

HB 4035-1
(LC 203)
2/10/22 (LHF/ps)

Requested by HOUSE COMMITTEE ON HEALTH CARE (at the request of Representative Rachel Prusak)

**PROPOSED AMENDMENTS TO
HOUSE BILL 4035**

1 In line 2 of the printed bill, after “care” insert “; and declaring an emer-
2 gency”.

3 After line 2, insert:

4 “Whereas, as a result of the unprecedented public health emergency, the
5 federal government adopted a national policy of continuing the enrollment
6 of individuals in medical assistance programs to ensure as many individuals
7 as possible maintain coverage through the pandemic and the public health
8 emergency; and

9 “Whereas Congress authorized reductions in administrative barriers to
10 enrolling in medical assistance programs, such as permitting applicants to
11 self-attest to certain eligibility criteria, to make it easier for eligible indi-
12 viduals to enroll in medical assistance programs; and

13 “Whereas, as a result, Oregon, along with other states, has provided
14 continuous eligibility for individuals enrolled in the medical assistance pro-
15 gram and that has led to greater access to health care in Oregon; and

16 “Whereas Oregon, along with other states, has experienced a significant
17 increase in the medical assistance program caseload such that more than 95.4
18 percent of Oregonians are enrolled in health care coverage, a rate higher
19 than ever before; and

20 “Whereas Oregon has also seen a significant reduction in inequities in
21 health care coverage in 2021, and in particular the rate of uninsurance for

1 Black or African American individuals, from 8.2 percent to 5 percent; and
2 “Whereas in Oregon the continuous enrollment policy has substantially
3 reduced the number of individuals who leave the medical assistance program
4 and reenroll a short time later due to fluctuations in income, a phenomena
5 known as ‘churn’; and

6 “Whereas when the public health emergency ends, Oregon will be faced
7 with the unprecedented situation of having to redetermine eligibility for ev-
8 eryone enrolled in the medical assistance program with the potential of
9 having hundreds of thousands of Oregonians exit the medical assistance
10 program and lose access to health care; now, therefore,”.

11 Delete lines 4 through 11 and insert:

12 **“SECTION 1. It is the goal of the Legislative Assembly to:**

13 **“(1) Develop a thoughtful, methodical and successful medical as-**
14 **sistance redetermination process that supports the Legislative**
15 **Assembly’s goals of maintaining access to insurance coverage and re-**
16 **ducing the rate of uninsurance in this state;**

17 **“(2) Provide adequate time for outreach to individuals to renew**
18 **their coverage under the medical assistance program and, for individ-**
19 **uals leaving the medical assistance program, provide adequate time to**
20 **transition to other health insurance coverage;**

21 **“(3) Maintain, to the maximum extent possible, enrollment in the**
22 **medical assistance program for as many eligible individuals as possi-**
23 **ble;**

24 **“(4) Create new options for affordable health insurance coverage**
25 **that allows for continuity of coverage and care for the individuals who**
26 **regularly enroll and disenroll in the medical assistance program due**
27 **to frequent fluctuations in income;**

28 **“(5) Adopt processes and policies that maintain or improve the**
29 **current reductions in uninsured rates for priority populations;**

30 **“(6) Forestall termination of coverage under the medical assistance**

1 program for current enrollees with incomes at or below 200 percent
2 of the federal poverty guidelines until December 31, 2023, when it is
3 estimated that adequate plans will be in place to carry out the goals
4 of the Legislative Assembly described in this section; and

5 “(7) Authorize the Oregon Health Authority to obtain federal ap-
6 provals to make program changes that are necessary to carry out the
7 goals of the Legislative Assembly described in this section while en-
8 suring legislative oversight over the authority’s budget and the
9 authority’s adherence to established timelines.

10 “SECTION 2. (1) The Oregon Health Authority, in collaboration
11 with the Department of Human Services, shall develop a process for
12 conducting medical assistance program redeterminations following the
13 end of the public health emergency declared by the Governor on March
14 8, 2020, that, to maximum extent practicable, achieves the goals of the
15 Legislative Assembly reflected in section 1 of this 2022 Act no later
16 than May 31, 2022. The authority and the department shall submit a
17 report describing the process, including an operational timeline, to the
18 interim committees of the Legislative Assembly related to health, the
19 subcommittee of the Joint Interim Committee on Ways and Means
20 related to human services, the President of the Senate, the Speaker
21 of the House of Representatives and the Legislative Fiscal Officer. The
22 report shall include dissenting opinions from within the authority and
23 the department or the public, if any.

24 “(2) The authority and the department shall make the report and
25 information about the redetermination process available on a publicly
26 accessible website. The authority and the department shall update the
27 report and timeline as needed to reflect changes in requirements im-
28 posed by the Centers for Medicare and Medicaid Services or changes
29 to the federal public health emergency timeline. The authority and the
30 department shall make the interim committees of the Legislative As-

1 **sembly related to health, the subcommittee of the Joint Interim**
2 **Committee on Ways and Means related to human services, the Presi-**
3 **dent of the Senate, the Speaker of the House of Representatives and**
4 **the Legislative Fiscal Officer aware of any changes to the timeline and**
5 **provide the reason for any such change.**

6 **“(3) When the public health emergency ends and the redetermi-**
7 **nation process begins, the authority and the department shall make**
8 **publicly available on a monthly basis a report that monitors and**
9 **tracks data on enrollment, renewal of enrollment and disenrollment**
10 **in the medical assistance program. The authority and the department**
11 **shall produce and maintain an online dashboard with disaggregated**
12 **data on enrollment and disenrollment as it is reported to the Centers**
13 **for Medicare and Medicaid Services, to assess the disproportionate**
14 **impact on communities of color, persons with lower incomes and other**
15 **populations that face disparities. The data shall be displayed on the**
16 **dashboard in a manner to clearly reflect progress in processing the**
17 **redeterminations.**

18 **“(4) After the public health emergency ends, the authority shall**
19 **maintain the continuous enrollment policy for the medical assistance**
20 **program that was in effect during the public health emergency until**
21 **the first of the reports described in subsection (3) of this section have**
22 **been made available or until May 31, 2022, whichever is later.**

23 **“(5) The authority shall submit a request to the Legislative As-**
24 **sembly for resources needed to implement the redetermination process**
25 **developed under subsection (1) of this section and to begin the rede-**
26 **terminations.**

27 **“(6)(a) To maintain coverage for Oregonians and minimize the risk**
28 **of disruptions in coverage or care for high-risk populations or popu-**
29 **lations at risk of becoming uninsured, the authority and the depart-**
30 **ment are granted flexibility on the:**

1 “(A) Timing of the date redeterminations begin once the public
2 health emergency ends, and whether to phase or stagger redetermi-
3 nations to achieve the goals of the Legislative Assembly described in
4 section 1 of this 2022 Act; and

5 “(B) Timelines for obtaining eligibility information from enrollees,
6 or for beginning the process for terminating coverage, to allow for
7 adequate outreach and enrollment assistance to enrollees losing cov-
8 erage.

9 “(b) The flexibility granted under this subsection ends on December
10 31, 2023. If necessary, the authority and the department may seek
11 legislative approval during the 2023 regular session of the Legislative
12 Assembly to extend the flexibility granted under this subsection.

13 “(7) Subject to subsection (8) of this section, the authority and the
14 department may temporarily waive the limits on disclosure of enrollee
15 information under ORS 410.150, 411.320, 413.175, 741.510 or any state
16 laws that limit disclosure, to promote greater information sharing
17 with community partners that are assisting individuals who are reap-
18 plying for or seeking to maintain eligibility in the medical assistance
19 program or who are in transition to coverage under the health insur-
20 ance exchange, but only to the extent necessary to:

21 “(a) Conduct outreach;

22 “(b) Allow coordinated care organizations and insurers to conduct
23 outreach and enrollment assistance; and

24 “(c) Gather and submit to the authority and the department up-
25 dated contact information.

26 “(8) The authority and the department must ensure appropriate
27 consumer protections are considered before waiving any specific stat-
28 utory requirements under subsection (7) of this section and any waiver
29 must be reported to the interim committees of the Legislative As-
30 sembly related to health, the subcommittee of the Joint Interim

1 **Committee on Ways and Means related to human services, the Presi-**
2 **dent of the Senate, the Speaker of the House of Representatives and**
3 **the Legislative Fiscal Officer.**

4 **“(9) Once the Centers for Medicare and Medicaid Services approves**
5 **the redetermination process, the authority and the department may**
6 **adopt rules or conduct emergency procurements necessary to ensure**
7 **rules and resources are in place when needed to implement the process**
8 **for conducting medical assistance redeterminations after the public**
9 **health emergency ends, once approved by the Centers for Medicare and**
10 **Medicaid Services.**

11 **“SECTION 3. (1) The Oregon Health Authority and the Department**
12 **of Human Services shall immediately convene a community and part-**
13 **ner work group to develop an outreach and enrollment assistance**
14 **program and a broad communications strategy to communicate and**
15 **assist enrollees in the medical assistance program in navigating the**
16 **redetermination process and the enrollees’ transition to coverage**
17 **through the health insurance exchange.**

18 **“(2) The work group must include representatives of impacted**
19 **health systems, community partners, organized labor, consumers and**
20 **other members selected by the authority and the department consist-**
21 **ent with this section. The authority and the department shall deter-**
22 **mine the term of each member of the work group.**

23 **“(3) The work group must include one or more members of, and**
24 **solicit input from, the Medicaid Advisory Committee and the Health**
25 **Insurance Exchange Advisory Committee.**

26 **“(4) The authority and the department shall jointly provide staffing**
27 **to the work group.**

28 **“(5) The work group shall consider various strategies to achieve the**
29 **goals of the Legislative Assembly described in section 1 of this 2022**
30 **Act, including, but not limited to:**

1 **“(a) Strategies for updating contact information for enrollees in the**
2 **medical assistance program, including conducting outreach to**
3 **enrollees whose mail is returned, using:**

4 **“(A) Electronic mail, text messages and updated mailings;**

5 **“(B) Data sources such as the member portal; and**

6 **“(C) Data from immunization registries, Supplemental Nutrition**
7 **Assistance Program data, Pandemic Electronic Benefits Transfer data,**
8 **Health Information Exchange data, coordinated care organization data**
9 **and focused media campaigns.**

10 **“(b) Strategies for outreach and communication with enrollees in**
11 **the medical assistance program to maximize awareness of the rede-**
12 **termination process when the public health emergency declared by the**
13 **Governor on March 8, 2020, ends and the availability of navigational**
14 **assistance to those enrollees who will need to transition to other forms**
15 **of coverage.**

16 **“(c) Communication and engagement with providers and partners,**
17 **including coordinated care organizations, health care providers,**
18 **community-based organizations, enrollment brokers and application**
19 **and enrollment assisters, who can bring urgency to every enrollee**
20 **interaction and help with updating contacts and spreading awareness**
21 **of the redetermination process.**

22 **“(d) Strategies for providing navigational assistance to enrollees in**
23 **the medical assistance program who will need to transition to other**
24 **forms of coverage, including tailored assistance from the authority’s**
25 **Community Partner Outreach Program, the health insurance ex-**
26 **change outreach and assistance program and the department and staff**
27 **of area agencies, as defined in ORS 410.040.**

28 **“(e) Strategies for conducting eligibility determinations to minimize**
29 **the loss of enrollees’ medical assistance program coverage, which may**
30 **include but are not limited to:**

1 **“(A) Implementation of changes to the process for ex parte or au-**
2 **tomatic renewals of eligibility to increase the percentage of renewals**
3 **that can be completed without requesting additional information from**
4 **enrollees;**

5 **“(B) Prepopulated renewal forms;**

6 **“(C) Clear and streamlined instructions for enrollees;**

7 **“(D) Post-eligibility verification processes that allow for continued**
8 **enrollment while eligibility is verified;**

9 **“(E) Extended deadlines for enrollees to respond to requests for**
10 **verification of eligibility; and**

11 **“(F) Application assisters to focus on specific challenges the system**
12 **poses for enrollees who have changed addresses or who experience**
13 **seasonal variations in income and other circumstances.**

14 **“(f) Strategies for phasing in renewals over a 12-month period, to**
15 **maximize retention of coverage and minimize the burden of renewal,**
16 **particularly for individuals and families who are facing renewals in**
17 **multiple benefit programs, such as the Supplemental Nutrition As-**
18 **sistance Program, the temporary assistance for needy families pro-**
19 **gram and the Employment Related Day Care program. The work group**
20 **shall consider the following criteria for grouping enrollees for the**
21 **purpose of phasing the renewals:**

22 **“(A) The viability of automatically renewing eligibility for a group;**

23 **“(B) The income level of the group members;**

24 **“(C) The age of the group members;**

25 **“(D) The parent or caretaker status of group members;**

26 **“(E) Pregnancy or postpartum condition or other health status of**
27 **the group members; and**

28 **“(F) Recent or frequent address changes by the group.**

29 **“(6) No later than May 31, 2022, the authority and the department**
30 **shall submit a report to the interim committees of the Legislative**

1 **Assembly related to health summarizing the strategies developed for**
2 **communications, outreach and navigation assistance, including rec-**
3 **ommendations to the Emergency Board for additional resources**
4 **needed in addition to those included in the agencies' budgets.**

5 **“(7) Once redeterminations commence following the end of the**
6 **public health emergency, the authority and the department shall pro-**
7 **vide monthly updates on the authority and the department’s commu-**
8 **nications, outreach and navigation assistance activities to the interim**
9 **committees of the Legislative Assembly related to health, the Medicaid**
10 **Advisory Committee and the Health Insurance Exchange Advisory**
11 **Committee.**

12 **“SECTION 4. (1) A task force to create a bridge program is estab-**
13 **lished.**

14 **“(2) The task force consists of the following members:**

15 **“(a) The President of the Senate shall appoint two members from**
16 **among members of the Senate.**

17 **“(b) The Speaker of the House of Representatives shall appoint two**
18 **members from among members of the House of Representatives.**

19 **“(c) The President and the Speaker shall jointly appoint the fol-**
20 **lowing members:**

21 **“(A) A representative of low-income workers who are likely to be**
22 **eligible for the bridge program.**

23 **“(B) Two health equity experts.**

24 **“(C) An expert in health insurance navigation assistance for con-**
25 **sumers.**

26 **“(D) A representative of organized labor.**

27 **“(E) A representative of an insurer that offers qualified health**
28 **plans on the health insurance exchange.**

29 **“(F) A representative of a coordinated care organization that does**
30 **not offer plans on the health insurance exchange.**

1 **“(G) Two members representing health care providers.**

2 **“(H) A representative of the Medicaid Advisory Committee.**

3 **“(I) A representative of the Health Insurance Exchange Advisory**
4 **Committee.**

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

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

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

10 **“(3) The task force shall develop a proposal for a bridge program**
11 **to provide affordable health insurance coverage and improve the con-**
12 **tinuity of coverage for individuals who regularly enroll and disenroll**
13 **in the medical assistance program or other health care coverage due**
14 **to frequent fluctuations in income.**

15 **“(4) No later than May 31, 2022, the task force must complete the**
16 **proposal for a bridge program and prepare a report containing recom-**
17 **mendations and a request for additional funding, if necessary, to the**
18 **interim committees of the Legislative Assembly related to health, the**
19 **subcommittee of the Joint Interim Committee on Ways and Means**
20 **related to human services, the President of the Senate, the Speaker**
21 **of the House of Representatives and the Legislative Fiscal Officer.**

22 **“(5) The recommendations and proposal for a bridge program must:**

23 **“(a) Prioritize health equity, reduction in the rate of uninsurance**
24 **in this state and the promotion of continuous health care coverage for**
25 **communities that have faced health inequities.**

26 **“(b) Be consistent with the Oregon Integrated and Coordinated**
27 **Health Care Delivery System established in ORS 414.570 and enhance**
28 **the coordinated care organization delivery system.**

29 **“(c) Ensure that the bridge program is available to all individuals**
30 **lawfully present in this state with incomes between 138 and 200 percent**

1 of the federal poverty guidelines.

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

4 “(e) Provide, at a minimum, all essential health benefits, as defined
5 in ORS 731.097.

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

10 “(g) Establish a capitation rate to be paid to providers that is suf-
11 ficient to maintain budget neutrality in the bridge program, but with
12 reimbursement rates that are higher than the current medical assist-
13 ance reimbursement rates, to the extent practicable.

14 “(h) Offer health care coverage through coordinated care organiza-
15 tions and align procurements for service providers on the same cycle
16 as the procurements cycle for coordinated care organizations.

17 “(i) Provide a transition period for individuals enrolled in the med-
18 ical assistance program to transfer to the bridge program.

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

22 “(k) Include a mechanism to allow coordinated care organizations
23 to offer bridge program plans on the health insurance exchange if the
24 plans meet criteria established by the Oregon Health Authority.

25 “(L) Include a funding allocation for the development of the bridge
26 program including contractor services, actuarial services and other
27 costs identified by the authority and the Department of Human Ser-
28 vices to perform this work.

29 “(m) Require coordinated care organizations to accept enrollees in
30 the bridge program or for the authority to contract with a new entity

1 to accept bridge program enrollees.

2 “(6) A majority of the voting members of the task force constitutes
3 a quorum for the transaction of business.

4 “(7) Official action by the task force requires the approval of a
5 majority of the voting members of the task force.

6 “(8) The task force shall elect one of its members to serve as
7 chairperson.

8 “(9) If there is a vacancy for any cause, the appointing authority
9 shall make an appointment to become immediately effective.

10 “(10) The task force shall meet at times and places specified by the
11 call of the chairperson or of a majority of the voting members of the
12 task force.

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

15 “(12) The Director of the Legislative Policy and Research Office
16 shall provide staff support to the task force.

17 “(13) Members of the Legislative Assembly appointed to the task
18 force are nonvoting members of the task force and may act in an ad-
19 visory capacity only.

20 “(14) Members of the task force who are not members of the Leg-
21 islative Assembly are not entitled to compensation or reimbursement
22 for expenses and serve as volunteers on the task force.

23 “(15) The authority and the department are directed to assist the
24 task force in the performance of the duties of the task force and, to
25 the extent permitted by laws relating to confidentiality, to furnish in-
26 formation and advice the members of the task force consider neces-
27 sary to perform their duties.

28 “SECTION 5. (1) The Oregon Health Authority shall submit to the
29 Centers for Medicare and Medicaid Services a request for any federal
30 approval necessary to secure federal financial participation in the

1 costs of administering the bridge program developed by the task force
2 in accordance with section 4 of this 2022 Act, to provide affordable
3 health care coverage, improve the continuity of coverage and care for
4 Oregonians and reduce health inequities for individuals who regularly
5 enroll and disenroll in the medical assistance program due to fluctu-
6 ations in their incomes.

7 “(2) The authority shall implement the bridge program upon receipt
8 of the necessary approval from the Centers for Medicare and Medicaid
9 Services.

10 **“SECTION 6.** Section 5 of this 2022 Act is amended to read:

11 **“Sec. 5.** [(1)] The Oregon Health Authority shall [*submit to the Centers*
12 *for Medicare and Medicaid Services a request for any federal approval neces-*
13 *sary to secure federal financial participation in the costs of administering the*
14 *bridge program developed by the task force in accordance with section 4 of this*
15 *2022 Act,*] **administer a bridge program** to provide affordable health care
16 coverage, improve the continuity of coverage and care for Oregonians and
17 reduce health inequities for individuals who regularly enroll and disenroll
18 in the medical assistance program due to fluctuations in their incomes.

19 “[*(2) The authority shall implement the bridge program upon receipt of the*
20 *necessary approval from the Centers for Medicare and Medicaid Services.*]

21 **“SECTION 7.** Sections 1 to 4 of this 2022 Act are repealed on Janu-
22 ary 2, 2024.

23 **“SECTION 8.** The amendments to section 5 of this 2022 Act by sec-
24 tion 6 of this 2022 Act become operative upon receipt of federal ap-
25 proval to secure federal financial participation in the costs of the
26 bridge program as described in section 5 of this 2022 Act.

27 **“SECTION 9.** This 2022 Act being necessary for the immediate
28 preservation of the public peace, health and safety, an emergency is
29 declared to exist, and this 2022 Act takes effect on its passage.”.

30