



Oregon's Basic Health Plan, Explained

On June 7, 2024, the Centers for Medicare & Medicaid Services (CMS) [approved](#) the State of Oregon's proposed [Basic Health Plan Blueprint](#) to create a Basic Health Plan (BHP) under Section 1331 of the Affordable Care Act (ACA). Beginning July 1, 2024, Oregon will allow individuals with incomes between 138-200% federal poverty level (FPL) and who meet the BHP eligibility criteria to enroll in this new program, called the Oregon Health Plan (OHP) Bridge Plan. This program will help thousands of Oregonians access and maintain health coverage, offering dependable, affordable coverage in a way that works for Oregon by leveraging the state's existing and unique infrastructure and health care system.

What is a Basic Health Plan?

A Basic Health Plan, established under Section 1331 of the Affordable Care Act (ACA) and authorized through waivers of the same name, gives states the ability to pursue an innovative approach to high-quality health care coverage for people with incomes between 138-200% (FPL). The goal of a Basic Health Plan is to provide sustainable and affordable coverage for this population, many of whom "churn" between Medicaid and private insurance due to income fluctuations, or may forgo coverage entirely. To receive approval from the Department of Health and Human Services (HHS), states must apply using the [Basic Health Program Blueprint form](#). If granted a waiver, states are eligible for "pass-through" funding equal to 95% of the amount of the premium tax credits that would have been provided to beneficiaries if they were enrolled in qualified health plans through the Marketplace, which states must use for operating the program. Any additional funding necessary must be covered with state funds.

What is Oregon's OHP Bridge Plan?

In March 2022, the Oregon legislature passed [HB 4035](#), which authorized the development of the OHP Bridge Plan, offering affordable coverage to Oregonians with incomes between 138-200% FPL. This population, with incomes just above the Medicaid eligibility threshold, has [historically](#) had the lowest insurance rate in the state. To inform development of this program, the legislature also created the [Bridge Plan Task Force](#), charged with developing the plan design, identifying the federal funding pathway, and providing recommendations to mitigate impact on the Marketplace, all informed by a robust stakeholder input process. While the OHP Bridge Plan was being developed, Oregon was granted a [Section 1115\(a\) Demonstration Waiver amendment](#) to provide a stopgap solution for OHP Bridge-eligible Oregonians losing Medicaid coverage during the public health emergency (PHE) related redetermination process, allowing the state to temporarily expand Medicaid eligibility to Oregonians with incomes up to 200% FPL until the program's launch.

What does Oregon’s new program do?

Expanded coverage for Oregonians

Oregon’s waiver is projected to cover approximately [102,000 people](#), including 11,000 currently without insurance coverage. Oregon will use a phased approach to transition people to coverage. Most people currently on Medicaid will transition to OHP Bridge coverage on July 1, while people moving from the Marketplace will move over to OHP Bridge gradually over the course of three years. Eligible uninsured Oregonians are able to enroll in the program through Oregon’s ONE Eligibility System, the central hub for all state-sponsored benefit programs, upon program launch. Oregon is also in the process of transitioning to a state-based Marketplace by 2027. Once fully implemented, OHP Bridge-eligible Oregonians will have a one-stop-shop for all health coverage program applications.

Expected OHP Bridge Enrollment by Prior Coverage Source	
Medicaid	55,000
Uninsured	11,000
Marketplace	35,000
Total by 2027: 102,000	

The OHP Bridge Plan will be administered through Oregon’s current Medicaid [Coordinated Care Organizations \(CCOs\)](#), with specific enrollment accommodations for all American Indian and Alaskan Native members. CCOs, which function as community-governed managed care organizations, deliver beneficiaries coordinated, integrated care with a focus on advancing health equity and addressing health-related social needs. The Oregon Health Authority [will work with](#) community-based organizations and navigators to provide equity-focused outreach and enrollment assistance to eligible Oregonians, focusing on reaching members from communities that disproportionately experience social and health inequities. Once enrolled, beneficiaries will be able to take advantage of a benefits package [aligned](#) with the state’s current Medicaid program, offering coverage for medical, dental, and behavioral health services, to minimize disruption for people transitioning between programs and ensure continuity of care. OHP Bridge is free to eligible Oregonians, requiring no premiums, copayments, coinsurance, or deductibles.

What can other states take away from this approach?

Oregon’s OHP Bridge, the [third](#) such BHP established after Minnesota and New York, offers a model to states looking to expand coverage and affordable care to their low income residents. This program provides a strong foundation to increase affordable coverage options for Oregonians while building upon existing [state efforts](#) to promote health equity. Furthermore, state’s can learn from Oregon’s approach to offering enrollees consistency across coverage options by leveraging current Medicaid CCOs to operate the program, creating an easier to navigate system where beneficiaries don’t have to question what services are available and how to access them. In the future, states may want to consider raising the 200% upper income limit threshold to increase access to affordable care to even more people, similar to what New York’s Basic Health Plan has done with its recently approved [1332 waiver](#).