

1/4/22

Dana Hittle
Interim Deputy State Medicaid Director
500 Summer St. NE, E65
Salem, OR 97301

Dear Deputy Director Hittle:

The American Heart Association (AHA) appreciates the opportunity to submit comments on the Oregon 1115 Demonstration Waiver for the Oregon Health Program.

The AHA represents over 100 million patients with cardiovascular disease (CVD) including many who rely on Medicaid as their primary source of care. Nationally, about 1 in 10 adults with Medicaid coverage are estimated to have cardiovascular disease, with 6 in 10 having multiple chronic conditions.¹ Because low-income populations are disproportionately affected by CVD—with these adults reporting higher rates of heart disease, hypertension, and stroke—Medicaid serves as the coverage backbone for the healthcare services these individuals need.

The AHA is committed to ensuring that Oregon's Medicaid program provides quality and affordable healthcare coverage and appreciates the focus that the Oregon Health Program has placed on equitable access to healthcare through the 1115 Demonstration Waiver. In addition, Oregon's request to provide multi-year continuous enrollment for children under six, continuous eligibility for all beneficiaries ages six and over, and extended benefits to incarcerated individuals pre-release will help to eliminate gaps in coverage. Our organization is supportive of Oregon's efforts to improve the continuity of care for individuals with serious and chronic health conditions. Unfortunately, this waiver contains a few areas that may undermine access to care for patients with cardiovascular disease. The AHA would like to offer the following comments on the proposed five-year extension of the "Oregon Health Plan" 1115 demonstration.

Multi-year Continuous Eligibility

The AHA enthusiastically supports Oregon's request for continuous eligibility for all Medicaid beneficiaries. Continuous eligibility reduces gaps in coverage which prevents patients from accessing the care that they need. It also increases equitable access to care, as studies show children of color are more likely to be affected by gaps in coverage.² Research has also shown individuals with disruptions in coverage during a year are more likely to delay care, receive less preventive care, refill prescriptions less often, and have more emergency department visits.³ Continuous eligibility will help reduce these negative health outcomes.

Closed Formulary

The AHA is concerned by the proposal to transition to a closed formulary for adult beneficiaries. Chronic conditions such as cardiovascular disease and uncontrolled hypertension present differently in different patients. Prescription drugs have different indicators and mechanisms of action and side effects depending on the person's diagnosis and comorbidities. A closed formulary limits the provider's ability to prescribe pharmaceutical interventions for optimal patient treatment and management of disease.

Retroactive Coverage

The AHA would like to encourage Oregon to reevaluate this waiver's proposal as it relates to retroactive eligibility for coverage and recommends removal of limitations for all Medicaid beneficiaries. Retroactive eligibility in Medicaid prevents gaps in coverage by covering individuals for a set amount of time prior to the month of application, assuming the individual is eligible for Medicaid coverage during that time frame. It is common for individuals to be unaware they are eligible for Medicaid until a medical event or diagnosis occurs—this is especially true for pregnant people. Eligible applicants may also delay necessary healthcare until the Medicaid enrollment process is complete, which can increase their health risks and exacerbate any health conditions they may have.

Retroactive eligibility allows patients who have been diagnosed with a serious illness, such as cardiovascular disease, to begin treatment without being burdened by medical debt prior to their official eligibility determination. Without retroactive eligibility, Medicaid enrollees could then face substantial costs at their doctor's office or pharmacy.

Waiver of Early and Periodic Screening, Diagnostic and Treatment

Oregon is the only state with an EPSDT waiver. In every other state, under Federal law, Medicaid includes a critical benefit for children and adolescents under the age of 21, called "Early and Periodic Screening, Diagnostic and Treatment" (EPSDT) to ensure that they receive "age-appropriate screening, preventive services, and treatment services that are medically necessary to correct or ameliorate any identified conditions – the right care to the right child at the right time in the right setting." Many conditions diagnosable during childhood can have lifelong cardiovascular impacts, and we are concerned there is not enough evidence to show that exclusion of coverage for EPSDT services supports the health of patients across their lifetime. Therefore, we encourage Oregon to strongly reconsider this.

Investments in Social Determinants of Health Services and Community Capacity

The AHA applauds Oregon's proposal to expand non-medical services to address the needs of the "whole person" and provide transitional care to tackle health equity challenges experienced by Medicaid beneficiaries. This forward-thinking approach to help high-risk populations access critical supports needed to improve health conditions and address social determinants of health advances the objectives of the state's Medicaid program.

We stand ready to partner with you to further expand care for Medicaid recipients and to offer our continued guidance and support as you review ways to implement additional actions to protect vulnerable populations. If you have questions or would like to discuss further, please contact **Christina Bodamer, Oregon Director of Government Relations** at Christina.Bodamer@heart.org.

Thank you for the opportunity to provide comments.

Christina Bodamer

¹ Chapel, JM, Ritchey MD, Zhang D, Wang G. Prevalence and medical costs of chronic diseases among adult Medicaid beneficiaries. 2017; 53(6):S143-S154. [https://www.ajpmonline.org/article/S0749-3797\(17\)30426-9/fulltext](https://www.ajpmonline.org/article/S0749-3797(17)30426-9/fulltext)

² Osorio, Aubrianna. Alker, Joan, "Gaps in Coverage: A Look at Child Health Insurance Trends", Center for Children & Families (CCF) of the Georgetown University Health Policy Institute, November 21, 2021. [Gaps in Coverage: A Look at Child Health Insurance Trends – Center For Children and Families \(georgetown.edu\)](https://georgetown.edu/sites/georgetown.edu/files/2021-11/Gaps_in_Coverage_A_Look_at_Child_Health_Insurance_Trends_-_Center_For_Children_and_Families_(georgetown.edu).pdf)

³<https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>.