

HB 4035 -1 STAFF MEASURE SUMMARY

House Committee On Health Care

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Meeting Dates: 2/9, 2/11, 2/11

WHAT THE MEASURE DOES:

Requires Oregon Health Authority (OHA) to study and make recommendations for options to improve access to or lower cost of health care in Oregon. Requires OHA to implement recommendations to extent of agency's existing statutory authority and report Legislative Assembly any legislative changes necessary to fully implement recommendations by September 15, 2023.

REVENUE: May have revenue impact, but no statement yet issued.

FISCAL: May have fiscal impact, but no statement yet issued.

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

-1 Requires Oregon Health Authority (OHA), in consultation with the Department of Consumer and Business Services (DCBS) develop a process for conducting medical assistance program redeterminations following the end of the public health emergency declared by the Governor on March 8, 2020 and submit report to Legislative Assembly by May 31, 2022. Requires OHA and DCBS to report information about redetermination process on a publicly accessible website. Requires OHA and DCBS to report any changes to redetermination timeline to Legislative Assembly. Requires OHA and DCBS to make publicly available on a monthly basis a report that monitors and tracks data on enrollment, renewal of enrollment and disenrollment in the medical assistance program. Requires OHA to maintain the continuous enrollment policy for the medical assistance program that was in effect during the public health emergency until at least May 31, 2022. Requires OHA to submit request to the Legislative Assembly for resources needed to implement the redetermination process. Gives OHA and DCBS specified flexibilities until December 31, 2023 to maintain coverage for Oregonians and minimize the risk of disruptions in coverage or care for high-risk populations or populations at risk of becoming uninsured. Permits OHA and DCBS to temporarily waive limits on disclosure of enrollee information to promote greater information sharing with community partners that are assisting individuals who are reapplying for or seeking to maintain eligibility in the medical assistance program or who are in transition to coverage under the health insurance exchange. Requires OHA and DCBS to report use of waiver to Legislative Assembly. Permits OHA and DCBS to adopt rules or conduct emergency procurements necessary to ensure rules and resources are in place when needed to implement the process for conducting medical assistance redeterminations approved by CMS. Requires OHA and Department of Human Services (DHS) to immediately convene community and partner work group to develop an outreach and enrollment assistance program and a broad redeterminations communications strategy. Requires work group to consider specified strategies. Requires OHA and DHS to report work group's strategies to Legislative Assembly by May 31, 2022. Requires OHA and DHS to report monthly to Legislative Assembly once redeterminations commence. Creates task force to proposal for a bridge program to provide affordable health insurance coverage and improve the continuity of coverage for individuals who regularly enroll and disenroll in the medical assistance program or other health care coverage due to frequent fluctuations in income and specifies membership. Requires task force to report bridge plan proposal to Legislative Assembly by May 31, 2022. Specifies requirements for bridge proposal and recommendations. Requires OHA to Centers for Medicare and Medicaid Services (CMS) a request for any federal approval necessary to secure federal financial participation in

costs of administering the bridge program. Authorizes OHA to administer program upon CMS approval. Declares emergency, effective on passage.

BACKGROUND:

The federal Family First Coronavirus Recovery Act established continuous Medicaid coverage during the federal public health emergency in place in response to the COVID-19 pandemic. Once the public health emergency ends, states will have 12 months to redetermine eligibility for all Medicaid enrollees. In Oregon, there are approximately 1.4 million enrollees in the state's Medicaid program. The Oregon Health Authority estimates that once redeterminations commence, approximately 300,000 individuals will lose the Medicaid coverage they currently have.