

1/4/21 Oral Public Comment: Oregon Health Policy Board

I am Colleen Reuland, Director of the Oregon Pediatric Improvement Partnership.

We are extremely supportive of the elements of the waiver focused on addressing structural racism and children.

Within OHA's health equity definition, a key component for children in Medicaid/CHIP is the **intentional inclusion of "disability"**.

- For **children with special health care needs**, the Oregon Health Plan **IS the safety net** for their **medical, behavioral, oral and care coordination** needs.
- In Oregon, **145,000 publicly insured children, more than 1 in four**, have medical complexity.
- We hear from parents and young adults, **consistently and persistently** about how their **access to and care coordination needs continue to be unmet**.

We have **significant concerns with the Waiver proposal related to *Incentivizing Equitable Care***. Measures, that are incentivized, have been shown to be a critical tool to focus on specific populations for which improvements are desperately needed.

- The current proposal will result in **NO metric that will incentivize equitable, quality care for children with special health care needs** - in the very program **meant to ensure these children's needs are met**.
- The upstream measures proposed, although critical in addressing some of the historical inequities and social challenges faced, **do not contain metrics focused on children with disabilities**.
 - The **etiology of disabilities within children is different than adults, in that a majority are not caused by lifestyle or life circumstances that could be addressed by upstream efforts**.

The current proposal calls for "downstream metrics" **to ONLY be chosen** from the CMS Core Sets. In the set,

- There are **NO metrics for children and youth with special health care needs**.
- There are **NO metrics focused on care coordination & complex health management**.
- The metrics included **focused on behavioral health do not measure integrated behavioral health or dyadic behavioral health**.

The metrics program must be designed in a way that ensures equitable access to and high-quality care for children and youth with special health care needs, and therefore we strongly recommend reconsideration of the waiver language related to the **downstream metrics**.