



Testimony Narrative

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Relating to Traditional Health Workers (HB 2304)

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Good afternoon, Chair Greenlick and members of the committee. I am Nicole Corbin, the Adult Behavioral Health Services Manager for the Health Systems Division of the Oregon Health Authority. Thank you for the opportunity to testify in support of HB 2304.

Just to give you a little historical context, in 2013, HB 3407 established the Traditional Health Worker Commission to provide a registry of “Traditional Health Workers” in order to allow their services to be reimbursed by Medicaid. At that time, it was believed that Peer Wellness Specialists were the same as Peer Support Specialists. This is not the case.

When the Traditional Health Worker Commission developed rules, policies, and procedures, “Peer Support Specialist” was included. Since then, specialties have developed within the profession. This bill acknowledges those specialties and takes definitions now in rule and adds them to statute. Both the Traditional Health Worker Commission, through the Office on Equity and Inclusion, and Medicaid identified the need to name Traditional Health Worker types in statute.

Please note that Medicaid already includes “Peer Support Specialist” as a payable service provider, as do the Joint Center for Medicaid and CHIP Services (CMCS) and Substance Abuse and Mental Health Services Administration (SAMHSA).

What this legislation does: HB 2304 adds Peer Support Specialist to the list of Traditional Health Workers originally named in 2013 legislation. For clarity, it also identifies Family Support Specialist and Youth Support Specialist as worker specializations of both Peer Support Specialist and Peer Wellness Specialist. This

- Provides statutory authority to the rules promulgated by the Oregon Health Authority through the Office of Equity and Inclusion (Traditional Health Worker Commission) and Integrated Health Systems (Medicaid).
- Updates the definition of the worker types to reflect the best practice and registry requirements set by OHA through the Traditional Health Worker Commission and Medicaid.

What this legislation does not do: This legislation causes

- No increase to Medicaid costs since the worker types are already providing services through CCO payments and Medicaid reimbursements.
- No change to criminal background checks for these worker types (still requires the same level).
- No change to the current policies and procedures of Medicaid and Traditional Health Worker Commission.

OHA supports this bill and hopes you will as well. Thank you.