

My name is Edward Boyle, MD. I am a physician in Bend, Oregon specializing in the care of patients with vein disorders.. I am submitting written testimony in support of SB 457. I have advocated for patients covered by the Oregon Health Plan to have better health coverage for serious vein conditions. I met with and submitted testimony to the Health Evidence Review Commission (HERC) because health coverage through the Oregon Health Plan is extremely limited compared to the coverage provided by Medicare and other state Medicaid programs. Although I was thankful the commission heard our input, I was frustrated by the process as in the end it did not seem to me the strong published scientific evidence was adequately considered. As an example, venous insufficiency is a condition that affects millions of Americans. It can impact any age group, but many patients are in their 30s, 40s and 50s and in Oregon, many are covered by the Oregon Health Plan. This condition can leave patients with severe leg swelling, leg pain and skin breakdown by the ankles. This can impact patients ability to work and be healthy. When medically necessary, treatment is covered by nearly all private health plans, Medicare as well as by other national health care systems like the National Health System in the UK. These treatments are also covered by nearly all Medicaid programs including most Western states like Washington, California, etc. Oregon, however, has consistently had very limited coverage with a focus only on coverage for the latest stages of the disease. There is ample published Level I, Class A evidence to support earlier treatment before the end stage sets in. We submitted all this evidence to the HERC and little changed. It left me confused how they could look at the same evidence as all these other states Medicaid programs and Medicare and not come to the same evidenced based conclusion. I understand states may elect not to cover certain diseases for fiscal reasons. But making a determination on fiscal grounds should be very different than evaluating evidence on scientific grounds. My advice would be to require the HERC to consider the coverage decisions by Medicare, the private payers and other state Medicare programs. If they are going to take a contrary coverage position compared to the other state Medicaid programs and Medicare they should be required to justify that decision in an evidenced based fashion. Thank you for considering my input. With reforms in this system, my hope is the comparatively poor Medicaid coverage for out state's most vulnerable populations may evolve toward to the treatments with the most evidence of long term health care benefit.