

Requested by JOINT COMMITTEE ON WAYS AND MEANS

**PROPOSED AMENDMENTS TO
A-ENGROSSED HOUSE BILL 4035**

1 On page 2 of the printed A-engrossed bill, line 11, delete “phenomena” and
2 insert “phenomenon”.

3 Delete lines 17 through 45 and delete pages 3 through 8 and insert:
4

5 **“GOALS OF THE LEGISLATIVE ASSEMBLY**

6
7 **“SECTION 1. (1) It is the goal of the Legislative Assembly to:**

8 **“(a) Develop a medical assistance program redetermination process**
9 **that supports the Legislative Assembly’s goals of maintaining access**
10 **to insurance coverage and reducing the rate of uninsurance in this**
11 **state;**

12 **“(b) Provide up to 90 days for individuals to respond to requests for**
13 **information necessary to renew their coverage under the medical as-**
14 **sistance program and, for individuals leaving the medical assistance**
15 **program, provide adequate time to transition to other health insur-**
16 **ance coverage;**

17 **“(c) Maximize health care coverage and maintain, to the maximum**
18 **extent possible, enrollment in the medical assistance program for as**
19 **many eligible individuals as possible;**

20 **“(d) Create new options for affordable health insurance coverage**
21 **that allow for continuity of coverage and care for the individuals who**

1 regularly enroll and disenroll in the medical assistance program due
2 to frequent fluctuations in income;

3 “(e) Adopt processes and policies that maintain or improve the
4 current reductions in uninsured rates for priority populations; and

5 “(f) Forestall termination of coverage under the medical assistance
6 program for current medical assistance program enrollees with in-
7 comes at or below 200 percent of the federal poverty guidelines until
8 the end of the phase out period, as defined in section 2 of this 2022 Act,
9 contingent upon federal approval of and federal financial participation
10 in the costs of a program described in section 5 of this 2022 Act.

11 “(2) The Oregon Health Authority, in consultation with the De-
12 partment of Human Services and the Department of Consumer and
13 Business Services, shall seek federal approvals to secure federal fi-
14 nancial participation in the costs of program changes necessary to
15 carry out the goals described in this section within the authority’s
16 legislatively approved budget.

17

18 **“MEDICAL ASSISTANCE PROGRAM REDETERMINATIONS**

19

20 **“SECTION 2. (1) As used in this section, ‘phase out period’ means**
21 **the date by which the Centers for Medicare and Medicaid Services re-**
22 **quires that medical assistance program redeterminations be completed**
23 **for medical assistance program enrollees who were granted continuous**
24 **enrollment due to the federal public health emergency related to**
25 **COVID-19.**

26 **“(2) The Oregon Health Authority, in consultation with the De-**
27 **partment of Human Services and the Department of Consumer and**
28 **Business Services, shall develop a process for conducting medical as-**
29 **sistance program redeterminations following the end of the federal**
30 **public health emergency related to COVID-19. The process must en-**

1 **sure robust communications, outreach and navigation assistance for**
2 **medical assistance program enrollees during the redetermination pro-**
3 **cess.**

4 **“(3) No later than May 31, 2022, the authority shall submit a report**
5 **to the interim committees of the Legislative Assembly related to**
6 **health, the subcommittee of the Joint Interim Committee on Ways**
7 **and Means related to human services, the President of the Senate, the**
8 **Speaker of the House of Representatives and the Legislative Fiscal**
9 **Officer describing:**

10 **“(a) The medical assistance program redetermination process;**

11 **“(b) The operational timelines for processing the medical assistance**
12 **program redeterminations;**

13 **“(c) The risks to successfully implementing the medical assistance**
14 **program redetermination process; and**

15 **“(d) How the authority will use the authority’s appropriations from**
16 **the Legislative Assembly to complete the redeterminations.**

17 **“(4) The authority may seek any necessary federal approval to**
18 **maximize federal financial participation in the costs of the medical**
19 **assistance program redeterminations and to ensure continuity of care**
20 **for medical assistance program enrollees until the end of the phase**
21 **out period, within the constraints of the authority’s legislatively ap-**
22 **proved budget and federal resources.**

23 **“(5) On or before March 1, 2023, the authority shall report to the**
24 **interim committees of the Legislative Assembly related to health, the**
25 **subcommittee of the Joint Interim Committee on Ways and Means**
26 **related to human services, the President of the Senate, the Speaker**
27 **of the House of Representatives and the Legislative Fiscal Officer:**

28 **“(a) Any waivers or other approvals granted by the Centers for**
29 **Medicare and Medicaid Services pursuant to subsection (4) of this**
30 **section;**

1 **“(b) How the redetermination process has been implemented; and**
2 **“(c) Any substantial changes to the timeline for the completion of**
3 **the redetermination process.**

4 **“(6) The authority and the Department of Human Services shall**
5 **make the reports described in subsections (3) and (5) of this section**
6 **and other information about the redetermination process available on**
7 **a publicly accessible website. The authority shall update the informa-**
8 **tion on the website to show:**

9 **“(a) The progress of the redetermination process; and**

10 **“(b) Changes to the redetermination process or timelines that are**
11 **imposed by the Centers for Medicare and Medicaid Services.**

12 **“(7) To minimize the risk of disruptions in coverage or care for**
13 **high-risk populations or populations at risk of becoming uninsured,**
14 **the authority and the Department of Consumer and Business Services**
15 **may:**

16 **“(a) Phase in the redeterminations by population; and**

17 **“(b) Adjust timelines, for up to 90 days, to obtain eligibility infor-**
18 **mation from medical assistance program enrollees or to terminate**
19 **coverage for enrollees, within the legislatively approved budget, to al-**
20 **low for adequate outreach and enrollment assistance to enrollees los-**
21 **ing coverage. The authority shall seek federal approval to maximize**
22 **federal funding during the extended timelines.**

23 **“(8) Subject to subsection (9) of this section, the authority and the**
24 **department may temporarily waive the limits on disclosure of medical**
25 **assistance program enrollee information under ORS 410.150, 411.320,**
26 **413.175 or 741.510 or any state laws that limit disclosure, to promote**
27 **greater information sharing with community partners that are assist-**
28 **ing individuals who are reapplying for or seeking to maintain eligibil-**
29 **ity in the medical assistance program or who are in transition to**
30 **coverage under the health insurance exchange, but only to the extent**

1 **necessary to:**

2 **“(a) Conduct outreach;**

3 **“(b) Allow coordinated care organizations and insurers to conduct**
4 **outreach and enrollment assistance; and**

5 **“(c) Gather and submit to the authority and the department up-**
6 **dated contact information.**

7 **“(9) The authority and the department must ensure that appropri-**
8 **ate consumer protections are considered before waiving any specific**
9 **statutory requirements under subsection (8) of this section.**

10 **“(10) The authority and the department may adopt rules or conduct**
11 **emergency procurements necessary to ensure rules and resources are**
12 **in place when needed to implement the process for conducting medical**
13 **assistance program redeterminations until the end of the phase out**
14 **period.**

15 **“SECTION 3. (1) The Oregon Health Authority, in collaboration**
16 **with the Department of Human Services and the Department of Con-**
17 **sumer and Business Services, shall immediately convene a community**
18 **and partner work group to advise the authority and the departments**
19 **on the development of outreach and enrollment assistance and com-**
20 **munications strategies, within the authority’s legislatively approved**
21 **budget, to communicate and assist medical assistance program**
22 **enrollees in navigating the redetermination process and the enrollees’**
23 **transition to coverage through the health insurance exchange.**

24 **“(2) The work group must include representatives of impacted**
25 **health systems, community partners, organized labor, medical assist-**
26 **ance program enrollees, the Medicaid Advisory Committee and the**
27 **Health Insurance Exchange Advisory Committee.**

28 **“(3) The work group shall recommend:**

29 **“(a) Strategies for obtaining and updating contact information for**
30 **enrollees in the medical assistance program;**

1 **“(b) Strategies for outreach and communication with enrollees in**
2 **the medical assistance program, health care providers, community**
3 **partners and other organizations;**

4 **“(c) Strategies to maximize awareness of and utilization of naviga-**
5 **tional assistance for enrollees in the medical assistance program who**
6 **will need to transition to other forms of coverage;**

7 **“(d) Other strategies for conducting medical assistance program**
8 **redeterminations to minimize the loss of enrollees’ medical assistance**
9 **program coverage; and**

10 **“(e) Strategies to maximize the use of community-based organiza-**
11 **tions and other organizations that contract with the authority to**
12 **provide navigational assistance to medical assistance program**
13 **enrollees.**

14 **“(4) The authority shall consult with and seek recommendations**
15 **from the work group for additional changes to the medical assistance**
16 **program redetermination process that may be done within the**
17 **authority’s legislatively approved budget, such as:**

18 **“(a) Conducting ex parte, automatic or active eligibility renewals;**

19 **“(b) Changes to streamline the process for requesting additional**
20 **information from medical assistance program enrollees;**

21 **“(c) Changes to the post-eligibility verification process to allow**
22 **continuous enrollment while eligibility is verified;**

23 **“(d) Extending deadlines of up to 90 days for medical assistance**
24 **program enrollees to respond to requests from the authority to verify**
25 **eligibility factors;**

26 **“(e) Increasing the use of application assisters; and**

27 **“(f) Phasing in renewals by population.**

28 **“(5) The authority shall incorporate the recommendations of the**
29 **work group into the reports described in section 2 (3) and (5) of this**
30 **2022 Act.**

1 **“BRIDGE PROGRAM AND PAUSE IN TERMINATIONS**

2
3 **“SECTION 4. (1) A task force to create a bridge program is estab-**
4 **lished.**

5 **“(2) The task force shall consist of the following members:**

6 **“(a) The President of the Senate shall appoint two nonvoting**
7 **members from among members of the Senate.**

8 **“(b) The Speaker of the House of Representatives shall appoint two**
9 **nonvoting members from among members of the House of Represen-**
10 **tatives.**

11 **“(c) The Governor shall appoint the following members:**

12 **“(A) One member representing low-income workers who are likely**
13 **to be eligible for the bridge program.**

14 **“(B) Two members with expertise in health equity.**

15 **“(C) One member with expertise in providing navigation assistance**
16 **for health insurance consumers.**

17 **“(D) One member representing organized labor.**

18 **“(E) One member representing an insurer that offers qualified**
19 **health plans on the health insurance exchange.**

20 **“(F) One member representing a coordinated care organization.**

21 **“(G) In addition to the members described in subparagraphs (H) and**
22 **(I) of this paragraph, two members representing health care providers,**
23 **one of whom represents a hospital or health system.**

24 **“(H) One member with expertise in behavioral health care.**

25 **“(I) One member representing an oral health care provider that**
26 **contracts with the authority to provide care to enrollees in the med-**
27 **ical assistance program.**

28 **“(J) A representative of the Medicaid Advisory Committee.**

29 **“(K) A representative of the Health Insurance Exchange Advisory**
30 **Committee.**

1 **“(d) The chairperson of the Oregon Health Policy Board or the**
2 **chairperson’s designee.**

3 **“(e) The Director of the Oregon Health Authority or the director’s**
4 **designee.**

5 **“(f) The Director of Human Services or the director’s designee.**

6 **“(g) The Director of the Department of Consumer and Business**
7 **Services or the director’s designee.**

8 **“(3) The Governor shall select two of the nonvoting members of the**
9 **task force to serve as cochairpersons.**

10 **“(4) The members of the task force must be appointed and have**
11 **their first meeting no later than March 31, 2022.**

12 **“(5) The task force shall develop a proposal for a bridge program**
13 **to provide affordable health insurance coverage and improve the con-**
14 **tinuity of coverage for individuals who regularly enroll and disenroll**
15 **in the medical assistance program or other health care coverage due**
16 **to frequent fluctuations in income.**

17 **“(6) The authority and the Department of Consumer and Business**
18 **Services shall consult with Oregon Indian tribes during the deliber-**
19 **ations of the task force and incorporate tribal recommendations into**
20 **the task force report and requests for federal approvals under sub-**
21 **sections (7) and (9) of this section.**

22 **“(7)(a) Except as provided in paragraph (b) of this subsection, the**
23 **task force must complete the proposal for a bridge program and sub-**
24 **mit a report, no later than July 31, 2022, containing recommendations**
25 **and a request for additional funding, if necessary, to the interim**
26 **committees of the Legislative Assembly related to health, the sub-**
27 **committee of the Joint Interim Committee on Ways and Means related**
28 **to human services, the President of the Senate, the Speaker of the**
29 **House of Representatives and the Legislative Fiscal Officer. The report**
30 **must include recommendations on:**

1 **“(A) The potential development of additional federal waivers; and**

2 **“(B) Suggested timelines for phasing in the bridge program.**

3 **“(b) If the federal public health emergency related to COVID-19 is**
4 **extended beyond April 16, 2022, the task force has until September 1,**
5 **2022, to complete the proposal and submit a report.**

6 **“(8) The recommendations and proposal for a bridge program must,**
7 **within available federal resources and the authority’s legislatively ap-**
8 **proved budget:**

9 **“(a) Prioritize health equity, reduction in the rate of uninsurance**
10 **in this state and the promotion of continuous health care coverage for**
11 **communities that have faced health inequities.**

12 **“(b) Be consistent with the Oregon Integrated and Coordinated**
13 **Health Care Delivery System established in ORS 414.570 and enhance**
14 **the coordinated care organization delivery system.**

15 **“(c) Ensure that the bridge program is available to all individuals**
16 **residing in this state with incomes at or below 200 percent of the fed-**
17 **eral poverty guidelines who do not qualify for the medical assistance**
18 **program but who do qualify for advance premium tax credits, as de-**
19 **finied in ORS 413.611.**

20 **“(d) Maximize leveraging of federal funds and minimize costs to**
21 **enrollees in the program and to the state budget.**

22 **“(e) Provide, at a minimum, all essential health benefits, as defined**
23 **in ORS 731.097 and, to the extent practicable, an option or options for**
24 **dental coverage.**

25 **“(f) To the extent practicable, include an option that has no cost-**
26 **sharing, deductibles or other out-of-pocket costs and an option that**
27 **provides lesser cost-sharing, deductibles or other out-of-pocket costs**
28 **than qualified health plans on the health insurance exchange.**

29 **“(g) Establish a capitation rate to be paid to providers that is suf-**
30 **ficient to provide coverage, within the authority’s legislatively ap-**

1 proved budget and available federal resources, but with reimbursement
2 rates that are higher than the current medical assistance program
3 reimbursement rates, to the extent practicable.

4 “(h) Offer health care coverage through coordinated care organiza-
5 tions and align procurements for service providers on the same cycle
6 as the procurements cycle for coordinated care organizations.

7 “(i) Provide a transition period for eligible individuals to enroll in
8 the bridge program.

9 “(j) Take into account the health insurance exchange as an option
10 for potential bridge program participants if the participants choose to
11 opt out of the bridge program.

12 “(k) In addition to using coordinated care organizations to deliver
13 the services in the bridge program, include an option for offering the
14 bridge program on the health insurance exchange if the plans meet
15 criteria established by the Oregon Health Authority and the Depart-
16 ment of Consumer and Business Services, to the extent practicable
17 within the authority’s legislatively approved budget and available fed-
18 eral resources.

19 “(L) To the extent practicable, require coordinated care organiza-
20 tions to accept enrollees in the bridge program or require the author-
21 ity to contract with a new entity to accept bridge program enrollees.

22 “(9)(a) The task force shall identify potential disruptions to the in-
23 dividual and small group markets by the bridge program and develop
24 mitigation strategies to ensure market stability including utilizing the
25 Oregon Reinsurance Program or other mechanisms to limit dis-
26 ruptions in coverage.

27 “(b) No later than December 31, 2022, the task force shall submit
28 to the Legislative Assembly, in the manner provided in ORS 192.245,
29 recommendations to alleviate disruptions to health care coverage for
30 individuals and small employers in this state.

1 **“(10) A majority of the voting members of the task force constitutes**
2 **a quorum for the transaction of business.**

3 **“(11) Official action by the task force requires the approval of a**
4 **majority of the voting members of the task force.**

5 **“(12) If there is a vacancy for any cause, the appointing authority**
6 **shall make an appointment to become immediately effective.**

7 **“(13) The task force shall meet at times and places specified by the**
8 **call of the cochairpersons or of a majority of the voting members of**
9 **the task force.**

10 **“(14) The task force may adopt rules necessary for the operation**
11 **of the task force.**

12 **“(15) The Director of the Legislative Policy and Research Office**
13 **shall provide staff support to the task force.**

14 **“(16) Members of the Legislative Assembly appointed to the task**
15 **force are nonvoting members of the task force and may act in an ad-**
16 **visory capacity only.**

17 **“(17)(a) Members of the task force who are not members of the**
18 **Legislative Assembly and who have incomes at or below 400 percent**
19 **of the federal poverty guidelines are entitled to compensation for ac-**
20 **tual and necessary expenses incurred by the members in the perform-**
21 **ance of their official duties, as provided in ORS 292.495.**

22 **“(b) Members of the task force who are members of the Legislative**
23 **Assembly are entitled to a per diem as provided in ORS 171.072 (4).**

24 **“(c) Members not described in paragraph (a) or (b) of this sub-**
25 **section are not entitled to compensation or reimbursement for ex-**
26 **periences and serve as volunteers on the task force.**

27 **“(18) The authority and the department are directed to assist the**
28 **task force in the performance of the duties of the task force and, to**
29 **the extent permitted by laws relating to confidentiality, to furnish in-**
30 **formation and advice the members of the task force consider neces-**

1 sary to perform their duties.

2 **“SECTION 5. (1) To secure federal financial participation in the**
3 **costs of administering the bridge program developed by the task force**
4 **in accordance with section 4 of this 2022 Act and to achieve the goals**
5 **of the Legislative Assembly described in section 1 of this 2022 Act to**
6 **provide affordable health care coverage, improve the continuity of**
7 **coverage and care for Oregonians and reduce health inequities for in-**
8 **dividuals who regularly enroll and disenroll in the medical assistance**
9 **program due to fluctuations in their incomes, the Oregon Health Au-**
10 **thority, in collaboration with the Department of Consumer and Busi-**
11 **ness Services and with the approval of the Oregon Health Policy Board**
12 **by a majority vote, shall request from the Centers for Medicare and**
13 **Medicaid Services approval of:**

14 **“(a) A demonstration project under 42 U.S.C. 1315;**

15 **“(b) A basic health plan under 42 U.S.C. 18051;**

16 **“(c) A waiver for state innovation under 42 U.S.C. 18052; or**

17 **“(d) Any other federal approval needed to secure federal financial**
18 **participation in the costs of the bridge program.**

19 **“(2) After receiving the necessary approval from the Centers for**
20 **Medicare and Medicaid Services, the authority shall:**

21 **“(a) Begin implementation of the bridge program; and**

22 **“(b) At the next regular session of the Legislative Assembly, provide**
23 **a report to the Legislative Assembly, in the manner provided in ORS**
24 **192.245, containing:**

25 **“(A) Details of the federal approval;**

26 **“(B) A plan for implementation of the bridge program; and**

27 **“(C) Recommended or needed, if any, legislative changes or budg-**
28 **etary actions.**

29 **“SECTION 6. (1) While the request to the Centers for Medicare and**
30 **Medicaid Services under section 5 of this 2022 Act is pending, and if**

1 necessary to forestall the termination of medical assistance for indi-
2 viduals with incomes at or below 200 percent of the federal poverty
3 guidelines who are no longer categorically eligible for medical assist-
4 ance but are likely to qualify for the bridge program under section 5
5 of this 2022 Act, the Oregon Health Authority shall seek federal ap-
6 proval to create a temporary medical assistance program category for
7 such individuals with federal financial participation paid in the same
8 percentage as individuals described in 42 U.S.C. 1396a(a)(10)(A)(i)(VIII).

9 “(2) Individuals enrolled in the temporary medical assistance pro-
10 gram category may remain enrolled in the category until the earliest
11 of:

12 “(a) The end of the phase out period, as defined in section 2 of this
13 2022 Act, unless the Centers for Medicare and Medicaid Services permit
14 their continued enrollment; or

15 “(b) The date on which the individuals are enrolled in the bridge
16 program.

17 “SECTION 7. If the Centers for Medicare and Medicaid Services has
18 not approved the request submitted by the Oregon Health Authority
19 under section 5 of this 2022 Act by the 60th day before the end of the
20 phase out period, as defined in section 2 of this 2022 Act, if any, the
21 authority shall begin the process of disenrolling individuals from the
22 medical assistance program and the temporary medical assistance
23 program category described in section 6 of this 2022 Act, unless the
24 Centers for Medicare and Medicaid Services allows the authority to
25 continue enrollment through to a later date.

26 “SECTION 8. The Bridge Plan Fund is established in the State
27 Treasury, separate and distinct from the General Fund, consisting of
28 federal funds received by the Oregon Health Authority to administer
29 the bridge program described in section 5 of this 2022 Act. Moneys in
30 the Bridge Plan Fund are continuously appropriated to the Oregon

1 **Health Authority to carry out section 5 of this 2022 Act.**

2 **“SECTION 9.** Section 5 of this 2022 Act is amended to read:

3 **“Sec. 5.** *[(1) To secure federal financial participation in the costs of ad-*
4 *ministering the bridge program developed by the task force in accordance with*
5 *section 4 of this 2022 Act and to achieve the goals of the Legislative Assembly*
6 *described in section 1 of this 2022 Act]* **The Oregon Health Authority shall**
7 **administer a bridge program** to provide affordable health care coverage,
8 improve the continuity of coverage and care for Oregonians and reduce
9 health inequities for individuals who regularly enroll and disenroll in the
10 medical assistance program due to fluctuations in their incomes.*[, the Oregon*
11 *Health Authority, in collaboration with the Department of Consumer and*
12 *Business Services and with the approval of the Oregon Health Policy Board*
13 *by a majority vote, shall request from the Centers for Medicare and Medicaid*
14 *Services approval of:]*

15 *“[(a) A demonstration project under 42 U.S.C. 1315;]*

16 *“[(b) A basic health plan under 42 U.S.C. 18051;]*

17 *“[(c) A waiver for state innovation under 42 U.S.C. 18052; or]*

18 *“[(d) Any other federal approval needed to secure federal financial partic-*
19 *ipation in the costs of the bridge program.]*

20 *“[(2) After receiving the necessary approval from the Centers for Medicare*
21 *and Medicaid Services, the authority shall:]*

22 *“[(a) Begin implementation of the bridge program; and]*

23 *“[(b) At the next regular session of the Legislative Assembly, provide a re-*
24 *port to the Legislative Assembly, in the manner provided in ORS 192.245,*
25 *containing:]*

26 *“[(A) Details of the federal approval;]*

27 *“[(B) A plan for implementation of the bridge program; and]*

28 *“[(C) Recommended or needed, if any, legislative changes or budgetary*
29 *actions.]*

30

1 **“APPROPRIATION**

2

3 **“SECTION 10. Notwithstanding any other provision of law, the**
4 **General Fund appropriation made to the Oregon Health Authority by**
5 **section 1 (1), chapter 668, Oregon Laws 2021, for the biennium ending**
6 **June 30, 2023, for health systems, health policy and analytics, and**
7 **public health, is increased by \$120,000,000 for the purpose of carrying**
8 **out sections 2 to 5 of this 2022 Act.**

9

10 **“CAPTIONS**

11

12 **“SECTION 11. The unit captions used in this 2022 Act are provided**
13 **only for the convenience of the reader and do not become part of the**
14 **statutory law of this state or express any legislative intent in the**
15 **enactment of this 2022 Act.**

16

17 **“SUNSET**

18

19 **“SECTION 12. Sections 1 to 4 of this 2022 Act are repealed on Jan-**
20 **uary 2, 2024.**

21

22 **“OPERATIVE DATES**

23

24 **“SECTION 13. (1) Section 8 of this 2022 Act becomes operative upon**
25 **receipt of federal approval to secure federal financial participation in**
26 **the costs of the bridge program as described in section 5 of this 2022**
27 **Act.**

28 **“(2) The amendments to section 5 of this 2022 Act by section 9 of**
29 **this 2022 Act become operative on June 30, 2023.**

30

1 **“EMERGENCY**

2

3 **“SECTION 14. This 2022 Act being necessary for the immediate**
4 **preservation of the public peace, health and safety, an emergency is**
5 **declared to exist, and this 2022 Act takes effect on its passage.”.**

6 _____