Oregon Pediatric Society
A Chapter of the American Academy of Pediatrics. Incorporated in Oregon

DATE: January 7, 2022
TO: Oregon Health Authority
RE: Protecting Kids under Oregon's 1115 Medicaid Waiver for 2022-2027

The Oregon Pediatric Society (OPS)—the state chapter of the American Academy of Pediatrics (AAP)—is a nonprofit organization representing approximately 700 primary care, medical subspecialty, and surgical specialty pediatricians and child health providers from across the state who are dedicated to the health, safety, and well-being of all Oregon infants, children, adolescents, and young adults. Thank you for the opportunity to provide comments on the proposed Oregon Health Plan 1115 Demonstration Waiver Application for the 2022 – 2027 Renewal and Amendment (December 1, 2021).

First, we acknowledge and thank the Oregon Health Authority (OHA) for the significant thought and commitment to serving all enrollees that have gone into the crafting of this waiver application. Beginning with the original federal waiver from traditional Medicaid rules (granted in March 1993), Oregon remains a national, transformative leader in the delivery of health care due in considerable part to the efforts to build and, over time, revise the Oregon Health Plan (OHP). The goals of this waiver application will expand upon this broad foundation.

The Oregon Health Plan is uniquely indispensable for children, currently serving as a lifeline of coverage to two out of five kids and youth across the state. (According to the Kaiser Family Foundation, in 2019 36.8% of the state's children are on Medicaid/CHIP, as are 49% of Oregon's children with special health care needs). Therefore, any policy changes made to OHP will continue to have an outsized effect on children. With this in mind, OPS applauds numerous provisions of the waiver proposal that will advance health equity, expand access to care, address social determinants of health (SDOH), and do more to strengthen children's health care. At the same time, we call attention to the State's proposals to continue waiving Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit and three months of retroactive coverage, and look forward to working with the state toward a resolution where these critical protections are part of Oregon's Medicaid program. We also want to draw attention to the importance of continuing to expand the capacity of Medicaid oral health and mental health services for children and youth, domains where our State services and access must be improved.

Oregon's pediatricians enthusiastically support the following components of this waiver application:

- **Continuous enrollment for children until age six, and 2-year continuous enrollment for all older than six**: Continuous coverage is enormously beneficial for children and the

clinics that provide their care. Research demonstrates that disruptions in Medicaid coverage are common, and this leads to periods of uninsurance, delayed care, and less preventive care.[1] Moreover, children of color are more likely to experience "churning" on and off Medicaid coverage.[2] Moving to uninterrupted coverage during the first five years of life and for two years subsequent to that will have an enormous, positive effect on the ability of children to maintain coverage, courses of treatment, and relationships with their medical homes and specialty and subspecialty care. Moreover, it will help address health inequities caused by churn among families of color.

- **Expedited enrollment for those with SNAP benefits:** This will not only decrease the burden on families applying for different programs, but has the potential to reduce administrative costs to the State, making this a "win-win" policy for Oregon and children and families.[3]

- **Covering all individuals regardless of immigration status:** As pediatricians, we acutely understand the connection between a parent's health and well-being with that of their children. Healthy parents have healthier children, and healthier parents are better equipped to care for and meet the needs of their children. Conversely, parents in poor physical or mental health may not be able to meet their children's needs, and increased family stress caused by ill health or unpaid medical bills can directly affect children. Building on the success of "Cover All Kids," moving to "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.[4].

- **Providing coverage during life transitions and climate events**: These important steps will ensure that OHP is there for children and families when it is needed most. Of note, extending OHP coverage to youth in the juvenile justice system will provide much-needed care for a population that is at high risk and faces many barriers to reaching full

[1] https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf
[2] https://ccf.georgetown.edu/2021/10/08/macpac-research-shows-closing-the-continuous-coverage-gap-for-kids-is-within-reach/
[3] https://www.cbpp.org/sites/default/files/atoms/files/9-9-20health2.pdf
[4] https://www.shvs.org/wp-content/uploads/2021/10/State-Funded-Affordable-Coverage-Programs-for-Immigrants.pdf

potential, including exposure to adverse childhood experiences (ACEs) as well as unmet physical and mental health needs.[5]

- **Extending OHP coverage at existing income levels to youth with special health care needs (YSCHN) to age 26**: As stated in the waiver amendment application, "[m]any of these [YSCNH] are from communities of color, LGBTQAI+, members of Tribes in Oregon and have experienced homelessness, Intellectual and Developmental Disability (IDD) or poverty." This coverage extension at 305% FPL to age 26 will help with YSCNH transition preparation and ensure continuity of care during this critical time.

- **Providing SDOH services to vulnerable populations in transition**: Focusing on individual and family needs such as housing, transportation, food assistance, and employment supports are a recognition that so much of health care happens outside the medical setting. Health starts in our homes, schools, workplaces, neighborhoods, and communities, and providing these supports will have a significant impact on outcomes for children and their families.

- **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, medical subspecialty, and surgical specialty care is paramount. Children are a unique population, and the care they require is unique. Children and adults have significantly different patterns of illness, injury, and death, and children have distinct needs in regard to their anatomic, physiologic, developmental, and psychological characteristics. Access to an adult physician or specialist must not substitute for care by pediatricians or pediatric specialists when measuring network adequacy.

[5] https://publications.aap.org/pediatrics/article/146/1/e20201755/37020/Advocacy-and-Collaborative-Health-Care-for-Justice

However, OPS highlights two provisions of the waiver amendment application that should be resolved:

> **Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit is a critical protection and its full inclusion in the OHP would safeguard Oregon children now and for years to come.** EPSDT is a cornerstone of federal Medicaid protection that guarantees all Medicaid-eligible children are screened to assess and identify problems early, and ensures the provision of medically necessary health services to correct or ameliorate those identified health problems.[6] 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 ensures health issues for children are not only identified early *but also appropriately treated*. This protection is critically important for children and youth with special health care needs as well as children in low-income families, who have higher rates of a number of health conditions (such as asthma, heart conditions, hearing problems, digestive disorders, and elevated blood lead levels).[7]
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> While EPSDT has been historically waived under Oregon's Medicaid program, many children may indeed have had all their health needs met. However, it is not known how many Oregon children have not received timely medically necessary treatment because their needed care was not included in the OHP Prioritized List of Health Services. Returning the protection of EPSDT to Oregon's Medicaid program—in place for Medicaid-eligible children in every other U.S. state—would give Oregon the accountability and responsiveness to ensure that needed care for children occurs, both now and into the future. EPSDT will comprehensively safeguard children's health care in Oregon and protect future children enrolled in OHP. We encourage the state to reexamine this waiver amendment provision with the goal of including all EPSDT services in the OHP program.
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> We also acknowledge the national health and economic research opportunity that Oregon's unique decades-old EPSDT waiver has created in comparing measurable health outcomes for kids in Oregon with A) those in other states rigorously following EPSDT requirements; and/or B) services delivered in Oregon both under the current system and with EPSDT. If EPSDT is formally reinstated to Oregon's Medicaid

[6] https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html

[7] 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

program, there would be statewide comparison information available before and after its adoption that might determine system and pediatric population impact. Analyzing historical data with future comprehensive Medicaid EPSDT coverage would help the State and CCOs better understand what pediatric services are now more widely covered and used, benefits and challenges, as well as noting changes to clinical operations.

- **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, 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.

- **The proposed drug exclusion raises questions about children's prescription drug coverage:** While we understand the state's concerns over increased costs associated with prescription drugs and appreciate that children will be exempted from the proposed closed formulary, we first question this approach for adults. It is not clear what process would be in place for adults to obtain needed medication should the single drug in a closed formulary not work for that patient. Moreover, we support the medically informed use of prescription drugs with limited or inadequate evidence of clinical effectiveness from coverage. For children, two federal laws, the Best Pharmaceuticals for Children Act (BPCA) and the Pediatric Research Equity Act (PREA) have resulted in enormous strides in our understanding of the safe and effective use of medicine in children, with a significant increase in drug labeling for the pediatric population. However, off-label use of medication in children remains an unfortunate, but necessary component of pediatric practice, as roughly one-half of drugs still have no FDA-approved labeling for their use in children. For special child populations, such as preterm and full-term neonates, infants and children

younger than two years, and children with chronic or rare diseases, off-label use of drugs is significant and beneficial.[8]

Finally, we call attention to two specific areas that the waiver application and subsequent OHP services should prioritize for children: oral health and mental/behavioral health treatment, beyond screening.

- **Oral health**: CCOs are responsible for providing oral health services, however children in Oregon continue to suffer in obtaining needed oral health care. A recent study published by Oregon Health and Sciences University found that 40% of Medicaid-enrolled children in our state did not receive any dental services in 2018. Moreover, only 45% of Black Medicaid-enrolled children received dental services that year.[9] Pediatric services like topical fluoride varnish are included in Medicaid benefits, but access is very difficult through dental and primary care offices. OPS hopes to work with OHA and community partners to improve primary care oral health screenings and rates of preventive services.

- **Mental/behavioral health**: As was also commented upon by our partners at the Children's Institute in their 12/16/21 Waiver letter, the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association recently declared a national emergency in child and adolescent mental health. Exacerbated by the pandemic and the ongoing struggle for racial justice, pediatricians are caring for children suffering from soaring rates of depression, anxiety, trauma, loneliness, and suicidality. While the waiver amendment application includes an increased focus on mental/behavioral health, we believe this or future waiver amendments can go further to advance children's health in this domain.

  OPS especially highlights the importance of addressing solutions to aiding growth of child mental health professional services through supporting workforce training, financial incentives, and recruitment in underrepresented cultural populations; , integrated pediatric mental health services in primary care; and comprehensive systems of behavioral health care.

[8] https://publications.aap.org/pediatrics/article/133/3/563/32274/Off-Label-Use-of-Drugs-in-Children
[9] https://static1.squarespace.com/static/5d97a4561a002c5b8061d827/t/5e334de678d5f55da08d8733/1580420589070/ocf_dental_brief_200122_FINAL.pdf

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Thank you for the opportunity to provide comments on this Medicaid waiver amendment; we hope the thoughts of Oregon's pediatricians will be considered as amendments to this proposal. If you have questions for our organization or concerns, please contact me at julie.scholz@oraap.org.

Sincerely,

Julie Scholz, MBA - Executive Director
On behalf of the Oregon Pediatric Society