



January 7, 2022

Director Patrick Allen
Oregon Health Authority
Health Policy and Analytics Medicaid Waiver Renewal Team
Attn: Michelle Hatfield
500 Summer Street NE, 5th Floor, E65
Salem, OR 97301

Re: Comments on Oregon's Application for Renewal and Amendment of Oregon Health Plan, Section 1115 Demonstration Waiver

Dear Director Allen:

The Oregon Medical Association is the state's largest professional membership organization engaging in advocacy, policy, community-building, and networking opportunities for Oregon's physicians, physician assistants, medical students, and physician assistant students. A critical part of OMA's mission is to advocate for a sustainable, equitable and accessible healthcare environment, and we envision an Oregon that is the healthiest state and the best place to practice medicine. The OMA wishes to submit the following comments regarding the 1115 Demonstration Waiver.

Maximizing continuous and equitable access to coverage

The OMA highly supports the waiver's overall lens of equity. As a state, we must strive to ensure all Oregonians have access to care. Patients with health coverage have improved access to healthcare goods and services, and correspondingly, experience better health outcomes. OMA believes that health coverage should be readily identifiable, consistent across communities and populations, and affordable and portable, allowing patients to access care regardless of personal circumstance or employment. We are supportive of the focus on upstream health, taking into consideration those services that can have a greater health impact.

Improving health outcomes by streamlining life and coverage transitions

OMA shares the goal of maintaining care through transitional periods, incarceration, detention, or a period of unhoused, without a gap in coverage, or with the option of limited benefits. Specifically, the OMA advocates for changes to incarceration and detention practices to address human rights issues which impact the health of inmates, those who work with them, and the families and communities they return to, including but not limited to: expanding access to substance use disorder and mental health treatment during incarceration; continuity of that care upon release; consistent needs assessment on entry into correctional institutions; and provision of age appropriate physical and mental health care for incarcerated or detained juveniles.

As mentioned above, patients with health coverage have better outcomes. The focus on non-medical evidence-based interventions, including housing assistance, transportation, food assistance, employment support, and a consideration of climate exposure will impact and improve the long-term health of individuals, provided there is the opportunity to have OHP benefits while in custody or in other transition.

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Moving to a value-based global budget, and incentivizing equitable care

Value-based systems are intended to reduce cost and eliminate waste while prioritizing patient outcomes. OMA believes the patient and their personal physician or other health care provider should make decisions on the most appropriate medical treatment or intervention for a given health condition. Under a value-based system, incentivizing care that helps patients improve their health, reduce chronic disease, and live a healthier life, will improve the health of the overall population.

The OMA does want to share a specific concern in the waiver regarding the approach of a closed formulary. Although the OMA and its members are well aware of skyrocketing pharmaceutical costs, closing the formulary could have negative consequences for Oregon's Medicaid population. Patients without access to clinically appropriate medication could in turn have life altering illness or forgo care all together.

We are concerned that a closed formulary could end up leading to increased paperwork, medication errors, and suboptimal medication choices and, in the long run, costlier care for the state and reduce—not improve—health outcomes for patients. That is, patients may need further care if a rigidly limited formulary of medications are not clinically sufficient. Clinicians may not have the ability to act quickly and with flexibility needed in the frontline clinical relationship. We value clinical standards where there is an evidence-based approach and not a one size fits all approach that could lean solely on cost, rather than the quality of the patient's care.

Improving health through focused equity investments led by communities

To advance health and health equity, the OMA believes it is crucial to invest in communities, improving the social and physical environments to create a platform for the development of a healthier community.

The OMA recognizes the need to address the social determinants of health to improve the health of Oregonians, including shifting resources to those places locally where they will have the greatest impact and where they are most needed, especially investments that support and build infrastructures and provide support for community-led interventions and initiatives. Federal investments are needed for the statewide initiatives that have been identified to address health equity.

Thank you for the opportunity to comment. We stand with you in your commitment to the health of Oregonians and look forward to working with you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Fischl', with a stylized flourish at the end.

Mark Fischl, MD
President