



February 9, 2022

Oregon House Committee on Health Care

RE: 2/9 Public Hearing and Support for HB 4035

Dear Chair Prusak and Members of the Committee,

Thank you for the opportunity to provide comments on House Bill 4035 “requiring Oregon Health Authority to study and make recommendations for options to improve access to or lower cost of health care in Oregon.” While we know that many provisions of this bill are still being developed, we appreciate the opportunity to weigh in with our experience from other states also working to ensure their residents have access to high-quality, affordable health care.

United States of Care is a non-partisan, non-profit organization working to ensure everyone has access to quality, affordable health care, regardless of health status, social need, or income. We work in states across the country to develop pragmatic policy solutions that meet the needs of people and have been engaged in efforts to advance and implement public health insurance options, as well as other efforts to expand access to coverage and improve affordability. United States of Care is unique in its commitment to advancing policies that are designed to respond to the needs of people. We have seen through [our research](#) that the high cost of care is the biggest issue of concern to people, even when you consider varying demographics, geography, and ideologies. The high cost of care impacts every part of people’s experience with the health care system, from rising premiums to high deductibles and cost-sharing.

Support for HB 4035

To that end, United States of Care supports the framework and goals of HB 4035 to improve access and lower the cost of health care for Oregonians. Provisions in this bill, such as preparing for the end of the public health emergency, developing a “Bridge Plan,” and planning to establish a state-based marketplace (SBM), are essential first steps to building dependable, long-term solutions to improve Oregon's health care system and lay the foundation for additional meaningful policies, such as public health insurance options.

Oregon’s efforts to address health equity, reduce disparities in health care, and ensure every Oregonian has access to quality, affordable coverage are commendable. We strongly believe that this proposal will continue making progress towards these goals and position Oregon to continue to be a national leader in health reform.

Medicaid Redetermination and the Innovative Bridge Plan

We know that facilitating smooth enrollment processes is top of mind as states anticipate the end of the COVID-19 Public Health Emergency (PHE) and the Medicaid continuous coverage requirements. Without policy interventions, 300,000 Oregonians may lose Medicaid coverage when redeterminations begin at the end of the PHE, and we support efforts to ensure those individuals do not go without coverage as this proposal would do. We also support efforts to advance outreach and enrollment initiatives, including those targeted towards Oregonians at risk of losing Medicaid coverage when the PHE ends. We encourage the legislature to provide authorization to allow for information sharing that will assist with enrollment.

While we believe the concept of a “Bridge Plan” is an innovative solution that has great potential for Oregon, we encourage the legislature to give the Oregon Health Authority (OHA) the appropriate flexibility to create a coverage program that best fits the needs of Oregon while also allowing the state to draw down maximum federal funding. We believe OHA should assess the benefits of designing a program through an 1115 Medicaid waiver, 1331, or 1332 waiver under the Affordable Care Act (or some combination) that would allow continuity of coverage for all Oregonians with incomes between 138% and 200% of the Federal Policy Level (FPL), while laying the foundation for the rest of the individual market to benefit at some point in the future. Alternatively, creating a Basic Health Plan, as defined in Section 1331 of the Affordable Care Act, may mean the state receives less federal funding or has federal limitations on the ability to cover more undocumented Oregonians. We believe 1332 waivers bring great opportunity and potential, and that Oregon can learn from the experiences of Nevada and Colorado, who have used 1332 waivers to expand coverage and improve affordability for their residents.

Value of State-Based Marketplaces

Finally, we’d like to encourage the legislature to consider the benefits of transitioning to a SBM in achieving the goals put forth in HB 4035 and keeping Oregonians insured. A SBM would allow Oregon to better integrate operations with CHIP and Medicaid, creating a more seamless enrollment process than exists with the federal platform. Further, a SBM can allow for more state flexibility, including [extending or creating new enrollment periods](#) and creating auto-enrollment or easy-enrollment policies, such as [Colorado](#) and [Maryland](#) have done. [Three states](#) (Kentucky, Maine, and New Mexico) have recently transitioned successfully to a SBM for the 2022 plan year. Oregon can look to the examples of these states to understand the opportunities to be creative in finding start-up funding, structuring contracts with vendors, and seamlessly transitioning from one system to another. For example, Maine was able to structure its vendor contracts to have no up-front costs and instead pay for the initial development with user fees collected over the first few years the SBM was active.

Overall, we applaud the Oregon legislature for its commitment to ensuring continuity of coverage and affordability for all Oregonians. As you continue to develop the policy in HB 4035 and weigh the various considerations, please consider the team at United States of Care a



resource, and if you have any questions regarding these comments, please don't hesitate to reach out.

Sincerely,

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