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May 6, 2019

TO: Co-Chair Beyer, Co-Chair Nosse, and Members of the Joint Committee on Ways and Means Subcommittee on Human Services
FROM: Patrick Allen, Director, Oregon Health Authority
SUBJECT: May 2, 2019, Committee Questions

Dear Co-Chair Beyer, Co-Chair Nosse, and Members of the Joint Committee,

Thank you for the opportunity to present before the Joint Committee on Ways and Means Subcommittee on Human Services on May 2, 2019, regarding public. Please find below responses to questions raised during that presentation. Please do not hesitate to contact me or my office if you have further questions.

1. **Representative Hayden asked for more information about a study on health disparities in Emergency Medical Services (EMS) medication, in particular about the cause of any differences in administering pain medication.**

   The study in question explored racial disparities in whether or not a patient received pain medication during an EMS call. Previous studies had reported that African American patients were significantly less likely to receive paid medication than White patients, after controlling for pain as a documented symptom; however, they did not control for socioeconomic status, leaving it unclear whether the disparities were associated with race or economics.

   This study controlled for many factors, including pain scores, socioeconomic status, and insurance status. Using Oregon data from 63 reporting EMS agencies, it found that the "primary predictor value was patient race/ethnicity" and that "Black patients suffer the most severe treatment disparity and were 40% less likely to receive any pain medication compared to White patients when controlling for pain severity, primary impressions, patient gender, anatomical location of the complaint, age of the patient, and the insurance status of the patient."

   The study does not discuss whether or not pain medications were requested or refused by the patient.

   The study can be found at: http://opb-imgserve-production.s3-website-us-west-2.amazonaws.com/original/oha_ems_pain_study_full_053118_1544116167731.pdf

   A news story about the study can be found at: https://www.npr.org/sections/health-shots/2019/01/03/676039371/emergency-medical-responders-confront-racial-bias

2. **Representative Schouten asked, regarding rare diseases and newborn screening, is there an opportunity for coordinating with 211info?**

The Northwest Regional Newborn Bloodspot Screening (NWRNBS) Program is not connected with 211info. Currently, the public can get information about the NWRNBS Program and newborn screening through our website (https://www.oregon.gov/oha/PH/LaboratoryServices/NewbornScreening/Pages/index.aspx), by contacting the NWRNBS Program, or from medical providers. General information about newborn screening and screened disorders can be found on public websites; links to some of these are provided on our website. However, the NWRNBS Program does not supply medical advice; we refer people to the appropriate medical providers. We would be happy to provide resources about newborn screening to 211info if desired.

3. **Several members asked for more background about universally-offered home visiting.**

   Oregon's current home visiting system has several evidence-based and evidence-informed home visiting programs. These programs are effective at improving outcomes for the families they serve; however, they are eligibility-based and not designed to reach all families. This makes it difficult to move the needle on population-level indicators such as rates of low birth weight or post-partum depression.

   The evidence-based Family Connects model has shown that families receiving home visits have:
   - More connections to community resources at 6 months
   - More positive parenting behaviors with their infant (e.g., nurturing touch, reading) at 6 months
   - 28% less clinical anxiety reported by mothers at 6 months
   - Higher quality home environments (e.g., safety, books, toys, and learning materials) at 6 months

   Evaluation of Family Connects has also shown reduced Emergency Medical Care (hospital overnights, emergency department and emergency doctor visits) for infants at 6 months, 12 months, and 24 months. The Family Connects Model estimates that for every dollar invested in the program, there is a $3.17 savings, primarily from reduced infant emergency medical care. Universal home visiting is voluntary, and all families would be offered this service. Evidence shows about 70% of families choose to participate.

   The federal Department of Health and Human Services/Administration for Children and Families has designated Family Connects as a home visiting model that met criteria of evidence for effectiveness (Home Visiting Evidence of Effectiveness standard). Only 18 models nationally hold this distinction. Details on this can be found at: https://homvee.acf.hhs.gov/HRSA/11/Models_Eligible_MIECHV_Grantees/69/

4. **Representative Hayden asked, is it legally possible for the State of Oregon to enter into a public-private partnership to manufacture pharmaceuticals?**

   This will take some time to research. We will send an answer as soon as we can.

Again, please contact me or my office if you have any further questions. Thank you.