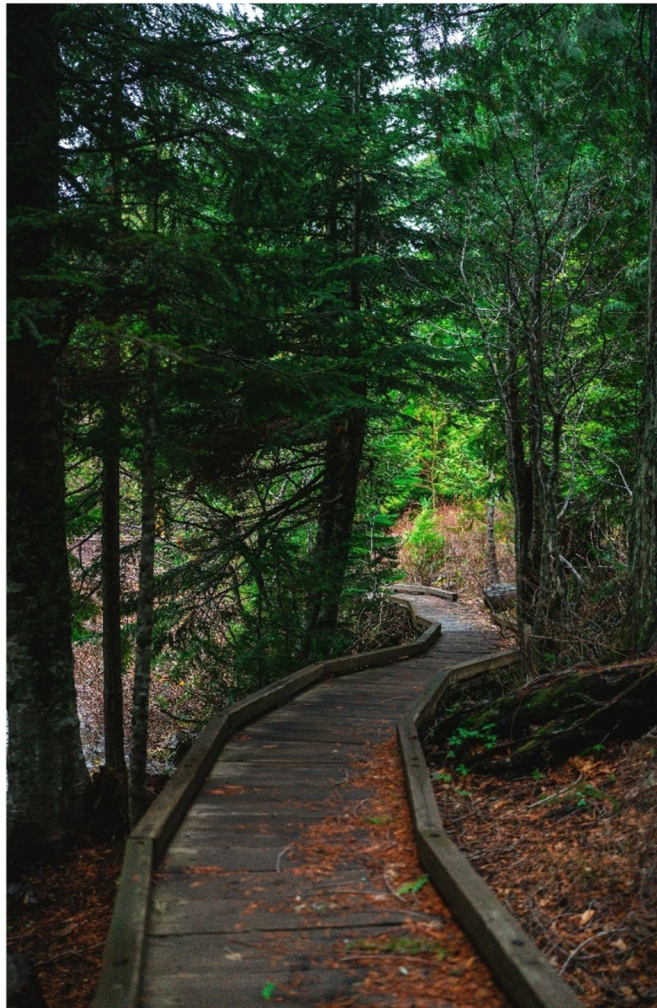




Medicaid and Healthcare Access Planning Partner Convening Report



Meeting held October 30, 2025
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Special thanks to our Planning Committee, event volunteers, and facilitators for their support planning and creating this meeting and document.

And to our community and clients – you are the heart of all we do.

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Introduction

On October 30, 2025, Project Access NOW (PANOW) convened over 40 leaders from Portland metro area safety net organizations (Appendix A) to address the current and upcoming gaps in health insurance and access to health and social care services. Additionally, PANOW leadership engaged numerous organizations and elected officials who were unable to attend on the day but wished to contribute their ideas and concerns. The convening focused on compiling information and generating a shared understanding of the impact of federal policy changes and state budget shortfalls on the populations served, identifying which populations required the most focus of resources, and developing strategies for a coordinated response. Participants ended the day by sharing Offers and Requests, available in Appendix B. Subsequently, this work continues with follow-up meetings and close examination of the ideas generated during the meeting for operational and funding viability.

Context and Challenges

Anticipated Policy and Funding Changes

Participants examined the unprecedented number of policy and funding changes expected in the coming years. These changes will significantly affect Medicaid, Marketplace coverage, access for undocumented immigrants, and access to related safety-net programs such as Supplemental Nutrition Assistance Program (SNAP) and the Housing Choice Voucher program (Section 8). Oregon is expected to face disproportionate impacts due to existing challenges regarding Medicaid and a projected state budget shortfall. This combined with forthcoming federal work requirements, restrictions on eligibility, and more frequent redetermination will strain the safety net and force difficult choices about how to allocate limited resources.

About PANOW

The organization was founded in 2007 to fill gaps in the healthcare system and provide a "safety net to the safety net." Since then, it has continually adapted to changes in the healthcare landscape, focusing on connecting individuals to care and resources and advocating for systemic solutions. This work – to date – has involved facilitating donated care, assisting with health insurance enrollment, providing premium assistance, and addressing social determinants of health in community settings.

Focus Populations

The group agreed to focus on the following populations, seeing these as most urgently impacted. It is acknowledged that many are facing access issues and that this group cannot solve them all.

- Medicaid participants, especially immigrants: Increased eligibility requirements alongside increased fear among the immigrant population means decreased access and utilization of services. Many immigrant populations are already delaying care.
- Individuals earning between 200% and 400% federal poverty level (FPL): At risk of losing Marketplace coverage due to unaffordable premiums and expiring subsidies. These individuals are over-income for Medicaid or the Basic Health Plan, but do not make enough to afford private insurance.
- LGBTQIA+ communities: Impacted by restrictions on gender-affirming care and Planned Parenthood services.
- Healthcare workforce: Experiencing burnout, resource shortages, and financial strain in a period where rising uncompensated care is expected to increase.

Key Themes and Concerns

The group prioritized the following key themes and concerns, given the context shared above:

- Coverage Gaps: Develop solutions for those losing Medicaid or Marketplace coverage.
- Safety Net Strain: Strengthen partnerships to maintain access to primary and specialty care. Consider alternative care models to meet need, including the Health Systems Access to Care Fund with Oregon Community Foundation and PANOW's Donated Care program.
- Advocacy and Policy Alignment: Mobilize efforts to align priorities and coordinate advocacy. Leverage organizations with expertise and capacity to lead advocacy efforts to advance aligned priorities.
- Communication and Coordination: Continue the conversation including the creation of shared messaging and collaborative outreach strategies.

Recommendations

Based on discussion and prioritization, the following recommendations are proposed:

- 1) **Establish an ongoing collaborative forum to develop a plan for how we will serve the impacted populations collectively.**
 - a. Establish a regular meeting to convene partners for information sharing and aligning strengths and resources.
 - b. Develop collaborative solutions to serve populations who will lose access to care because of federal policy prohibitions and state budget challenges.
 - c. Determine if a Donated Care or other care models will be needed for primary and/or specialty care. Seek braided funding to relaunch PANOW infrastructure to support if necessary.
 - d. Develop collaborative solutions to close the coverage gap for people who will lose access through the Marketplace.
- 2) **Strengthen partnership between free clinics, FQHCs and PANOW to support a more streamlined safety net for those who lose access or coverage.**
 - a. Leverage and further connect existing collaborative safety net tables (e.g. PANOW Health System Partners Committee, Health Systems Access to Care Fund with Oregon Community Foundation, Coalition of Community Health Clinics, Oregon Primary Care Association) to build out a strategic response plan.
 - b. Continue to build mechanisms on the ground to understand patient and community needs in real time.
 - c. Work upstream with associations to provide streamlined support and solutions for and with clinical partners.
 - d. Strengthen support networks and referral pathways with safety net organizations for people who have barriers to coverage or care.
- 3) **Align on critical policy priorities and engage advocacy partners in aligning efforts on these areas.**
 - a. Partner with organizations who have advocacy capacity and expertise to advance priorities in the 2026 short session and into the 2027 session.
 - b. Share information on policy changes that are forthcoming.
 - c. Develop ongoing and consistent messaging strategies to maintain awareness and visibility.

Background On State and Federal Policy and Budget Impacts, As of Nov 2025

Medicaid

- Loss of funding: The Department of Administrative Services is anticipating a \$11.7 billion cut to the Oregon Health Plan over the next decade. Provider tax caps and a reduced federal match for undocumented immigrant emergency medical services (formerly CAWEM) will result in reduced funding for Medicaid in Oregon.
- Administrative burden: Work requirements and 6-month renewals/redeterminations for Medicaid enrollees will create significant admin, tech, & budgetary burden on community-based organizations (CBOs), Oregon Health Authority (OHA), health systems, enrollees, etc.
- Reduced eligibility: As more Oregonians drop their coverage due to new admin challenges and eligibility restrictions, the state receives less funding from the federal government. An estimated 100,000 to 200,000 Oregonians could lose their Medicaid coverage.
- Consumer access challenges: Federal bans on Medicaid funding for Planned Parenthood and serving undocumented immigrants for FQHCs will create access challenges for enrollees in OHP and HOP, and enrollees will be discouraged from seeking care due to new cost-sharing requirements.
- OHA and CCO Budgetary/Rate Issues: Due to rising costs, Coordinated Care Organizations (CCOs) are receiving increased rates from OHA for plan year 2026, exacerbating budget issues for the state.
- Threats to Data Security from CMS/DHS: New data-sharing agreements between CMS and the Department of Homeland Security and requests for data from OHA to verify immigration status of enrollees have put enrollees at risk of targeting by immigration enforcement.

Marketplace

- Expiring Enhanced Tax Credits: Individuals purchasing plans on the Marketplace will pay more for their premiums as the subsidies they receive are reduced for plan year 2026. The OHP Bridge program, which receives funding based on those tax credits, will lose significant federal funding.
- Reduced Eligibility: Certain groups (including DACA status – Deferred Action for Childhood Arrivals - recipients) will no longer be eligible for Marketplace and/or tax credits. This will increase the burden on Healthier Oregon and likely increase the uninsured population.
- Shorter Open Enrollment Period: Reduced from 2.5 months to 1.5 months. CBOs, insurance agents, OHA, and the Marketplace will need to enroll the same number of people in about half the time.
- Significantly Increased Premium Rates: On top of reduced tax credits, the base rates of Marketplace plans for plan year 2026 are increasing at a median of 10% in Oregon to match rising costs, higher than the historic average increase.

Populations Most Impacted, What They Will Need, Possible Responses

The following tables highlight the populations identified by participants as most at risk of experiencing significant negative impacts resulting from federal policy change, what they may need, and possible actions to address the needs.

Immigrant Populations

Expected Impact	What They Will Need	Possible Actions/ Partnerships	Resources Needed
Loss of coverage due to federal policy changes impacting eligibility and state budget gaps	Support staying enrolled in health insurance through redetermination and work requirements verification processes.	Collaborate with OHA and CCOs to mobilize networks of organizations who are experienced with navigating insurance enrollment and redetermination, such as through the Community Partner Network.	Enrollment support: <ul style="list-style-type: none"> * Navigators, Community Health Workers * Certified Assistants System of care: <ul style="list-style-type: none"> * Coordinated referral systems and network * Donated Care or use of infrastructure for like system
Fear about accessing care due to data security concerns and personal safety concerns. Partners indicated that patients are already delaying care due to these concerns, and we expect it to increase.	A system of coverage and care to support and potentially expand continuity of HOP benefits that are disconnected from federal funds and accessible to people in a way that mitigates barriers and threats.	Convene a collaborative workgroup and leverage PANOW infrastructure and experience facilitating patient referrals to specialty services/donated care to design and mobilize a solution for people who are no longer able to access care in other ways.	<ul style="list-style-type: none"> * Telehealth * Primary care Collaboration: <ul style="list-style-type: none"> * New partnerships between entities to address barriers to enrollment and access.

Populations disproportionately impacted by cuts in other areas (e.g. food assistance, housing, etc.).	Immigrant rights support	Leverage and further connect existing collaborative spaces (PANOW Health Systems Partners Committee, Health Systems Access to Care Fund, Oregon Primary Care Association and Coalition of Community Health Clinics) to build out strategic response plan	Pooled funding: * Joint grant proposals * Data security, governance and agreements
	Primary care that provides continuity of services		
	Specialty care		
	Culturally responsive services that address social determinants of health		

People who make less than 400% FPL, do not qualify for Medicaid or Bridge plan

Expected Impact	What They Will Need	Possible Actions/ Partnerships	Resources Needed
Loss of coverage due to unaffordability of Marketplace plans.	Financial assistance programs	Expansion of PANOW's Payment Support Program	Direct support: * Funding to expand financial assistance programs. * Resources to ensure capacity of certified assisters * Pooled funding * Grant writing Advocacy: * Aligned policies and communications * Engaged law makers
Population may churn on and off Medicaid due to changes in income and job status.	Support navigating enrollment	Partner with organizations who have certified assisters to support people in navigating insurance eligibility and enrollment and financial assistance programs.	
		Aligned policy initiatives and partnerships with lawmakers to support policy change or state level subsidies.	
		Leverage and further connect existing collaborative spaces (PANOW Health Systems Partners Committee, Health System Access to Care Fund, OPCA, and CCHC) to build out strategic response plan.	

LGBTQIA+

Expected Impact	What They Will Need	Possible Actions/ Partnerships	Resources Needed
Loss of access to care due to federal restrictions on Planned Parenthood and gender affirming care	A system of coverage and care that is disconnected from federal funds and accessible to people in a way that mitigates barriers.	<p>Convene a collaborative workgroup and leverage PANOW infrastructure to design and mobilize a solution for people who are no longer able to access care in other ways.</p> <p>Leverage and further connect existing collaborative spaces (PANOW Health Systems Partners Committee, Health Systems Access to Care Fund, OPCA, and CCHC) to build out strategic response plan</p>	<p>Enrollment support:</p> <ul style="list-style-type: none"> * Navigators, Community Health Workers * Certified Assistants <p>System of Care:</p> <ul style="list-style-type: none"> * Coordinated referral systems and network * Donated Care * Telehealth <p>Collaboration:</p> <ul style="list-style-type: none"> * New collaborative partnerships between entities to address barriers to enrollment and access. * Pooled funding * Data security, governance and agreements * Joint grant proposals

Workforce

Expected Impact	What They Will Need	Possible Actions/ Partnerships	Resources Needed
Workforce reductions due to reduced revenue and rising costs	Stabilized resources to keep operating	Aligned policy initiatives and partnerships with law makers to support policy change	Advocacy: * Aligned policy proposals * Engage lawmakers Collaboration: * MOUs and data sharing agreements to support shared staffing and services * Workforce development
Provider burn out and lack of capacity	Wrap around support to keep people insured and understanding how to use their benefits	Shared staff models	Infrastructure: * Data governance
Increased strain on hospitals and clinics due to increase in uninsured, delayed care and reduced resources		Increased efficiencies in referral and coordination systems and partnerships	

Appendix A - Engaged Organizations (Invited, Consulted and/or Attended)

** Planning Committee Members (representing a cross section of engaged organizations)*

- 211info
- Asian Health and Service Center*
- Borland Clinic
- CareOregon
- Cascade Aids Project
- Cascadia Health
- Central City Concern*
- Clackamas County Health Centers
- Clackamas Free Clinic (Volunteers in Medicine)
- Coalition of Community Health Clinics
- Donated Care providers
- Familias en Accion*
- Health Share of Oregon
- Hillsboro Medical Center
- Hospital Association of Oregon
- Immigrant and Refugee Community Organization (IRCO)
- Kaiser Permanente
- Latino Network
- Legacy Health
- Meals on Wheels People
- Metro
- Multnomah County Health Centers
- Neighborhood Health Center
- NW Family Services
- NW Pilot Project
- Office of Community Health and Engagement (OCHE)
- Oregon Community Health Information Network (OCHIN)
- Oregon Health Authority Office of the Ombudsperson
- Oregon Health Insurance Marketplace (OHIM)
- Oregon Health and Science University (OHSU)
- Oregon Academy of Family Physicians
- Oregon Health Leadership Council
- Oregon Latino Health Coalition
- Oregon Medical Association
- Oregon Primary Care Association
- Pacific Source Health Plans*
- Providence*
- Raices de Bienestar
- Rep. Maxine Dexter
- Rep. Rob Nosse
- The Oregon Clinic
- Trillium Community Health Plan
- Virginia Garcia Memorial Health Center*
- Wallace
- Washington County
- Yakima Valley Farm Workers Clinic

Appendix B: Offers and Requests

This list continues to grow. Please reach out with additional offers and requests.

OFFERS: What they / their organization can offer to strengthen the safety net?

- Latine-focused CBO: CHW training and support, provide education and updates about changes in healthcare
- Resource navigation CBO: Provide people who call with information on eligibility; give referrals to organizations filling gaps in OHP; coordination centers can help people navigate application process.
- Health Center: Offer care in the safety net community; regardless of ability to pay.
- Free clinic: An on-demand, primary care home for uninsured / undocumented patients with nowhere else to go
- Latine-focused CBO: Ensure our CHWs are well informed and trained to provide resource navigation in this new context.
- Asian-focused CBO: Culturally and linguistically specific services for Asian, Chinese, Korean and Vietnamese communities
- Homelessness-focused CBO: Continue to support advocacy at all levels including the governor and OHA
- Advocacy organization: Policy expertise / interpretation and legislative engagement (advocacy, coalition building)
- CCO: Local decisions on Medicaid priorities
- Healthcare IT: Technology and integration for healthcare providers to connect with CBOs & each other
- Large health system: Funding, partnership
- Food-focused CBO: Help stand up and market a medically tailored meal program for any health partner contracted with PANOW (CAP) to include: a referral form, program fliers, lunch & learn for care management/referring teams.

REQUESTS: What do they/ their organization request from others in the room to strengthen the safety net?

- Homelessness-focused CBO: More collaboration and open forums about how we will serve the community collectively
- CCO: Ideally – align priorities on what is most important to protect
- Health System: Ongoing CBO collaboration forum. Existing free clinics share their funding model/lessons learned/tricks of the trade.
- Food-focused CBO: If you're a PANOW contracted partner, schedule an exploratory meeting to learn how we can stand up a medically tailored meal program to help support your members' health and reduce healthcare utilization.
- Advocacy Organization: Collaboration/partnership for patients we can't see (federal prohibitions)
- Free clinic: Consider us a resource and a partner in the broader safety net healthcare landscape
- County Government: Partnership - we can't do this alone
- Health System: Communication, connection
- Health Center: Need assistance with enrollment / reenrollment for OHP
- Resource navigation CBO: Trainings for staff on what different organizations provide; organizations that provide services to provide us with information and updates on what they offer, how to refer, how to get in touch with them; organizations to refer clients to the coordination center.