

**HB 4035 A STAFF MEASURE SUMMARY****House Committee On Rules****Action Date:** 02/18/22**Action:** Do pass the A-Eng bill. Refer to Ways and Means.**Vote:** 4-3-0-0**Yeas:** 4 - Fahey, Holvey, Smith Warner, Valderrama**Nays:** 3 - Breese-Iverson, Wallan, Zika**Fiscal:** Fiscal impact issued**Revenue:** No revenue impact**Prepared By:** Brian Nieubuurt**Meeting Dates:** 2/17, 2/18**WHAT THE MEASURE DOES:**

Requires Oregon Health Authority (OHA), in consultation with the Department of Human Services (DHS), to 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 DHS to report information about redetermination process on a publicly accessible website. Requires OHA and DHS to report any changes to redetermination timeline to Legislative Assembly. Requires OHA and DHS 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 continuous enrollment policy for the medical assistance program 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 DHS 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 DHS to temporarily waive limits on disclosure of enrollee information to promote greater information sharing with community partners 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 DHS to report use of waiver to Legislative Assembly. Permits OHA and DHS to adopt rules or conduct emergency procurements necessary to ensure rules and resources are in place when needed to implement process for conducting medical assistance redeterminations approved by Centers for Medicare and Medicaid Services (CMS). Requires OHA and 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 develop 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 submit request to CMS 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.

**ISSUES DISCUSSED:**

- Medical assistance enrollment and impacts of redetermination process
- Redetermination outreach process, including connecting with people who do not initially respond to outreach
- Decline in employer-sponsored health insurance coverage and impact on medical assistance enrollment

*This summary has not been adopted or officially endorsed by action of the committee.*

## **HB 4035 A STAFF MEASURE SUMMARY**

- Provider reimbursement levels in medical assistance program
- Inclusion of behavioral and oral health care in bridge program and task force
- Potential extension of task force
- Impacts of health care coverage on health system costs

### **EFFECT OF AMENDMENT:**

No amendment.

### **BACKGROUND:**

The Oregon Health Plan (OHP), the state's Medicaid program, provides health coverage for low-income Oregonians, including pregnant women and children. As of January 31, 2022 there were 1,381,735 members enrolled in OHP – an increase of 302,122 members (approximately 28 percent) since the Governor's March 8, 2020 COVID-19 Emergency Declaration. Federal law generally requires that a person's Medicaid eligibility be redetermined annually.

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. The Oregon Health Authority estimates that once redeterminations commence, approximately 300,000 individuals will lose the OHP coverage they currently have.

House Bill 4035 A requires the Oregon Health Authority to develop plans for conducting Medicaid redeterminations and establish a bridge program to provide coverage to individuals who churn out of Medicaid eligibility due to income fluctuations.