



February 9, 2022

Chair Prusak, Vice-Chairs Salinas & Hayden, and Committee members:

The Leukemia & Lymphoma Society (LLS) is pleased to support HB 4035 and we applaud the Committee for proactively pursuing sensible, thoughtful strategies to ameliorate the impact to Oregonians of the eventual cessation of the COVID-19 Public Health Emergency (PHE) and related Medicaid continuous enrollment (CE) requirements. We further appreciate that HB 4035 will grant state agencies the authority to transition to a state-based marketplace for Oregon's health insurance exchange.

The robust set of strategies in HB 4035 will greatly aid in smoothing any eventual transition away from the PHE. We are concerned over the potentially significant impact to Medicaid enrollees once the PHE ends. HB 4035 seeks to enhance information sharing between relevant agencies and departments and we strongly support the goal to identify any existing statutory barriers to that information sharing. Every possible effort should be made to update enrollee contact information, and keep that information current, between now and the cessation of the PHE or (if delinked) the CE requirement.

We would respectfully encourage the state to make any redetermination timeline plans available as early as possible. The earlier a timeline is made available, the greater the opportunity for the public, interested organizations, departments, and enrollees themselves to ensure they have taken every possible measure to update enrollee information, understand the implications of the transition, and identify appropriate coverage alternatives.

We further applaud the guidance in HB 4035 to support the creation of a robust, comprehensive, and affordable health plan to reduce coverage churn for individuals up to 200% of the federal poverty limit (FPL) in Oregon. Every coverage transition represents an opportunity for harm to an individual's health and well-being: missed enrollment windows that could prevent them from obtaining or maintaining coverage, changes in eligible or in-network providers, resetting or restarting utilization management procedures, and changes in cost-sharing, are all very real outcomes when somebody bounces between types of coverage. A unified, stable, seamless source of coverage for enrollees with incomes up to 200% of FPL has the potential to largely eliminate those stresses and potential hazards for a population that is at greater risk of experiencing this coverage whiplash.

We particularly appreciate the emphasis in HB 4035 of keeping cost sharing minimal or even eliminating cost-sharing altogether. Research has clearly demonstrated that cost-sharing, even at amounts that many would consider to be "minimal", is a significant barrier to accessing and



utilizing necessary health care services.<sup>1</sup> That is particularly true for individuals with serious or chronic conditions, such as blood cancer, who may require frequent and varied types of care for their condition. Even a “minimal” cost share adds up quickly when a patient is juggling multiple providers and appointments, lab work, specialists, and medications to manage their condition. Minimizing or eliminating cost burdens is crucial to ensuring that enrollees are able to actually utilize their coverage once enrolled.

Finally, we support the direction of HB 4035 regarding the transition to a state-based marketplace for Oregon’s health insurance exchange. This transition is a part of a well-developed plan toward the creation of public option. We believe a public option program will improve access to coverage and make health care more equitable, to the benefit of all Oregonians.

Thank you for your consideration and service to Oregonians. We look forward to working with you to achieve these goals and we urge you to support HB 4035.

Thank you,

Sara Kofman  
Regional Director, Government Affairs

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<sup>1</sup> Artiga S, Ubri P, Zur J, “The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings.” Kaiser Family Foundation, June 2017, <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>