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To the Oregon Health Authority:

The Committee to Protect Health Care, an organization made up of doctors practicing in Oregon and other states, submits this testimony in support of Oregon's Basic Health Program.

The BHP is vital to ensuring Oregonians of all backgrounds can see a doctor and get affordable medications as prescribed so they can be healthy, care for themselves and their families, and live full and meaningful lives. No Oregonian should have to forgo health care because of cost and all Oregonians deserve to get health care when they need it, not just when they can afford it.

Provisions within Oregon's BHP such as low cost- and premium-sharing, value-based payments, low rates and other reforms are essential to helping thousands of people in our state achieve the goal of getting access to quality health care.

Implementation of the Oregon BHP is more crucial now than at any point in recent history.

As physicians, we are concerned about the future of hundreds of thousands of Oregonians who could soon lose health care. About 300,000 people – including children – are at risk of losing access to doctors and prescription drugs because of federal changes to Medicaid eligibility.

Without steady health care access, many Oregonians face a range of potential health challenges. Chronic conditions like asthma and juvenile diabetes may worsen. Children who require speech or physical therapy could lose any progress they may have made. Without health care coverage, families may be reluctant to get early treatment for a child because of costs, which can lead to serious consequences, such as a stomach pain that turns out to be a ruptured appendix, which can lead to sepsis and other complications. People with cancer, heart illnesses, degenerative and auto-immune diseases, and injuries that require long-term care and treatment are in danger of worsening health and even life-threatening risks. These are the risks we see every day in the patients we treat.

To prevent these potentially devastating outcomes, physicians are joining together to urge policymakers to approve Oregon's BHP. To maximize the positive impact of expanded access to health care, we further encourage policymakers to allow small businesses and Oregonians with incomes above 200% of the federal poverty level to buy health care through the BHP.

For all these reasons, as physicians who took an oath to speak up for our patients' care and wellbeing, we urge political leaders and policymakers to implement the Oregon BHP without delay.

June 2, 2023

Health Policy and Analytics Bridge Program Team

421 SW Oak St Suite 875

Portland, OR 97204

RE: Oregon Draft Section 1331 BHP Blueprint Application Public Notice

Thank you to the Oregon Health Authority (OHA) and the Health Policy and Analytics Bridge Program Team for the opportunity to provide comments on Oregon's section 1331 Basic Health Plan (BHP) blueprint application.

My name is Jim Houser of SE Portland. I am Co-Founder of Hawthorne Auto Clinic (ret) and a member of the Board of Directors of the Main Street Alliance, a small business leadership development and advocacy organization (with over 2500 Oregon small businesses in our network). From 2010 through 2023, I have offered a small business perspective on healthcare as a member of Oregon health insurance exchange advisory committees. I first was asked to serve on the advisory for the creation of the Oregon Health Insurance Exchange (ORHIX) which became Cover Oregon, and then for the Oregon Health Insurance Marketplace under both the Division of Consumer and Business Services (DCBS) and more recently under the Oregon Health Authority (OHA). I currently serve on OHA's Cost Growth Target Advisory Committee.

When Liz Dally, my wife, and I founded our auto repair business in 1983 we made the commitment to provide health insurance coverage for our employees and their dependents. It seemed like the right thing to do, and it made good business sense. Auto repair is a highly skilled field where offering good benefits to keep experienced staff is critically important. And our employee benefits strategy worked. Our employee tenure stands at just about 20 years. But as you no doubt know healthcare premium increases over the years have been relentless. We experienced increases of over 120% between 2000 and 2010, leveling off in the first years of the ACA, with increased benefits in the available plans, and then dramatic increases again in recent years as the anticipated additional healthcare reforms were stymied.

Oregon has made tremendous strides in increasing healthcare access, with about 95% of Oregonians currently covered, though the number of small businesses offering health insurance coverage to their

employees has actually declined over the last five years. The challenge for Oregon is the ability to develop strategies to increase access and control premium costs. Cover Oregon, the health insurance marketplace created in Oregon by the opportunities provided by the Affordable Care Act, made possible the ability to improve access and control healthcare costs, including for small businesses. Cover Oregon's replacement, the Oregon Health Insurance Marketplace (OHIM) at its formation opted to have insurance carrier enrollment managed by the federal government's healthcare-dot-gov. That federal platform not only is very expensive for the state of Oregon, it dramatically limits access to critical enrollment data and also precludes the Marketplace offering small business/small group coverage because federal small group standards are not compatible with Oregon's small group premium protections.

One absolutely essential healthcare access and cost reform and was unanimously recommended by the Marketplace Advisory Committee (MAC) to DCBS in September 23, 2019, is to transition our current Marketplace from the federal platform to a fully State Based Marketplace (SBM). Not only would Oregon save significant costs to the state, the establishment of an SBM would also enable Oregon to be fully in control of its own health insurance marketplace. The MAC report emphasized the limitations of the current federal platform and the advantages of becoming a fully SBM. Some 6 other states have recently either become or transitioned to full SBM adding to the 18 states that have been successful SBM's all along. (A recent bonus we learned about is that the vendors offering the SBM technology currently do not require any money down, no payment due until the platform is up and running to the state's satisfaction.)

The advantage for Oregon small businesses with a transition to an SBM is that we will finally become able to access the many features and benefits of the ACA reforms, like so many other states are currently able to have. One example, that had been approved by the Cover Oregon Board, and for which there were 11 Oregon small group plans offered, was a feature called Employee Choice. Instead of the employer having to spend time polling employee healthcare needs and researching medical provider networks, the employee chooses the carrier/providers best suited for their family. The employer simply provides their agreed to portion of the plan costs. Any additional payment necessary is provided by the employee. This Employee Choice feature is currently available through SBM Covered California, for example, and is very popular.

The Main Street Alliance strongly supports the framework proposed by the Bridge Plan Task Force (BPTF) and OHA to create a BHP in Oregon. We believe this proposal is a strong foundation to increase affordable coverage options for Oregonians while building upon existing state efforts to promote health equity. We are excited to see this effort to ensure access to affordable health insurance coverage through a BHP, known as the Bridge Plan, moving forward in Oregon and appreciate the opportunity to share our perspective on the design of the plan. When combined with Oregon as an SBM Oregon small businesses will be able to gain the advantages made possible by the BHP in Oregon.

Jim Houser, Co-Founder of Hawthorne Auto Clinic (ret) and a member of the Board of Directors of the Main Street Alliance

June 9, 2023

Katie Waldo
Health Policy and Analytics Bridge Program Team
421 SW Oak St Suite 875
Portland, OR 97204

RE: Oregon Draft Section 1331 BHP Blueprint Application Public Notice

M. Waldo,

Thank you to the Oregon Health Authority (OHA) and the Health Policy and Analytics Bridge Program Team for the opportunity to comment on Oregon's section 1331 Basic Health Plan (BHP) blueprint application. LLS supports Oregon's application as it will increase affordable coverage options for Oregonians while building upon existing state efforts to promote health equity.

The Leukemia & Lymphoma Society (LLS) is the largest voluntary organization dedicated to the needs of blood cancer patients. Our mission is to cure leukemia, lymphoma, Hodgkin's disease, and myeloma and improve the quality of life of patients and their families—including those from underserved and under-represented communities.

Healthcare costs continue to rise, and many patients and consumers are having trouble paying medical bills, forcing some to delay medical care entirely.[1] The BHP will provide low- or no-cost coverage for an estimated 102,000 people with incomes between 138 – 200% of the federal poverty level (FPL). This includes both those who are losing Oregon Health Plan (OHP) coverage due to the Medicaid unwinding, as well as any income-eligible individuals, including those currently uninsured or paying for private insurance coverage.

Plan and Benefit Design

We support the elimination of premiums and cost-sharing for individuals covered under the plan. Two-thirds of people in the state worry about affording medical costs, with 15% of Oregonians delaying care due to cost.[2] These concerns are more serious for specific communities. Uninsured people, individuals with incomes under 400% FPL, and people of color all report delaying care due to cost at higher rates.[3] Ensuring BHP beneficiaries will not be responsible for cost-sharing or deductibles will create a smoother transition between OHP and the Marketplace, significantly reducing the impact on those Oregonians who may have experienced limited or no cost-sharing while enrolled in Medicaid.

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[1] Friedman, J., Ridlington, E., Guarino, M., and Fisher, C. "Unhealthy Debt: Medical Costs and Bankruptcies in Oregon." OSPIRG, 2021. Available online at: https://pirg.org/oregon/wp-content/uploads/2021/09/OSPIRG_Unhealthy-Debt-FINAL-1.pdf (accessed June 6 2023)
[2] "Impact of Health Care Costs on People in Oregon, 2019." Oregon Health Authority, April 2022. Available online at: https://www.oregon.gov/oha/HPA/HP/Cost%20Growth%20Target%20documents/Impact-of-Health-Care-Costs-on-Oregonians.pdf (accessed June 6 2023)
[3] Ibid.

We support the inclusion of a significant portion of the OHP benefits in the BHP benefit package, including dental coverage, and encourage the state to clarify further that this includes a comprehensive suite of dental benefits. Dental care is critically important in the treatment of blood cancer, particularly when it comes to preventing further inequities.[4] [5]

Medications used for cancer treatment can cause many oral health issues, including sores and lesions in mouth and throat tissues, difficulty swallowing, bleeding in the mouth, and tooth decay. Additionally, chemotherapy reduces the body's ability to fight infections. Eliminating or stabilizing conditions and pathologies in the oral cavity is critical to the success of many cancer treatments.

More people in America cannot afford dental care than any other type of healthcare.[6] National data show that African American, American Indian and Alaska Native, and Hispanic populations all have higher rates of untreated dental caries and tooth loss, as well as poorer access to preventive services.[7] Also, low-income adults in Oregon are the most likely to visit the emergency department for non-emergent dental care repeatedly and are at increased risk for poor oral health.[8]

Provider Networks, Reimbursement, and Outreach
LLS supports consistency between OHP and the BHP to create an understandable coverage option where beneficiaries do not have to question what services are available and how to access them. The BHP-eligible population often "churns" on and off Medicaid as their income changes yearly. Allowing enrollees to maintain access to their preferred provider networks when they move from OHP to BHP coverage will further improve the continuity of care.

However, we are concerned about the continuity of provider access for enrollees transitioning from existing Marketplace coverage into BHP options. As the state notes in its template plan, fewer data will be available on these enrollees (versus those moving from OHP) for the state to use as it transitions enrollees between coverage options. For a blood cancer patient, any unplanned change in providers could cause significant harm delaying treatment, disrupting care planning and coordination, or simply adding to the already-heavy burden of managing a life with cancer. We urge the state to work closely with Marketplace and BHP carriers to minimize or ameliorate any disruptions in provider access for these enrollees as they migrate to BHP

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[4] Wilder, T. and LaRocco, A. "Racial disparities in oral healthcare in the United States: Considerations in the COVID-19 era." Milliman Inc., May 2021. Available online at: https://www.milliman.com/en/insight/racial-disparities-in-oral-healthcare-in-the-united-states-considerations-in-the-covid19-era (accessed June 6 2023)

[5] National Institute of Dental and Craniofacial Research. Oral Health in America: A Report of the Surgeon General. National Institutes of Health, US Department of Health and Human Services; 2000; National Institute of Dental and Craniofacial Research's (NIDCR) 2021 comprehensive update Oral Health in America: Advances and Challenges

[6] Vujicic M, Buchmueller T, Klein R. Dental care presents the highest level of financial barriers, compared to other types of health care services. Health Affairs. 2016;35(12):2176–21.

[7] Koppelman J. Dental Health Is Worse in Communities of Color. 2016a. https://www.pewtrusts.org/en/researchandanalysis/articles/2016/05/12/dental-health-isworse-in-communities-of-color. Accessed July 14, 2021.

[8] "Disparities in Oral Health." Centers for Disease Control and Prevention, February 2021. Available online at: https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm (accessed June 6 2023)

coverage. For instance, the state should consider requiring BHP carriers to offer enhanced access to out-of-network care for those enrollees who transition from Marketplace to BHP coverage and find that their providers are now out-of-network.

LLS also supports OHA's plan to work with community-based organizations and partner agents who provide equity-focused outreach and enrollment assistance. This will ensure that assisters can focus on the unique needs of community members that disproportionately experience social and health inequities.

Opportunities for Improvement and Other Considerations
We support moving Oregon from a state-based marketplace using the federal platform (SBM-FP) to a complete state-based marketplace (SBM). Transitioning to a SBM would give the state more flexibility and control over the enrollment platform itself, including the ability to transfer information between BHP-eligible Oregonians who may be transitioning to or from the Marketplace.

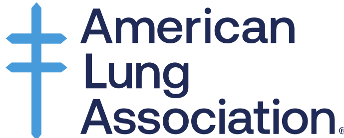
LLS encourages the state to further improve affordability for all Oregonians. Enhanced federal subsidies through the American Rescue Plan Act (ARPA) for people with Marketplace coverage are set to expire at the end of 2025. Should that happen, the average enrollee in Oregon could see their share of their premium payments increase significantly.[9] To ensure coverage remains affordable for all people, we encourage the state to consider expanding the BHP to people with incomes more than 200% FPL through a Section 1332 waiver, ensuring all Oregonians continue to have access to high-quality, affordable healthcare. New York has recently proposed adapting their existing BHP to this structure, which we supported.

Thank you for the opportunity to comment on section 1331 Basic Health Plan blueprint application in support of the successful implementation of the BHP. If you have any questions or are interested in further discussion of the section 1331 BHP Blueprint, please do not hesitate to contact Adam Zarrin at adam.zarrin@lls.org.

Sincerely,

Adam Zarrin
Director, State Government Affairs
adam.zarrin@lls.org

[9] Cox, C., Amin, K., and Ortaliza, J. "Five Things to Know about the Renewal of Extra Affordable Care Act Subsidies in the Inflation Reduction Act." KFF, August 2022. Available online at: https://www.kff.org/policy-watch/five-things-to-know-about-renewal-of-extra-affordable-care-act-subsidies-in-inflation-reduction-act/ (accessed June 6 2023)



June 9, 2023

Dave Baden
Interim Director
Oregon Health Authority
421 SW Oak St Suite 875
Portland, OR 97204

Re: Oregon 1331 Basic Health Program Blueprint

Dear Director Baden:

The American Lung Association appreciates the opportunity to submit comments on Oregon's 1331 Basic Health Program Blueprint.

The American Lung Association is the oldest voluntary public health association in the United States, currently representing the more than 34 million Americans living with lung diseases, including more than 560,000 Oregonians. The Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy.

The Lung Association is committed to ensuring that Oregon's healthcare programs provide quality and affordable healthcare coverage. We believe that the state's proposal to establish a Section 1331 Basic Health Program (BHP) Blueprint will advance these objectives and improve health equity in Oregon. The state estimates that this program will provide coverage for 60,000 Oregonians when launched and cover an additional 47,000 individuals over the first two years of implementation.[1] The Lung Association appreciates the state's commitment expanding access to quality, affordable coverage.

Oregon's BHP Blueprint proposes to cover individuals between 138 and 200% of the federal poverty level without any enrollee costs, including copays, deductibles, and premiums. This will significantly improve access to healthcare for this population in Oregon, as research consistently shows that higher cost-sharing is associated with decreased use of preventive services and medical care among low-income populations.[2] The inclusion of costs like premiums can also exacerbate existing disparities in access to healthcare, as these costs have been shown to lead to lower enrollment in healthcare coverage for Black enrollees and lower-income enrollees, compared to their white and higher-income counterparts, respectively.[3] Implementing a lower-cost health coverage option for those just above the Medicaid eligibility threshold will improve health equity and affordability of care in Oregon.

The Lung Association appreciates the state's efforts to minimize disruptions in coverage for individuals who will be shifting from either Medicaid coverage or Marketplace coverage into the BHP. Ensuring that there is a smooth transition between sources of coverage is crucial for our patient population. For

individuals with lung disease, gaps in coverage can worsen health outcomes as patients are unable to access medications and other care needed to manage their condition. For example, research has shown that gaps in medical coverage can increase hospitalizations for conditions such as asthma and COPD.[4]

Since BHP coverage will be through the Coordinated Care Organizations that currently serve Oregon's Medicaid population, issues with coverage transitions will be especially important to monitor for consumers moving between Marketplace and BHP coverage. We urge the state to work closely with consumers, carriers, providers, and patient and consumer organizations through the transition process to ensure that enrollees experience minimal disruption in their access to existing providers and existing provider networks. We suggest that the state consider whether there are ways to mitigate any impact, such as enhanced temporary flexibilities for certain enrollees to continue receiving care at formerly in-network providers who are now out-of-network.

The Lung Association supports this proposal as a method to improve the affordability of healthcare for individuals in Oregon, as well as equitable access to care.

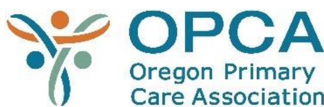
Thank you for the opportunity to provide comments.

Sincerely,

Carrie Nyssen

Carrie Nyssen
Senior Director of Advocacy

[1] Oregon Health Authority. Section 1331 Basic Health Plan Blueprint Public Notice. May 1, 2023. Available at: https://www.oregon.gov/oha/PHE/Documents/Section-1331-BHP-Blueprint-Public-Notice.pdf
[2] Samantha Artiga, Petry Ubri, and Julia Zur, "The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings," Kaiser Family Foundation, June 2017. Available at: www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings
[3] University of Wisconsin-Madison Institute for Research on Poverty. (2019). Evaluation of Wisconsin's BadgerCare Plus Health Coverage for Parents & Caretaker Adults and for Childless Adults 2014 Waiver Provisions. Available at https://www.irp.wisc.edu/wp/wp-content/uploads/2019/11/BC-2014-Waiver-Provisions-Final-Report-08302019.pdf
[4] MACPAC. "Effects of Churn on Potentially Preventable Hospital Use." Issue Brief, July 2022. Available at: https://www.macpac.gov/wp-content/uploads/2022/07/Effects-of-churn-on-hospital-use_issue-brief.pdf



Memorandum

To: The Oregon Health Authority, Health Policy and Analytics Bridge Program Team

From: The Oregon Primary Care Association and Undersigned Members

Date: June 9, 2023

Re: Draft Blueprint for the Basic Health Plan

The Oregon Primary Care Association (OPCA) is a non-profit organization, with a mission to support Oregon's 34 community health centers (CHCs), also known as federally qualified health centers (FQHCs), in leading the transformation of primary care to achieve health equity for all. Health centers deliver integrated primary, behavioral, and oral health care services to over 436,000 Oregonians. 41% of health center patients identify as a racial or ethnic minority, **18% are uninsured**, 68% are publicly insured (OHP, CHIP, and/or Medicare), 8% are experiencing houselessness, and 3% are veterans. At over 270 sites, spanning permanent clinics, mobile units, and school-based health centers. CHCs provide care to some of Oregon's most vulnerable populations, **including one in four Oregon Health Plan (OHP) members**.

We are grateful for the opportunity to provide comments on the Draft Blueprint for the Basic Health Plan on behalf of Oregon's community health centers. Of the patients they serve, approximately 35,000 (17%) are anticipated to lose their OHP coverage. While it is possible that some can afford a Qualified Health Plan on the marketplace or through an employer, without a Basic Health Plan, many will be caught in the insurance gap. While those patients can continue to receive high-quality, holistic care at their CHC, uninsurance is a barrier to simply getting people in the door to access care. Without insurance, patients may not know if they can afford care at point of service and, because of this, defer care until they find themselves in a health crisis. This is an avoidable health inequity which can be prevented by the establishment of a Basic Health Plan for patients who would fall into that gap.

Eligibility and Enrollment

Throughout the Task Force for the Bridge Health Program process and explicit in the enacting legislation, alignment with the Oregon Health Plan was a clear value. This commitment is demonstrated in the robust covered benefits and Coordinated Care Organization administration of the plan. This will allow for minimal disruption of benefits to the beneficiary. If possible, within Federal Rule we would encourage this value to be carried into the BHP's continuous eligibility period. Due to Oregon's recently approved 1115 demonstration waiver, all adult OHP beneficiaries will experience 2-year

© Oregon Primary Care Association

continuous eligibility. This was established to enhance access to coverage and care, as annually navigating renewal processes is a significant burden. As all other elements of the BHP imitate those of OHP, we hope that 2-year continuous eligibility will be considered.

Additionally, while it is not a necessary aspect of the Blueprint, we urge the Oregon Health Authority, the Oregon Department of Human Services, and the Oregon Health Insurance Marketplace to communicate explicitly with partners and beneficiaries how former OHP members will be transitioned to the BHP. We appreciate the provisions made to meet the complex needs of those transitioning off of the marketplace, however, already there is substantial confusion reported by Oregon's CHCs from their patients rolling off of OHP who may be BHP-eligible in the future. As a mechanism for this transition is determined, we encourage clear and comprehensive guidance be developed and distributed.

Coordination of Health Care Services

We applaud the goal of preserving existing primary care homes, both for those who will be transitioning from the marketplace and from the Oregon Health Plan post-redetermination. This allows for continuity of care with trusted providers, ensuring that chronic illnesses continue to be managed and prevented and people's needs are met in the communities where they live and work. Partnering with existing community-based networks to support outreach and enrollment efforts will enhance equitable uptake of the plan for communities of greatest need. We encourage a similar approach be taken when the BHP falls under the administration of a State-Based Marketplace, upon its establishment. Efforts and funding should be allocated for the enhancement of health system literacy of both outreach and enrollment workers and plan beneficiaries so they can make that transition smoothly, without lapse of benefits, and in a way which maintains their existing provider network.

Premiums and Cost-Sharing

We support the continued alignment of the Basic Health Plan with the vision set forth by the Task Force for the Bridge Health Program, which included zero cost-sharing for enrollees. Research demonstrates that premium and co-pay costs are associated with low plan uptake and deferred care due to costs at point of service. These costs disproportionately impact communities of color and are most felt when moving from a plan with zero cost-sharing (like OHP). For these reasons, we are grateful to see this reflected in the draft Blueprint.

Benefits

We also support the close alignment of covered benefits to what is currently covered in the Oregon Health Plan. This will ensure that the shift from the Oregon Health Plan to the Basic Health Plan is unfelt by beneficiaries and that they will continue to access primary and preventative care in their existing provider networks. However, we do note that there are some elements of the state plan which are not made explicit in the draft Blueprint. We specifically speak to the following:

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- The inclusion of health care interpretive services in a claim if that interpretive service is a part of the provision of a Medicaid service.
- The optional targeted case management benefit for specific priority populations, as outlined in the State Plan.
    - While the draft Blueprint does cover targeted maternity case management services, the Oregon Health Plan covers these services for other significant populations who experience health care inequities due to social determinants of health.
    - This creates inequitable access to vital care coordination resources as well as confusion for providers who may be referring patients to targeted case management services. Providers may not know who of their patient panel is on the BHP and who is on OHP and, because other services are identical, may not realize that they are referring patients to care outside of their benefits package.

While we acknowledge uncertainty around funding for the Basic Health Plan based on actual plan costs, we encourage consideration of including these benefits explicitly in the Basic Health Plan. As the federal funding accrues over time, we hope the plan benefits also become increasingly robust.

Provider Reimbursement

We recognize that provider reimbursement rates are complex negotiations involving providers, CCOs, and OHA. However, for the Basic Health Plan, we encourage that the floor for these rates be established with the understanding that they shall increase over time to above-OHP levels of reimbursement. Provider reimbursement is highly correlated with whether patients can access care; specifically, whether a patient has access to a regular source of care and experiences appointment availability are positively impacted by above-Medicaid reimbursement rates.

Additionally, in keeping with our prior testimony on the record for the Task Force on the Bridge Health Program, we urge continued consideration of cost-based reimbursement for Federally Qualified Health Centers and other safety net providers. As a result of the Public Health Emergency Unwinding, George Washington University anticipates that approximately 36,000 Oregonians currently on OHP and being seen at Oregon FQHCs will lose their eligibility for OHP. This is 17% of the FQHC patient population in the state. Without intervention, across all health centers it is expected that there will be a 10% revenue loss as a result of this shift. This revenue loss will not be the same across all clinics – some may experience a disproportionate share of this loss. It will also be absorbed in different ways – some health centers may leave critical open positions unfilled, while others may need to reduce hours and locations of mobile clinics or reduce services that are unreimbursed to maintain their network adequacy. All of these responses directly impact patient access to and experience of care. Failure to adequately reimburse FQHCs for cost of care will negatively impact their entire patient population and service array, not just the patients on the Basic Health Plan. We are grateful for the continued conversations regarding reimbursement we have had and the commitment to this goal in the Task Force Recommendations and hope that they will continue. Please feel free to reach out to OPCA's Director of Government Affairs, Marty Carty, for any questions at mcarty@orpca.org.

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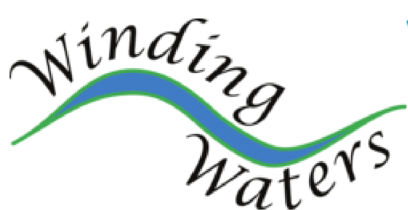
Sincerely,



northwest
human services

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CareOregon Supports Draft Blueprint, Applauds Progress on Basic Health Program Pursuit

June 9, 2023

CareOregon is a community non-profit organization serving over 500,000 Oregonians covered by the Oregon Health Plan (OHP). We have served our community for nearly 30 years. CareOregon wholly owns two coordinated care organizations (CCO), Jackson Care Connect, and Columbia Pacific CCO, and we are a founding member of Health Share of Oregon, where we manage an integrated community network and the behavioral health benefit for all Health Share of Oregon members. We also serve statewide through our tribal care coordination benefit.

Central to the Basic Health Program is the goal to advance health equity, be a smart purchaser of health care, and ensure coverage continuity. The draft blueprint proposes a Basic Health Program framework that aligns with these goals.

CareOregon was an early participant in conversations concerning the Basic Health Program from 2014-2017; we are pleased to have participated in the Basic Health Program task force this past interim and to support the draft blueprint today.

CareOregon supports the draft blueprint and its alignment with the CCO-administered Oregon Health Plan benefit. The draft blueprint integrates task force feedback, and we wish to amplify the importance of reducing barriers to using program coverage. The draft proposes to reduce barriers by eliminating co-pays and cost-sharing.

Helping Oregonians maintain health insurance coverage after the expiration of the Public Health Emergency is a critical concern for CareOregon. We are pleased to commit over two million dollars to bolster outreach efforts during redeterminations to maximize continuity of coverage for those who qualify for the Oregon Health Plan. Enacting a Basic Health Program is complementary to our state's work to maintain coverage for low and lower-income Oregonians post-redeterminations.

Contacts:
Jeremiah Rigsby, Chief of Staff, rigsbyj@careoregon.org
Kristina Narayan, Vice President Public Policy, narayank@careoregon.org
Stefan Shearer, Public Policy and Regulatory Affairs Specialist, shearers@careoregon.org

June 6, 2023

Health Policy and Analytics Bridge Program Team
421 SW Oak St Suite 875
Portland, OR 97204

SENT VIA EMAIL: katie.waldo@oha.oregon.gov

Re: Comments from Cambia Health Solutions on Basic Health Plan Blueprint

Health Policy and Analytics Bridge Program Team,

Thank you for the opportunity to submit comments on draft 1331 Basic Health Program Blueprint (BHP Blueprint). Cambia Health Solutions operates Regence BlueCross BlueShield of Oregon and BridgeSpan in the marketplace. We have been closely following the development of a Basic Health Plan, and particularly the market mitigation component.

As one of the state's largest health insurers, Regence BlueCross BlueShield of Oregon is committed to addressing current and emerging health needs for the nearly one million Oregonians we serve. In keeping with our values as a tax-paying nonprofit, 85% of every premium dollar goes to pay our members' medical claims and expenses.

As a plan with over 23,800 lives in the individual market, we want to register our concern with the state moving forward with a Basic Health Program without effective marketplace mitigation in place. We also request that the BHP Blueprint include discussion of the plan for marketplace mitigation and assurances that impacts to the marketplace will be addressed in the process.

Cambia is concerned that the state and CMS have moved away from the promised mitigation.

When HB 4035 was passed in 2022 authorizing the development of the Basic Health Program in Oregon, it expressly required the task force to "identify potential disruptions to the individual and small group markets by the bridge program and develop mitigation strategies to ensure market stability including utilizing the Oregon Reinsurance Program or other mechanisms to limit disruptions in coverage." The task force provided the mitigation strategies directed by the legislature, recommending a gold benchmark shift.

We understand that as the state sought CMS approval for the preferred mitigation approach, CMS informed the state that it would not make the operational changes needed to implement the gold benchmark shift. Instead, CMS proposed cover adults at 138-200% FPL using a 1332 waiver. The state has declined to pursue this approach because the state would bear the risk of enrollment increases if the BHP resulted in increased coverage, and the state would bear the financial burden.

We appreciate the state's concern about taking on the financial burden of a different approach to coverage. However, we are also concerned about the state moving forward with the BHP without the promised mitigation in place. By the state's own estimates, premium costs will rise, particularly for those over 400% FPL, and 1,800 people will likely become uninsured. We believe that the number who will become uninsured is likely to be higher than 1,800 lives, particularly for the 4,500 Oregonians who would see the largest premium increases. Importantly, by the state's own estimates, many people on the marketplace will see premium increases despite moving to leaner metal coverage tiers.

OHA has shared that over 40% of people on the individual market will see a premium increase of over $25 per member per month (PMPM), with nearly 20,000 Oregonians seeing premium increases of over $75 PMPM. **The state estimates at least 4,500 Oregonians will see premium increases between $150-200 PMPM after creation of the BHP.** These effects will be particularly targeted to Oregonians above 400% federal poverty level, many of whom are still struggling to make ends meet given inflation and the resulting cost pressures. For example, a family of two adults would make $78,880 annually at 400% FPL. Under this proposal, they could see marketplace premium impacts for their family of $400 a month, or $4,800 a year. Most families could not absorb this level of insurance price increase in light of increasing rent, food prices, gas prices, and other inflationary pressures, and many may become uninsured.

We have significant concerns about the state choosing to support coverage for Oregonians on the Basic Health Plan in a manner that will make health care coverage unaffordable for many Oregonians on the individual market. We believe there is a path for the state to both provide OHP-like coverage for those between 138-200% FPL while avoiding unintended consequences to the marketplace by either pursuing the 1332 waiver or stepping up to fund marketplace mitigation for Oregonians who would see premium increases. We are concerned about the state dismissing these options because of the financial risk to the state, while effectively passing the financial risk to individual Oregonians, who may lose or reduce coverage as a result.

Cambia is concerned that the assumptions for migration are overly optimistic.

Cambia is concerned that the assumptions surrounding the enrollment of marketplace enrollees into the BHP are overly optimistic. While the state's proposed phased approach was

rejected by CMS, the state is still assuming that enrollees will transition over time, as they learn about the BHP and are eligible for renewal. However, as acknowledged at the meeting on May 12th, we believe that it is likely that consumer education and media coverage around the BHP will result in increased migration to the BHP on a quicker timeline than projected by the state. An earlier than planned mitigation would create significant market disruption, create risk of a federal claw back, and impact rate setting for the next plan year. We are concerned that the state's projections are not realistic and will lead to increased market disruption.

The mid-year launch is particularly problematic, as it could cause an uptick in the Electronic Data Interchange (EDI) transactions that carriers did not prepare for as people disenroll. We would suggest aligning with the plan year for Individual business where the impacts would align with the traditional Open Enrollment Period and plan year to ensure a smooth transition for those moving and for the marketplace and its players. If the launch were to happen mid-year, carriers may not be prepared for a large number of disenrollments, new enrollments and reinstatements for QHPs via EDI and would occur at a time when products are being prepared to be filed with and reviewed by state regulators. Staff may have to be diverted from other critical activities to manually process EDI transactions or memberships, possibly at the expense of group business or other efforts with no accurate way to prepare or predict.

While we appreciate the promise of a "course correction" if the state's assumptions about planned migration to the BHP do not materialize and lead to a greater than projected increase on the marketplace, we request additional details on what the course correction will entail, particularly if migration occurs more quickly than projected. Will the state step in and fund mitigation, or offer other incentives to enrollees to transition more slowly? We are very concerned that there are many assumptions being made by the state, and if any number of them are incorrect, the marketplace risk pools and rates would be disrupted in ways that are very detrimental, but difficult to predict given the number of assumptions made by the state.

The mitigation plan should be made part of the BHP Blueprint.

The clear intent of HB 4035 and the legislative authorization of the BHP was that the state would have a plan in place to mitigate the impact on the marketplace so that the creation of the BHP would not have consequences to Oregonians who rely on the marketplace for affordable health care coverage. The state should develop a mitigation plan and include it as part of the BHP Blueprint delivered to CMS.

We believe that the confluence of the BHP, the creation of the state marketplace, and the uncertainty surrounding the assumptions supporting the marketplace impacts has significant potential to destabilize the marketplace. We strongly encourage the state to continue its work with CMS to create a BHP that does not disrupt the marketplace, and where

marketplace participants can have significantly more assurances about what the impacts will be and how they will be addressed by the state. Those assurances should be made part of the BHP Blueprint.

Thank you for the opportunity to comment on the BHP Blueprint.

Sincerely,

Mary Anne Cooper
Director of Public Affairs and Government Relations
MaryAnne.Cooper@CambiaHealth.com

May 9, 2023

To: Health Policy and Analytics Bridge Program Team

From: Emerson Hamlin, Political Organizer, Oregon Nurses Association

Re: Draft 1331 Basic Health Program Blueprint

Dear Health Policy and Analytics Bridge Program Team members,

Thank you for the opportunity to testify on the draft basic health plan blueprint on behalf of the Oregon Nurses Association (ONA). ONA is a nurses union and professional association representing over 16,000 health care workers and providers, including registered nurses, advanced practice nurses, and allied health workers. Our members work in urban and rural hospitals, clinics, school-based health centers, home health, and county health departments across Oregon.

ONA is strongly supportive of the Basic Health Plan blueprint, because our members believe that everyone deserves to get the care they need regardless of their socioeconomic status. Our nurses consistently observe uninsured and underinsured community members avoiding and delaying care, leading to worse health outcomes. One ONA member, a nurse practitioner who works at a large Federally Qualified Health Center in Salem, shared with me the following story about a patient who had lacked insurance:

> One patient who I still think about came to me with very severe COPD. Having lived a hard life after a successful career as a college football player, he had severe lung disease in his late 40's. He had a few other chronic conditions, including Type 2 Diabetes. I understood that his lung disease was more severe than I could manage within the primary care setting and promptly ordered a referral to a Pulmonologist. But he missed his first appointment to attend a family funeral. In the meantime, I prescribed medications and inhalers and as I helped him get his diabetes and hypertension under better control. Unfortunately, a few months after I first met him, he died of respiratory failure. I felt that I had failed him. As I contemplated the course of his life and how I had cared for him as a medical provider, I realized that if he had insurance and access to treatment a couple years sooner, he would likely be alive today.

This patient is not alone. A study conducted in 2021 found that 55% of Oregonians encountered cost-related barriers to getting healthcare during the prior twelve months.[1] Similarly, half of

[1] *Data Brief No. 91: Oregon Residents Struggle to Afford High Healthcare Costs; COVID Fears Add to Support for a Range of Government Solutions Across Party Lines*. Altarum: Healthcare Value Hub. (2021, June). https://www.healthcarevaluehub.org/advocate-resources/publications/oregon-residents-struggle-afford-high-healthcare-costs-covid-fears-add-support-range-government-solutions-across-party-lines

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uninsured adults that the same study spoke with said that they were uninsured because care was too expensive. People are more likely to seek out care, particularly preventive care, when they know they can afford to do so. Therefore, keeping as many people insured as possible is critical tool to keep Oregon healthy.

Additionally, we believe that the BHP should emphasize cost containment, including utilizing value-based payments and low rates, among other solutions. Healthcare costs in Oregon are higher than the national average, and CMS predicts that health care costs will grow 5.1% per year between 2021-2030.[2] In order to ensure that the state and federal government can maintain healthy budgets, and that care is affordable for vulnerable community members, it is important that costs stay low.

Lastly, the Basic Health Plan must be expanded so small businesses and community members who make more than 200% of the federal poverty level can utilize it. Even Oregonians who earn a decent living report that they are worried about affording health insurance, with 64% of Oregonians making between $50,000 and $75,000 a year reporting healthcare affordability burdens in 2021.[3] Furthermore, would also some competition with private insurers, ideally motivating them to consider more affordable rates. In short, all Oregonians could benefit from an expansion of the BHP. Thank you for your consideration.

Sincerely,

Emerson Hamlin

[2] *NHE Fact Sheet*. CMS. (2023, February 17). https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nhe-fact-sheet#:~:text=Projected%20NHE%2C%202021%2D2030%3A,to%202020%20(19.7%20percent)

[3] *Data Brief No. 91: Oregon Residents Struggle to Afford High Healthcare Costs; COVID Fears Add to Support for a Range of Government Solutions Across Party Lines*. Altarum: Healthcare Value Hub. (2021, June). https://www.healthcarevaluehub.org/advocate-resources/publications/oregon-residents-struggle-afford-high-healthcare-costs-covid-fears-add-support-range-government-solutions-across-party-lines

HIVAlliance | 1195 City View Street, Eugene, OR 97402
541-342-5088 | hivalliance.org
Executive Board: Board President: Mark Molina | President-Elect: Omar Al-Rais | Secretary: Spencer McCoy | Treasurer: Paul Hempel

May 27, 2023

Centers for Medicare & Medicaid Services
7500 Security Boulevard,
Baltimore, MD 21244

Dear Centers for Medicare & Medicaid Services:

RE: Basic Health Program (BHP) through section 1331 of the Affordable Care Act

HIV Alliance asks you to approve the Basic Health Program blueprint the Oregon Health Authority proposed. Your support is critical to the health of Oregonians.

HIV Alliance is a nonprofit committed to supporting people living with HIV/AIDS and preventing new HIV infections throughout Oregon. As an agency, we provide wrap-around interventions that address the social determinants of health to protect people living with and at risk for HIV in our community. Our programming includes HIV care coordination, harm reduction services, and health-focused street outreach to manage the root causes of HIV infections and improve health. At HIV Alliance, we are dedicated to reducing HIV-related health disparities that impact LGBTQIA+, BIPOC, unhoused communities, and people living in rural areas to create a more just and equitable Oregon.

Unfortunately, there are limited programs and services that help provide health coverage for individuals and families who sit in the gray area of not being able to qualify for Medicaid and not making enough to obtain marketplace insurance coverage. These people often live between 133 and 200 percent of the federal poverty level and live paycheck to paycheck and cannot cover the cost of unexpected life circumstances such as a diagnosis of HIV/AIDS. The prevalence of HIV/ AIDS is linked strongly between annual income and poverty levels.

The Basic Health Program will assist HIV Alliance in our mission to support those living with and at risk for HIV/AIDS accessing health and social services. The Basic Health Program is essential for helping those who live with HIV/AIDS acquire the health services they need to live free of the stress of having to choose between their health and other expenses such as rent. This program will decrease the prevalence of HIV/AIDS by giving more people at risk access to PrEP, an HIV prevention medication, that is covered under the Affordable Care Act. The approval of the Basic Health Program will help HIV Alliance promote the health and wellbeing of those living with HIV/AIDS from all walks of life.

HIV Alliance appreciates your consideration of the approval of the Basic Health Program. Please don't hesitate to contact us if you have any questions.

Thank you.

Sincerely,
Renee Yandel
Executive Director

June 8, 2023

Health Policy and Analytics Bridge Program Team
Attn: Katie Waldo
421 SW Oak St., Suite 875
Portland, OR 97204
Submitted via email: katie.waldo@oha.oregon.gov

Re: Draft 1331 Basic Health Program Blueprint

Dear Bridge Program Team,

Kaiser Permanente appreciates the opportunity to submit comments to the Oregon Health Authority (OHA) on its draft 1331 Basic Health Program (BHP) Blueprint. Kaiser Permanente is the largest private integrated healthcare delivery system in the U.S., delivering health care to 12.5 million members in eight states and the District of Columbia.[1] Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Kaiser Permanente serves nearly 70,000 Oregonians as a delegated subcontractor to Health Share of Oregon in the Portland metro area and PacificSource in Marion and Polk counties, on a capitated basis. Kaiser Permanente also participates as a primary care provider under PacificSource in Lane County. Additionally, Kaiser Permanente covers nearly 29,500 lives on the Exchange in Oregon.

Kaiser Permanente supports programs and policies that ensure all individuals have access to affordable, high-quality health care. We are supportive of efforts to provide continuous coverage, but not at the expense of other stable and well-functioning parts of our healthcare system. For those reasons, we share our significant concerns with the draft BHP Blueprint and its impact on Oregon's established exchange enrollment, provider rates and networks.

Marketplace Impacts

From the beginning, we have expressed concerns that a BHP would negatively impact the Marketplace. By implementing a Basic Health Plan now, Oregon would enter uncharted territory. The ACA established the Basic Health Plan as an alternative coverage option for low- and moderate-income populations at a time when the individual market had not yet stabilized. New York and Minnesota established BHPs in 2015 to sustain *existing state coverage programs* established prior to the passage of the ACA. No other states have adopted a Basic Health Plan since 2015. Kentucky has abandoned its plans to pursue a BHP, choosing to not disrupt the insurance

[1] Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation's largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the medical care needs of Kaiser Permanente's members.

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Portland, OR 97232

market. We have significant concerns that a BHP in Oregon would increase Marketplace premiums and lower enrollment.

Based on recent communications from the Centers for Medicare & Medicaid Services (CMS), we understand that the proposed marketplace mitigation strategies of state administered premium assistance subsidies and gold benchmarking are not viable. Additionally, we understand that CMS has advised that a controlled phase-in of the BHP for people currently covered with a marketplace plan is not permitted. If a BHP is launched without administrable mitigation plans, it could destabilize the Marketplace and significantly increase premiums for Oregonians with incomes just over 200% FPL. Rather than expanding access, this overly complex and untested endeavor could result in more Oregonians no longer able to afford coverage.

Given these recent developments, we urge the state to pause efforts to implement a BHP until (1) after the adoption of a state-based marketplace, and (2) completing Medicaid redeterminations. This will also give the state time to assess other critical factors, such as whether the increased federal premium subsidy levels and expanded eligibility standards for those subsidies will continue beyond 2025 – which will in turn impact the overall funding for a BHP.

State-Based Marketplace
Many of the challenges Oregon is experiencing with implementing a BHP and being able to administer mitigation strategies for the Marketplace stem from having to rely on the federal healthcare.gov platform. The state is currently considering efforts to restart design and procurement for a state-based marketplace. Phasing this work will be important to its success and will enable the state to then consider and implement any market reform efforts in a more responsible manner.

Medicaid Redeterminations
Clear communication is essential as the state launches its redeterminations process. We appreciate the work Oregon has done to date to collaborate with carriers and community-based organizations to build out our safety net. However, adding the complexity and uncertainty of implementing a BHP while undertaking this work is overzealous at best. We are pleased that Oregon has delayed terminating Medicaid members until October to allow for a more robust planning process, but early data from several states suggests that administrative processes are challenging for many low-income individuals entering the renewal process for the first time. [2]

Ensuring Oregonians have affordable access to health care is critically important and a project this complex demands more time, attention and resources. Without adequate strategies to plan and mitigate impacts to the marketplace, we potentially imperil affordable care for thousands of Oregonians. We believe there is an opportunity to build on Medicaid and the Marketplace by

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[2] *See* Kaiser Family Foundation Medicaid Enrollment and Unwinding Tracker at https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-state-enrollment-and-unwinding-data/

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implementing a robust state-based exchange and active purchaser model designed to mitigate churn.

Thank you for this opportunity to participate in this important process and share our concerns. We look forward to working with you throughout this process. Please contact me at jeff.a.collins@kp.org or Elizabeth Edwards at elizabeth.m.edwards@kp.org if you have any questions or would like to discuss further.

Warm regards,

Jeff Collins
President, Kaiser Permanente of the Northwest

500 NE Multnomah St.
Portland, OR 97232

Health Department

June 9, 2023

To: Oregon Health Authority, Health Policy and Analytics Bridge Program Team
From: Valdez G. Bravo, FACHE; Interim Director, Multnomah County Health Department
Re: Public Comment on Draft Section 1331 Basic Health Program Blueprint Application

Thank you for the opportunity to provide public comment on the draft Section 1331 Basic Health Program Blueprint that was published May 1, 2023. As a provider of public health services, preventive care, and safety net health services in the most populous county in the state, the Multnomah County Health Department greatly appreciates the state's dedication to ensuring access to critical health services for those falling into the 138-200% FPL income range, which make up a significant percentage of the patients that we serve.

In addition to supporting the health and wellness of the over 800,000 Oregonians residing in Multnomah County through the Health Department's various public health and safety programs, our Community Health Center is the largest public health federally qualified health center in Oregon - operating seven primary care clinics that serve over 56,000 individuals annually. We also operate nine Student Health Centers, which provide convenient access to primary care services in the high school setting, integrated dental clinics and pharmacies, and a specialty primary care clinic for HIV positive clients. As a safety net provider and trusted local resource, the services we provide are essential to improving individual outcomes for our patients as well as the overall health of our community – similar to the many community health centers that operate across the state.

In review of the Basic Health Program (BHP) Blueprint, we are encouraged to see that benefits outlined appear to largely correspond with those services that are currently offered within the Oregon Health Plan (OHP). We appreciate the state's understanding that individuals who may access the BHP have an increased likelihood of moving in and out of eligibility for OHP coverage, and consistency with regard to benefits and provider network are beneficial to patients in terms of access and continuity of care. Similarly, implementing coverage, processes, and regulations that align with the OHP is beneficial to providers, as this reduces churn and streamlines administrative complexity. We are also supportive of the state's intent to maintain zero cost-sharing for enrollees of the BHP, as this is a key component of ensuring timely access to necessary care.

Because the draft blueprint is high level and details are still being solidified with state leadership and the Centers for Medicare and Medicaid Services (CMS), we know that what is outlined may not be fully representative of the services that will be covered in the BHP. However, there are several services which are not explicitly referenced which are critical to our patients and the care that we provide, and if these services are not ultimately included in the BHP, there would be significant impact to our health department operations and the population that we serve.

Additionally, payment methodology for providers is not specifically outlined, and we have detailed our initial questions and concerns related to these issues below.

General Questions

On page 11 of the draft blueprint, in the first table included in Section 4: Eligibility & Enrollment under "Eligibility Standards" it is listed that *"citizen[s] with household income exceeding 133 but not exceeding 200% FPL"* will be eligible for the Basic Health Program (BHP). Currently, adults with income up to 138% FPL are eligible for the Oregon Health Plan (OHP) and in other areas of the blueprint, 138% FPL is referenced as the lower limit threshold for eligibility in the BHP. For example, on page 14 it is stated:

> *"Beginning sometime between April and July 1, 2024, Oregon will accept applications for BHP coverage through existing application portals and any new applicant in the 138-200% FPL category will go through eligibility determination and be enrolled in the BHP if determined eligible."*

Because there seems to be some inconsistency with the lower limit of percent FPL listed for the population eligible for the BHP, we are hoping that the Oregon Health Authority (OHA) can clarify the income eligibility ranges for the OHP and BHP.

Optional Section 1937 Medicaid Benefit Programs

Several benefits that are included as “Section 1937 Coverage Option Benchmark Benefit Packages” (non-essential benefits) in the Medicaid State Plan have not been specifically mentioned in the draft BHP Blueprint, and we are seeking clarification on whether BHP members will be eligible for these benefits in any capacity. We are particularly concerned with the potential exclusion of the **Targeted Case Management program**, as a significant number of our patients rely on services provided through this program, and a critical mass of participants is necessary to generate the resources needed for program administration purposes and service provider retention.

Targeted Case Management (TCM) is a vital service that provides necessary support to some of our most vulnerable residents with the intention of improving health outcomes and addressing disparities while reducing Medicaid program costs. TCM services within our Nurse Family Partnership and Healthy Birth Initiative programs support outreach that is vital to both short- and long-term outcomes for women, children, and families. If TCM services are excluded in the BHP, it will not only negatively impact the mothers, children, and families who would benefit from these critical services, a decrease in program funding due to a reduction in current Medicaid revenue may jeopardize our ability to maintain these key programs. TCM in our Nurse Family Partnership program provides funding for approximately 98 percent of program staff, and TCM accounts for 25 percent of funding and supports 4.2 FTEs in our Healthy Birth Initiative program.

TCM services are also critical to the HIV positive individuals we serve - as this care is key in improving individual health outcomes and also has a public health benefit. These services are designed to help manage complex needs, decrease viral load, and reduce costs to the health

care system by prioritizing prevention and early intervention to avert the need for higher cost services required to treat more severe disease or deliver care in more expensive settings (like emergency departments and hospitals).

We strongly recommend that OHA include Targeted Case Management as a covered service under the BHP. If these optional benefits will not be offered within the BHP, we request that the state share rationale and associated data with respect to the number of enrollees who will be impacted, as well as evaluation on the potential effect on local program service provision and analysis on impact and associated cost related to long-term health outcomes from this exclusion. If BHP enrollees will become ineligible for these programs after receiving these benefits as OHP members, more information on the transition process for those individuals would also be appreciated.

Interpretation Services

Interpretation services are not specifically referenced in the draft BHP Blueprint, and we would like clarification on if payment mechanisms that currently exist within the OHP for interpreter services will also apply to BHP coverage. While coverage for health care services is critical, that coverage only achieves its intended impact if that care can be accessed and understood. Interpretation services are critical to ensure that coverage equates to access. However, interpretation services do not have a consistent mechanism for payment - some are bundled into encounter rates for health center patients while others must be directly negotiated or covered independent of a payer agreement, leading to unfunded yet required care provisions.

Based on recent discussion in the state legislature related to the importance of coverage and adequate payment for interpretation service, there is clearly complexity with how payment is structured to ensure this service is available to all those who need it - as interpretation has not been designated as an essential benefit by the US Preventive Services Task Force. However, interpretation is a necessary component of equitable access, as communication is critical to appropriate care. More than 40 percent of our patients rely on language services to understand and manage their health needs. Without inclusion of interpretation services coverage, implementation of the BHP will result in an inequitable distribution of care which excludes persons who do not speak English.

We strongly recommend that OHA explicitly include direct reimbursement for interpretation services in its proposed Section 1331 Basic Health Program – and that any improvements to processes related to interpretation services that may result from interim discussions will be applied comprehensively to ensure there is equitable access across all coverage types.

Provider Payment Rates

As a provider of preventive and primary care services, our health department is a critical resource within the community to comprehensively address both individual and population health needs. Our unique structure as a safety net provider and mission to provide services to anyone, regardless of ability to pay, creates financial vulnerability – as we cannot rely on

diversity in payment sources to offset the costs of administrative overhead or uncompensated care to ensure financial stability. Because of our reliance on public insurance payments to maintain programs and services, we are also concerned about how payment rates for the BHP will be determined and implemented.

Our patient population is traditionally underserved and often present with more complex health and social needs, requiring more time and intensive service provision across a range of providers to address the full-spectrum of needs. The recommendations provided by the Joint Task Force on the Bridge Health Care Program emphasized the need to design and support enhanced payment mechanisms which continue to reward providers for participation in safety net services. The actuarial analysis[1] recognized by OHA for the BHP also confirmed the viability of such enhanced payments. However, the final proposal to CMS does not include provisions for enhanced payment rates. We want to be sure that CCO capitated rates for those covered by the BHP are established with consideration for the comprehensive services that our public health entities and FQHCs provide with regard to whole-person, value-based care, and that payments are structured to ensure our programs and health centers maintain viability and can continue to function as a resource for all members within our community.

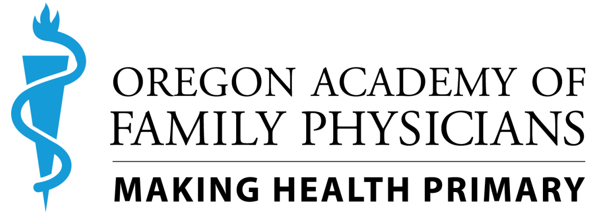
We strongly recommend that OHA explicitly include enhanced reimbursement in alignment with value-based pay goals upon implementation, without consideration of a financial reserve target. Implementation of early enhanced payment will assure a stronger participation in the provider networks for this new plan.

The Multnomah County Health Department greatly appreciates the efforts of our state leaders to ensure that robust health care coverage is available for Oregonians and want to extend our gratitude for the considerable and thoughtful work of the Oregon Health Authority to coordinate specifics related to the development of the Basic Health Program to achieve this goal. We look forward to continuing to collaborate to provide comprehensive care within our communities, and are happy to serve as a resource if you have questions or require additional information. Please do not hesitate to contact Laura Blanke at laura.blanke@multco.us or (503) 545-9576 if we can be of further assistance.

Thank you,

Valdez G. Bravo, FACHE
Interim Director
Multnomah County Health Department

[1] Ario, Joel. 2022. "Actuarial Analysis of a Basic Health Program in Oregon." June 14. https://olis.oregonlegislature.gov/liz/2021I1/Committees/JTBHCP/2022-06-14-08- 30/MeetingMaterials.



May 30, 2023

Health Policy and Analytics Bridge Program Team
421 SW Oak St Suite 875
Portland, OR 97204

RE: Oregon Draft Section 1331 BHP Blueprint Application Public Notice

Thank you to the Oregon Health Authority (OHA) and the Health Policy and Analytics Bridge Program Team for the opportunity to provide comments on Oregon's section 1331 Basic Health Plan (BHP) blueprint application.

Oregon Academy of Family Physicians (OAFP) has over 1,600 members, making it the largest medical specialty society in Oregon. Our mission is to support family physicians in their pursuit of optimal health for the people of Oregon. **As such we strongly support the framework proposed by the Bridge Plan Task Force (BPTF) and OHA to create a BHP in Oregon.** We believe this proposal is a strong foundation to increase affordable coverage options for Oregonians while building upon existing state efforts to promote health equity. We are excited to see this effort to ensure access to affordable health insurance coverage through a BHP moving forward in Oregon and appreciate the opportunity to share our perspective on the design of the plan.

Despite efforts by policymakers and agencies made over the years, Oregonians are still struggling to afford health care. The need for the Bridge Plan in Oregon is clear and immediate.

As Oregon continues to redetermine eligibility for the 1.3 million Oregonians on the Oregon Health Plan (OHP), we support the vision OHA has set forward in the blueprint to ensure continuity of coverage. OAFP particularly supports the following components included in the blueprint:

Plan and Benefit Design
We support the elimination of premiums and cost-sharing for individuals covered under the plan. By ensuring BHP beneficiaries will not be responsible for cost-sharing or deductibles, Oregon is providing a stepping stone between the Marketplace and OHP. These cost concerns are higher for specific communities in Oregon – uninsured people, individuals with incomes under 400% FPL, and people of color all report delaying care due to cost at higher rates. By eliminating enrollee cost-sharing for the BHP-eligible population, Oregon is ensuring that those populations most in need of coverage are able to access the care they deserve.

Provider Networks, Reimbursement and Outreach
We support utilizing Oregon's current system of Coordinated Care Organizations (CCOs) to offer Bridge Plan coverage. As the Bridge Plan-eligible population often "churns" on and off OHP coverage, consistency between OHP and the Bridge Plan will create an understandable coverage option where beneficiaries don't have to question what services are available and how to access them. Additionally, we urge OHA to recognize that reimbursement rates need to be based on the cost of providing care, while also acknowledging that providers in different communities face varying costs and needs.

Finally, OHA's plan to work with community-based organizations and partner agents who provide equity-focused outreach and enrollment assistance that focuses on the unique needs of members from communities that disproportionately experience social and health inequities is a key aspect of ensuring successful program implementation.

There is more work to be done to improve affordability for all Oregonians, and we continue to urge the Oregon Health Authority to think long-term. Enhanced federal subsidies through the American Rescue Plan Act (ARPA) for people with Marketplace coverage are set to expire at the end of 2025; should they expire, people may see a **41% increase in their premiums**. Additionally, many small businesses who want to can't afford to provide their employees with the expensive private insurance plans currently

available. In order to make sure coverage remains affordable for all people, we encourage OHA to work with the legislature to expand the Bridge Plan to people with incomes more than 200% FPL through a Section 1332 waiver ensuring all Oregonians continue to have access to high-quality, affordable health care.

Thank you for the opportunity to provide comments on the section 1331 BHP blueprint application in support of the successful implementation of the Bridge Plan. The Bridge Plan is critical to ensuring Oregon ensures coverage, expands access, and lowers health care costs for Oregonians as pandemic-related support expires. If you have any questions or are interested in further discussion of the section 1331 BHP Blueprint, please do not hesitate to reach out to Oregon Academy of Family Physicians.

Sincerely,

Brian Frank, external affairs committee of OAFP

Health Policy and Analytics Bridge Program Team
421 SW Oak St Suite 875
Portland, OR 97204

Submitted electronically to: katie.waldo@oha.oregon.gov

The Oregon Dental Association (ODA) represents over 2,100 practicing dentists across all corners of the state. Our members are committed to improving access to dental care and were pleased that the Draft Blueprint for the Basic Health Plan includes coverage matching the Oregon Health Plan, including adult dental care.

Dental care is a critical piece of overall health. Recognizing this, the Oregon Health Plan offers comprehensive dental coverage, from regular cleanings to fillings, extractions, dentures, crowns, and emergency care. As the Authority well knows, an untreated dental issue can contribute to significant and costly health issues like heart disease, cancer, or diabetes. Untreated oral pain is also a high driver of unnecessary emergency department visits.

Additionally, the inclusion of dental benefits in the BHP was widely supported by the BHP task force established by HB 4035. The inclusion of dental benefits was routinely discussed, with multiple members of the task force noting their support at nearly every meeting.

The Oregon Dental Association also appreciates the stated intent that services under the BHP will be offered to enrollees without cost sharing, which will reduce barriers to access.

Notably, dental participation in OHP provider panels is often hampered due to low reimbursement rates. Dental offices are particularly vulnerable to low reimbursement rates due to high overhead and equipment costs, and we know that low Medicaid reimbursement directly causes dentists to limit the number of Medicaid patients they see. Ensuring a robust— higher than Medicaid—reimbursement structure for providers participating in the BHP will enable stronger provider participation and increase access to care to those most in need.

ODA appreciates consideration of these comments.

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May 16, 2023

TO: Oregon Health Authority
FR: Maribeth Guarino, Health Care Advocate, Oregon State Public Interest Research Group (OSPIRG)
RE: In Support of the 1331 Basic Health Plan Waiver Blueprint to CMS

Thank you for the opportunity to provide comment in support of the 1331 Basic Health Plan Waiver Blueprint. OSPIRG is a consumer advocacy nonprofit with members across the state. We support action that will make our world a healthier, safer place to live, including lowering health care costs.

Health care costs pose a problem for thousands of Oregonians, as premiums, deductibles, the cost of prescriptions, and related costs continue to rise. In Oregon, health care costs are rising faster than the national average, faster than inflation, and faster than our wages. They cause individuals, families, small business owners, and other Oregonians to delay care, which can lead to worsening conditions and more expensive treatment down the road. The COVID-19 public health emergency has provided Oregon a unique opportunity to lower health care costs for a portion of the population by adopting a Basic Health Plan (BHP), a public health insurance plan administered by Oregon's Medicaid Coordinated Care Organization (CCO) model for Oregonians up to 200% of the Federal Poverty Level (FPL).

We support the BHP and the blueprint waiver application. The limits on consumer costs through use of the CCO model and drawing down of federal funds is a good first step. The BHP will also ease the transition of individuals in the Medicaid churn population to a similar plan where they can maintain their provider and treatments, lowering administrative costs as well as ensuring a smooth patient experience. Additionally, the waiver also makes note of the possibility of further easing the enrollment and transition process between public and private plans if and when a state-based marketplace comes online in the future. We believe that this is an important note for the flexibility of implementing that policy and integrating systems seamlessly when that transition happens, and signals Oregon's intentions to do so to CMS now. We commend the agency for including these sections in the waiver application in preparing and planning for future policies that will enhance the BHP and consumer experience with health insurance in Oregon.

We also encourage the state and health authority to continue pursuing cost containment strategies for Oregonians above 200% FPL. The BHP's use of the CCO model, including value-based payments and quality metrics for care, are a good start; as recent reports from Oregon's cost growth target indicate, more Medicaid organizations have been able to meet cost containment goals than commercial or Medicare payers or providers. However, the BHP is limited to individuals and families under a certain annual income level. Meanwhile, Oregonians above 200% FPL still struggle with high premiums and health care costs on the individual marketplace, as do small business owners and their employees. Enhanced federal subsidies through the American Rescue Plan Act (ARPA) for people with Marketplace coverage are set to expire at the end of 2025; should they expire, people may see a 41% increase in their premiums. Expanding the BHP to additional populations would be a great step to ensuring everyone in

Oregon can maintain insurance coverage without fear of devastating health care costs. Cost containment and low-cost, high quality coverage should not be limited to certain populations; every Oregonians deserves lower health care costs so they can get the care they need when they need it, rather than when their wallet or deductible says they can pay for it. As this waiver is submitted and the BHP is implemented, we urge the state to continue pursuing innovative health care strategies to lower health care costs for everyone.

June 9, 2023

Oregon Health Authority
Health Policy and Analytics Bridge Program Team
Attn: Joanna Yan
421 SW Oak St Suite 875
Portland, OR 97204

Delivered via email: katie.waldo@oha.oregon.gov

Re: Comments on Section 1331 BHP Blueprint

Dear Joanna:

The PacificSource companies are independent, not-for-profit health insurance providers based in Oregon. PacificSource Community Solutions is the contracted coordinated care organization (CCO) in Central Oregon, the Columbia Gorge, Marion & Polk Counties, and Lane County. We serve over 350,000 Medicaid members in these services areas. Our mission is to provide better health, better care, and better value to the people and communities we serve.

We appreciate the opportunity to submit comments on the proposed § 1331 basic health program blueprint application to the Centers for Medicare and Medicaid Services. PacificSource supported the legislation[1] that led to the creation of the Joint Task Force on the Bridge Health Care Program in 2022, as well as served on the Task Force that vetted the proposal. PacificSource supports the Oregon Health Authority pursuing a § 1331 basic health program blueprint.

We have remained actively engaged and invested in this topic to solve what is colloquially known as "churn" in Medicaid. Even in normal times, fluctuating income and difficulty navigating plan options and tax credits leads to loss of coverage. Data from the Oregon Health Insurance Survey[2] suggests that statewide, 27.5% of uninsured Oregonians stayed uninsured throughout the year if the person lost Oregon Health Plan coverage. This loss of insurance is more acute on communities of color, with 35.1% of Hispanic or Latino individuals noting that loss of Oregon Health Plan coverage kept them uninsured all year.

As a result of churn, those Oregonians may experience delayed care, have fewer preventative visits, and potentially need providers to deliver more intensive care. Avoiding interruptions in care and disengagement in the process would improve health outcomes and more wisely shepherd public resources. The issue of churn, if left unaddressed, will continue to complicate Oregon's goal of universal health care coverage.

[1] 2022 Or Laws ch 29 (Enrolled House Bill 4035).
[2] See Oregon Health Authority, Oregon Health Insurance Survey (2022), available at https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Insurance-Data.aspx.

Recently, we have learned that the Oregon Health Authority forecasted premium increases for those individuals remaining in the health insurance exchange not contemplated by the Joint Task Force on the Bridge Health Care Program. In particular, the agency has very recently communicated in various fora that it believes that for plan year 2025, approximately 30% of enrollees will experience premium increases larger than $25 per-member, per-month (PMPM).[3]

We also understand that the Centers for Medicare and Medicaid Services declined to entertain certain mitigation efforts over which the Task Force and carriers deliberated, such as "gold benchmarking," and the state declined to exercise other options offered to it by CMS (i.e., a § 1332 Affordable Care Act innovation) for General Fund sustainability reasons. We may be supportive of the blueprint in general, and we always understood that the adoption of a basic health program blueprint would create some level of premium impacts. Nonetheless, given the late information before us we urge the Oregon Health Authority to collaborate closely with the Department of Consumer and Business Services to seriously address this potentially looming impact to health insurance premiums.

Having expressed general comments on the application, we do wish to pose some specific questions about the content of the draft blueprint:

- On page 14 of the draft application, the proposal also states the intent to allow individuals currently insured through the Oregon Health Insurance Exchange to retain qualified health plan coverage through 2024, and through plan years 2025-2026. The proposal qualifies the allowance to remain in a QHP if "they comply with the rules governing auto reenrollment in their Marketplace coverage." We would seek clarification that auto reenrollment, for purposes of this proposal, includes instances where a QHP issuer submits a crosswalk for a discontinued plan to another product within the service area or in situations where CMS crosswalks discontinued plans to the same issuer.[4] We do not believe the intent of the proposal is to require someone to transition to the BHP if for some reason their particular health plan must be discontinued.

- On page 19 of the draft application, the proposal details how Oregon will determine how the Exchange will use claims/utilization data to identify and communicate with members to minimize disruptions to their networks of care. The proposal states that the Exchange would "then identify the lowest cost silver plans that include these providers." With the passage of enhanced advance premium tax credits under the Inflation Reduction Act of 2022,[5] we believe that tacitly steering consumers to the lowest cost silver plan options in fact limits consumer choice and increases the risk to disruption in care.

  It is our understanding, after a review of federal regulations, that a Medicaid managed care organization like a coordinated care organization may provide information on qualified health plans to potential enrollees as an alternative to the Medicaid managed care plan due to a loss of eligibility.[6] We have yet to receive confirmation from the agency of our understanding however, which will cloud CCO efforts to meet the spirit and letter of federal regulation.

[3] https://healthcare.oregon.gov/Documents/May%2025%202023%20HIMAC%20meeting%20handout%20packet.pdf
[4] *See* 45 CFR 155.335(j)(2).
[5] Pub. L. 117-169, 136 Stat. 1818 (2022).
[6] 42 C.F.R. § 438.104; *see* also Centers for Medicare and Medicaid Services, Medicaid Managed Care Marketing Regulations Frequently Asked Questions (January 16, 2015) (available at https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/FAQ-01-16-2015_127.pdf)

Rather than focus on the two least-expensive silver plans, we believe notices from the Exchange should consider:

- Specifying the existence of enhanced premium tax credits through 2025;
- Reminding consumers that continuity of care is important, and that selecting insurance plans also means examining the providers signed up to accept the potential plan; and
- Listing the qualified health plan associated with the coordinated care organization for which the member currently receives Oregon Health Plan benefits, for continuity.

This may also include allowances for entities with a coordinated care organization and offering qualified health plans on the Exchange to be able to map members to plans primarily based on continuity of providers, rather than singularly focusing on cost.

- On page 25 of the draft application, the proposal gives a contingent assurance that the state can or will be able to return an accurate and timely eligibility result for all BHP eligible applicants. In the explanation of the contingent assurance, the proposal notes that the agency seeks additional positions and resources to support BHP enrollment. We do believe that the mitigation steps need to consider the possibility that, despite a better-than-expected revenue outlook, the Oregon Legislative Assembly may not necessarily approve additional positions and appropriate General Fund for additional positions.

Overall, we acknowledge the brisk timeline the agency is on to set up this program during one of the largest eligibility checks in history. We stand ready to implement the program at the point that CMS approves the submitted blueprint. Thank you again for the opportunity to comment on the draft application. Please do not hesitate to contact us with any questions or concerns.

Sincerely,

/s/

Richard Blackwell
Director, Oregon Government Relations

June 30, 2023

Oregon Health Authority
500 Summer Street, NE, E-20
Salem, OR 97301-1097

Re: Support for Oregon's Section 1331 Basic Health Program Blueprint

Dear Director Baden,

I am writing on behalf of Yamhill Community Care (YCCO) in support of Oregon Health Authority's (OHA) Section 1331 Basic Health Program Blueprint. YCCO is a coordinated care organization (CCO) serving more than 38,000 Oregon Health Plan members in Yamhill County and parts of Washington and Polk Counties.

YCCO stands ready to continue partnering with OHA on the implementation of this new health benefit plan. Please take the following under consideration:

- **We appreciate the decision to use CCOs as the delivery mechanism** and believe this aligns with Oregon's vision for health transformation. Building upon this successful model will help Oregon realize the Triple Aim of better health, better care, and lower costs.

- **We strongly encourage the Centers for Medicare & Medicaid Services to approve OHA's request on page 15 for an exception to the requirement of choice between at least two plan offerors.** This is critical for aligning with the existing CCO delivery system and the goal of improving continuity of care for members.

- **The state must solidly address the potential for increased premiums on marketplace plans.** No one should fall through the cracks because they make a little too much.

- **The program must equip providers to be successful in terms of reimbursement and not increasing administrative burden.**

Thank you for your work to improve coverage and access for Oregonians.

Sincerely,

Daniel T. Cushing
Government Affairs Director

From:	Suzanne Simon
To:	katie.waldo@oha.oregon.gov
Subject:	Question from OHP comment & question from couple on OHP
Date:	Monday, May 29, 2023 3:43:04 PM

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Dear Ms. Waldo:

We hope this is going to the right person.

First, we want to thank you and everyone working together on the OHP Bridge Plan and transition for those of us living always on the edge of our finances due to our complex medical issues. Our lives were saved on many levels with OHP coverage during the pandemic.

We also want to thank you for putting all the information out to help answer questions we have had when we first learned we might lose medical coverage as the emergency funding ended. We have been living in fear and confusion, but documents like the "Basic Health Program Blueprint: Public Hearing" we just read clarified a lot for us. We plan to Zoom the forum scheduled on May 31.

But, of course, while we care about the greater good, we have specific questions for our individual needs. As usual, we try to learn what we can online, but in times of transition, information can become outdated or inaccurate. So, could you answer or direct us to the correct source related scenario that we think will be relevant for others too:

For the person who qualifies for the expanded medicaid during the transition and eventual establishment of the Bridge plan that will include eligibility up to 200% FPL (we will be around 175%), how will this translate for someone like my husband who will be Medicare eligible on 1-5-2024? The current eligibility numbers on the .gov sites specific to Oregon do not include the increased FPL percentages. So, will he lose the Medicaid component?

Thank you so much,
Suzanne

HIVAlliance | 1195 City View Street, Eugene, OR 97402
541-342-5088 | hivalliance.org
Executive Board: Board President: Mark Molina | President-Elect: Omar Al-Rais | Secretary: Spencer McCoy | Treasurer: Paul Hempel

May 27, 2023

Centers for Medicare & Medicaid Services
7500 Security Boulevard,
Baltimore, MD 21244

Dear Centers for Medicare & Medicaid Services:

RE: Basic Health Program (BHP) through section 1331 of the Affordable Care Act

HIV Alliance asks you to approve the Basic Health Program blueprint the Oregon Health Authority proposed. Your support is critical to the health of Oregonians.

HIV Alliance is a nonprofit committed to supporting people living with HIV/AIDS and preventing new HIV infections throughout Oregon. As an agency, we provide wrap-around interventions that address the social determinants of health to protect people living with and at risk for HIV in our community. Our programming includes HIV care coordination, harm reduction services, and health-focused street outreach to manage the root causes of HIV infections and improve health. At HIV Alliance, we are dedicated to reducing HIV-related health disparities that impact LGBTQIA+, BIPOC, unhoused communities, and people living in rural areas to create a more just and equitable Oregon.

Unfortunately, there are limited programs and services that help provide health coverage for individuals and families who sit in the gray area of not being able to qualify for Medicaid and not making enough to obtain marketplace insurance coverage. These people often live between 133 and 200 percent of the federal poverty level and live paycheck to paycheck and cannot cover the cost of unexpected life circumstances such as a diagnosis of HIV/AIDS. The prevalence of HIV/ AIDS is linked strongly between annual income and poverty levels.

The Basic Health Program will assist HIV Alliance in our mission to support those living with and at risk for HIV/AIDS accessing health and social services. The Basic Health Program is essential for helping those who live with HIV/AIDS acquire the health services they need to live free of the stress of having to choose between their health and other expenses such as rent. This program will decrease the prevalence of HIV/AIDS by giving more people at risk access to PrEP, an HIV prevention medication, that is covered under the Affordable Care Act. The approval of the Basic Health Program will help HIV Alliance promote the health and wellbeing of those living with HIV/AIDS from all walks of life.

HIV Alliance appreciates your consideration of the approval of the Basic Health Program. Please don’t hesitate to contact us if you have any questions.

Thank you.

Sincerely,
Renee Yandel
Executive Director

From:	Swerdlow Laurel M on behalf of 1115 SUD Bridge Amendment
To:	Waldo Katie
Subject:	FW: Bridge Amendment Feedback
Date:	Friday, June 2, 2023 9:56:19 AM

From: Jeff Hale <jhaleins@gmail.com>
Sent: Monday, May 1, 2023 2:01 PM
To: 1115 SUD Bridge Amendment <1115SUD.BridgeAmendment@odhsoha.oregon.gov>
Subject: Bridge Amendment Feedback

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The democrat's are ruining Oregon, we are now trying to be the only state in the union that is going to allow abortion and sex changes AT ANY AGE?? Now, we are going offer FREE healthcare for people who are making less than 200% of the Federal Poverty Line? Do you really want no one to work? These Dems have lost their touch on reality!!!

Sent from Mail for Windows

From:	Swerdlow Laurel M on behalf of 1115 SUD Bridge Amendment
To:	Waldo Katie
Subject:	FW: Bridge Amendment Feedback
Date:	Friday, June 2, 2023 9:56:20 AM

From: Jeff Hale <jhaleins@gmail.com>
Sent: Wednesday, May 3, 2023 1:50 PM
To: 1115 SUD Bridge Amendment <1115SUD.BridgeAmendment@odhsoha.oregon.gov>
Subject: Bridge Amendment Feedback

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Do these democrats want to live in a state where no one wants to work and wants more and more Oregonians to depend on the state? WAKE UP and stop socialism. The DEMOCRATS are out of control!!!

Sent from Mail for Windows

From:	Swerdlow Laurel M on behalf of 1115 SUD Bridge Amendment
To:	Waldo Katie
Subject:	FW: Bridge Amendment Feedback
Date:	Friday, June 2, 2023 9:56:18 AM

From: Jeff Hale <jhaleins@gmail.com>
Sent: Monday, May 1, 2023 1:37 PM
To: 1115 SUD Bridge Amendment <1115SUD.BridgeAmendment@odhsoha.oregon.gov>
Subject: Bridge Amendment Feedback

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To whom it may concern,
This is absolutely absurd and complete nonsense. We are turning into a complete entitlement society! No one wants to work already and then you want to add this bill to make more people want to stay under this income threshold? Wake up and look around this state. Do you not see what these kind of horrific policies are doing to the general public? Let's decriminalize drugs, give people free healthcare, food stamps, free phones and expect them to work hard? QUIT IT ALREADY! These liberal ideologies are destroying Oregon and it's sickening. Please vote this down and pass bills that allow people to not be a slave to the state.

Sent from Mail for Windows

From:	Swerdlow Laurel M on behalf of 1115 SUD Bridge Amendment
To:	Waldo Katie
Subject:	FW: Bridge Amendment Feedback
Date:	Friday, June 2, 2023 9:56:19 AM

From: Jeff Hale <jhaleins@gmail.com>
Sent: Wednesday, May 3, 2023 1:48 PM
To: 1115 SUD Bridge Amendment <1115SUD.BridgeAmendment@odhsoha.oregon.gov>
Subject: Bridge Amendment Feedback

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STOP THE SOCIALISM!!!

Sent from Mail for Windows

June 2, 2023

Health Policy and Analytics Bridge Program Team

421 SW Oak St Suite 875

Portland, OR 97204

RE: Oregon Draft Section 1331 BHP Blueprint Application Public Notice

Thank you to the Oregon Health Authority (OHA) and the Health Policy and Analytics Bridge Program Team for the opportunity to provide comments on Oregon's section 1331 Basic Health Plan (BHP) blueprint application.

My name is Jim Houser of SE Portland. I am Co-Founder of Hawthorne Auto Clinic (ret) and a member of the Board of Directors of the Main Street Alliance, a small business leadership development and advocacy organization (with over 2500 Oregon small businesses in our network). From 2010 through 2023, I have offered a small business perspective on healthcare as a member of Oregon health insurance exchange advisory committees. I first was asked to serve on the advisory for the creation of the Oregon Health Insurance Exchange (ORHIX) which became Cover Oregon, and then for the Oregon Health Insurance Marketplace under both the Division of Consumer and Business Services (DCBS) and more recently under the Oregon Health Authority (OHA). I currently serve on OHA's Cost Growth Target Advisory Committee.

When Liz Dally, my wife, and I founded our auto repair business in 1983 we made the commitment to provide health insurance coverage for our employees and their dependents. It seemed like the right thing to do, and it made good business sense. Auto repair is a highly skilled field where offering good benefits to keep experienced staff is critically important. And our employee benefits strategy worked. Our employee tenure stands at just about 20 years. But as you no doubt know healthcare premium increases over the years have been relentless. We experienced increases of over 120% between 2000 and 2010, leveling off in the first years of the ACA, with increased benefits in the available plans, and then dramatic increases again in recent years as the anticipated additional healthcare reforms were stymied.

Oregon has made tremendous strides in increasing healthcare access, with about 95% of Oregonians currently covered, though the number of small businesses offering health insurance coverage to their

employees has actually declined over the last five years. The challenge for Oregon is the ability to develop strategies to increase access and control premium costs. Cover Oregon, the health insurance marketplace created in Oregon by the opportunities provided by the Affordable Care Act, made possible the ability to improve access and control healthcare costs, including for small businesses. Cover Oregon's replacement, the Oregon Health Insurance Marketplace (OHIM) at its formation opted to have insurance carrier enrollment managed by the federal government's healthcare-dot-gov. That federal platform not only is very expensive for the state of Oregon, it dramatically limits access to critical enrollment data and also precludes the Marketplace offering small business/small group coverage because federal small group standards are not compatible with Oregon's small group premium protections.

One absolutely essential healthcare access and cost reform and was unanimously recommended by the Marketplace Advisory Committee (MAC) to DCBS in September 23, 2019, is to transition our current Marketplace from the federal platform to a fully State Based Marketplace (SBM). Not only would Oregon save significant costs to the state, the establishment of an SBM would also enable Oregon to be fully in control of its own health insurance marketplace. The MAC report emphasized the limitations of the current federal platform and the advantages of becoming a fully SBM. Some 6 other states have recently either become or transitioned to full SBM adding to the 18 states that have been successful SBM's all along. (A recent bonus we learned about is that the vendors offering the SBM technology currently do not require any money down, no payment due until the platform is up and running to the state's satisfaction.)

The advantage for Oregon small businesses with a transition to an SBM is that we will finally become able to access the many features and benefits of the ACA reforms, like so many other states are currently able to have. One example, that had been approved by the Cover Oregon Board, and for which there were 11 Oregon small group plans offered, was a feature called Employee Choice. Instead of the employer having to spend time polling employee healthcare needs and researching medical provider networks, the employee chooses the carrier/providers best suited for their family. The employer simply provides their agreed to portion of the plan costs. Any additional payment necessary is provided by the employee. This Employee Choice feature is currently available through SBM Covered California, for example, and is very popular.

The Main Street Alliance strongly supports the framework proposed by the Bridge Plan Task Force (BPTF) and OHA to create a BHP in Oregon. We believe this proposal is a strong foundation to increase affordable coverage options for Oregonians while building upon existing state efforts to promote health equity. We are excited to see this effort to ensure access to affordable health insurance coverage through a BHP, known as the Bridge Plan, moving forward in Oregon and appreciate the opportunity to share our perspective on the design of the plan. When combined with Oregon as an SBM Oregon small businesses will be able to gain the advantages made possible by the BHP in Oregon.

Jim Houser, Co-Founder of Hawthorne Auto Clinic (ret) and a member of the Board of Directors of the Main Street Alliance

From: J H
To: katie.waldo@oha.oregon.gov
Subject: Section 1331 Basic Health Program — Draft Blueprint and Public Comment
Date: Thursday, June 15, 2023 6:39:52 AM

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More welfare isn’t the answer!! I’ve had enough of these government programs being a drag on society. Get back to work and end the entitlements.

From: Laura Johnson
To: katie.waldo@oha.oregon.gov
Subject: Public Comment on Draft Section 1331 Basic Health Plan Blueprint
Date: Thursday, June 29, 2023 9:32:42 AM

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To: Health Policy and Analytics Bridge Program Team
From: SEIU Local 49
Date: June 29, 2023
Re: Public Comment on Draft Section 1331 Basic Health Plan Blueprint

SEIU offers this comment in support of the draft Basic Health Plan Blueprint and the pursuit of a Basic Health Plan (BHP) in Oregon. We believe establishing a BHP will ensure affordable and consistent healthcare is accessible to a previously underserved population: those earning 138-200% of the federal poverty level (FPL) who have traditionally cycled on and off the Oregon Health Plan (OHP). Utilizing the CCO system to provide nearly seamless insurance coverage from the patient's perspective, regardless of income and payor fluctuations, will positively impact the health of tens of thousands of Oregonians.

The "churn" population of Oregon has historically been in a precarious situation. Often working poor and more diverse than the state as a whole, this population sometimes qualifies for OHP but only slight increases in income cause them to lose coverage. As a result, this group faces the challenging situation of having neither stable insurance coverage nor consistent healthcare providers. Putting these individuals in this situation is at odds with our state's goals to ensure equal access to healthcare for all.

Recognizing the dire public health implications of this population losing insurance coverage during the COVID-19 pandemic, the federal government mandated continuous Medicaid coverage during the Public Health Emergency. Continuous Medicaid coverage was the reason Oregon's insurance coverage rate increased from 2019 to 2021. For Black/African American Oregonians, the rate of coverage increase was twice as high as the general population.[1]

But the Public Health Emergency has now ended and -- with it -- continuous Medicaid coverage. This change is fueling many headlines in the news, such as this AP headline from June 19th, "More than 1 million people are dropped from Medicaid as states start a post-pandemic purge of rolls." Fortunately, Oregon has a plan to not drop people, but to transition them to the Basic Health Plan, protecting insurance coverage and the health of the tens of thousands of people earning less than 200% FPL in Oregon.

Without the BHP blueprint, we would be very concerned about the healthcare fate of the estimated

55,000 people who will be removed from Medicaid over the coming year. Pursuing a BHP not only offers a simple solution to keep people from losing their OHP insurance, but also a presents an opportunity to extend coverage to 11,300 currently uninsured low-income Oregonians.

However, like many changes in the complex world of healthcare, the addition of this program will have downstream implications – some of which will require mitigation strategies. To this end, we appreciate that the blueprint expressly states the intent to pursue a waiver and different strategy for Tribal persons, as this is essential.

Also, while a smaller population than those who would benefit, we are concerned for the financial impact on the estimated 11,500 people who would see their monthly premiums increase by $100-$200 by plan year 2027. While this population will be earning double the income of those on the BHP, we recognize that increases of this size can still put people in financially precarious situations.

During the years leading up to plan year 2027, we urge OHA to identify and pursue additional strategies to mitigate these large premium increases. Fortunately, there is time; and we believe the agency, DCBS, and involved stakeholders possess the expertise to do so. Overall, we remain excited about the development of a Basic Health Plan and its ability to positively impact Oregon's insured rate and the health of low-income residents of our state.

[1] Ongoing analysis of BHP-eligible population, OHA, August 9, 2022.

Laura Johnson (she/her)
Strategic Researcher
SEIU Local 49

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[1] Ongoing analysis of BHP-eligible population, OHA, August 9, 2022.

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From:	John Evans
To:	katie.waldo@oha.oregon.gov
Subject:	Section 1331 Basic Health Program Blueprint - Public Comment
Date:	Thursday, June 15, 2023 9:44:47 AM
Attachments:	image006.png image007.png

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To Whom it May Concern,

I work as an I/DD brokerage Personal Agent in the Portland Metropolitan area, one of the more expensive areas in the state of Oregon to live, and coincidentally, the area with the most access to the community resources my customers need to survive. Much of my caseload consists of young adults ages 20-35. These are people struggling to navigate an increasingly hostile economic and social environment while still holding onto some sort of hope for their own futures.

One of the biggest hurdles my customers face is maintaining benefits and access to vital services. Even a part time job can disqualify many of my customers from services, and so they are forced to play a ridiculous balancing act, often turning down raises or additional hours (which they desperately need to meet living expenses) so they can maintain access to health insurance and other Medicaid funded benefits. Any legislation or policy that extends popular access to programs like Oregon Health Plan is a net benefit for everyone on my caseload, and gives the young people I support just a little more room to breathe. I unhesitatingly support the extension of the PHE policies for Oregonians. Thank you.

John Evans
Personal Agent
Pronouns: he/his
D: (971) 420 3671

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From:	Ford Prefect
To:	katie.waldo@oha.oregon.gov
Subject:	Public comment for expansion of basic health coverage
Date:	Wednesday, June 14, 2023 5:24:59 PM

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Hello Katie,

My comment would be that unless it's impossible under the federal guidelines we should not limit basic health care access based on outdated federal poverty income guidelines. A family of living on $48k gross per year in Oregon is in poverty in most of our cities, which is where most of our public lives. My suggestion would be to consider 4x the federal poverty guidelines given our COL.

Oregon, as our nation, are full of citizens who are scared to use their healthcare because they've been conditioned to outrageous and erroneous billing practices for decades. Many of those who have health care through their employer don't use it as they should because, even with mandatory improvements under the ACA, these plans are incredibly unaffordable, exponentially more so in our current inflationary state.

Thank you.
Ford Prefect

From: dan.howe@comcast.net
To: katie.waldo@oha.oregon.gov
Subject: Public comment on Section 1331 Basic Health Program
Date: Thursday, June 15, 2023 9:33:43 AM

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Hi Katie. I'm referencing "Because Marketplace enrollees may auto-re-enroll in their plans, migration of BHP-eligible marketplace enrollees will happen over time from launch through December 2026"

I know many people that do not want to be in the Medicaid system. The reasons include that their providers don't accept OHP, the wait times are too long, and they enjoy very generous subsidies through the marketplace. So, when people are forcibly removed from their marketplace plan, they will likely not be able to receive the care they need. There would be an even larger population for OHP provider network to handle.

The OHA enjoys the OHP concept. However, because of this enthusiasm I get the feeling the OHA may not have fully investigated how generous the marketplace subsidies are, which also include CSRs.

The state of Washington has successfully implemented their Cascade plans, which have driven the net cost of health insurance to rock bottom. Most people there are quite happy that they aren't being forced into Apple Health.

Dan Howe

From: Silke Akerson
To: katie.waldo@oha.oregon.gov
Subject: Section 1331 BHP public comment
Date: Monday, June 26, 2023 11:14:18 AM

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To Whom it May Concern,

I am writing in strong support of the proposal to establish a Basic Health Program in Oregon. This program could greatly improve the health of Oregonians and move us a step further towards recognition of access to health care as a basic human right.

I support this proposal fully as a midwife, a mother, a leader in maternal and infant health in Oregon, and a former OHP recipient. In each of these roles I can see how much this program could benefit Oregonians. As a health care provider and as someone who works in maternal and infant health I see that people on OHP have much better and easier access to health care than people who have private insurance or are uninsured. As a mother and a former OHP recipient, I have been impressed by how excellent my own and my child's experiences were when we were covered by OHP. I have been equally dismayed by how expensive insurance is on the marketplace for a product that covers so much less than OHP and has absurdly high deductibles. I have had so many more issues with healthcare access in the times I have had a higher income and no longer qualified for OHP than in the times when I had a lower income and qualified. It shouldn't be this way.

Please move forward with this excellent plan to establish a basic health program in Oregon. Thank you for considering my input.

Silke Akerson, MPH, CPM, LDM