



February 9, 2022

Dear Chair Prusak, Vice-Chairs Hayden and Salinas, and Members of the Committee,

For the record, my name is Felisa Hagins, and I am the Political Director of SEIU 49. Thank you for the opportunity to testify today on behalf of both SEIU Local 49 as well as Local 503. We support a robust plan to ensure that Oregon maintains the record-high health insurance coverage rate of 95.4% that we have today.

SEIU represents 85,000 working Oregonians and about 2 million workers throughout the United States. Our members include janitors, health care workers, care providers, hospital workers, airport workers, security workers, public workers, and more. One of our highest priorities is ensuring high quality health care for every Oregonian. We specifically focus on eliminating racial disparities in health outcomes and creating a health care system that works for all of us, no matter what we look like or where we live.

The Oregon Health Authority (OHA) has already thoroughly described the challenges created by the federally-required Medicaid redeterminations after the long public health emergency. However, for the record I just want to emphasize a few key aspects of the problem:

**We have a very large group of Oregonians who could lose their coverage due to redeterminations, and this group includes a disproportionate number of Oregonians of color.** OHA estimates that if we do nothing, 300,000 Oregonians, or just over 7 percent of the state's population, will be redetermined as ineligible for Medicaid when the public health emergency ends. This is a group of working Oregonians who are disproportionately people of color.

- As an example, the uninsured numbers in the African American community have dropped from 8.2% to 5% over the course of the pandemic, so we know that many of these Oregonians are still enrolled in Medicaid because of the pause in redeterminations.
- As another example, SEIU-represented workers will be among those who are affected; for example, homecare and nursing home workers who are represented by SEIU 503 often earn between 138% and 200% of federal poverty; some of these workers were sick and unable to work during part of the pandemic, pushing their income into Medicaid eligibility. With the pause in redeterminations, these workers have been able to stay enrolled in Medicaid throughout the pandemic, although people who have returned to working full time hours will be unlikely to

qualify after a redetermination. Our homecare and nursing home workers are disproportionately people of color.

**Oregon Department of Human Services (ODHS)' systems will create a bottleneck for re-enrollments; we should anticipate this and identify solutions.** During the pandemic Oregon rolled out our ONE system, which allows people to apply for services through a single entry point. This system is exciting and is a good example of ideas brought forward by frontline workers, even though it still has kinks to work out. The system currently has a backlog because of increased need during the pandemic. Processing hundreds of thousands of redeterminations will add to that backlog. While it is important to invest in navigators, we should also make sure that we are investing in the ODHS system while also identifying alternative timelines for disenrollment. Otherwise, people will lose coverage while facing horribly long wait times and delays.

**Implementation challenges are significant, and we must come together as a state with a plan that will keep people enrolled in healthcare.** The normal course of action outlined under federal Medicaid rules would require OHA to spread redeterminations out over 12 months which could result in 25,000 people per month being removed from the Oregon Health Plan either because they are ineligible or because they don't respond to concerted outreach efforts. Developing and implementing a new approach is much more challenging than sticking with this status quo, but the Oregonians who would otherwise lose healthcare coverage are depending on us.

Clearly, the pause and restarting of redeterminations will create a challenge, but it also is an opportunity. As I noted earlier, 95.4 percent of Oregonians today have health insurance. This is a record high number, up from 94 percent two years ago. In human terms, this is hundreds of thousands of Oregonians who can afford to go to the doctor when they are sick and fill prescriptions for needed medications. To avoid going backwards, we call on you to adopt a robust plan and give OHA the tools they need to work with the federal government to keep Oregonians covered, especially people who fall into the 138% to 200% of poverty and earn too much to enroll in Medicaid but not enough to afford a Marketplace plan even with a federal tax credit.

Specifically, we ask that you prioritize the following in HB 4035:

1. **Develop and offer an affordable bridge plan or basic health plan for Oregonians who earn between 138% and 200% of the federal poverty level.** By creating this plan, we will expand coverage for all Oregonians in this income range going forward, ensuring continued coverage for this population. A bridge plan has the advantage of seamless enrollment and the potential for people to

maintain their existing Medicaid CCO and providers. New York and Minnesota have already successfully implemented this type of plan, and Kentucky is currently considering doing so.

As an example, SEIU workers would benefit from this type of plan. We estimate that we have about 2,000 homecare workers who are currently enrolled in Medicaid. While SEIU offers participation in a trust that gives workers premium assistance, the basic health plan or bridge plan may offer better, more affordable continuing coverage for these workers. It could also allow for continuity of care providers. We are currently working to set up the nursing home worker healthcare trust adopted in SB 800 last year with an estimated workforce of about 5,000 people. Many of those workers would benefit from continued enrollment in a bridge plan, especially before the trust is established.

- 2. Invest in outreach and enrollment assistance, including through community navigators as well as through ODHS' ONE system.** Linguistically and culturally appropriate outreach must be paired with navigation that matches the needs of the population. And as noted, the ONE system will create a bottleneck regardless of navigation; to mitigate this, the Legislature should invest in hiring as many staff for the ONE system as possible. As well as in investment to rapidly improve training and communication to frontline staff that will increase morale and application processing. The Legislature should include policy changes within HB 4035 to assure appropriate flexibility in the rules governing outreach and enrollment to allow for clear and open communication to people about their options.
- 3. The Legislature should invest in and provide direction to OHA, DCBS and ODHS that improves communications with Medicaid recipients.** As we move forward with redeterminations and enrollment, many recipients could benefit from information related to Oregon's robust charity care policy and OHA, ODHS, and DSBS should take the opportunity to communicate with Oregonians about their access to that information.
- 4. Require OHA to provide regular status updates to the Legislature regarding progress on the plan and the implementation timeline.** These status updates are important to accommodate the need for OHA to work with the Federal government toward a robust plan that keeps Oregonians enrolled in health coverage.