

## Health Insurance Marketplace Advisory Committee Meeting Minutes

**When:** Thursday, July 18, 2024 – 10 a.m. to 1 p.m.

**Where:** Virtual via Microsoft Zoom

In-person at the Barbara Roberts Human Services Building  
500 Summer St NE Rms 137C & 137D, Salem OR 97301

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### Committee members:

In-person – Gladys Boutwell, Stacy Carmichael, Charlie Fisher, Ron Gallinat, Paul Harmon, Lindsey Hopper (vice chair), Shannon Lee, Nashoba Temperly

Virtual – Ali Hassoun, Andrew Stolfi, Om Sukheenai

**Members not present:** none

**Other presenters:** Stephanie Kennan, Dorocida Martushev, Sean McAnulty, Tim Sweeney

**Marketplace staff:** Amy Coven, communications and public engagement analyst; Katie Button, plan management and policy analyst; Chiqui Flowers, director; Victor Garcia, operations development specialist; Nina Remple, Marketplace transition program manager; Dawn Shaw, office support coordinator

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Agenda item and time stamp*	Discussion
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<b>Welcome, roll call, guidelines, approval of minutes</b>	Roll call of Health Insurance Marketplace Advisory Committee (HIMAC) members, review of meeting guidelines, and approval of the February 23 meeting minutes. (See the handout packet pages 1-2 for a copy of the agenda, pages 3-6 for the April minutes, and page 8 for meeting protocols) <ul style="list-style-type: none"><li>• Approved April 18, 2024, minutes.</li></ul>
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<b>Federal health policy updates</b>	Stephanie Kennan from McGuire Woods Consulting called in from Washington, D.C. to present information about current legislation and cases that involve the Affordable Care Act (ACA). <ul style="list-style-type: none"><li>• Legislators are out now and will be back before Labor Day.</li><li>• Appropriations<ul style="list-style-type: none"><li>○ Plan was for the House to get all 12 bills ready for the Senate in August.</li><li>○ Bills that are coming out of the House would not pass a democratic Senate.</li><li>○ Before Labor HHS (Health and Human Service) bill, some programs may be zeroed out.</li><li>○ Looks like they will be doing a Continuing Resolution to get through the elections. When they come back, they likely will do another Continuing Resolution until Christmas or through to the next Congress.</li><li>○ Labor HHS bill marked up in the appropriation and is 7% below the 2024 budget. \$14 billion below the President's request and zeroed out several programs and completely reorganized NIH (National Institute of Health). Lays out the Republican views, with them being the majority, on several health care issues like lowering prescription costs under special</li></ul></li></ul>
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circumstances. The Republicans do not like the proposal that the President has put out.

- Everyone wants 340B reform. There is a proposal to tweak the CMS (Centers for Medicare and Medicaid Services) proposal to change the Medicaid prescription program.
  - *Note: The 340B Program requires pharmaceutical manufacturers participating in Medicaid to sell outpatient drugs at discounted prices to health care organizations that care for uninsured and low-income patients. Eligible healthcare clinics and hospitals can purchase outpatient drugs at a 20-50% discount through this program.*
- Regulations that are expected to come out:
  - DEA (Drug Enforcement Administration) telehealth prescribing rule out in September. Changed title to Special Registration for Telemedicine and Limited State Telemedicine Registration. Should be issued three months before the current pandemic era that allowed providers to prescribe controlled prescription via telehealth. Proposed rules required an in-person visit, which could be problematic in rural areas.
  - New interoperability, likely to be out in September or October. Builds on a previous regulation on AI (artificial intelligence) and interoperability. Will contain provisions on information blocking.
  - Proposed rule to update Emergency Preparedness mandates for providers and suppliers participating in Medicare and Medicaid. Hoping to get out by October.
  - Data protection regulation that follows a Biden era executive order concerning foreign entities having access to data, including genetic information.
  - Department of Justice regulation around disabilities and diagnostics. Would ensure access to tables and other diagnostic equipment, like X-rays, for people with disabilities. Should be out in the next few months.
  - Regulation for insurers to treat mental health like any other disease. Has not made it out of OMB (Office of Management and Budget) yet.
- There is a Supreme Court case about the Chevron doctrine. Changes interpretation of the law back to legislative intent and not the interpretation of the agency. Congress will have to pass bills that are more specific.
  - Some bills that are being looked at include the No Surprises Act and may have to look at the bills to see areas where they will need to change to comply.
- ACA premium tax credits were reviewed by Paragon and found some fraud. Over \$5 million received subsidies that shouldn't have. The OIG (Office of Inspector General) and Government Accountability Office will be looking to corroborate Paragon's findings. Determine if the mistakes were accidents or fraud. The ACA tax credit is set to expire next year and was trying to attach the extension to another bill. Will be moved to next year.
- Other issues to see in the lame duck session and high on the list to be completed includes PBM (prescription benefit management) reform, healthcare cost transparency, and site neutral reform in Medicare.
- Paul asked if the subsidy issue is due to ARPA (American Rescue Plan Act). Stephanie confirmed it did and added that extending would not likely happen.

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**OHP Bridge updates**  
14:42

Timothy Sweeney, Sean McAnulty, and Katie Button presented updates on the OHP (Oregon Health Plan) Bridge program.  
(See pages 9-14 of the handout packet for a copy of the slide deck)

- Stacy asked what the initial projections were vs. the actual projections. Tim explained that initial counts for people moving straight from OHP to OHP Bridge

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would be 45,000 – 65,000. Expected around 45,000 for people who are on a Marketplace plan or not insured. The estimates have not been lowered. There is a group of 100,000 people who were granted extensions to be redetermined. Still looking to see what the actual numbers would be.

- Om was wondering about people who are immigrants over 65 and do not qualify for Medicare, what would they do? Sean replied that they will continue going through the Marketplace like they do now.
- Charlie wanted to know about communications for people going from the Marketplace to OHP Bridge so when they go to renew that they are not surprised. Sean stated they will be going through state channels to get the message out and they cannot know if they qualify until they apply. Chiqui added that not being able to identify the individuals is another drawback of not having our own SBM (state-based marketplace) as we have limited data and are unable to be proactive. Amy clarified that they should be getting information along with their eligibility notice.
- Gladys questioned if people who qualify for OHP and they are going to be having surgery in August, would they have to postpone the surgery?
  - Sean replied that there is not going to be an opt-out option and timelines are like the Marketplace and when the application is processed. Tribes do not have the same timelines.
  - Ron asked if the individual had COBRA (Consolidated Omnibus Budget Reconciliation Act) and Gladys said that the company went out of business and there isn't a COBRA option.
  - Sean added that if they do not have a job, they can apply for OHP based on current months income. OHP uses current income, OHP Bridge will use annual income.
  - Amy clarified that if they have applied for unemployment but do not have it yet, to go ahead and apply and update when their unemployment is approved. All communications are directing people to our (OregonHealthCare.gov) website to guide them to the Window Shopping Tool so people are routed to the right place.
- Katie asked, "What are you hearing from your communities since the launch of OHP Bridge?"
  - Ron – gets called often and will route them to the Window Shopping Tool.
  - Nashoba – a lot of positive feedback but some have had issues with interruptions of care.
  - Lindsey – several customer service calls but not more than expected.
- Lindsey brought up that in the last meeting the committee was interested to know about mitigation and how it is going. Katie stated that we are still working on and it is on the radar but does not have anything to report at this time.

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**SBM project updates**  
43:51

Victor Garcia and Dorocida Martushev went over SBM Project updates. Amy Coven presented about community engagement for the SBM Project. (See pages 14-16 of the handout packet for a copy of the slides.)

- Stacy asked if there was a lot of engagement in creating the RFP (request for proposal). Dorocida stated that there were 10 vendors that participated in the pre-conference.
- There will be a seven-member committee for round one evaluation. with a group of SMEs (subject matter experts) as advisors.
  - Participants include other agencies, community partners, agents, members of the public, and insurers.
  - We have consulted with other states and have gotten advice from them.
  - The attendees of the pre-conference weren't surprising and are known entities.

- There has been some time built into the timeline as a buffer in case something takes longer than anticipated.
- Chiqui added that we will be submitting a POP (policy option package) to hire on additional staff members to support the project. Have wonderful partners and resources.
- Topic will be a part of the baseline work plan from now on.
- Om asked if the SBM would be affected by the upcoming elections. Chiqui responded that we will keep an eye out to see if there will be any changes but will be proceeding until there are any changes.

**Marketplace Transition project updates**  
57:20

Nina presented updates on the Marketplace Transition project.  
(See pages 16-18 of the handout packet for a copy of the slide deck)

- There wasn't a surprise on the email response from the survey. If they provided a phone number a follow up call was made.

**Public comment**  
1:04:20

Om wondered about the income for the OHP Bridge program. She calculates that people would have a \$16 per hour job. Wondered if anyone who makes under \$16 per hour post pandemic.

**SBM project: community engagement, part 1**  
1:06:49

Amy Coven reviewed plans for SBM community engagement, branding, and equity focus.  
(See pages 19-30 of the handout packet for a copy of the slide deck)

- How can we partner with communities?
  - Gladys suggested that non-profits are the way to go. They are already a part of the community and are trusted and known and a good resource for information.
  - Stacey suggested community events and information in community centers. Amy indicated that our outreach staff are always in the field building brand awareness and referrals. Gladys added events like rodeos, chambers of commerce, rotaries, summer concerts, farmers markets, etc. Paul added that there are a lot of micro-communities that we may not be aware of.
  - Lindsey asked about the potential budget to support efforts to reach out to impacted communities. We are looking at free, low-cost options until we have an approved budget from the legislature.
- How can we use data to inform decisions equitably?
  - Paul suggested the need to look at options that get the most bang for the buck.
- Stacey wondered if the listening sessions happened in January, and there was a question on if any of the feedback informed some of the topics for scoring the RFP.
  - Victor affirmed that it did And Amy added that what we were hearing reinforced what the staff currently knew.
- Gladys asked about the "Desired improvements" under the Assisters column where it states, "Do not allow someone eligible for OHP to purchase Marketplace coverage." If they qualify for OHP, it doesn't let them enroll in Marketplace. Amy explained that we have had instances where the different systems had problems communicating with each other.
- Are there feedback and desired improvements that you feel we should prioritize? What else would you add to the list?

- Gladys would suggest making the process as close to what is available now and there isn't a big learning curve. Also wondered if the data was going from HealthCare.gov and dropped in the SBM or are we having to start from scratch? Amy replied that the plan is to have the data migrate.
- Stacy commented on the consistency between the three groups (insurance agents, assisters, and insurance carriers).
- Paul wants to make sure that the redirects on the Window Shopping tool are integrated into the process.
- Nashoba commented that identity proofing is a concern on the platform. Documentation submission process has been long and cumbersome. Thinks that referrals to local groups could be an opportunity. Some people have problems with access, such as logging in and password retrieval.
- Gladys found systems like Health Sherpa were a great way to be able to look up people and find their information.

### Break

1:35:03

### **SBM project: equity focus, and branding, part 2**

1:48:52

- Amy Coven outlined the plans for SBM equity focus and branding.
- Used equity tabletop discussion between ODHS (Oregon Department of Human Services), OHA (Oregon Health Authority), DCBS DFR (Department of Consumer and Business Services, Department of Financial Regulation). We invited Employment Department to inform our assessment.
  - Are there types of outreach or places that you feel we should consider adding? Are there communications mechanisms that we should consider adding to our strategy? Are there other accessibility, training, or communications considerations that we may have missed?
    - Paul suggested making accessible times to accommodate people with different work schedules.
    - Stacey wanted to know where we came up with the list of languages. Amy responded that we did get the list from the most requested languages through OHP. There isn't a top language list. An additional question was if there was a way to access Oregon demographics. Gladys added that census data could help. Amy is looking into it.
    - Ron recommended there to be a section about their time availability. Amy will investigate updating our Find Local Help tool.
    - Om suggested adding Thai and Laotian (Laotian can read Thai) to the language list. Amy said that all Oregon state websites uses Google translate but cannot test its accuracy.
    - Paul suggested adding preferred language to the intake forms for language preferences.
  - Created a form on our website to collect and respond to feedback.
  - Chiqui hopes to be as transparent as possible about what we can or cannot do, or what we will be doing in the future.
  - Is the amount of project communication thus far enough, not enough, or too much? Are we providing adequate opportunities for partner engagement and feedback? What may we have missed?
    - Amy has subscribed the committee to our GovDelivery.
    - Stacey would like to close the loop, highlight, summarize, and emphasize what is being done. Maybe a high level executive summary. Making sure people are feeling like they are being heard.
    - Chiqui can be reached any time for feedback.
  - Should the SBM platform have its own identity? Thoughts and feelings on our existing brand.

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- Lindsey indicated that she supports whatever creates the least amount of confusion. Has heard that people like our new advertising.
  - Nashoba recommended we carry over one identity as switching could cause some confusion. There is a general hesitancy identifying as a state government identity.
  - Gladys thinks that making sure that people know what they applied for, OHP vs. insurance. Making sure they are going to the right place.
  - Ron wondered why we don't just have one platform.
  - Chiqui commented that we are trying to make sure there is a one-stop shop and no wrong door. How to attract people and let them know of the changes ahead.
  - Charlie thinks that people would Google Oregon Healthcare and be able to find it easily.
  - Om wondered about doing a prescreen to direct them to the right place.
  - Katie asked if people they work with are all on OHP or all on Marketplace or are the families split. Gladys has about half of the families have kids in CHIP and others in the Marketplace.
  - Stacey thought that keeping it simple and clear, the pizzaz in a separate platform.
  - Paul expressed concern about losing people with snazzier names.
  - Amy would like to have a call to action like the OHP Bridge program.
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**Public  
comment,  
wrap up &  
closing**  
2:12:56

No public comments received or given.

Lindsey asked for topics for the October meeting.

- Paul would like to know more about mitigation and more actual numbers and not theoretical. Katie will have the 2025 plan rates by that meeting.
- Stacy wanted to have more of a deep dive on the RFP results.
- Lindsey would like a follow up on the survey.
- Open Enrollment is around the corner.

We currently have four vacancies and the next Senate confirmation in September. We will be filling two of the vacancies for community partner and provider. Still looking for tribal and a Marketplace enrollee. Let us know of potential members.

Next meeting we will be voting for the chair and vice chair positions. Right now, we will have Lindsey as chair and Nashoba as vice-chair. Chiqui will be sending out the bios.

Our next meeting will be October 17.

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\*These minutes include timestamps from the meeting recording in an hour: minutes: seconds format. Meeting materials and recording are found on the Oregon Health Insurance Marketplace Advisory Committee [website](#) under 2024 Meetings, July 18.