

**OREGON HEALTH FUND BOARD – Eligibility & Enrollment Committee Meeting**

February 26, 2008  
9:00 a.m.

Oregon State Library, Room 103  
Salem, Oregon

**MEMBERS PRESENT:** Ellen Lowe, Chair  
Jim Russell, Vice Chair  
Felisa Hagins  
Robert Bach  
John Mullin  
Bill Murray (by phone)  
Susan Rasmussen (by phone)  
Ellen Pinney  
Noelle Lyda  
Carole Romm  
Ann Turner, MD  
Eric Metcalf  
CJ McLeod

**MEMBERS ABSENT:** Jane Baumgarten  
Dean Kortge

**STAFF PRESENT:** Tina Edlund, Deputy Administrator, OHPR  
Nate Hierlmaier, Policy Analyst  
Paula Hird, Office Specialist, OHFB

**ISSUES HEARD:**

- Call to Order/Review of February 13 Meeting Minutes/Review of Revised Work Plan
- Update on Oregon Health Fund Board and Committee Activities
- Approval of Affordability Recommendations to the Oregon Health Fund Board (OHFB)
- Overview of Committee Direction from Health Oregon Act (SB 329) and ORS on Eligibility
- Development of Committee Recommendations on Affordability
- Next Meeting Agendas and Objectives
- Public Testimony

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**Chair**                    **I.     Call to Order, Approval of February 13 Meeting Minutes (See Exhibit Materials A)**

- There is a quorum.
- Review and Approval of February 13 meeting minutes.

**Tina Edlund**            **II.    Update on Oregon Health Fund Board (OHFB) and Committee Activities**

Chair Lowe reported on the presentation of the Eligibility and Enrollment Committee's Affordability Recommendation to the OHFB and related input. **(See Exhibit Materials 11)**

Staff reminded committee members that the Board is seeking a range of options.

Staff provided the following committee updates:

- Finance Committee is moving toward working with modelers and the exchange. Bill Kramer, Consultant for the OHFB and Finance Committee, reported that the committee had approved some recommendations on market reforms in the individual and small group market; and there had been lengthy discussions on the exchange design. The final issue will be the individual mandate.
- Federal Laws Committee has been working on Medicaid Laws effect in the state and will be hearing presentations on HIPAA and Portability.
- Benefits Committee will be meeting on 02/27/08 with a focus on defining a set of essential health services. The role of the committee will not be to approach cost sharing, but to define the services. Methodology used by the Health Services Commission and the commercial market will be combined.
- Delivery Systems Committee – Strong support for building recommendations around a primary care home. Cost-containment strategies are being discussed as well as payment reform.

**Chair and Vice  
Chair**

**III. Overview of Tentative Workplan for Remaining Three Meetings  
(See Exhibit Materials 3)**

**Chair and Vice  
Chair**

**IV. Developing Committee Principles on Eligibility**

- Discussion on eligibility of all and/or low income Oregonians.
- Enrollment participation requirements under SB 329 debated.
- The purview of the committee in relation to eligibility is discussed.
- Language needed relating accountability standard.
- Focus as a starting place

**Char and Vice  
Chair**

**V. Overview of Committee Direction from Healthy Oregon Act  
(SB 329) and ORS on Eligibility**

- Provided overview as it relates to the development of eligibility recommendations.
- Discussion of assumptions of 329.

**Chair and Vice  
Chair**

**VII. Developing Committee Recommendations on Eligibility  
(See Exhibit Materials 10 and 14)**

**Employee-Sponsored Insurance (ESI) (Exhibit Materials 10)**

- Discussion of options with and without firewalls.
- Report on health spending by states from the Congressional Budget Office noted.
- Discussion of **option 7 from (Exhibit Materials 14)** materials:
  - Massachusetts firewall, its Medicare and Medicaid funding in contrast to Oregon's and barriers for Oregon creating a firewall.
  - Change language to reflect previous decisions.
  - Expressions of approval of option 7 by many committee members.
  - Will it allow for the credit for providing insurance for workers?
  - Discussion on ESI, "pay-or-play", employer taxes, plans from other states, ERISA, and suggestion that tax credits/deductions for employers should meet a certain threshold to receive credits.
  - Incorporate some language from option 4 concerning employers providing coverage to those eligible for a state contribution.

- Discussion on E & E Committee role in making tax recommendations. It was noted that taxes connected to low income and employer “pay-or-play” would be appropriate for committee discussion.
- Discussion on maximizing Medicare and Medicaid funds. Assertion that this is not being done effectively.
- What is our alternative plan with a firewall?
- Suggestion that first plan be completed and then an alternative plan.
- Staff will incorporate Committee recommendations and rework option 7 (Exhibit Materials 14) and return to committee.
- Staff will sketch an alternative plan for a second option to facilitate discussion at next meeting.

**Oregon Residency (see Exhibit Materials 5 and 10).**

- Implications of the individual mandate on people moving into Oregon.
- Discussion on migrant workers and universality on federal level of making Medicaid portable and if it should be part of the Committee’s recommendation.
- Discussion of minimal to no requirements, providing an Oregon address, intent to stay, presumptive eligibility and recognizing that in cases with reasonable doubt an eligibility worker may pursue.
- Defining resident will be part of who will receive state contributions.
- Possible questions for the Federal Laws Committee (FLC):
  - issues with the federal Medicaid law
  - portability for seasonal workers
  - the five-year period when documented workers are not eligible for federal assistance
- What is the implication of someone who has COBRA coverage and moves here from another state?
- How will we recognize when an individual has moved into state and should sign up? Discussion on workforce shortages in healthcare.

**Non-qualified Oregon residents (see Exhibit Materials 10)**

- Discussion of other states’ more effective use of Citizen Alien Waived Emergent Medical (CAWEM) due to liberal definition of emergency care and that Oregon does not utilize it.
- Felisa Hagins will provide staff with reports for distribution from AMA on undocumented immigrants in the healthcare system reducing costs due to being healthy and not using services, and report by the Oregon Center for Public Policy concerning taxes paid by undocumented workers.
- Discussion on funding clinics providing services instead of the individuals themselves.
- Funding at the provider level and maximizing federal contributions, including SCHIP funds.
- Acknowledgment, rationale and review that state of contributions “up front” results in long-term cost benefit.
- Provide information that legal immigrants are not eligible for federal funds for a significant amount of time.
- How will paying health providers directly help minimize health disparities? Studies of Latino care and outcomes, Virginia Garcia plan and WIC.
- Discussion on endorsing Report of Health Equities Commission recommendation (**See exhibit 8**).

- #3 of Eligibility Strawperson (**see Exhibit Materials 10**) suggestion to reflect that it is referring to Oregonians eligible for state contributions.
- Addressing mechanisms as examples.
- Suggestion that Oregon residents, legal or not, are eligible.
- Discussion that non-qualified residents not being represented in existing data.

**Period of Enrollment, Presumptive Eligibility, Period of Uninsurance, Assets, Health Status, Federal (see Exhibit Materials 10)**

- Intimidation factor to be included in rationale and reference to individual mandate.
- Discussion of pools, applicants not requesting state contribution and the need for this to be at the “back end” of process due to intimidation factor.
- Re-evaluation of state contributions every 12 months; period of eligibility for contributions.
- #6 and no asset limits discussed.
- #4 discussed and period of presumptive eligibility and its meaning to those who do not receive a state contribution. Staff will research and return with findings.

**Chair VI. Next Meeting Agendas and Objectives**

- Further development of Eligibility strawperson.

**Chair VII. Public Testimony**

- Joe Zaerr, Mid-Valley Healthcare Advocates, testified regarding incomes and self-employed individuals.

**Chair VIII. Adjourn**

The meeting was adjourned at 12:00 p.m.

**Next meeting is March 11, 2008.**

EXHIBIT MATERIALS:

1. Agenda
2. February 13 Meeting Minutes
3. Tentative Committee Workplan
4. Overview of Committee Assumptions and Direction on Eligibility
5. Definitions of “Oregon Resident” in ORS and OAR
6. Fact Sheet RE Immigration Status and Public Health Care Coverage
7. Medicaid Advisory Committee Recommendations on Eligibility
8. Health Equities Committee Recommendations on Eligibility
9. Developing Consensus Document
10. Draft Eligibility Recommendations
11. Eligibility and Enrollment Committee Affordability Recommendations
12. OHFB Insurance Exchange Report
13. Oregon Health Action Campaign Report on Health Reform
14. Institute for Health Policy: Options for treatment of low income workers eligible for employer coverage.
15. Incremental Universalism, excerpt from presentation by J. Gruber.