

Chair Prusak, Vice chairs Hayden and Salinas, and members of the House Healthcare Committee,

RE: HB4035

First thank you for your work navigating this extremely complex and important issue. I am not testifying on the content of the bill, I leave it to those more informed than I to craft a system that continues to serve all Oregonians with quality healthcare.

This is a request for caution as we move forward creating and amending healthcare funding systems. **Please make sure that the eligibility system works.** I will give an example. My senior-aged brother has Down Syndrome and increasing medical problems. He is living in an adult DD residential care home. When we decided that this was the right move, we applied for Medicaid and, after the usual challenges of entering the system, he was approved. Two years later, he needed to reapply. I won't go through all the seven months of trying to find what his level of support will be, and I think the problems have been resolved. I will just give some of his experience as evidence of what we want to avoid:

- After having Medicaid for two years, when he reapplied for Medicaid in June, he received at least 9 notices titled: **Notice about your medical eligibility** within a six month period. Each of these was different than the last. We once received two notices with different information dated on the same day. In addition, in December alone, we received three different notices from the Social Security administration updating how much SS he would receive based on how much was taken out for his OHP premiums.
- I know that the notices of medical eligibility are being updated to be more user friendly, but as someone who has seen Medicaid clients as a provider and worked with the Medicaid system as a state employee, I couldn't understand them and

found some of the language that ***might*** indicate loss of benefits alarming.

- John is fortunate. He has involved siblings and access to support even if his OHP gets confused. However, I am concerned for all of the people who would not be able to understand or navigate a confusing, sometimes broken system.

John's case may have been complex. But, in talking with eldercare attorneys and DD providers in Oregon, it seems that the initiation of the ONE.Oregon system has led to similar problems for many people.

My uncle was one of the creators of the first angel food cake mixes. At that time, Pillsbury had a panel of mix testers - people they gave a mix to to try out before going to market. These people did not know that they had been identified as the most likely to mess up even a simple mix. If they couldn't do it - it wouldn't go to market without changes. I like this idea.

Before rolling any system out to the public, please require the it is not only Beta tested, but Beta tested with a portion of the population who is most likely to get confused. Then test it again. Let them do it on their own - run the results and identify what is confusing, what may hang up in the system, and who can be readily available to help out. I know that this is probably already thought to be done but it needs more attention so that we don't hurt the most vulnerable, those who we are most trying to help.

Thank you for your attention, your service, and your compassion,

Carol Greenough, Ph.D.