March 22, 2023

To:
Co-Chair Sen. WInsvey Campos
Co-Chair Rep. Andrea Valderrama
Joint Committee on Ways and Means on Human Services

Doernbecher
Children's Hospital

School of Medicine
Division of General Pediatrics

Benjamin Hoffman MD, FAAP
CPST-I

Professor of Pediatrics
Vice-Chair for Community Health and Advocacy
Director, Oregon Center for Children and Youth with Special Health Needs
Medical Director, Tom Sargent Safety Center

Mail code: CDRCP
707 SW Gaines Street
Portland, OR 97239-2998
hoffmanb@ohsu.edu
tel 503 494-6513
fax 503 494-1542
www.ohsu.edu

I am a Professor of Pediatrics at OHSU Doernbecher Children's Hospital, and I am writing to ask for your support of the Policy Option Package (POP) 442 on behalf of OHSU, Doernbecher Children's Hospital and the Oregon Cetner for Children and Youth with Special Health Needs. POP 442 would establish an Office of Child Health within the Oregon Health Authority, and I cannot emphasize how important this will be for the health and well-being of Oregon children and youth.

I serve as the Director of the Oregon Center for Children and Youth with Special Health Needs (OCCYSHN), which is our state's Title V public health agency for that population. We partner seamlessly with our colleagues in Maternal and Child Health (MCH) at OHA to fulfill the Title V mission in Oregon. In each state, it is required for Title V to have a Memorandum of Understanding with their corresponding Medicaid program for the purposes of coordination, cooperation and mutual advancement of the health of the kids and families.

Over the last several years, OCCYSHN, OHA MCH and Medicaid have worked to address a number of issues, including the issue of Early Periodic Screening, Diagnosis, and Treatment (EPSDT). Nationally, EPSDT serves as the safety net for child health, ensuring that children cannot be denied essential health services out of hand. As you know, Oregon has had a waiver of EPSDT for a number of years, conspicuously being the only state where care could be categorically denied to a child covered by Medicaid.

In order to implement the EPSDT waiver, Oregon created the Health Evidence Review Commission (HERC) in 2011 to :

- Develop and maintain a list of health services ranked by priority, from the most important to the least important,

representing the comparative benefits of each service to the population to be served
- Develop or identify and shall disseminate evidence-based health care guidelines for use by providers, consumers and purchasers of health care in Oregon
- Conduct comparative effectiveness research of health technologies

The resulting Prioritized List of Health Services included many conditions and diagnoses that uniquely impacted children, and those that fell below the funded line of the Prioritized List were denied out of hand by Medicaid. As a pediatrician, my colleagues across the state and I have struggled to care for children whose needs we have not been able to address due to the waiver of EPSDT.

Those struggles led to me, personally, reaching out to HERC leadership to address many of the pediatric-specific conditions whose treatment was precluded by their position on the prioritized list. In 2022, I was appointed as a HERC Commissioner to bring the child health voice to the commission's work.

As the OHA team was developing the Medicaid 1115 Waiver application for 2022, there was no specific child-health-focused entity within their structure. Due to our existing relationship and the above mentioned MOU, the Title V MCH/OCCYSHN team became the de facto child health advisory team. As we worked together to create what became a visionary proposal, I vividly remember a conversation about the value of our ability to work specifically on the needs of children and youth, and a comment about how there had been an assumption that everyone in OHA would focus on the needs of kids. As a result of this blanket assumption, what happened in practice was that no one focused on kids.

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As you know, the waiver proposal that was submitted was groundbreaking in many ways, and its approval by the Centers for Medicare and Medicaid Services (CMS) has meant that Oregon continues to be a national leader in ensuring the health of our children, families and communities. Among our successes were the reinstatement of EPSDT, the establishment of 6 year continuous Medicaid eligibility for young children and 2 years for others, extension of coverage for young adults with special health care needs up to 26 years, and authorization to use Medicaid funds to help address social impactors of health, including housing, among many others. While we all should celebrate this success, we must acknowledge that much of it can be attributed to the presence of a dedicated child health advocacy voice at the table.

Just over 20% of Oregon's population is < 18 years of age, and as you know they fundamentally lack the agency and political power necessary to advocate for themselves. Children and youth comprise over 40% of Medicaid enrollees in our state, and we must ensure that there is a strong and consistent child health voice in OHA. We can no longer assume that everyone will focus on kids. Our experience has taught us differently, and demonstrated the crucial value that will be delivered by a dedicated child health team.

Child health requires population and community specific data, and the integration of the many sectors that support children and families, from health care, to public health, education, child welfare, and many others. Ensuring that we have the right data, and leading to crucial cross-sector work will be another crucial role of an OHA Office of Child Health. Without it, we are putting kids, families and communities at risk.

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As a pediatrician, I live the impacts of the behavioral health crisis every single day. We are being deluged with kids in crisis, with limited resources and an inadequate workforce to address the overwhelming need. The behavioral health crisis among kids manifests very differently than it does in the adult population, and pediatricians are shouldering a heavy burden. While programs like the Oregon Pediatric Advice Line for Kids (OPAL-K) help us provide critical front line care, we need so much more help. An Office of Child Health can help keep the focus on the unique behavioral health needs of kids across the age continuum and provide crucial support in bridging the disparate but related systems that support our children and youth. This includes health care, public health, child care, education, child welfare and many others. I feel that part of our current quandary exists due to the absence of that central, explicit, focus on children. We applaud our Governor's prioritization of mental health, indeed we could not be more enthusiastic to support the work necessary to see her vision come to fruition. We feel strongly that an Office of Child Health will greatly facilitate the process, and ensure that children's unique conditions and needs are specifically addressed.

Those of us on the front lines also continually bear witness to the tragic impacts of social factors on child health, including houselessness. The visible impacts of the homeless crisis are seen on our streets every day, and we are delighted that Governor Kotek has been such a strong and visionary leader in working to address and end the crisis. We also know that houseless children are different, and remain often invisible to the system. Most houseless families do not end up in tents or camps on the street, and they are not included in the federal data counts from the Department of Housing and Urban Development. An Office of Child Health can help ensure the unique needs of houseless children and families are addressed, allowing Governor Kotek's vision to be realized across all of our communities.

We also must acknowledge that this is unequivocally an issue of equity and disparity. Kids from minoritized and marginalized communities are not only disproportionately impacted by social determinants of health and adverse childhood events which lead to

worse health outcomes, they are represent almost 40% of non-elderly Medicaid enrolees in Oregon. The absence of a specific child focus within OHA and Medicaid puts at real risk of exacerbating some of the already existing disparities.

I cannot overstate the importance of POP 442 in ensuring optimal health and well-being for Oregon's children. I join together with my undersigned colleague in asking for your support. We look forward to working together to achieve our mutual vision.

Sincerely,

Benjamin Hoffman MD, FAAP, CPST-I
Professor of Pediatrics
Vice Chair, Advocacy
President-Elect, American Academy of Pediatrics

Dana A. Braner, MD, FAAP, FCCM
Credit Unions for Kids Chair
Professor and Chair, Department of Pediatrics
Physician in Chief, OHSU Doernbecher Children's Hospital

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