



December 16, 2022

The Honorable Xavier Becerra
 Secretary
 U.S. Department of Health and Human Services
 200 Independence Ave, SW
 Washington, DC 20201

Re: Proposed Amendment to Oregon’s 1115 Demonstration

Dear Secretary Becerra:

Thank you for the opportunity to provide feedback on Oregon’s proposed 1115 Demonstration Bridge to Bridge Amendment.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions. We have a unique perspective on what individuals and families need to prevent disease, cure illness and manage chronic health conditions. The diversity of our organizations and the populations we serve enable us to draw upon a wealth of knowledge and expertise that is an invaluable resource regarding any decisions affecting the Medicaid program and the people that it serves. We urge the Centers for Medicare and Medicaid Services (CMS) to make the best use of the recommendations, knowledge and experience our organizations offer here.

Our organizations are committed to ensuring that Oregon’s Medicaid program provides quality and affordable healthcare coverage. The end of the COVID-19 public health emergency (PHE) will be a critical

period to ensure that patients who no longer qualify for Medicaid coverage maintain access to quality, affordable coverage without gaps in care that jeopardize their health and wellbeing. Our organizations appreciate the state's consideration of the effects that the unwinding of the PHE will have on patients and supports the state's proposal to expand Medicaid eligibility to adults with incomes between 138% and 200% of the federal poverty level who were previously enrolled in Medicaid coverage at the time of redetermination. This proposal is an innovative policy to preserve access to care for patients in Oregon and we urge CMS to approve this waiver amendment.

It is likely that the ending of the COVID-19 PHE will be one of the most significant enrollment events in the history of Medicaid. Approximately 15.8 million people are expected to lose Medicaid coverage at the end of the PHE.ⁱ If patients do not transition to other forms for quality coverage, patients with serious and chronic conditions could experience dangerous gaps in coverage without access to regular care and prescriptions to manage their health. Without these medications and regular access to providers, their disease could irreversibly worsen. Losing coverage would also stop individuals from accessing potentially life-saving preventive services, like screenings for cancer and hypertension, helping people who smoke quit, and preventive care for pregnant women and babies. This waiver amendment will preserve Medicaid coverage for up to 55,000 individuals, per the state's estimate, helping to avoid these harmful gaps in coverage.

This waiver amendment will help to eliminate coverage gaps that often occur when individuals transition from Medicaid to marketplace coverage, a transition that could worsen health disparities. For example, one study found that only 3% of children and adults disenrolled from Medicaid were successfully enrolled in Marketplace coverage within a year, with gaps in coverage greater for people of color.ⁱⁱ Oregon's proposed changes will therefore be an important component of addressing health equity during the unwinding of the PHE.

This waiver amendment will benefit the state by reducing the administrative burden and churn of patients moving on and off coverage. Research shows that 8% of patients who are disenrolled from Medicaid or CHIP are re-enrolled within the year.ⁱⁱⁱ Those who experience churn are more likely to delay care and have decreased use of preventive services and prescribed medications.^{iv} The reduction in churn would in turn reduce the administrative costs associated with Medicaid for the state. One study found that the administrative cost of churn was between \$400 and \$600 per person.^v Allowing individuals that fall within the proposed expanded eligibility limits to stay enrolled will benefit both patients and the state.

While our organizations support this proposal, it will be important to have a clear implementation plan that minimizes the administrative burden on patients to mitigate coverage losses. We urge CMS to clarify that individuals who are disenrolled for procedural reasons but meet the new eligibility criteria are eligible for the extended coverage if they reapply for coverage at a later date. CMS should also work with Oregon to clearly identify any paperwork patients will need to fill out to enroll in the demonstration, and well as what steps consumers may need to take to ultimately enroll in the state's Basic Health Plan. This information should be clearly communicated to the applicable patients.

Our organizations support Oregon's proposed waiver amendment to maintain coverage for Oregonians at the end of the COVID-19 PHE and we urge CMS to approve it. Thank you for the opportunity to provide comments.

Sincerely,

American Cancer Society Cancer Action Network
American Heart Association
American Lung Association
Asthma and Allergy Foundation of America
Cancer Support Community
CancerCare
Cystic Fibrosis Foundation
Epilepsy Foundation
Hemophilia Federation of America
Immune Deficiency Foundation
Lupus Foundation of America
Lutheran Services in America
March of Dimes
National Alliance on Mental Illness
National Hemophilia Foundation
National Multiple Sclerosis Society
National Organization for Rare Disorders
Susan G. Komen
The Leukemia & Lymphoma Society

ⁱ Buettgens, Matthew, Green, Andrew. “What Will Happen to Medicaid Enrollees’ Health Coverage after the Public Health Emergency?” Urban Institute, March 2022. Available at: https://www.urban.org/sites/default/files/2022-03/what-will-happen-to-medicaid-enrollees-health-coverage-after-the-public-health-emergency_1_1.pdf

ⁱⁱ “Transitions Between Medicaid, CHIP, and Exchange Coverage.” MACPAC, July 2022. Available at: <https://www.macpac.gov/wp-content/uploads/2022/07/Coverage-transitions-issue-brief.pdf>

ⁱⁱⁱ “An Updated Look at Rates of Churn and Continuous Coverage in Medicaid and CHIP.” MACPAC, October 2021. Available at: <https://www.macpac.gov/wp-content/uploads/2021/10/An-Updated-Look-at-Rates-of-Churn-and-Continuous-Coverage-in-Medicaid-and-CHIP.pdf>

^{iv} Sugar, Sarah, et al. “Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic.” Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, April 2021. Available at: https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/199881/medicaid-churning-ib.pdf

^v Swartz, Katherine, et al. “Reducing Medicaid Churning: Extending Eligibility for Twelve Months Or To End of Calendar Year Is Most Effective.” *Health Affairs*, 34.7. July 2015. Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.1204>