

To: Chair Smith Warner and Members of the House Committee on Rules
2/17/2022
Re: HB 4035A

We are writing to address the looming issue of Medicaid Redetermination and the attempt to address it with HB 4035A.

HCAO is a 501(c)3 organization with well over 35,000 individual supporters and numerous business and organizational endorsers. We regularly hear from those who struggle on a daily basis with the tragic complexities and inequities of the market-based insurance system of getting access to healthcare. We, like you, continue to watch as so many patients and their families suffer the consequences of the market.

When addressing HB 4035A, we write with a continuous reminder that we would not be here addressing this impending issue of 300,000 being dropped from Medicaid or the many other bills if we had a single payer publicly-funded universal health care system.

First, we ask you to consider HCAO's testimony submitted on 2/14/2022 and dated 2/11/2022. In previous testimony, we said that there were amendments that could be made to help in addressing both the redetermination and bridge plan. We want to point out the concern that 4035A was not clearly posted to OLIS until 9:37am today so our thoughts and suggestion are based on information that was previously available. These thoughts and suggestions were provided to Director Vandehey yesterday.

We want to be there with full support to move 4035A forward as expediently as possible. We present those here for the Committee and for OHA's consideration. We ask that they will be acknowledged and considered.

Overall concepts:

1. OHPB should be part of the Work Group also not just in Task Force.
2. Consideration on work of JTFUHC where possible in Bridge Program.
3. We need to maximize retention in OHP.
4. At a minimum include lawfully present immigrants.
5. Tightening up redisclosure--information sharing; get the language right.
6. Timing issues need to be improved to allow as much time as possible for development of Bridge Plan.
7. Contact with enrollees is essential. More than just outreach.
8. Need to include those eligible to enroll.
9. We need to have a specific kind and level of reimbursement.-- no profit taking.
10. Aim for getting an administrative services organization that is not at risk for financial loss.

Specific edits:

Page 2, line 21 strike: *to the maximum extent possible,*

Line 22 strike: *as many, strike as possible*

Line 24 strike: *insurance coverage.* insert **care**

line 25 strike: *coverage and*

Line 26–27 strike: *due to frequent fluctuations in income*

Page 3, line 13 should be **federal End of public health emergency**, we believe.

Line 14 strike: *to the maximum extent practicable,*

Page 4. Lines 18 to 22 **change to match universal healthcare task force report submission date**

Page 5 Line 15 to 16 strike: *any state laws that limit disclosure insert business associate of OHA or contracted entities*

Line 21 strike: *conduct outreach*, insert: **contact the enrollee and maintain enrollment**

Line 22-23 strike: *(b)*

Line 28 strike: *waiver insert disclosures*

Page 6 line 4 insert: **Any information released under these waivers released to any party external to OHA or DHS shall not be retained by the recipient in any form after 12/2023 and shall not be accessed, redisclosed, or used for any other purpose.**

Line 24 strike: *and*

Line 25 insert: **and Health Policy Board**

Page 7 strike line (or clarify how a focused media campaign becomes a data source)

Page 8 insert new line: **14 (G) alternative language support**

Line 28 insert: **or those with shared addresses, such as group homes or POBoxes.**

Page 9 line 21 strike: *workers*, insert: **individuals**

Delete line either 24 or 27–28. Suggest having a less official technical advisory group and more direct consumers on the group including those with lived experience from minority communities, disabilities and trauma.

Page 10 line 12 strike: *regularly enroll and disenroll.* insert: **who have been previously disenrolled and are subsequently reenrolled.**

Line 13-14 strike: *due to frequent fluctuations in income.* insert: **and will incorporate any findings and recommendations from the universal healthcare task force.**

Line 29 strike unless absolutely necessary to keep: *individuals lawfully.* insert: **Oregon residents.** OHA cannot determine lawful. This language should not be perpetuated.

Page 11 line 1 end of sentence insert: **at a minimum.** Should be including those that are newly eligible i.e. not previously enrolled.

Line 10 line 10 strike: *capitation to be paid to providers that is sufficient to maintain budget neutrality in the bridge program but with reimbursement rates that are higher than the current medical assistance reimbursement rates to the extent practicable* insert: **reimbursement rate to be paid to providers that is actuarially sound and will maintain overall budget neutrality.**

Line 22 insert: **prepare and release a request for information for an Administrative Service Organization(s) to perform the operations of the bridge program**

We fully support the goals of the bill as a temporary fix because we know this looming problem needs to be addressed. We further understand that other amendments are being discussed which we have not seen. The bill must completely reflect that patients and equity are truly first.

We recognize that this is a looming crisis created by the current system but there is time. Let's take this opportunity to cooperatively advance to equitable and accessible health care and eliminate the pervasive complexities, barriers and administrative waste that have created these health and economic injustices.

We remain hopeful about what could be written in this bill to reflect that access to health care is a fundamental right and reduce the burdens and complexities that weigh so heavily on those needing care.

Done right this could be a step forward that is alignment with the legislatively approved *Purposes, Values and Principles* guiding the important work of the Joint Task Force on Universal Health Care, the design of the system that will come before the legislature in 2023.

Again, thank you for the consideration of these comments and for your service.

Sincerely,

Karen Christianson, HCAO Member

Tom Sincic, HCAO President
On Behalf of Health Care for All Oregon