

## HOUSE AMENDMENTS TO A-ENGROSSED HOUSE BILL 4035

By JOINT COMMITTEE ON WAYS AND MEANS

February 28

1 On page 2 of the printed A-engrossed bill, line 11, delete “phenomena” and insert  
2 “phenomenon”.

3 Delete lines 17 through 45 and delete pages 3 through 8 and insert:  
4

### “GOALS OF THE LEGISLATIVE ASSEMBLY

5  
6  
7 “SECTION 1. (1) It is the goal of the Legislative Assembly to:

8 “(a) Develop a medical assistance program redetermination process that supports the  
9 Legislative Assembly’s goals of maintaining access to insurance coverage and reducing the  
10 rate of uninsurance in this state;

11 “(b) Provide up to 90 days for individuals to respond to requests for information neces-  
12 sary to renew their coverage under the medical assistance program and, for individuals  
13 leaving the medical assistance program, provide adequate time to transition to other health  
14 insurance coverage;

15 “(c) Maximize health care coverage and maintain, to the maximum extent possible, en-  
16 rollment in the medical assistance program for as many eligible individuals as possible;

17 “(d) Create new options for affordable health insurance coverage that allow for continuity  
18 of coverage and care for the individuals who regularly enroll and disenroll in the medical  
19 assistance program due to frequent fluctuations in income;

20 “(e) Adopt processes and policies that maintain or improve the current reductions in  
21 uninsured rates for priority populations; and

22 “(f) Forestall termination of coverage under the medical assistance program for current  
23 medical assistance program enrollees with incomes at or below 200 percent of the federal  
24 poverty guidelines until the end of the phase out period, as defined in section 2 of this 2022  
25 Act, contingent upon federal approval of and federal financial participation in the costs of a  
26 program described in section 5 of this 2022 Act.

27 “(2) The Oregon Health Authority, in consultation with the Department of Human Ser-  
28 vices and the Department of Consumer and Business Services, shall seek federal approvals  
29 to secure federal financial participation in the costs of program changes necessary to carry  
30 out the goals described in this section within the authority’s legislatively approved budget.  
31

### “MEDICAL ASSISTANCE PROGRAM REDETERMINATIONS

32  
33  
34 “SECTION 2. (1) As used in this section, ‘phase out period’ means the date by which the  
35 Centers for Medicare and Medicaid Services requires that medical assistance program rede-

1 terminations be completed for medical assistance program enrollees who were granted con-  
2 tinuous enrollment due to the federal public health emergency related to COVID-19.

3 “(2) The Oregon Health Authority, in consultation with the Department of Human Ser-  
4 vices and the Department of Consumer and Business Services, shall develop a process for  
5 conducting medical assistance program redeterminations following the end of the federal  
6 public health emergency related to COVID-19. The process must ensure robust communi-  
7 cations, outreach and navigation assistance for medical assistance program enrollees during  
8 the redetermination process.

9 “(3) No later than May 31, 2022, the authority shall submit a report to the interim com-  
10 mittees of the Legislative Assembly related to health, the subcommittee of the Joint Interim  
11 Committee on Ways and Means related to human services, the President of the Senate, the  
12 Speaker of the House of Representatives and the Legislative Fiscal Officer describing:

13 “(a) The medical assistance program redetermination process;

14 “(b) The operational timelines for processing the medical assistance program redetermi-  
15 nations;

16 “(c) The risks to successfully implementing the medical assistance program redetermi-  
17 nation process; and

18 “(d) How the authority will use the authority’s appropriations from the Legislative As-  
19 sembly to complete the redeterminations.

20 “(4) The authority may seek any necessary federal approval to maximize federal financial  
21 participation in the costs of the medical assistance program redeterminations and to ensure  
22 continuity of care for medical assistance program enrollees until the end of the phase out  
23 period, within the constraints of the authority’s legislatively approved budget and federal  
24 resources.

25 “(5) On or before March 1, 2023, the authority shall report to the interim committees of  
26 the Legislative Assembly related to health, the subcommittee of the Joint Interim Committee  
27 on Ways and Means related to human services, the President of the Senate, the Speaker of  
28 the House of Representatives and the Legislative Fiscal Officer:

29 “(a) Any waivers or other approvals granted by the Centers for Medicare and Medicaid  
30 Services pursuant to subsection (4) of this section;

31 “(b) How the redetermination process has been implemented; and

32 “(c) Any substantial changes to the timeline for the completion of the redetermination  
33 process.

34 “(6) The authority and the Department of Human Services shall make the reports de-  
35 scribed in subsections (3) and (5) of this section and other information about the redetermi-  
36 nation process available on a publicly accessible website. The authority shall update the  
37 information on the website to show:

38 “(a) The progress of the redetermination process; and

39 “(b) Changes to the redetermination process or timelines that are imposed by the Centers  
40 for Medicare and Medicaid Services.

41 “(7) To minimize the risk of disruptions in coverage or care for high-risk populations or  
42 populations at risk of becoming uninsured, the authority and the Department of Consumer  
43 and Business Services may:

44 “(a) Phase in the redeterminations by population; and

45 “(b) Adjust timelines, for up to 90 days, to obtain eligibility information from medical

1 assistance program enrollees or to terminate coverage for enrollees, within the legislatively  
2 approved budget, to allow for adequate outreach and enrollment assistance to enrollees los-  
3 ing coverage. The authority shall seek federal approval to maximize federal funding during  
4 the extended timelines.

5 “(8) Subject to subsection (9) of this section, the authority and the department may  
6 temporarily waive the limits on disclosure of medical assistance program enrollee informa-  
7 tion under ORS 410.150, 411.320, 413.175 or 741.510 or any state laws that limit disclosure, to  
8 promote greater information sharing with community partners that are assisting individuals  
9 who are reapplying for or seeking to maintain eligibility in the medical assistance program  
10 or who are in transition to coverage under the health insurance exchange, but only to the  
11 extent necessary to:

12 “(a) Conduct outreach;

13 “(b) Allow coordinated care organizations and insurers to conduct outreach and enroll-  
14 ment assistance; and

15 “(c) Gather and submit to the authority and the department updated contact informa-  
16 tion.

17 “(9) The authority and the department must ensure that appropriate consumer pro-  
18 tections are considered before waiving any specific statutory requirements under subsection  
19 (8) of this section.

20 “(10) The authority and the department may adopt rules or conduct emergency procure-  
21 ments necessary to ensure rules and resources are in place when needed to implement the  
22 process for conducting medical assistance program redeterminations until the end of the  
23 phase out period.

24 “SECTION 3. (1) The Oregon Health Authority, in collaboration with the Department of  
25 Human Services and the Department of Consumer and Business Services, shall immediately  
26 convene a community and partner work group to advise the authority and the departments  
27 on the development of outreach and enrollment assistance and communications strategies,  
28 within the authority’s legislatively approved budget, to communicate and assist medical as-  
29 sistance program enrollees in navigating the redetermination process and the enrollees’  
30 transition to coverage through the health insurance exchange.

31 “(2) The work group must include representatives of impacted health systems, commu-  
32 nity partners, organized labor, medical assistance program enrollees, the Medicaid Advisory  
33 Committee and the Health Insurance Exchange Advisory Committee.

34 “(3) The work group shall recommend:

35 “(a) Strategies for obtaining and updating contact information for enrollees in the med-  
36 ical assistance program;

37 “(b) Strategies for outreach and communication with enrollees in the medical assistance  
38 program, health care providers, community partners and other organizations;

39 “(c) Strategies to maximize awareness of and utilization of navigational assistance for  
40 enrollees in the medical assistance program who will need to transition to other forms of  
41 coverage;

42 “(d) Other strategies for conducting medical assistance program redeterminations to  
43 minimize the loss of enrollees’ medical assistance program coverage; and

44 “(e) Strategies to maximize the use of community-based organizations and other organ-  
45 izations that contract with the authority to provide navigational assistance to medical as-

1 assistance program enrollees.

2 “(4) The authority shall consult with and seek recommendations from the work group for  
3 additional changes to the medical assistance program redetermination process that may be  
4 done within the authority’s legislatively approved budget, such as:

5 “(a) Conducting ex parte, automatic or active eligibility renewals;

6 “(b) Changes to streamline the process for requesting additional information from med-  
7 ical assistance program enrollees;

8 “(c) Changes to the post-eligibility verification process to allow continuous enrollment  
9 while eligibility is verified;

10 “(d) Extending deadlines of up to 90 days for medical assistance program enrollees to  
11 respond to requests from the authority to verify eligibility factors;

12 “(e) Increasing the use of application assisters; and

13 “(f) Phasing in renewals by population.

14 “(5) The authority shall incorporate the recommendations of the work group into the  
15 reports described in section 2 (3) and (5) of this 2022 Act.

16  
17 **“BRIDGE PROGRAM AND PAUSE IN TERMINATIONS**

18  
19 **“SECTION 4. (1) A task force to create a bridge program is established.**

20 **“(2) The task force shall consist of the following members:**

21 **“(a) The President of the Senate shall appoint two nonvoting members from among**  
22 **members of the Senate.**

23 **“(b) The Speaker of the House of Representatives shall appoint two nonvoting members**  
24 **from among members of the House of Representatives.**

25 **“(c) The Governor shall appoint the following members:**

26 **“(A) One member representing low-income workers who are likely to be eligible for the**  
27 **bridge program.**

28 **“(B) Two members with expertise in health equity.**

29 **“(C) One member with expertise in providing navigation assistance for health insurance**  
30 **consumers.**

31 **“(D) One member representing organized labor.**

32 **“(E) One member representing an insurer that offers qualified health plans on the health**  
33 **insurance exchange.**

34 **“(F) One member representing a coordinated care organization.**

35 **“(G) In addition to the members described in subparagraphs (H) and (I) of this paragraph,**  
36 **two members representing health care providers, one of whom represents a hospital or**  
37 **health system.**

38 **“(H) One member with expertise in behavioral health care.**

39 **“(I) One member representing an oral health care provider that contracts with the au-**  
40 **thority to provide care to enrollees in the medical assistance program.**

41 **“(J) A representative of the Medicaid Advisory Committee.**

42 **“(K) A representative of the Health Insurance Exchange Advisory Committee.**

43 **“(d) The chairperson of the Oregon Health Policy Board or the chairperson’s designee.**

44 **“(e) The Director of the Oregon Health Authority or the director’s designee.**

45 **“(f) The Director of Human Services or the director’s designee.**

1       “(g) The Director of the Department of Consumer and Business Services or the director’s  
2       designee.

3       “(3) The Governor shall select two of the nonvoting members of the task force to serve  
4       as cochairpersons.

5       “(4) The members of the task force must be appointed and have their first meeting no  
6       later than March 31, 2022.

7       “(5) The task force shall develop a proposal for a bridge program to provide affordable  
8       health insurance coverage and improve the continuity of coverage for individuals who regu-  
9       larly enroll and disenroll in the medical assistance program or other health care coverage  
10      due to frequent fluctuations in income.

11      “(6) The authority and the Department of Consumer and Business Services shall consult  
12      with Oregon Indian tribes during the deliberations of the task force and incorporate tribal  
13      recommendations into the task force report and requests for federal approvals under sub-  
14      sections (7) and (9) of this section.

15      “(7)(a) Except as provided in paragraph (b) of this subsection, the task force must com-  
16      plete the proposal for a bridge program and submit a report, no later than July 31, 2022,  
17      containing recommendations and a request for additional funding, if necessary, to the in-  
18      terim committees of the Legislative Assembly related to health, the subcommittee of the  
19      Joint Interim Committee on Ways and Means related to human services, the President of the  
20      Senate, the Speaker of the House of Representatives and the Legislative Fiscal Officer. The  
21      report must include recommendations on:

22      “(A) The potential development of additional federal waivers; and

23      “(B) Suggested timelines for phasing in the bridge program.

24      “(b) If the federal public health emergency related to COVID-19 is extended beyond April  
25      16, 2022, the task force has until September 1, 2022, to complete the proposal and submit a  
26      report.

27      “(8) The recommendations and proposal for a bridge program must, within available fed-  
28      eral resources and the authority’s legislatively approved budget:

29      “(a) Prioritize health equity, reduction in the rate of uninsurance in this state and the  
30      promotion of continuous health care coverage for communities that have faced health ineq-  
31      uities.

32      “(b) Be consistent with the Oregon Integrated and Coordinated Health Care Delivery  
33      System established in ORS 414.570 and enhance the coordinated care organization delivery  
34      system.

35      “(c) Ensure that the bridge program is available to all individuals residing in this state  
36      with incomes at or below 200 percent of the federal poverty guidelines who do not qualify for  
37      the medical assistance program but who do qualify for advance premium tax credits, as de-  
38      fined in ORS 413.611.

39      “(d) Maximize leveraging of federal funds and minimize costs to enrollees in the program  
40      and to the state budget.

41      “(e) Provide, at a minimum, all essential health benefits, as defined in ORS 731.097 and,  
42      to the extent practicable, an option or options for dental coverage.

43      “(f) To the extent practicable, include an option that has no cost-sharing, deductibles or  
44      other out-of-pocket costs and an option that provides lesser cost-sharing, deductibles or  
45      other out-of-pocket costs than qualified health plans on the health insurance exchange.

1       “(g) Establish a capitation rate to be paid to providers that is sufficient to provide cov-  
2 erage, within the authority’s legislatively approved budget and available federal resources,  
3 but with reimbursement rates that are higher than the current medical assistance program  
4 reimbursement rates, to the extent practicable.

5       “(h) Offer health care coverage through coordinated care organizations and align pro-  
6 curements for service providers on the same cycle as the procurements cycle for coordinated  
7 care organizations.

8       “(i) Provide a transition period for eligible individuals to enroll in the bridge program.

9       “(j) Take into account the health insurance exchange as an option for potential bridge  
10 program participants if the participants choose to opt out of the bridge program.

11       “(k) In addition to using coordinated care organizations to deliver the services in the  
12 bridge program, include an option for offering the bridge program on the health insurance  
13 exchange if the plans meet criteria established by the Oregon Health Authority and the De-  
14 partment of Consumer and Business Services, to the extent practicable within the  
15 authority’s legislatively approved budget and available federal resources.

16       “(L) To the extent practicable, require coordinated care organizations to accept enrollees  
17 in the bridge program or require the authority to contract with a new entity to accept bridge  
18 program enrollees.

19       “(9)(a) The task force shall identify potential disruptions to the individual and small  
20 group markets by the bridge program and develop mitigation strategies to ensure market  
21 stability including utilizing the Oregon Reinsurance Program or other mechanisms to limit  
22 disruptions in coverage.

23       “(b) No later than December 31, 2022, the task force shall submit to the Legislative As-  
24 sembly, in the manner provided in ORS 192.245, recommendations to alleviate disruptions to  
25 health care coverage for individuals and small employers in this state.

26       “(10) A majority of the voting members of the task force constitutes a quorum for the  
27 transaction of business.

28       “(11) Official action by the task force requires the approval of a majority of the voting  
29 members of the task force.

30       “(12) If there is a vacancy for any cause, the appointing authority shall make an ap-  
31 pointment to become immediately effective.

32       “(13) The task force shall meet at times and places specified by the call of the  
33 cochairpersons or of a majority of the voting members of the task force.

34       “(14) The task force may adopt rules necessary for the operation of the task force.

35       “(15) The Director of the Legislative Policy and Research Office shall provide staff sup-  
36 port to the task force.

37       “(16) Members of the Legislative Assembly appointed to the task force are nonvoting  
38 members of the task force and may act in an advisory capacity only.

39       “(17)(a) Members of the task force who are not members of the Legislative Assembly and  
40 who have incomes at or below 400 percent of the federal poverty guidelines are entitled to  
41 compensation for actual and necessary expenses incurred by the members in the perform-  
42 ance of their official duties, as provided in ORS 292.495.

43       “(b) Members of the task force who are members of the Legislative Assembly are entitled  
44 to a per diem as provided in ORS 171.072 (4).

45       “(c) Members not described in paragraph (a) or (b) of this subsection are not entitled to

1 compensation or reimbursement for expenses and serve as volunteers on the task force.

2 “(18) The authority and the department are directed to assist the task force in the per-  
3 formance of the duties of the task force and, to the extent permitted by laws relating to  
4 confidentiality, to furnish information and advice the members of the task force consider  
5 necessary to perform their duties.

6 “**SECTION 5.** (1) To secure federal financial participation in the costs of administering  
7 the bridge program developed by the task force in accordance with section 4 of this 2022 Act  
8 and to achieve the goals of the Legislative Assembly described in section 1 of this 2022 Act  
9 to provide affordable health care coverage, improve the continuity of coverage and care for  
10 Oregonians and reduce health inequities for individuals who regularly enroll and disenroll in  
11 the medical assistance program due to fluctuations in their incomes, the Oregon Health  
12 Authority, in collaboration with the Department of Consumer and Business Services and  
13 with the approval of the Oregon Health Policy Board by a majority vote, shall request from  
14 the Centers for Medicare and Medicaid Services approval of:

15 “(a) A demonstration project under 42 U.S.C. 1315;

16 “(b) A basic health plan under 42 U.S.C. 18051;

17 “(c) A waiver for state innovation under 42 U.S.C. 18052; or

18 “(d) Any other federal approval needed to secure federal financial participation in the  
19 costs of the bridge program.

20 “(2) After receiving the necessary approval from the Centers for Medicare and Medicaid  
21 Services, the authority shall:

22 “(a) Begin implementation of the bridge program; and

23 “(b) At the next regular session of the Legislative Assembly, provide a report to the  
24 Legislative Assembly, in the manner provided in ORS 192.245, containing:

25 “(A) Details of the federal approval;

26 “(B) A plan for implementation of the bridge program; and

27 “(C) Recommended or needed, if any, legislative changes or budgetary actions.

28 “**SECTION 6.** (1) While the request to the Centers for Medicare and Medicaid Services  
29 under section 5 of this 2022 Act is pending, and if necessary to forestall the termination of  
30 medical assistance for individuals with incomes at or below 200 percent of the federal poverty  
31 guidelines who are no longer categorically eligible for medical assistance but are likely to  
32 qualify for the bridge program under section 5 of this 2022 Act, the Oregon Health Authority  
33 shall seek federal approval to create a temporary medical assistance program category for  
34 such individuals with federal financial participation paid in the same percentage as individ-  
35 uals described in 42 U.S.C. 1396a(a)(10)(A)(i)(VIII).

36 “(2) Individuals enrolled in the temporary medical assistance program category may re-  
37 main enrolled in the category until the earliest of:

38 “(a) The end of the phase out period, as defined in section 2 of this 2022 Act, unless the  
39 Centers for Medicare and Medicaid Services permit their continued enrollment; or

40 “(b) The date on which the individuals are enrolled in the bridge program.

41 “**SECTION 7.** If the Centers for Medicare and Medicaid Services has not approved the  
42 request submitted by the Oregon Health Authority under section 5 of this 2022 Act by the  
43 60th day before the end of the phase out period, as defined in section 2 of this 2022 Act, if  
44 any, the authority shall begin the process of disenrolling individuals from the medical as-  
45 sistance program and the temporary medical assistance program category described in sec-

1 tion 6 of this 2022 Act, unless the Centers for Medicare and Medicaid Services allows the  
2 authority to continue enrollment through to a later date.

3 “**SECTION 8.** The Bridge Plan Fund is established in the State Treasury, separate and  
4 distinct from the General Fund, consisting of federal funds received by the Oregon Health  
5 Authority to administer the bridge program described in section 5 of this 2022 Act. Moneys  
6 in the Bridge Plan Fund are continuously appropriated to the Oregon Health Authority to  
7 carry out section 5 of this 2022 Act.

8 “**SECTION 9.** Section 5 of this 2022 Act is amended to read:

9 “**Sec. 5.** [(1) To secure federal financial participation in the costs of administering the bridge pro-  
10 gram developed by the task force in accordance with section 4 of this 2022 Act and to achieve the goals  
11 of the Legislative Assembly described in section 1 of this 2022 Act] **The Oregon Health Authority**  
12 **shall administer a bridge program** to provide affordable health care coverage, improve the conti-  
13 nuity of coverage and care for Oregonians and reduce health inequities for individuals who regularly  
14 enroll and disenroll in the medical assistance program due to fluctuations in their incomes.[, *the*  
15 *Oregon Health Authority, in collaboration with the Department of Consumer and Business Services*  
16 *and with the approval of the Oregon Health Policy Board by a majority vote, shall request from the*  
17 *Centers for Medicare and Medicaid Services approval of:]*

18 “[*(a) A demonstration project under 42 U.S.C. 1315;*]

19 “[*(b) A basic health plan under 42 U.S.C. 18051;*]

20 “[*(c) A waiver for state innovation under 42 U.S.C. 18052; or*]

21 “[*(d) Any other federal approval needed to secure federal financial participation in the costs of the*  
22 *bridge program.*]

23 “[*(2) After receiving the necessary approval from the Centers for Medicare and Medicaid Services,*  
24 *the authority shall:]*

25 “[*(a) Begin implementation of the bridge program; and*]

26 “[*(b) At the next regular session of the Legislative Assembly, provide a report to the Legislative*  
27 *Assembly, in the manner provided in ORS 192.245, containing:]*

28 “[*(A) Details of the federal approval;*]

29 “[*(B) A plan for implementation of the bridge program; and*]

30 “[*(C) Recommended or needed, if any, legislative changes or budgetary actions.*]

31  
32 “**APPROPRIATION**

33  
34 “**SECTION 10.** Notwithstanding any other provision of law, the General Fund appropri-  
35 ation made to the Oregon Health Authority by section 1 (1), chapter 668, Oregon Laws 2021,  
36 for the biennium ending June 30, 2023, for health systems, health policy and analytics, and  
37 public health, is increased by \$120,000,000 for the purpose of carrying out sections 2 to 5 of  
38 this 2022 Act.

39  
40 “**CAPTIONS**

41  
42 “**SECTION 11.** The unit captions used in this 2022 Act are provided only for the conven-  
43 ience of the reader and do not become part of the statutory law of this state or express any  
44 legislative intent in the enactment of this 2022 Act.



1 "SUNSET

2  
3 "SECTION 12. Sections 1 to 4 of this 2022 Act are repealed on January 2, 2024.

4  
5 "OPERATIVE DATES

6  
7 "SECTION 13. (1) Section 8 of this 2022 Act becomes operative upon receipt of federal  
8 approval to secure federal financial participation in the costs of the bridge program as de-  
9 scribed in section 5 of this 2022 Act.

10 "(2) The amendments to section 5 of this 2022 Act by section 9 of this 2022 Act become  
11 operative on June 30, 2023.

12  
13 "EMERGENCY CLAUSE

14  
15 "SECTION 14. This 2022 Act being necessary for the immediate preservation of the public  
16 peace, health and safety, an emergency is declared to exist, and this 2022 Act takes effect  
17 on its passage."  
18

---