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I thank you for the opportunity to comment on the Oregon Health Plan. I commend the fact that it intends to help as many people as it can, get the medical care that they need, but unfortunately many rural members are left without needed care due to the current processes that must be followed.

I am the medical director at Snake River Pediatrics, which is a rural health clinic in Ontario, Oregon. Because of our location, on the border between Oregon and Idaho, we have a unique perspective to positives and negatives associated with Oregon Medicaid in comparison to Idaho Medicaid. OHP helps to cover many more patients, but this is often to the detriment of the kids who need special services.

Oregon Medicaid for Malheur County is a part of the EOCCO (Eastern Oregon Coordinated Care Organization) who has made a lot of decisions that really affect our patients. Many of them have chronic conditions, like allergies and eczema, which can be exacerbated by food allergies. Removing the offending food, will improve the condition. If our patient has Idaho Medicaid, then we can get allergy testing to see what foods are the cause, and we can remove those foods from their diet. For example, many of the families don't have a clue that eggs are causing this condition, but when we remove them from their diet, they improve dramatically. With our Oregon Medicaid kids, coverage for the testing is denied, so we don't know what food should be removed and the kids continue to suffer. OHP says they can get the testing, it just won't be covered by OHP, but due to the poverty these families experience, paying out of pocket isn't an option.

Unfortunately, mental healthcare is where we see the greatest divergence. Idaho Medicaid patients can see most counselors in Ontario, the surrounding cities or in Idaho. The only limitation is when counselors themselves have decided not to take that insurance, but most do. We also have counselors in our office to see patients. If a child is diagnosed with autism, we can get them into ABA therapy through many different providers. ABA therapy is currently one of the most recommended treatments for autism. For our Oregon Medicaid kids, the treatment is very limited. For the most part, they are only able to get counseling through a company call Lifeways because they have the exclusive contract. Families aren't happy with having to go there, because it's where the court mandated mental health treatments occur, so

they have met some scary people in the waiting room. They also don't keep counselors working there for very long, and once a kid has finally felt close enough to open up to them, they leave Lifeways, they have to get a new counselor and the process starts all over again. Our office has tried to get a contract, but due to the limited payments (\$4/member/month. No payment for visits), can only afford to take 20 OHP patients a month, which we do. Currently our wait list is 90-110 patients, and most patients are in treatment for months to years, so the waitlist is just getting longer. I also have a patient with severe autism, and I can't get him on the waiting list for ABA therapy (which is 2 ½ years) until he has an ADOS completed and there isn't anyone who takes his insurance who can do this. The provider who diagnosed him used to do them but can't due to Covid restrictions. It took us over a year to get him diagnosed and now we can't get him the services that he needs to help him succeed. Words cannot adequately express the frustration I feel for these kids with the knowledge that if they just moved across the border, I could get them the treatment they need. This could easily be solved by allowing all mental health providers to see them. It also allows the parent, patients and other caregivers the option to select the mental health providers. Undoubtedly this would make the continuity of care more efficient with better long term outcomes.

Oregon Medicaid has also recently changed the way they handle Synagis. This is the monoclonal antibody that is given to high-risk infants to protect them from severe RSV bronchiolitis. Most of the kids who qualify for it, have a complex medical history and are at high risk for severe complications from RSV. Most have been born extremely premature, have a heart defect or chronic lung disease like cystic fibrosis. The treatment is very expensive and must be given monthly for 5 months. Prior to this year, when a child qualified for it, it had to be ordered from a specialty pharmacy and sent to the clinic to be administered. This year it has changed. They want the clinic to buy it, administer it, and then get reimbursed for it. The problem is they won't reimburse us as much as it will cost us. The vials cost \$1600 for a 50 mg vial or \$3100 for a 100 mg vial. The dose is based on their weight and the vials are single use. Oregon Medicaid will only reimburse us \$1100. We can't afford to lose this much on any patients, let alone 5 times for each patient. So now, our Idaho Medicaid patients are getting it, but our Oregon Medicaid kids are not. I've already had 2 patients end up in the Pediatric Intensive Care Unit because of this. One hospitalization in the PICU costs more than the entire treatment with Synagis during the season, so this change hasn't been cost effective, and it is risking the lives of the most vulnerable children.

Once again, thank you for your time and consideration.

Michelle DeVoe DO