

Hello, my name is Colleen Reuland and I have been leading work across this wonderful state of Oregon over the last twenty years, specifically focused on the **quality health care for children**.

I greatly appreciate the Oregon Health Policy's board explicit priority on stabilizing and transforming primary care, strengthening behavioral health services, advancing health equity, and addressing social determinants of health.

I am here to **raise an alarm and share a deep concern** that recent funding decisions and increased provision of global funds provided with reductions in the percentage that goes to the quality incentive pool. This threatens greatly primary care, upstream behavioral health service, and disincentivizes a focus on the drivers of health equity – particularly the experiences of children that predict future adult health.

Your efforts to stabilize primary care, particularly in rural regions, **will not be successful** if how the Medicaid budget funds are provided does not include assurances of sustainable payments from those global funds **go to primary care and upstream behavioral health services provided in primary care**.

I **IMPLORE** you to work to educate key legislative partners to consider how to **expand and increase the funding** for the incentive metric program and **regulatory options to ensure flow of funds to these services**.

Why am I asking for **more funds for the CCO incentive metric program in light of the bleak financial times**? Because the incentive metric program is a critical lever for three factors:

- 1) **Factor 1: Accountability:** Incentive metrics ensure **accountability and quality in how CCO global budget funds are used**, and direct funding to measureable and incentivized priority areas.
- 2) **Factor 2: Primary Care** Incentive metrics have been shown to keep primary care and prevention activities a focus, which can otherwise be overlooked when funding is primarily provided through global budgets.
 - a. We are already seeing a deep back slide in where CCO funding is going despite the increases to global budgets, such as a reduction on value based payments to primary care providers including a removing APMs for clinic-based traditional health workers and a reduction in reimbursement for clinically recommended services.
- 3) **Factor 3: Funds for Children Go to Children.** In the 13 years that we have had CCOs, there is evidence to show that incentive metrics are an essential element to ensure that **global funds provided for children actually go to children**.
 - a. Now is not the time to further harm our children by providing funds to CCOs that are intended for children, that are instead are used for high cost adults.
 - b. Children who don't receive quality, upstream Medicaid services often result in costs – funded by the state- in other systems, such as education and DHS involvement. They also face higher long-term health care costs due to unmet and preventable issues that could have been addressed earlier.