

Memorandum

To: Chair Bynum, Vice-Chairs Power and Noble and Members of the House Committee on Judiciary

From: Marty Carty, Government Affairs Director, Oregon Primary Care Association

Date: March 11, 2021

Re: HB 2200

On behalf of the Oregon Primary Care Association (OPCA), we write to express support for HB 2200 and believe the bill does not go far enough to ensure continuity of care.

OPCA is a non-profit organization, with a mission to support Oregon's 34 community health centers, also known as federally qualified health centers, in leading the transformation of primary care to achieve health equity for all. Community health centers deliver integrated medical, dental, and behavioral health services to **466,000—or one in 10—Oregonians**, many of whom otherwise would not be able to see a medical provider. Community health centers are providers within the CCO networks, providing care to some of Oregon's most vulnerable populations, including **one in four Oregon Health Plan members**.

In addition to providing high-quality integrated medical, dental and behavioral health care, community health centers are committed to understanding the circumstances of their patients' lives and addressing those. Continuity of care is a critical component influencing the **Triple Aim** of better health, better care and lower costs. The Oregon Legislature established the Patient-Centered Primary Care Home (PCPCH) Program in 2009 through passage of HB 2009. One of the stated goals of that program was to encourage Oregonians to seek care through recognized Patient-Centered Primary Care Homes. For many Oregonians, community health centers are their primary care home where they receive high-quality patient-centered care. Disconnecting patients from their primary care home only leads to poor health outcomes and increased costs to the health care system.

Health outcomes are dependent on patients' ability to access the tools and resources tailored to their unique health conditions by their provider. When a patient is detained and unable to maintain their care plan because the tools or services are not available, that can create a significant disruption in patients' ability to achieve their best health. For example, in many county detention facilities there is a limited prescription list. This means if someone has an active prescription when they are detained that is not on a pre-set list, the in-house provider will change their prescription to "similar" medication. This can result in negative impacts on people and is not patient-centered. This can be most damaging for people who are detained for 3-12mo.

We think while the bill is a good start, it should also require facilities to connect people back to their provider. HB 2200 creates a warm hand-off into detention, and it is just as important (if not more so) to have a warm hand-off back into the community. And if someone does not have a provider, the facility should connect those people to care through OHP or a CCO to set up their first appointment when coming home. Furthermore, our system distinguishes behavioral health and specialty care as separate from primary care. Yet those are critical components of patients' overall health. HB 2200 should not be limited to primary care but instead should include behavioral health or other specialists to ensure continuity of care as identified by the patient is maintained.

Thank you for the opportunity to share our support for HB 2200 and for considering our suggestions to ensure all Oregonians are able to maintain their best health.