



February 9, 2022,

Chair Prusak, Vice Chairs Salinas and Hayden, members of the committee,

I want to first express our support for the common goal of a thorough and efficient redetermination process once the public health emergency is completed. We do not want to see Oregon's insurance coverage rate go backwards and we would hate to see this redetermination work cause disruption of coverage for anyone. There is quite a lot in this proposal to digest in a short amount of time, so we hope conversations continues beyond this initial hearing.

There are a few concerns we do have with the proposal that has come forward this week and would like to share a few thoughts.

First, we are very concerned with the proposed timelines. Given the complexities of a Bridge Plan proposal and the little amount of work that has been produced on this to date, we are very skeptical that a detailed and well vetted plan design can be produced by May 31, 2022. We would urge the legislature to reconsider such a tight timeline.

Second – Given the scope and importance of introducing a new plan design for this population, we would encourage more oversight measures by the legislature. Considering the discussed timeline goals are to have a new plan design ready for enrollment by the end of 2023, we believe there is ample time for the legislature to vote on a plan once it has been thoroughly designed and approved by CMS.

Third– we would urge more consideration be made for those already in the Marketplace who are in the 138-200% FPL range, and we believe that population has benefitted greatly from the enhanced credits from the Federal Government. There are common estimates that this population represents 25% of the entire Individual Market. Traditionally, Basic Health Plans in New York and Minnesota have not allowed for an opt out clause. We would hope that any plan would allow for those currently in the Marketplace to have an option to keep their current plan and current provider network.

Finally – We believe there is one important recommendation missing from the Task Force work recommendations. If you remove everyone in the 138-200% from the Individual Marketplace, we believe there is a significant risk of disruption and cost impacts to those over 200% FPL and with other insurance markets. We would ask that this issue be analyzed and considered as part of the proposed task force work.

To reiterate there are many common goals that we all can work on together, we encourage continued collaboration and a thoughtful process, so no balls are dropped along the way.

Sincerely,

Vince Porter

Director of Oregon Government Affairs

Cambia Health Solutions and Regence Health Plans of Oregon