

**House Health Committee Hearing Remarks**  
**In support of HB2234**  
**Feb. 6, 2015**

**Submitted by Barbara Peschiera, executive director, Children's Center**

My name is Barbara Peschiera and I have been honored to work as executive director of Children's Center since 2012. First, I want to thank each of you for the work you do to establish Oregon as a great state, a healthy state and a state that is great place to be a kid.

Children's Center is the child abuse intervention center serving Clackamas County. We are one of 21 centers across Oregon. We are an independent non-profit organization that was formed in 2002 and we have helped nearly 4,000 kids and families since that time.

We are a member of the Oregon Network of Child Abuse Intervention Centers, which also is a 501(c)3 organization and has proposed the legislation you have before you today. The Network is an accredited member of the National Children's Alliance, which represents child abuse centers across the country.

Oregon is fortunate to have a network of strong intervention centers. While most are free-standing nonprofit organizations, others are based at hospitals and others are based out of District Attorney Offices. Some serve single counties and others serve multiple counties, but the child abuse intervention response is available statewide.

When you have visited one intervention center, you have visited one intervention center because there are variations across them. What we have in common is a goal is to serve children with a safe and child-friendly environment to assess their health and to help them provide information for investigators. Law enforcement and child protective investigators participate in the assessment to minimize the number of times a child has to share the details of the abuse.

Most of our centers follow a "medical model," which means that we provide children who are suspected victims of abuse with a head-to-toes medical exam, a recorded forensic interview and support services to help our families heal after the appointment. We serve as specialized pediatric clinics. Most of our centers respond to all forms of abuse and neglect—sexual, physical, emotional—including young victims of sex trafficking. Oregon has more medical models than most states partly because of Oregon's unique Karly's Law that the Legislature passed in 2008 to create a timely and standard response to cases of suspected physical abuse.

Children's Center, like the others across the state, is financially fragile. We are grateful for the Child Abuse Multidisciplinary Intervention funding we receive through the Criminal Fines Account. Several centers receive local funding. But we rely heavily on the generous donations from individuals, foundations and businesses across the state to support this publicly mandated, essential service.

At Children's Center, we started several years ago to dive into the intricacies of medical billing, which amounted to 11% of our overall revenue. We were challenged to find billing codes that adequately reflect the complexity of a child abuse assessment. We use the same "office visit" code for a two-hour exam that general pediatricians use for standard well-check visits. The codes place no value on the forensic interview, which directly informs the diagnosis our pediatrician and nurse practitioners make. We could not bill for family support because it was provided to caregivers, not

to the child directly. We could not bill for the complex intake procedures that involve collecting a child's past medical records, DHS and law enforcement reports, therapy notes and coordinating with the multiple partners who participate.

Centers across the state face the same challenges. The reimbursement is especially low for children covered by Medicaid payers, which account for 76% of our patients statewide. We recoup an average of 22% of the amount that we bill to Medicaid payers. We recoup closer to 60% on claims we file with commercial carriers.

At Children's Center, we were able to have conversations about the long-term benefits and value of child abuse assessments and the fact that the reimbursement system is out of whack. We were able to negotiate an "alternative fee structure" for patients covered by CareOregon that pays us a flat fee per patient that is closer to 40% of our costs than the 22% received prior. We were then able to establish similar arrangements with Family Care and with Providence's Medicaid plan.

Children's Center may have moved closer to a sustainable solution, but it is only partial:

1. The flat rate is still well below the value of the assessment.
2. We still have other Medicaid and commercial carriers to negotiate with, which takes hours and months.
3. Statewide, we are faced with the directors of 21 centers needing to negotiate with each of their insurance providers in hopes of achieving sustainability but working in a vacuum of the activities in other areas of Oregon.

House Bill 2234 is a SMART solution that will provide stability across a critical public health system. It removes the patchwork nature of alternative fee agreements. It boosts the centers' ability to see every child who needs our services and to meet the public mandate we were created to fill. It will provide stability to financially fragile centers that exist in a changing environment. It will save lives.

It will rebalance a reimbursement system that is currently out of whack.

Thank you for your time today and for the opportunity to speak. I'm happy to answer questions you may have. I am submitting my full testimony for the record with my contact information. On behalf of the more than 6,000 children served across Oregon each year, I encourage you to support HB2234.

Thank you!

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