

Memorandum

To: Chair Smith Warner, Vice-Chair Fahey, Vice-Chair Breese-Iverson and Members of the House Committee on Rules

From: Marty Carty, Director of Government Affairs, Oregon Primary Care Association

Date: February 17, 2022

Re: HB 4035 A

The Oregon Primary Care Association (OPCA) and Oregon's community health centers support HB 4035 A and we respectfully **request that you ensure both oral and behavioral health care are included in the policy**. Doing so will ensure hundreds of thousands of Oregonians can continue to access comprehensive whole person health care coverage after the federal COVID-19 public health emergency (PHE) ends.

OPCA is a non-profit organization, with a mission to support Oregon's 34 community health centers, also known as federally qualified health centers (FQHCs), in leading the transformation of primary care to achieve health equity for all. Community health centers deliver integrated medical, dental, and behavioral health services to **466,000 Oregonians of which 40% identify as a racial or ethnic minority**. Community health centers are providers within the CCO networks, providing care to some of Oregon's most vulnerable populations, including **one in six Oregon Health Plan members**.

The fallout from the COVID-19 pandemic led to a 13.2 percent state unemployment rate – a record number resulting in insurance coverage losses during a time when Oregonians needed it the most. During the difficult first months of the pandemic our national leaders recognized that access to health care was fundamental to weathering COVID-19 and eventually moving past it. That is why our federal partners put Medicaid redeterminations for eligibility on hold. That means anyone enrolled in Medicaid could not lose access to their health care coverage during the pandemic. Over the last two years, Oregon's Medicaid enrollment has grown as a direct result. And today **over 95 percent of Oregonians are enrolled in health insurance** – another record number.

Community health centers are for everybody. Their doors are open to anyone regardless of their ability to pay, immigration status, or if they have health insurance. One thing health center providers and care teams know firsthand is that **integrated physical, behavioral, and oral health care is whole person health care** and they see how costly it can be when we fail to provide even one of those three basic services.

Today, 1.4 million Oregonians have access to comprehensive life-saving whole person health care services through the Oregon Health Plan (OHP). Community health centers know that improving access to health care is one of the best instruments we have available to achieve more equitable health outcomes while at the same time increasing efficiency and decreasing overall costs to the health care delivery system. It is for these reasons that **we strongly urge this legislature to include behavioral and oral health care services** comparable to OHP in any basic health insurance plan.

We must not lose the gains we have made in health care coverage when the federal PHE expires. While we understand that comparable coverage comes at a cost, we have run this experiment before and know all too well what the **human and fiscal cost of not providing whole person health care can be**.

When the PHE ends the Oregon Health Authority to begin a twelve-month process to redetermine the eligibility of all 1.4 million Oregonians currently enrolled in OHP. This means that many will lose access to life-saving health care coverage leaving them with few options to access critical health care services.

The redetermination process itself is complex, making the renewal processes a real barrier to Medicaid coverage for health center patients. For example, eligible individuals may lose their coverage if they do not respond to notices in a timely manner, understand the notices or forms they receive due to language or literacy challenges, or have stable housing arrangements. Health centers invest significant time and resources to ensure patients are able to go through the renewal process successfully or if determined ineligible, understand the appeals process.

Oregon's usual redetermination process will likely result in a loss of health care coverage for hundreds of thousands of Oregonians – who can least afford it. For working Oregonians who earn between 138 and 200 percent of federal poverty guidelines, buying coverage on the Exchange is out of reach. These individuals and families will become uninsured, and their health care needs will go unsupported. That is why we support the policy goals in HB 4035 A. However, we believe that in its current form it is not enough and that we can do better by:

- providing behavioral health benefits comparable to OHP; and
- providing oral health benefits comparable to OHP; and
- allowing the task force in HB 4035 to determine the cost of extending whole person health care to those who need it.

Physical, behavioral and oral health care coverage comparable to OHP is not a cadillac plan. **Simply ensuring that Oregonians can get a root canal or seek counseling without going bankrupt is just basic health insurance.**

Thank you for the opportunity to share our support for the policy concepts in HB 4035 A and we encourage this committee to allow the capable task force that HB 4035 A sets up to evaluate the cost of extending whole person health care to those who need it the most.