



To: Senate Committee on Health Care
From: Alicia Temple, Deputy Director, Coalition of Community Health Clinics
Date: May 10, 2017
Re: Testimony in Support of HB 2838A

Central City
Concern/
Old Town Clinic

Children's
Community Clinic

Health Centers of
University of
Western States

Mercy & Wisdom
Community Health
Clinic

NARA Indian
Health Clinic

National University
of Natural Medicine
Community Clinics

Neighborhood
Health Center

North by Northeast
Community Health
Center

OHSU Family
Medicine at
Richmond

Oregon College of
Oriental Medicine

Outside In

PACS Family
Health Clinic

Rosewood Family
Health Center

SW Community
Health Center

The Wallace
Medical Concern

Chair Monnes Anderson and members of the Senate Committee on Health Care:

On behalf of the Coalition of Community Health Clinics (CCHC), I am here to request your support for HB 2838A.

CCHC is made up of 15 clinics in 40 locations across the tri-county area. Our mission is to improve healthcare for vulnerable populations. We achieve this by strengthening community health clinics, promoting health equity, and fostering collaboration across the safety-net delivery system. Our clinics provide high quality, culturally appropriate healthcare to low-income children and adults who are uninsured, on OHP or under-insured. This past fiscal year member clinics saw over 54,000 patients and had over 280,000 visits. Of those patients, 93% had incomes below 200% of the federal poverty level, 51% of patients are covered by OHP, and another 24% are uninsured.

CCHC has been partnering with the state to provide OHP enrollment services since 2013. When we started it was through Cover Oregon and now we're helping the community using the ONE system. Our assisters have adapted to all the changes that have occurred—and there have been many. They are continually trained on new best practices, technology, call center procedures and everything else involved in applying.

OHA has a great team of people who are dedicated to making enrollment work as efficiently as possible and I'm continually impressed by their persistence and commitment to solving problems in order to make sure people who are eligible get enrolled. But the reality is there are still a lot of issues with the system. Community partners are an integral part of making the enrollment system work—we are the boots on the ground that talk clients through their confusion, we hear their frustration, and we see them year after year as they struggle with the renewal process.

In theory, the need for enrollment assisters would decrease over time but our experience tells us that isn't the case. OHP enrollment numbers are down and we know that people are struggling with renewals. As the National conversations about health care and eligibility continue, our communities are hearing competing messages about what options they have. Community partners are who they turn to when they want to know if they can still go to the doctor or if Medicaid still exists. We have worked hard to establish trusting relationships with our community over the last four years and the insufficient funding for enrollment undermines both our work and OHAs. Unstable funding and changing community partners creates unnecessary instability in an already confusing system.

We know that funding is limited and that OHA has to make tough decisions about how to allocate enrollment dollars all around the state. HB 2838A is a common sense solution. More funding for enrollment would ensure that no one falls through the cracks, it would improve the stability of the enrollment system and it would allow for consistency in the relationships that OHP members have built with community partners.