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## Planned Parenthood Advocates of Oregon

February 9, 2022

Chair Prusak, Vice-Chairs Salinas and Hayden, and Members of the House Committee on Health Care,

Planned Parenthood Advocates of Oregon (PPAO) is writing to provide support and feedback on HB 4035. PPAO supports a robust plan to ensure that Oregon maintains the record-high health insurance coverage rate of 95.4% that we have today.

A significant portion of the patients Planned Parenthood health centers serve rely on Medicaid for critical preventive health care services. Medicaid is a vital source of health coverage and a major funder of reproductive health services nationally. Approximately one in five women of reproductive age nationally rely on Medicaid to access no-cost, critical reproductive health care such as birth control, life-saving cancer screenings, and maternity care. As an organization dedicated to advancing health equity and eliminating racial disparities in health outcomes, we know how critical coverage is to ensuring individuals, no matter their income or zip code, can access quality care.

Continuous Medicaid coverage during the public health emergency (PHE) was critical to providing Oregonians with essential healthcare coverage. However, once the PHE ends—and it is currently set to expire on April 16, 2022—the Oregon Health Authority (OHA) and the Oregon Department of Human Services (ODHS) will have twelve months to redetermine the eligibility of all 1.4 million Oregonians currently enrolled in Medicaid to affirm their eligibility.

OHA has thoroughly outlined the challenges and complications created by the federally-required Medicaid redetermination process after the PHE. OHA estimates that without policy interventions there are 300,000 Oregonians, who earn between 138% and 200% of the federal poverty level and are currently enrolled in Medicaid, that are at risk of losing access to healthcare coverage when the PHE ends. A disproportionate number of those at risk of losing coverage are Oregonians of color. Over the course of the pandemic, the uninsured numbers in the African American community dropped from 8.2% to 5% as many of those individuals were able to stay enrolled in Medicaid because of the pause in redeterminations.

If OHA defaults to the normal course of action, they would spread determinations out over twelve months, which could result in thousands of people every month losing coverage through OHP because they are ineligible or because they don't respond without concerted outreach. Oregonians between 138%-200% of the federal poverty level will no longer qualify for Medicaid, but they will also not be able to afford the monthly premium costs for health insurance. Even after federal tax credits, the average monthly cost (premium) to purchase a health insurance plan on the Exchange is \$84. These monthly costs may be too much for Oregonians working full-time in a low-wage position. Many people with this income end up being uninsured due to the financial burden.

Unless we take steps now, Oregon will regress on the percentage of our population who has insurance coverage. To make sure that hundreds of thousands of Oregonians can continue to afford to go to the doctor when they are sick and fill prescriptions for needed medications, we need to pass HB 4035 and have the legislature adopt a robust plan that gives 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.

To that end, we ask that the committee prioritize the following in HB 4035:

1. Developing and offering an affordable bridge plan or basic health plan for Oregonians who earn between 138% and 200% of the federal poverty level. The creation of a basic health plan 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.
2. Investing 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. The ONE system will create a bottleneck regardless of navigation, so to mitigate this impact, the Legislature should invest in hiring as many staff for the ONE system as possible, as well as make investments 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. Investing in and providing 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. Requiring 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.

HB 4035 and the above recommendations are crucial to reach the health equity goals of the state; to create a more streamlined system that doesn't just kick people off their health insurance because they make marginally more money for a few months; and to support basic health care for Oregonians so everyone can afford to get the care they need when they need it.

Sincerely,

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Executive Director

Planned Parenthood Advocates of Oregon