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May 3, 2017

Dear Representative Greenlick:

I am writing in support of Bill 2122. Thank you for introducing it. As a taxpayer, I am appalled by the profit-taking from OHP by the Agate Board, with the sale of Trillium to Centene, and by similar profiteering off of Medicaid around the state. As a Developmental and Behavioral Pediatrician, I have seen first-hand the consequences that this emphasis on profit has had for children with special healthcare needs and their families in Oregon:

- Refusal to cover helmets for children with skull deformation doesn't save the state any money—it just kicks the costs down the road a few years, when the child will need expensive, painful, and potentially risky surgery rather than the much less invasive approach of helmet therapy. But our current CCO system doesn't incentivize saving taxpayer dollars; it incentivizes reaping maximum profits over a few years, even at the expense of higher costs later.
- Refusal to cover orthotics for children with joint contractures, again, doesn't save money—actually it will cost more money in the long run, for the expensive and painful surgery later that could have been prevented by covering the orthotics today.
- Refusal to cover wheelchairs for many children who need them (to improve postural control, which can prevent hospitalization for aspiration pneumonia, invasive surgery for scoliosis, and to improve community inclusion by improving mobility), is short-sighted, as it will lead to higher costs later. Also, it's cruel.
- Refusal to cover Psychology services, such as cognitive assessments, causing delays in diagnosis—again, doesn't save money—will actually cost more in the long run, by deferring prompt diagnosis.
- Refusal to cover Dietician services—again, saving money now, only to cost us more later, in failing to prevent co-morbid conditions of over- or under-weight.
- Under-reimbursement of our therapy services compared to other CCOs in the state which are not for-profit.
- Under-reimbursement of our Psychology services compared to other agencies contracted with Trillium (it is interesting to note that some of these agencies which receive better reimbursement rates have or have had relationships with some of the Agate board.)
- Non-reimbursement of myriad care coordination services which we provide daily to Trillium members.

I have provided thousands of valuable services to thousands of Trillium members over the last decade. For that effort, CDRC/OHSU has been reimbursed less than was paid out to individual shareholders who provided no benefit whatsoever to Trillium members in exchange for the cash they received. So, thank you, Representative Greenlick, for introducing HB 2122. Hopefully some sanity will prevail in our state healthcare policy.

Sincerely,

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