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February 5, 2015

Rep. Mitch Greenlick, Chair  
House Health Care Committee  
Oregon Legislative Assembly  
900 Court Street NE  
Salem, OR 97301

RE: HB 2234 – Public Hearing February 6, 2015 at 1:00 pm

Dear Representative Greenlick and Members of the House Health Care Committee:

I submit this testimony from my perspective as the Chief Executive Officer of Liberty House and in my role as an Executive Committee member of the Oregon Network of Child Abuse and Intervention Centers (ONCAIC). This network includes 21 community-based child abuse assessment and intervention centers. We provide neutral and objective services and play an integral role in furtherance of ORS 418.747 (County multidisciplinary teams for child abuse investigation) and ORS 419B.022-024 (Karly's Law). Across the state these centers serve over 6,000 children each year.

**I respectfully request you give favorable consideration to HB 2234.** Amended language has been submitted. As amended, HB 2234 will require the Oregon Health Authority and private insurers to **ensure the costs of child abuse assessments, including but not limited to medical assessments and forensic interviews, provided by child abuse assessment centers be billable and reimbursable through specific, dedicated billing codes or alternative mechanisms for services provided to children eligible for the medical assistance program or covered under private insurance policies.**

**This bill is necessary to improve funding for critically important services.** Codes exist and are billable in Oregon for the medical exams, but not for the forensic interviews. Problematically, reimbursement rates for the medical exams are unsustainably low.

**Explanation:**

Child abuse assessment and intervention centers provide and coordinate forensic interviews, medical assessments, and family support for non-offending caregivers. Many centers also provide mental health services. The assessments are highly specialized services subject to statewide forensic interviewing guidelines ([http://www.doj.state.or.us/victims/pdf/oregon\\_interviewing\\_guidelines.pdf](http://www.doj.state.or.us/victims/pdf/oregon_interviewing_guidelines.pdf)) and medical guidelines (<http://www.doj.state.or.us/victims/pdf/ormedicalguidelines.pdf>). Extensive training is required for practitioners. In contrast to shorter, routine well-child checkups, these appointments can range from one to four or more hours depending on the complexity of the case. Many, if not most, of the children

referred for these services have experienced multiple traumatic events. The combination of long appointments and the need for a team highly-trained providers means that the cost of providing services is higher than routine medical care. **However, the investment in these services yields a measureable return because stopping the abuse and helping the child on the path to recovery is likely to reduce the severity (and cost) of long-term negative physical and emotional consequences of abuse.**

Child abuse assessment centers provide safe, comfortable, child-friendly environments. Appointments proceed at the child's pace and with the child involved in decision-making. This research-based model provides three critical outcomes:

1. Coordination of services in an environment designed for children reduces trauma to children and their families;
2. The reports developed by the multidisciplinary teams may be used by law enforcement and the District Attorney to stop the abuse and hold offenders accountable, and by the Department of Human Services to develop safety plans; and
3. The intervention assists in identifying necessary follow-up services for the child and the family in order to help the child on the path to recovery; necessary critical mental health and other support.

**The Need:**

Three major developments drive the need for improved reimbursement:

1. Over the last eight years, the proportion of children referred for services who are Medicaid-eligible has increased from an average of 34% to an average of 75% in 2014.
2. During the same time period, reimbursement for Medicaid has dropped to an average of 24%.
3. The scale of need is rising; many district attorneys, law enforcement and DHS professionals report being inundated with cases.

I don't want to sugar-coat the severity of abuse we are seeing on the front lines. At my center alone, we are seeing infants and toddlers who have suffered unthinkable beating, children who have been forcibly sexually assaulted, and increasing numbers of young children forced to watch adult material (conveniently available on tablets) and perform adult acts on perpetrators much larger and stronger.

These children are little. They can't defend themselves. They tell us they can't get the images out of their little minds. I believe the onslaught of abuse will, if unchecked, undermine all that the State of Oregon is trying to accomplish with its Early Learning and other educational objectives. **Your favorable consideration of HB 2234 as amended will improve resources for these critical services and help us help these children.**

Respectfully submitted,

  
Alison S. Kelley, JD