

To: Chair Smith Warner and the House Committee on Rules
2/18/2022
Re: HB 4035A revised additional testimony

We are again writing to address the looming issue of Medicaid Redetermination and the attempt to address it with HB 4035A.

Please see our previous testimony on HB 4035. As of 9:40 am today, we have not seen the -2 amendment that was referenced in the public hearing on 2/17/22.

The concepts and suggestions are on what has been made publicly available as of this submission.

When addressing HB 4035A, we write with a continuous reminder that we would not be here addressing this impending issue of 300,000 being dropped from Medicaid or the many other bills if we had a single payer publicly-funded universal health care system. **Director Vandehey's presentation on 2/17/22 completely confirmed the complexities and failures of the current health care system and the need for its complete transformation.**

We want to be there with full support to move 4035A forward as expediently as possible. We present these revisions from the previous testimony for the Committee and for OHA's consideration. **We again ask that they will be acknowledged and considered and be included in the conversation.**

Overall concepts:

1. OHPB should be part of the Work Group also not just in the Task Force.
2. Consideration on work of JTFUHC in Bridge Program.
3. We need to maximize retention in OHP.
4. At a minimum include lawfully present immigrants.
5. Tightening up redisclosure--information sharing; get the language right.
6. Timing issues need to be improved to allow as much time as possible for development of Bridge Plan.
7. Contact with enrollees is essential. More than just outreach.
8. Need to include those eligible to enroll.
9. We need to have a specific kind and level of reimbursement.-- no profit taking.
10. Aim for getting an administrative services organization that is not at risk for financial loss.

Specific edits:

Page 2 line 24 strike: "to the maximum extent possible"

Page 2 line 25 strike: "as many, strike: "as possible"

Page 2 line 26 strike: "insurance coverage." Insert "care"

Page 2 line 27 strike: "coverage and"

Page 2 line 28 strike: “*due to frequent fluctuations in income*”

Page 2 line 41-42 delete “the Governor on March 8, 2020, that, to the maximum extent possible” and insert “by the federal government”

Page 3. Lines 25-26 strike “until the first of the reports described in subsection (3) of this section have been made available” and insert “the redetermination process has been completed.”

Page 3 Line 44 strike: “*any state laws that limit disclosure, insert*” “*to a business associate of OHA or contracted entities,*”

Page 4 Line 3 strike: “conduct *outreach,*” insert: **contact the enrollee and maintain enrollment**

Page 4 Line 4 strike: (b)

Page 4 Line 28 strike: “waiver” insert “disclosures”

Page 4 Line 17 insert: **Any information released under these waivers released to any party external to OHA or DHS shall not be retained by the recipient in any form after 12/2023 and shall not be accessed, redisclosed, or used for any other purpose.**

Line 23-26 should read: (2) The work group must include representatives of impacted health systems, community partners, organized labor, **and** consumers. (*delete:and other members selected by the authority and the department consistent with this section*). The authority and the department shall determine the term of each member of the work group.

Page 4 Line 28 insert: **and Health Policy Board**

Page 4 line 38 strike “and focused media campaigns” or clarify how a focused media campaign becomes a data source.

Page 5 insert new line: **22 (G) Alternative language support.**

Page 5 Line 33 insert: **or those with shared addresses, such as group homes or PO Boxes.**

Page 6 line 6 strike:” *workers,*”insert: **individuals**

Delete either C or E, we suggest having a less official technical advisory group and more direct consumers on the group including those with lived experience from minority communities, disabilities and trauma.

Page 6 line 23 strike: “*regularly enroll and disenroll.*” insert: **who have been previously disenrolled and are subsequently reenrolled.**

Page 6 Line 24 strike: “*due to frequent fluctuations in income*”. insert: **and will incorporate any findings and recommendations from the universal healthcare task force.**

Page 6 Line 38 strike unless it is absolutely necessary to keep the phrase “*individuals lawfully*” and insert: **Oregon residents.** OHA cannot determine the lawful status of individuals. This language should not be perpetuated.

Page 6 line 39 At the end of the sentence insert: **at a minimum.** We should be including those that are eligible but not previously enrolled.

Page 7 line 1 strike: “*capitation to be paid to providers that is sufficient to maintain budget neutrality in the bridge program but with reimbursement rates that are higher than the current medical assistance reimbursement rates to the extent practicable*” insert: **reimbursement rate to be paid to providers that is actuarially sound and will maintain overall budget neutrality.**

Page 8 Line 2 insert “(2)The authority shall **prepare and release a request for information for an Administrative Service Organization(s) to perform the operations of the bridge program.**” Renumber the following subsection.

We fully support the goals of the bill as a temporary fix because we know this looming problem needs to be addressed. We further understand that other amendments are being discussed which we have not seen. The bill must completely reflect that patients and equity are truly first.

HCAO works for an equitable, affordable, comprehensive, high-quality, publicly funded universal health care system serving everyone in Oregon and the United States.



We remain hopeful about what could be written in this bill to reflect that access to health care is a fundamental right and reduce the burdens and complexities that weigh so heavily on those needing care.

Done right this could be a step forward that is alignment with the legislatively approved *Purposes, Values and Principles* guiding the important work of the Joint Task Force on Universal Health Care, the design of the system that will come before the legislature in 2023.

Again, thank you for the consideration of these comments and for your service.

Sincerely,

Karen Christianson
Tom Sincic, HCAO President
On Behalf of Health Care for All Oregon