

Memorandum

To: Chair Holvey, Vice-Chair Grayber, Vice-Chair Bonham, and Members of the House Committee on Business and Labor

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

Date: February 7, 2022

Re: HB 4126

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 Oregonians of which 40% identify as a racial or ethnic minority**. 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**.

We come before you today to express our concern about House Bill 4126. We understand this bill to be an effort to build more harmonious relationships between behavioral health providers and labor union partners. We believe this to be a critical endeavor and one in which we plan to participate. And, I will note that nearly half of our member organizations have current labor agreements. Our concern is not about deterring union organization, this is about ensuring that there aren't any unintended consequences to this dramatic shift in how those agreements come about at a statewide level.

We believe all good labor agreements are the result of a comprehensive review by each party and a robust negotiation. We have not yet had that opportunity. We did not have access to this concept prior to its public introduction and are still attempting to interpret the provisions and their potential impacts to our health center members that are organized and those that are not.

The bill broadly defines behavioral health provider as a "private, community-based organization that provides behavioral health or addiction treatment or services" We understand this definition to include all healthcare providers who co-locate behavioral health services, including Federally Qualified Health Centers.

While this definition is broad the focus on behavioral health appears arbitrary. Why specifically behavioral health? This is one of the few sectors that is predominantly nonprofit and predominantly dependent on rates from the state, meaning compensation to the workforce is often reliant on action at the state level, not the provider level.

We hope the introduction of this measure is the beginning of a robust dialogue about labor harmony, the use of public funds in union busting, and addressing the very real concerns of our overtaxed behavioral health workforce. We would simply ask that this conversation be allowed the necessary time to get it right, especially when focused on a sector as critical as behavioral health.

Thank you for your consideration. We hope for the opportunity work on this concept in the interim.