

CAREAssist Advisory Group Meeting Notes

March 18, 2026

OHA Announcements

- In an effort to strengthen CAREAssist client engagement, client CAG launches today (3/18/26) immediately following 'traditional CAG' and will follow the same quarterly schedule. Both 'traditional CAG' and 'Client CAG' are 55 minutes. For this first meeting of the year, clients can choose stipend of either a gift card or a check (checks will generate from PAI). 1st session is to plan out format of meetings. There will be a promotional flyer (whether designed in-house or through a contracted vendor) and information to share prior to the June Client CAG.
- HRSA Pilot Project – The reimbursement program announced in late 2025 (where 340B covered entities would pay full cost up-front for certain medications and be reimbursed later) was scrapped. However it is anticipated we will see another variation of this model at some point.
- Biktarvy was selected by CMS in January 2026 as one of 15 drugs for the third cycle of Medicare price negotiations under the Inflation Reduction Act. CAREAssist is monitoring and will be working on forecasting and planning around potential program income impacts.
- Interviews for our 2 vacant bilingual Caseworker positions: Candidates were interviewed the week of March 9-13, and a handful of them are being invited back for a second interview the week of March 23-27. We will send notices to clients and our case management partners once they are ready to take on a caseload.

Agency & Other Announcements

- Dayna Morrison (ORPCA) reminded of a few upcoming events:
 - LGBTQ2S+ Meaningful Care Conference: www.meaningfulcare.org
 - HIV in the Carceral Setting Conference: <https://mwaetc.org/programs/corrections>
 - PrEP Connect: Will be June 24th. Details to follow soon!

CAREAssist Budget

Monty reviewed the annual budget, broken down by Personnel, Services & Supplies, and Agency Admin Costs.



- Q: Julia mentioned how states like Florida are making drastic cuts; how is Oregon situated?
 - A: Joanna pointed out that Oregon does not have any current plans of cuts to ADAP and that states operate differently and have different models.

Open Enrollment Wrap Up

Zachary gave an overview, or wrap-up, of the recently concluded Open Enrollment season, and discussed plans for 2026 around insurance. Elwood was curious how this year's numbers compare to last year (those are shown in blue text).

- This year, CAREAssist is focusing on enrolling clients who were previously approved for an insurance exception that no longer exist and clients who have had an off-exchange plan but appear to be eligible for OHP / OHP Bridge or an employer group health plan.
- Not all clients will be able to transition during Open Enrollment.
 - Approximately 8 clients on Restricted UPP due to not enrolling in appropriate health insurance.
 - Approximately 686 clients on an EGHP (approximately 643 in 03/2025).
- CAREAssist will continue to outreach to clients during 2026 to help them transition to the health insurance they are eligible for so that CAREAssist can continue to be the payer of last resort.
- Many other clients remain eligible for OHP / OHP Bridge – their insurance records are being updated without any documentation required from clients.
 - Approximately 835 clients on OHP / OHP Bridge (approximately 779 in 03/2025).
- Unless CAREAssist is notified otherwise, clients enrolled in Medicare will have their insurance records updated using plans and premium amounts provided by the Division of Financial Regulation, Senior Health Insurance Benefits Assistance, and health insurance carriers.
 - Approximately 1316 clients on Medicare (approximately 1772 in 03/2025).
- Clients who continue to be eligible for an off-exchange plan should submit the auto re-enrollment letter they receive from their health insurance carrier indicating the premium amount for 2026.
 - Approximately 384 clients on an off-exchange plan (approximately 502 in 03/2025).



NASTAD ADAP Watch

Joanna shared key elements of the NASTAD “ADAP Watch” Report, which highlights the fiscal outlook status of ADAP budgets this year vs. next year, the top reported drivers of budget deficits, and cost containment measures ADAPs have either already implemented or are considering. Oregon is not listed, does not foresee concerns at this time for CAREAssist and continues to monitor changes and financial impacts happening in the industry and in other states.

- 10 respondents reported deficits in the current fiscal year
- 19 ADAPs forecast deficits for the upcoming year
- Top reported reasons for budget deficits:
 - Increased drug costs/expenditures per client (17)
 - Expiration of enhanced premium tax credits/higher insurance costs (13)
 - Increased client enrollment (12)
 - Decreased 340B rebates (9)
 - Changes in federal allocations or supplemental funding (9)
 - Reduction in state general revenue/funding (2)
- ADAPs with other Cost Containment Measures (active measures currently in place):
 - Reduced RWHAP Part B funding for core medical/support services: Arkansas, Connecticut, Delaware, Kansas, Louisiana, Michigan, Pennsylvania, Rhode Island, Virginia, Wisconsin
 - Implementing or reimplementing six-month recertification requirements: Alaska, Oklahoma, Rhode Island
 - Restricted medical criteria for eligibility: Arizona
 - Expenditure caps (annual or monthly per-client limits): Arizona, Colorado, Delaware, District of Columbia, and Nevada
 - Reduced formulary: Arizona, Florida, Louisiana, Michigan, Nevada, Pennsylvania
 - Decreased/restricted insurance premium assistance: Florida, Michigan, Montana, Oklahoma, and Wisconsin
- Cost Containment Measures being explored:
 - Reduced RWHAP Part B funding for core medical/support services: Hawaii, Idaho, Montana, Pennsylvania, Rhode Island, South Carolina, Washington State
 - Expenditure caps (annual or monthly per-client limits): Colorado, Nevada
 - Reduced formulary: Arizona, District of Columbia, Michigan, Pennsylvania, Rhode Island, Virginia, Washington State



- Decreased/restricted premium assistance: Arizona, Arkansas, Montana
Discontinued reimbursement for laboratory assays/ADAP ancillary services: Idaho
- Operational implementing or reimplementing six-month recertification requirements: Kansas, Pennsylvania
- Implementing Waiting Lists: Arkansas, Louisiana, and New Jersey
- Q: Regarding program income – Today's presentation was on the CAREAssist budget. Reminder, Linda Drach presented at CAG in December (notes attached) and at OSPG this winter around what program income will continue to be used for.