



Oral Comments submitted to the Oregon Health Policy Board by Kevin Koppes, Executive Director, Epilepsy Foundation Oregon regarding the Oregon Health Plan 2022-2027 1115 waiver

January 4, 2022

Members of the Oregon Health Policy Board:

Thank you for hearing my comments today. I am here on behalf of Epilepsy Foundation Oregon and the 42,900 people with epilepsy in Oregon, including 5,400 children. There are aspects of this waiver proposal that we support, but there are also others with which we must raise grave concerns.

We support the proposal to maximize Oregon Health Plan coverage through continuous enrollment. People who are eligible for Medicaid often have fluctuating incomes and can “churn” on and off the program. Continuous enrollment reduces gaps in coverage that prevent people from accessing the care that they need during these fluctuations. Continuous access to care is especially important for people with epilepsy, where even one missed dose of medication can lead to significant complications.

However, we have significant concerns with a number of other proposals, including the requests to implement a new commercial-style closed formulary and the requests to continue waivers of retroactive coverage and the waiver of Early and Periodic Screening, Diagnostic, and Treatment services benefit for children.

The proposed closed formulary would cover as little as one medication per therapeutic class. This means that only one epilepsy medication could be covered for all adults in Medicaid. Epilepsy medications are not interchangeable and there is no one treatment that works best, or even works at all, for everyone with seizures. The response to medications, including effectiveness at controlling seizures and side effects, can be different for each person. Further, many people with epilepsy need to take more than one anti-seizure medication to gain seizure control. Physicians and patients work together to determine the appropriate regimen, based on the type of seizure, seizure frequency, age, gender, other health conditions, other medications, and side effects. Limiting coverage to one anti-seizure medication

Retroactive coverage is a critical part of Medicaid’s safety net. It is common for people to be unaware that they are eligible for Medicaid until a medical crisis. Retroactive eligibility allows people with epilepsy, who have either been newly diagnosed or need a new treatment regime, to begin treatment right away without the burden of medical debt while they work on eligibility paperwork and are approved. This is particularly important for some groups that experience health disparities, such as African Americans, who are more likely to be diagnosed with epilepsy in an emergency room.

Finally, the continuation of the waiver of EPSDT would continue to deprive children with epilepsy in Oregon of needed services. Children with epilepsy do not only need their anti-seizure medications. They frequently have related developmental disabilities or mental health needs, yet the current EPSDT waiver excludes treatment for disorders common in children with developmental disabilities, including selective



mutism, conduct and impulse disorders, deformities of the upper body and limbs, sleep disorders, and pica.

Thank you for hearing me today. We will be submitting more detailed written comments by the January 7 deadline.

Kevin Koppes
Executive Director
Epilepsy Foundation Oregon