



January 7, 2022

To: Health Policy and Analytics Medicaid Waiver Renewal Team, Oregon Health Authority
Subject: 2022 OHA Medicaid Waiver Renewal Feedback

APANO, PCUN, and Family Forward have recently come together as a newly formed coalition to create an effective health justice advocacy campaign across our three diverse organizations. The communities we collectively organize - mothers, caregivers, refugees, farmworkers and immigrants - have always lacked reliable access to health care and mental health care services. During this time, as a result of increasing hate crimes and incidents of racial violence, the COVID-19 pandemic, and the economic recession, we are seeing our communities' elevated need for mental health care support services.

We are submitting this testimony to express our coalition's support, concerns, and encourage adjustments for the following proposed changes in the Oregon Medicaid Waiver application.

- 1) We support the Oregon Health Authority's (OHA) decision to continue allowing people to self-attest their income when applying for Oregon Health Plan (OHP). This is not only helpful to increasing access during a public emergency but also in general for vulnerable individuals.
- 2) We support OHA's proposal to expedite OHA enrollment for SNAP recipients. This is an efficient way for state agencies to work together and help promote two kinds of critical social services. **We recommend that individuals be notified of the opportunity in different ways, including a phone call, email, mailed letter, and through word of mouth from community based organizations. The notification should be available in multiple languages to ensure that as many Oregonians as possible are aware of their eligibility for OHP enrollment.**
- 3) We support continuous enrollment for children until age 6 and two-year continuous eligibility for 6 and up. This is especially important for families who are disproportionately impacted by existing conditions and public emergencies.
- 4) We strongly support OHA's request to waive the federal rule which prevents a person in custody from accessing Medicaid benefits. We also support the request for a federal match to support coverage for individuals in custody, and **encourage the OHA to expand this proposal to include access for individuals prior to reentry to set the stage for coordination of care and connection to health care and other services in the community.**



Our coalition echoes OHA's comments that people of color are over-represented in the criminal justice system, which means that they are also most vulnerable to gaps in healthcare coverage while transitioning from custody. Many women in Oregon who enter the prison system are also mothers and caregivers who heavily rely on medical and mental health care from OHP.

- 5) We strongly support identifying Housing, Transportation, Food assistance, Employment Supports, and Exposure to Climate Events as the five areas of SDOH (social determinants of health) and providing additional assistance during those life transitions.

We urge the OHA to include an additional area which includes becoming a new parent as a life transition. We suggest adding this area so that the OHA can provide additional assistance and access for new parents including, but not limited to, health coverage for a new baby, Temporary Assistance for Needy Families (TANF), and child care subsidies.

Additionally, we strongly encourage adding child care services as a benefit/social support under the OHA's proposed changes to Employment Supports. For mothers and caregivers, lack of affordable and accessible child care is a significant obstacle to entering and re-entering the workforce. This language could read "Child care services for a parent/guardian/any individual who has official caretaking duties for a child".

- 6) **Under the "Exposure to Climate Events" section within the five SDOH, we recommend adding technology assistance for learning for students/kids, as well as wifi hotspots for students/workers to access important services and learning.** Technology and access to the internet continue to be barriers for impacted families before, during and after public emergencies such as extreme climate events.
- 7) Our coalition also strongly supports OHA's proposal to expand the infrastructure needed to support access to services using providers outside of the medical model. We believe that it is important for OHP members to receive care from providers within their own communities regardless of location/whether they are "in-network". Receiving care from community health workers, personal health navigators, peer wellness and support specialists and doulas will ensure trust between provider/patient, and allow for culturally responsive services for OHP members.

We encourage OHA to take it one step further and explore other types of non-traditional community care/healing work that federal requirements may not allow, and titles that are not considered to be Traditional Health Workers (TIW).



- 8) **We have concerns about the OHA seeking a commercial-style closed formulary approach** to reach agreement with pharmaceutical companies. We are uncertain on what this could mean for access to prescription drugs particularly for those with behavioral and mental health needs, disabilities and other chronic conditions.
- 9) Lastly, we are pleased to see continued funding and investments going towards community based organizations (CBOs) and community investment collaboratives (CICs). **We highly recommend that these investments also go towards CBOs who are currently working on retention of the behavioral health workforce, (especially BIPOC providers) as a method of capacity building that OHA mentions.**

The Oregon Medicaid Waiver process is a new area of policy change/renewal that we, as a coalition committed to furthering health equity, have appreciated learning more about through our research. This process is foundational to the work we are doing increasing access for most impacted communities.

Thank you for your consideration of our feedback.

Sincerely,

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