February 14, 2025

Senator WInsvey Campos, Co-Chair
Representative Andrea Valderrama, Co-Chair
Joint Ways and Means Human Services Sub-Committee
900 Court Street NE
State Capitol
Salem, OR 97301

SUBJECT: Feb. 11 Subcommittee Questions

Dear Co-Chairs and Committee Members:

Please find below information requested by members of the Joint Ways and Means Human Services Sub-Committee at the Feb. 11 meeting on Oregon Health Authority's Health Policy and Analytics Division.

1. **Children's Disability REALD Data Information**

   OHA staff are in process of identifying several data sources for children's disability data which will be used to develop specific disability indicators (including for IDD) for use in reporting and for program and policy work. In addition to REALD Repository data, staff will be leveraging ODHS data (including IDD) used by the System of Care Advisory Council (see SOCAC dashboard), ODHS Extraordinary Needs Program and leveraging health care claims data using the Pediatric Medical Complexity Algorithm (PMCA). Staff plan to engage partners such as the Children's Institute to inform this work. These data will be reported as part of a new Children's Health report (also

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referenced in SB846) which will include a focus on disability. The first report will be published no later than December 31, 2026.

For a more detailed response, please see the information below:

Summary

Overall, the REALD & SOGI disability questions are not based on specific medical diagnoses, but rather if and how a person can access daily living. There is no certain way to know a person's actual medical condition based on answers to these questions.

Who Currently Collects REALD & SOGI Data?

At this time, many providers are not required to collect and report REALD and SOGI data until the REALD and SOGI repository is complete (expected 2027). However, some providers (i.e., hospitals through the Medicaid state directed payments (SDPs) and most insurers through the All Payer All Claims (APAC) database) are or will be required to submit REALD and SOGI data before the repository is complete. The ONE System is currently the primary source of REALD and SOGI data. Of those who are required to report the data, they must ask all of the REALD & SOGI questions, including the complete set of disability questions.

How REALD & SOGI Standards Capture Disability

REALD questions measure disability three ways. The first set of questions are called "functional limitations" questions and measure disability across domains: seeing, hearing, mobility, cognition, learning, communication, mental health, independent living, and self-care. To measure cognition, people ages 5 and older are asked, "Because of a physical, mental, or emotional problem, do you

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have serious difficulty remembering, concentrating, or making decisions?" ([ACS/Census](#)).

Identifying IDD

REALD does not measure or distinguish specific conditions or diagnoses. Instead, people with IDD, people with dementia, and people with other cognitive limitations or conditions are all captured within the cognition "functional limitation" question. REALD data collection does not have a marker for IDD. However, programs who utilize REALD and SOGI data across OHA may collect their own programmatic IDD data.

Yet, REALD's disability questions can allude to IDD when the questions are considered in combination. At the federal level, entities have attempted to identify those with IDD by pairing age acquired, difficulty with self-care, and difficulty learning to pinpoint people with IDD. OHA has followed this model to include a self-care question, a learning question ([WG-CFM](#)), and asks the age a person first acquired each functional limitation or condition. It is possible to create groupings based on age and cognitive limitation that begin to consider differences in age-related conditions such as dementia from other conditions. Asking about age acquired also allows us to identify youth who have cognitive and learning limitations.

As of 2024, REALD and SOGI standards include a second measure of disability that allows people to share about their experiences and identities, "describe your disability or condition in any way you prefer." Some people may choose to write "dementia," "IDD," or share other diagnoses. This question also allows adults to report cognitive disabilities for children under age 5 who otherwise would not be asked about cognition or learning. Answering this question or providing a diagnosis isn't required, so it does not provide a population-level

data. The third way REALD questions measure disability is by asking about disability-related accommodations.
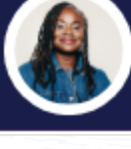
Addressing Disparities and Inequities

We are in the process of implementing the 2024 standards. However, the questions are designed in such a way that providers can immediately use the responses to meet patients' needs in clinical settings. Asking about accommodations can help us identify what needs to change in the environment and care to address disability inequities experienced by people with cognitive limitations. For example, providers can adapt communication strategies if a person selects "yes" to cognitive limitations and shares accommodation needs related to how to communicate with them. The REALD & SOGI Section is primarily stewards of the data while supporting the use of the data by other OHA programs to address inequities.

2. **How much can someone on the lowest tier plan of the Marketplace expect to pay?**

Premiums are based on a number of factors, including age, geographic location, and tobacco use. The amount paid out-of-pocket for premiums also varies depending on income and eligibility for premium tax credits. You can input different scenarios into the Marketplace's Window-Shopping Tool at www.OregonHealthCare.gov/WindowShop to obtain the premiums and plan design for individuals under different circumstances. This link, https://orhealth.page.link/joAVQ3jHeAXqS99z9, provides plan information and premium amount for the lowest cost plan for a 40-year-old individual who lives in your district and earns $50,000 per year. The table below gives you an idea of costs for people based on their individual circumstances.

Premiums after premium tax credits applied

		Bronze	Silver	Gold
Casey (32) Portland $33,835 per year	With Enhanced Subsidies	$4	$85	$125
Mateo (41) (Spouse and one child are not seeking coverage) Troutdale $45,180 per year	With Enhanced Subsidies	$297	$387	$432
Dyani (52) Spouse (54) Oregon City $71,540 per yera	With Enhanced Subsidies	$180	$432	$603
Shae (60) Spouse (64) Hood River $91,980 per year	With Enhanced Subsidies	$34	$653	$1,038

3. Health Care Market Oversight Program Review and Engagement

The Health Care Market Oversight (HCMO) program is currently reviewing two proposed transactions as they relate to OHSU, Legacy Health, and the Legacy Foundation. One proposed transaction involves OHSU and Legacy Health, and a separate but related proposed transaction involves Legacy Health, Legacy Foundation, and PacificSource. Both proposed transactions are currently under review by the HCMO program. The HCMO program is also coordinating with the Oregon Department of Justice Charitable Activities Section, which supervises and regulates the activities of charitable organizations in the state.

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Public input is a key component of HCMO's review. Anyone can provide input by emailing HCMO.info@oha.oregon.gov, leaving a voice message at 503-945-6161, or filling out the public comment form.

4. HCMO Staffing

HCMO currently has 4 permanent, full-time positions, and 3 limited duration full-time positions. If allocated, funds from agency POP 407 relating to HCMO would be used to make 2 of these limited duration positions permanent. Three additional staff support this work through in-kind support (i.e. staff that have been reallocated to HCMO to support the work). This does not include consultation with other agency subject matter experts when needed, Oregon Department of Justice support, or outside consultants. HCMO currently has a total of 10 OHA staff supporting transaction reviews.

Please do not hesitate to reach out if there are any further questions. Thank you.

Sincerely,

Clare Pierce-Wrobel
Health Policy and Analytics Director

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