

Memorandum

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

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

Date: February 2, 2022

Re: Support for HB 4083-2

On behalf of the Oregon Primary Care Association (OPCA), we write to express our support for HB 4083.

OPCA is a non-profit organization, with a mission to support Oregon's 34 community health centers, also known as federally qualified health centers (FQHCs), 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 six Oregon Health Plan members**.

Oregon's community health centers through their hallmark model of integrated care know that improving access to health care is one of the best instruments we have available to achieve more equitable health outcomes while at the same time increasing efficiency and decreasing overall costs to the health care delivery system. Health centers have been found to be effective in terms of cost and quality due to their community accessibility and ability to furnish timely and high-quality comprehensive integrated health care services in a culturally responsive manner.

Health centers have been repeatedly recognized for their capacity to serve as medical homes to diverse populations, particularly for patients with serious and long-term chronic conditions that can be effectively managed in community settings. Oregon is known as a leader in health care innovation and its Patient-Centered Primary Care Home model is one example of that. If we are serious about the Triple Aim of better health, better care and lower costs we must shift away from paying for sick care to a team-based approach focused on prevention. HB 4083 is a logical step in the state's effort to achieve universal access to an adequate level of high-quality health care at an affordable cost through the following:

- Eliminating insurance barriers to well visits by requiring insurers to provide reimbursement for at least three primary care or mental health visits annually, for which patients will not be required to pay coinsurance, or deductibles. A primary care medical home is key to a patient's engagement in their health. Providers know their patients and work with them to improve their health over time ensuring patients get the care, information, and services they need to stay healthy. Health centers and care teams take responsibility for their community and provide quality care.
- Requiring insurers to assign a beneficiary to a primary care provider if they haven't selected one by the 90th day of the plan year. Having a primary care provider who can follow a patient over time is an important element in patients achieving their health goals. In addition, allowing patients to change their primary care provider at any time will allow patients to access care where, when, and with whom they feel most comfortable.
- Prohibiting insurers from excluding coverage for a behavioral health service or a physical health service on the basis that the behavioral health service and physical health service were provided on the same day or in the same facility. Health centers offer integrated behavioral health as an element of primary care. We know that behavioral health is as much a part of a person's overall wellness as their physical health. The ability to receive services when needed as identified by a patient's provider is critical. Patients experience many barriers to

accessing care including transportation and childcare. Requiring a patient to return to a provider's office to receive identified necessary care only increases barriers to achieving the Triple Aim.

- Prohibiting prior authorization for specialty behavioral health services provided by the patient centered primary care home. Removing prior authorizations when seeing providers within the same clinic will help patients access the service at the time it is needed within the medical home. Integrated care models result in less fragmented care, better outcomes, and substantial cost savings to the health care delivery system and other enabling services.

Thank you for the opportunity express our support for HB 4083. We believe that expanding access to health care for all Oregonians is one of the keys to transforming health care in Oregon.