

December 21, 2022



Chiquita Brooks-LaSure  
Administrator, Centers for Medicare & Medicaid Services  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services

Submitted online via <http://www.medicaid.gov>

RE: Oregon's Section 1115 Demonstration Waiver amendment application for Oregon's current 1115 Substance Use Disorder Demonstration

Dear Administrator Brooks-LaSure:

United States of Care (USofCare) is pleased to submit the following comments to the Centers for Medicare & Medicaid Services (CMS) on the Section 1115 Demonstration Waiver amendment application ("waiver amendment") for Oregon's current Substance Use Disorder Demonstration. **We write in strong support of the waiver amendment, which will serve as a critical first step for the implementation of Oregon's innovative Bridge Plan that will provide affordable, comprehensive health care coverage to thousands of Oregonians in need. We urge CMS to approve Oregon's waiver amendment to provide coverage to Oregonians with incomes just above Medicaid's eligibility threshold.**

#### *Introduction*

[USofCare](#) is a non-partisan non-profit working to ensure everyone has access to quality, affordable health care regardless of health status, social need, or income. We drive change at the state and federal level, in partnership with everyday people, business leaders, health care innovators, fellow advocates, and policymakers. Together, we advocate for new solutions to tackle our shared health care challenges — solutions that people of every demographic tell us will bring them peace of mind and make a positive impact on their lives. After listening to people tell us about their needs for their health care, USofCare recently released a set of twelve concrete and achievable aims, known as our [United Solutions for Care](#), to help us build a better and more equitable health system.

These twelve solutions are derived from four goals for the health care system that continuously rose to the top when talking to people around the country about what works and what is lacking in their health care. These four goals for the health care system are that people should have health care they can [depend on as life changes](#), health care that is [understandable and easy to navigate](#), and health care that is [affordable](#), and health care that is [personalized to be available when and how people need it](#).

#### *Background*

Medicaid, or the Oregon Health Plan (OHP), as it is known in Oregon, has a long history of [providing coverage](#) to people with low-incomes and/or people with disabilities, serving to [improve access to care](#) and contributing to [better health outcomes](#). Access to Medicaid and CHIP [can be a factor](#) in improving the health of communities across the country. Combined, the programs [disproportionately benefit](#) people of color, who make up a larger percentage of

Medicaid enrollees than in the general population, showing the importance and value of the Medicaid program.

Since the beginning of the Public Health Emergency (PHE) in January 2020, the number of people enrolled in OHP [increased](#) by 26% – to more than 1.3 million people by 2021 – covering nearly one in three Oregonians. This has led to the state’s uninsured rate reaching historic lows, a trend the state understandably wants to continue.

The upcoming resumption of Medicaid eligibility redeterminations will have significant effects on people enrolled in OHP. The Oregon Health Authority (OHA) estimates that approximately 300,000 Oregonians may lose coverage once redeterminations begin, and while some will transition to employer-sponsored or marketplace coverage, a significant percentage of people may [lose coverage](#) either briefly or entirely. Unfortunately, the population most likely to lose coverage are those people with incomes that fluctuate just above or below the Medicaid eligibility threshold who are most likely to “churn” on and off Medicaid coverage, resulting in [barriers to care](#) and [increased administrative costs](#).

### *The Waiver*

While states are still prohibited from disenrolling people from Medicaid, we have already seen states taking steps to proactively address any anticipated coverage losses associated with the Medicaid eligibility redetermination process. In Oregon, the legislature passed [HB 4035](#) in March 2022, which commissioned a Bridge Plan Task Force (BPTF) to develop a “Bridge Program,” or Bridge Plan, for people with incomes between 138 and 200% of the federal poverty level (FPL) - those most likely to go without coverage once the PHE ends and no longer qualify for OHP coverage. The Bridge Plan, or Basic Health Plan as outlined in Section 1331 of the Affordable Care Act (ACA), will establish a new coverage option for people in this income bracket, provide a comprehensive benefits package, and require minimal to no cost-sharing of the [approximately 102,000](#) Oregonians expected to enroll.

The Bridge Plan would utilize the existing infrastructure of the state’s innovative Coordinated Care Organizations (CCOs). If approved, the waiver amendment would automatically keep approximately 55,000 eligible people enrolled in the OHP beginning on the first day of the month following the end of the PHE until the establishment of the Bridge Plan, providing a critical “bridge to the Bridge Plan” for this population.

To ensure that people with incomes between 138 and 200% FPL – the future Bridge Plan-eligible population – don’t lose access to coverage after the end of the PHE but prior to the establishment of the Bridge Plan, this waiver amendment will ensure they remain covered. **By temporarily expanding Medicaid eligibility to people with incomes up to 200% FPL until the full implementation of the Bridge Plan, the waiver amendment represents the first step in a process that will ensure affordable, comprehensive coverage options for Oregonians. As states are exploring innovative solutions to keeping people covered, this waiver amendment also serves as a model for other states, and we strongly urge CMS to approve it.**

Because a significant portion of American Indian/Alaska Natives (AI/AN) receive fee-for-service coverage, which is prohibited as part of a Basic Health Plan by Section 1331, the waiver amendment also allows people in this population with incomes up to 200% FPL to maintain OHP coverage over the course of the demonstration, even after the establishment of the Bridge

Plan. USofCare is supportive of this innovative solution that ensures that all Oregonians, especially those who have faced historic barriers to coverage, receive continued access to care.

**Overall, the waiver amendment represents a solution that will minimize coverage disruptions, maintain continuity of care, and allow access to the same CCO and providers for people with low incomes.** It is important that this process be seamless and limit administrative burden for enrollees to ensure that the population targeted by this waiver amendment does not lose coverage during this critical transition period.

### *Conclusion*

USofCare appreciates the opportunity to provide comments to CMS in response to the Section 1115 Demonstration Waiver amendment application for Oregon's current Substance Use Disorder Demonstration. USofCare shares Oregon's goal of ensuring that people don't lose access to coverage before the establishment of the Bridge Plan, the third such Basic Health Plan established under Section 1331 of the ACA in the states, after Minnesota and New York. We applaud the efforts undertaken by Oregon in submitting this amended application and encourage CMS to approve it, and similar waivers, in states that prioritize and expand access to affordable, comprehensive coverage. CMS approval would cement Oregon's status as a leader in health care innovation and a champion in ensuring affordable coverage for its residents.

Please consider our team at United States of Care a resource and do not hesitate to reach out to Eric Waskowicz, Policy Manager, at [ewaskowicz@usofcare.org](mailto:ewaskowicz@usofcare.org), with questions regarding these comments.



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