



Cascadia Behavioral  
Healthcare

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

Old Town Clinic,  
Central City Concern/

Oregon College of  
Oriental Medicine

Outside In

PACS Family Health  
Clinic

Planned Parenthood  
Columbia Willamette

Prism Health

Rosewood Family  
Health Center

Wallace

To: Oregon House Committee on Health Care  
Re: House Bill 2508, relating to telemedicine  
Date: February 3, 2021

Dear Chair Prusak, Vice-Chairs Salinas and Hayden, and Members of the House Committee on Health Care,

The Coalition of Community Health Clinics (CCHC) is a partnership of 17 safety-net clinics in the Portland metro region that provide a range of health and preventive services for low-income, houseless, uninsured, and under-served community members.

Our member clinics include Federally Qualified Health Centers, Community Sponsored Clinics, and teaching colleges/universities that together serve 72,000 patients annually including people experiencing homelessness, Black, Indigenous, and People of Culture (BIPOC), immigrants, LGBTQ+, and people with disabilities. Ninety percent of our clinics' patients are at or below 200% of poverty, and 80% are insured through the Oregon Health Plan.

### **Value of Telehealth Appointments**

Community health clinics rapidly deployed telehealth systems last year to facilitate continuity of care for patients as the state largely shut down due to the COVID-19 pandemic. Clinics undertook this challenge at significant cost so patients could continue receiving medical care, and it has already become an essential tool in patient care.

Telehealth has proven an important and effective way to conduct many patient appointments, with significant benefits. Telehealth allows patients to hold meetings with their health care providers without the time and cost of traveling to appointments. It also allows insight into and better support for patients in their home environment. Clinics have also reported that telehealth has resulted in fewer missed appointments and more frequent engagement in services, both in primary and behavioral health. It also reduces the risk of COVID or other infections, both in clinic offices and on public transportation.

### **Importance of Telephone Appointments**

Telephone-only appointments have been an essential tool in telehealth, particularly for our very low income, houseless, and elderly patients who are not able to utilize video technology. Many of these patients do not have video technology or reliable

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Internet service, and many lack digital literacy, making telephone appointments a necessary tool to provide appointment parity for these patients. In addition, some patients, particularly in behavioral health and substance abuse, are uncomfortable on video and prefer telephone-only appointments.

Low income and patients experiencing homelessness are disproportionately BIPOC, making parity for telephone appointments a critical factor of racial equity. African Americans make up just 2% of the population in Oregon, but 6% of the houseless population; Native Americans make up 1.1% of the total population and 4.2% of the houseless population. In Multnomah County, for example, 48% of people who are unsheltered are BIPOC while making up only 30% of the population, and nearly three out of four people experiencing homelessness are people with disabilities.

To allow our clinics to be able to continue to serve all of our patients, we strongly support reimbursing telemedicine, including telephone visits, at the same rate as face-to-face encounters.

Sincerely,

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