

December 9th, 2021

Co-Chairs: Eric Du Vivier, and Kate Wells

Oregon Health Policy Board Health Equity Committee

Oregon Health Authority

Re: Medicaid 1115 Waiver Public Comment

Many in the medical field have difficulty understanding why community groups continue to push for system changes to reduce health inequities. The most common quote I hear is “Well, that is already a law, and we have a policy.” When we look at Systemic Oppression and inequities within our society, the law of generality, or one size fits all approaches, protects positions of power.

Oppression, evidenced through discrimination, is systemic in our society. It is more than individual acts of violence, segregation, or discrimination motivated behavior and actions. Oppression is endemic in our institutions and has the effect of exclusion. It is a part of our society and inextricably linked to the equality rights of marginalized populations.

The systems we have designed to be equal to all, and best for the majority, are clearly disenfranchising a large segment of our communities. By not structurally building supports for differences in economic circumstance, racially disparate impacts, barriers in literacy, physical abilities, and negative attitudes towards LGBTQ+ folks, the oppression of these groups continues.

“Well, that is already a law, and we have a policy.” Stop and reflect. Ask yourself the following questions:

- Are we actually following the law?
- How does this policy affect different people?
- How do our practices affect different people?

After we have answered these questions and critically analyzed those answers. Are we recognizing the power of an organization or field societally and how that power results in societal privilege and benefit to the exclusion of marginalized people?

HB 3353 explicitly says CCOs are to “spend” their global budgets on specific investments. (Reference: Section 2(1)(a) of HB 3353). Instead, the OHA’s draft application tells CCOs to give money to a newly formed third party that would “grant out” funds. The OHA’s draft waiver request ignores the legislative directive to cause CCOs, at the local level, to engage the entire community in making health investments. (Reference Section 2(3)(a) & (b) of HB 3353).

The 1115 Draft waiver does not call out the many of the accountability measures in HB 3353 that ensures community voices are included in the spending strategies and effort to hold both CCOs and the OHA accountable. The bill says that in order for these dollars to be counted as this 3% they have to be part of "... a plan developed in collaboration with or directed by members of organizations or organizations that serve local priority populations that are underserved in communities served by the coordinated care organization.") That these investments must include voices from priority and underserved populations in the development of that plan. To include current entities and power structures that exist in the Community Health Assessment and Community Health Improvement plan will uphold the law of generality in each CCO's region.

There are is also clear direction that these investments either show "practice-based or community-based evidence" giving CCO the flexibility need to innovate with new community organizations that likely server smaller populations of underserved communities.

AllCare asks ask the OHA to change Oregon's 1115 Waiver Request, in the following areas:

- 1.) Removal of the third party equity silos.
 - a. Should a third party entity be involved, it shall directed by a majority of underserved community members, and members of organizations or organizations that serve local priority populations that are underserved in communities served by the Coordinated Care Organization. Underserved community members shall also be the ultimate decision makers of local funding.
- 2.) Make clearer the request that the identified 3% of investments in Social Determinants of Health and Equity be recognized as Medical expenditures. This is key to making these investments sustainable, and not relying on a "grant" model.
- 3.) Make clearer a request for full federal funding of these important upstream investments.

CCO's have demonstrated that they can drive regional, collaborative change within the regions that they serve. Historical and contemporary injustices have persisted underneath the CCO's programs within the regions they serve. These injustices that persist have been for multiple reasons.

The Oregon Health Authority for example did not fund the Office of Equity and Inclusion sufficiently over the last waiver time period to audit how CCO's were focusing Quality Improvement plans to eliminate racial, ethnic and linguistic disparities in access, quality of care, experience of care, and outcomes.

Coordinated Care Organizations did not leverage existing contract language to focus Quality Improvement plans to eliminate racial, ethnic and linguistic disparities in access, quality of care, experience of care, and outcomes.

Oppression endemic in regional institutions of power that excluded voices affected by economic

towards LGBTQ+ folks, to further perpetuate inequities in the State. Some of these regional institutions have directly targeted, and dismantled coalitions of the aforementioned community groups, to protect the law of generality and positions of power.

The Office of Equity and Inclusion has, in partnership with this committee, created a very robust equity analysis tool as part of waiver implementation. AllCare asks that this framework be used when determining future policy for implementing this waiver and the Oregon Medicaid Program. This tool could be used as a roadmap in all policies to understand if Oregon Medicaid is:

- Actually follow the law?
- How does this policy affect different people?
- How do our practices affect different people?

HB 3353 has created a regulatory framework and funds to radically address our system and the financial components to make it successful. It is now up to the OHA, CCO's, Hospital Systems, Medical Groups, and Individual provider offices to treat this the same as regulatory requirements around HIPAA, CLIAA, OSHA, and the Joint Commission, to overhaul the system to achieve the goal of eliminating healthcare inequities in ten years.

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