

February 9, 2022

Oregon State Legislature  
House Committee on Health Care  
900 Court St. NE  
Salem, OR 97301

**Re: House Bill 4035 – Medicaid Redeterminations**

Chair Prusak and members of the House Committee on Health Care:

On behalf of Oregon’s 62 community hospitals and the patients they serve, the Oregon Association of Hospitals and Health Systems (OAHS) supports the stated goal of HB 4035, to ensure a methodical and careful Medicaid redeterminations process and facilitate a smooth transition for people transitioning from the Oregon Health Plan (OHP) to insurance coverage.

Given that Oregon will have a full twelve months after the impending end of the federal public health emergency to conduct eligibility redeterminations for all 1.4 million people covered under Medicaid, and that approximately 300,000 Oregonians could lose OHP coverage through that process, we agree that this is an “all hands on deck” situation. To ensure these Oregonians maintain access to health care, the redeterminations process must take priority over any other policy considerations regarding health insurance coverage.

We appreciate policy discussions to be included in HB 4035 directs the Oregon Health Authority (OHA) and the Oregon Department of Human Services (ODHS) to develop a comprehensive redeterminations plan with accountability and transparency to the legislature and the public. We welcome the proposed flexibility to remove barriers to information sharing and collaboration between CCOs, insurers, providers, and others to optimize outreach and enrollment assistance especially those hard to reach and disadvantaged populations. We further recommend that these strategies include the recommendations articulated in applicable federal guidance as well as technology and infrastructure improvements to streamline the process for members and those who are assisting them.

Now is not the time to create a new health insurance program. Most individuals in the affected population are eligible for highly subsidized coverage through the marketplace. If we aim to simplify health insurance for Oregonians in order to cover more people, we should help them take advantage of existing programs rather than add complexity by introducing yet another option.

There are already initiatives within Oregon’s pending 1115 Medicaid waiver renewal specifically designed to reduce churn and improve continuity of care.<sup>1</sup> Examples include continuous enrollment for children through age five, two-year continuous enrollment for people ages six and up, and various support mechanisms during life transitions. If these changes are approved, they should be given an opportunity to work and time to evaluate their impact before making assumptions about what other programs might be needed.

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<sup>1</sup> See materials available at: <https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/Waiver-Renewal.aspx>

Increasing access to affordable health insurance has been a long-standing goal in Oregon, and several policy concepts have been considered in recent years, including the development of a Basic Health Program,<sup>2</sup> a public option,<sup>3</sup> and a universal health care system.<sup>4</sup> The extensive reports and analyses prepared by the groups working on these concepts illustrate that they are complex and will have far-reaching impacts throughout the health system that are still not fully understood. It is challenging to find solutions that balance cost containment with robust benefit packages, sustainable payments to providers, and adequate networks to ensure patient access to high quality care.

Additionally, in the time since many of those analyses occurred, our health system has become increasingly fragile under the weight of the COVID-19 pandemic. Disruptive policy changes that further threaten the ability of hospitals and other providers to meet the needs of their patients and communities should be avoided. If any new health plan is considered at this point, it should be a temporary measure that is limited in purpose and scope to reducing coverage loss as a direct result of redeterminations, with legislative oversight and approval required prior to implementation.

If we are to maintain and continue to improve upon the gains we have made in reducing Oregon's uninsured rate and inequities in coverage, we must focus our limited resources where they will have the greatest impact. Right now, that is on the redeterminations process. Formulating a task force to develop an entirely new coverage program within a few short months distracts from the critical opportunity we have in front of us to leverage existing tools to create a smooth transition for those leaving OHP.

For these reasons, while we support the aspects of HB 4035 that require a robust Medicaid redeterminations process and aim to preserve Medicaid coverage for enrollees until adequate outreach and navigation can be provided, we oppose the pursuit of a new "program" or other insurance program as a permanent solution absent clear legislative oversight and approvals prior to implementation. This requires discussions at the state and federal levels that have yet to occur and would be impractical with the obligations the state currently has providing coverage for 1.4 million Oregonians today.

We look forward to continued discussions with the legislature regarding broader policy solutions once the redeterminations have begun and we protect those Oregonians who need our focus.

Thank you,



Sean Kolmer  
Senior Vice President of Policy and Strategy

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<sup>2</sup> See materials available at: <https://healthcare.oregon.gov/marketplace/gov/Pages/bhp-committee.aspx>

<sup>3</sup> See reports available at: <https://www.oregon.gov/oha/HPA/HP/docs/Manatt-Health-Oregon-Public-Option-Report-An-Evaluation-of-Proposed-Delivery-Models-December-16-2020.pdf> and <https://www.oregon.gov/oha/HPA/HP/docs/Public-Option-Implementation-Report-December-2021.pdf>

<sup>4</sup> See materials available at: <https://www.oregon.gov/oha/HPA/HP/Pages/Task-Force-Universal-Health-Care.aspx>

Oregon Association of Hospitals and Health Systems

*4000 Kruse Way Place, Bldg. 2, Suite 100  
Lake Oswego, Oregon 97035  
Phone 503-636-2204 \* Fax 503-636-8310*