon had health insurance coverage. Available at: <https://visual-data.dhsoha.state.or.us/t/OHA/views/OregonHealthInsuranceCoverageRates/InsuranceCoverageOverTime?%3Aiid=1&%3AisGuestRedirectFromVizportal=y&%3Aembed=y>