

January 4, 2022



Health Policy and Analytics Medicaid Waiver Renewal Team
Attn: Michelle Hatfield
Oregon Health Authority
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Salem, OR 97301

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RE: Oregon 1115 Medicaid Waiver for 2022-2027

Dear Ms. Hatfield and team:

The Oregon Center for Children and Youth with Special Health Needs is the state Title V public health agency for children and youth with special health care needs. We are funded by the federal Maternal Child Health Bureau of the Health Services and Resourced Administration, and work in partnership with the Oregon Health Authority Maternal Child Health team.

Thank you for the opportunity to provide comments on the proposed Oregon Health Plan 1115 Demonstration Waiver Application for Renewal and Amendment.

First, we would like to acknowledge and thank the Oregon Health Authority (OHA) for the tireless commitment to serving all enrollees, and for the thoughtfulness and inclusiveness that has gone into crafting this waiver application. The Oregon Health Plan (OHP) remains the envy of many states, and has shown us to be a national leader in improving the health of our citizens, families and communities.

The Oregon Health Plan is a critical program for the children and youth of our state, providing coverage for 37% of the state's children and 49% of Oregon's children with special health care needs.¹ We also know that the Medicaid provides coverage for the majority of children and youth of color in our state, ensuring access to care for 57% of AI/AN; 26% of Asian, Hawaiian and other Pacific Islander; 65% of Black and 65% of LatinX children. Issues of equity and justice are central to any proposed actions regarding how Medicaid functions in Oregon.

In reviewing specific aspects of the 1115 Waiver proposal, there are several components that we feel will have significant positive impacts on children, youth, families and communities in Oregon, and will improve access and equity. We wholeheartedly support these, and applaud you for your vision and commitment in proposing them:

- **Continuous enrollment for children until age six, and 2-year continuous enrollment for all older than six:** Lapses in coverage can have catastrophic impacts in children. As a practicing pediatrician, I have personally witnessed the potentially disastrous consequences of





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kids losing their health insurance, a fact borne out in the literature.³ Children of color are more likely to experience "churning" on and off Medicaid coverage.³ Moving to uninterrupted coverage up to age 6 years will have an enormous, positive effect on the ability of children to maintain coverage, courses of treatment, and relationships with both their primary care medical homes and necessary specialty and subspecialty care. Moreover, it will help address health inequities caused by churn among families of color.

- **Extending OHP coverage at existing income levels to youth with special health care needs (YSCHN) to age 26:** One of the 2 federal Title V priorities that OCCYSHN has as a focus is the transition from the pediatric to the adult health care system. Issues of transition are complex, and there are significant systems-level approaches to addressing the needs, from the planning to implementation.⁵ Further, many youth of transition age come from populations at risk, including BIPOC (including AI/AN), LGBTQAI+, those experiencing intellectual and developmental disability (IDD), and those experiencing houselessness and poverty. This coverage extension at 305% FPL to age 26 will help with transition preparation and ensure continuity of care during this critical time.
- **Expedited enrollment for those with SNAP benefits:** Simplification and streamlining of enrollment and eligibility processes not only can decrease the burden on families applying for different programs, but also reduce administrative costs to the State.⁶
- **Covering all individuals regardless of immigration status:** The health and well-being of children is deeply influenced by the health of their parents and caregivers. Oregon's "Cover All Kids" program has allowed children access to crucial services. "Cover All People" will help ensure that parents, other caregivers, and extended family are covered by OHP and can receive needed care. This is particularly important right now as many adult immigrants are uninsured and work in jobs where the current pandemic has exposed them to considerable health risk.⁷
- **Providing SDOH services to vulnerable populations:** Optimal health and well-being requires much more than just access to health care. Families suffering housing instability/houselessness, food insecurity, and other adverse social impactors have worse health outcomes. Utilizing OHP funds to support critical family needs will have a significant impact on outcomes for children and their families.





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- **Investments in community-based organization (CBO) infrastructure and capacity building as well as statewide health equity initiatives.** Such initiatives will help the state build its capacity to address service needs in places where families live, and better address root causes of health inequities.
- **A "comprehensive accountability structure" to address health inequities, ensure member/provider satisfaction, and protect member access to and quality of care.** Through better monitoring and data collection, this will help OHP identify coverage gaps, address health equity needs, and improve outcomes and satisfaction with the program. Moreover, it is important to note that when examining network adequacy for children, their access to *pediatric* primary, and medical, surgical and allied therapies subspecialty is paramount. Children are not little adults, and have significantly different patterns of illness, injury, and death, and children. They have distinct needs in regard to their anatomic, physiologic, developmental, and psychological characteristics, and the care they require is unique. have. Access to an adult physician or specialist must not substitute for care by pediatricians or pediatric specialists when measuring network adequacy.

One of the long-standing signatures of OHP has been a CMS approved waiver of EPSDT, and it is this area that we would respectfully ask be reconsidered, and rescinded.

- **Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit is a critical protection and must be part of the OHP.** EPSDT guarantees that all Medicaid-eligible children receive screening to assess and identify problems early, and ensures the provision of health and health related services necessary to optimally address those needs.⁸ It has been demonstrated that children in low-income families have higher rates of asthma, heart conditions, hearing problems, digestive disorders, and elevated blood levels, among other issues.⁹ EPSDT is designed to address a broad range of child health needs, including preventive care; physical and mental health; oral, hearing and vision care; habilitative care; and social and emotional development. EPSDT serves as the safety net for children's health, and the backbone of the Medicaid program for children. Waiving that provision fundamentally discriminates against children. Further, as children of color are disproportionately served by OHP, the EPSDT waiver is a fundamentally racist policy. As equity is a core tenet of OHA's operational principles, this is unacceptable. Children are not little adults, and their health needs must be considered separately from the adult health system. The HERC system, with its Prioritized List of





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Health Services, is foundational to the EPSDT waiver, and does not acknowledge the unique health needs of children, lumping them in with the adult population who are the greatest cost drivers in the system.

EPSDT should be the guarantee that ensures that the health and developmental needs of children and youth are identified and addressed early and appropriately. This is particularly important for those with special health care needs. We urge OHA to reexamine any waiver of EPSDT.

- **Three months of retroactive Medicaid coverage is essential and must also not be waived.** This longstanding protection—one not offered in the private market but explicitly included in Medicaid—ensures that health care expenses for three months prior to the Medicaid application date are also covered, provided the enrollee would have been eligible for Medicaid. This is particularly important for families who may lose coverage from an employer or face a sudden illness or injury. Eliminating retroactive eligibility could deter beneficiaries from seeking needed care for fear they would be responsible for medical bills they cannot afford. This can result in higher medical costs in the long-term as Medicaid beneficiaries delay seeking care. It could also result in increased rates of uncompensated care as physicians and other health care providers, hospitals, and pharmacies—many of whom may have agreed to provide acutely-needed services even before ensuring Medicaid coverage was secure—are not reimbursed for (some of the) services they have already provided.

We are grateful for the opportunity to submit input on the 1115 waiver process, and deeply appreciate the thoughtfulness, innovation, and commitment to equity that has driven the process. I look forward to next steps, and further collaboration as we strive to improve the health and well-being of Oregon's children, families and communities.

Sincerely,

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As the Institute on Development and Disability Director, which includes OCCYSHN and the Child Development and Rehabilitation Center, I support and concur with Dr. Hoffman's comments. In particular, I strongly advocate for the importance of EPSDT and retroactive Medicaid coverage. Early identification of potential developmental, behavioral, and emotional differences is critical to accessing effective interventions.

Kurt A. Freeman, PhD, ABPP
Director, Institute on Development and Disability
Fred Fax Professor of Pediatric Excellence

References:

1. Kaiser Family Foundation Medicaid In Oregon Fact Sheet.
<http://files.kff.org/attachment/fact-sheet-medicare-state-OR>
2. An Evidence Map for Interventions Addressing Transition from Pediatric to Adult Care: A Systematic Review of Systematic Reviews.
<https://www.sciencedirect.com/science/article/abs/pii/S0882596319301678>
3. **Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic.**
<https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>
4. MACPAC Research Shows Closing the Continuous Coverage Gap for Kids is Within Reach. <https://ccf.georgetown.edu/2021/10/08/macpac-research-shows-closing-the-continuous-coverage-gap-for-kids-is-within-reach/>
5. An Evidence Map for Interventions Addressing Transition from Pediatric to Adult Care: A Systematic Review of Systematic Reviews.
<https://www.sciencedirect.com/science/article/abs/pii/S0882596319301678>
6. Using SNAP Data for Medicaid Renewals Can Keep Eligible Beneficiaries Enrolled.
<https://www.cbpp.org/sites/default/files/atoms/files/9-9-20health2.pdf>
7. Snapshot of Children with Medicaid by Race and Ethnicity, 2018.
<https://www.shvs.org/wp-content/uploads/2021/10/State-Funded-Affordable-Coverage-Programs-for-Immigrants.pdf>
8. <https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html>
9. Woolf, S, Laudan A, et al. *How are Income and Wealth Linked to Health and Longevity?* Urban Institute, April 2015. Available at:
<https://www.urban.org/sites/default/files/publication/49116/2000178-How-are-Income-and-Wealth-Linked-to-Health-and-Longevity.pdf>





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