



To: Members of the Senate Committee on Human Services, Mental Health and Recovery

From: State Representative Maxine Dexter, M.D., House District 33

Date: February 17th, 2022

Subject: HB 4150

Chair Gelser Blouin, Vice Chair Robinson, and Members of the Committee,

For the record, my name is Dr. Maxine Dexter, State Representative for House District 33 encompassing NW Portland and NE Washington County on the indigenous lands of the Cowlitz, Clackamas, and Grand Ronde. Thank you for your time today.

I am grateful to share with you House Bill 4150, which sets the groundwork for bringing a statewide Community Information Exchange (CIE), to Oregonians. This bill passed unanimously out of the House Committee on Health and Human Services with a Do Pass Recommendation on February 8th, 2022, and was passed by the House on February 11th, with bipartisan support, and 38 aye votes. There is no fiscal associated with this bill. I call your attention to the remarkable support this policy has earned with 5 co-chief and 19 regular sponsors from both chambers as well as a growing list of coalition supporters who are identified in a letter we have submitted for the record to this committee. The engagement and input I have received from these partners, and colleagues from both parties has helped clarify legislative intent and will set us on a path for success.

The health of our communities depends far more on people's social determinants - their access to things like education, housing, food, and economic security than what our healthcare system provides¹. Being able to effectively, comprehensively and efficiently address these needs in our community wherever people present for assistance is core to our state's responsibility to optimally care for people. Currently, the lack of coordination between social and healthcare sectors and between state agencies results in Oregonians not getting the coordinated support they are eligible for and need to maintain their health and security. The ultimate goal is to allow

¹ Atriga, S. & Hinton, E. "Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity," from *Kaiser Family Foundation*, <https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

a clinician, social worker, or school nurse to identify a need for the person in front of them and then turn to a community information exchange to fully evaluate the services and support they are eligible for and streamline them receiving those services in a low-barrier way ².

A community information exchange, or CIE, is a secure network of healthcare, human and social service partners who are connected using a technology platform that allows authorized access to a shared resource directory. With this, providers make “closed loop” referrals to connect people to services efficiently and accountably. Use of CIEs in Oregon has largely been driven by health care transformation, with coordinated care organizations and health plans investing and participating in CIEs to assist with the coordination of care across systems. COVID-19 increased the need, and accelerated the use of CIEs throughout the state. Communities, community-based organizations, clinics, and local public health authorities have also participated.

The Health Information Technology Oversight Council, or HITOC, is an advisory body within the Oregon Health Authority (OHA) that develops statewide planning and oversees implementation of technology concerned with health information and health records. House Bill 4150 directs HITOC to convene stakeholders to study and make recommendations on a statewide community information exchange. HB 4150 lays out membership, and directs the workgroup to study how to most equitably and effectively implement a CIE that would allow participation by providers throughout the state. Establishing a statewide CIE will allow state agencies to see how effectively services are being accessed by Oregonians, increasing transparency and accountability for state investments. Development of a statewide community information exchange is a key step towards social and health equity.

This is a workgroup bill, nothing more. This will allow a thoughtful and inclusive process to move forward while making sure we take into account the legislative intent you today are helping to establish. The workgroup will deliver policy recommendations to the legislature by September 15, 2022 with a final report due by January 31, 2023. These recommendations will be instrumental in ensuring the policy I will bring forward in 2023 will be strategic, well-informed and optimally able to succeed.

Now, I want to address questions I have received from some of my thought partners on this policy:

1. Protecting the private information of Oregonians is a paramount concern and the CIE workgroup includes technology and security experts who will make sure we prioritize the very important need to have a system that is secure and confidential. The especially important need to protect the information of survivors of domestic violence is called out and will be prioritized. I will also be clear that a closed loop referral system is not a protected information-sharing platform.

² Palabindala, V., Pamarthy, A., & Jonnalagadda, N. R. (2016). Adoption of electronic health records and barriers. *Journal of community hospital internal medicine perspectives*, 6(5), 32643. <https://doi.org/10.3402/jchimp.v6.32643>

2. The members of the CIE Workgroup consist of individuals who are part of CBO's, statewide offices, medical providers, technology experts, and those versed in privacy and security. Members represent diverse backgrounds and experiences with clear intent to make sure the voices of those from protected classes are present and/or incorporated.
3. Members of our culturally and linguistically diverse communities, those who are differently abled, LGBTQIA+, our aging and houseless community members and other historically marginalized and underserved communities need to be considered when developing this policy. The workgroup is committed to this and will interview people who represent these communities to identify barriers and opportunities for their being equitably served by the CIE platform.

Colleagues, this bill is personal for me. It underlines part of why I ran for office. No matter how well I do my job as a pulmonary and critical care physician, I cannot keep my patients healthy and thriving if they are struggling to meet their social health needs. Upstream investment in their health and security is better for people, and it is better for Oregon.

The vision for a Community Information Exchange is grand, and HB 4150 allows the most informed and impacted members of our community to set out the parameters and recommendations to help us make it a reality.

I am grateful to those who are committed to this vision, and have already started the work. A statewide Community Information Exchange will revolutionize how effectively and efficiently we can care for every Oregonian. This bill will allow us to make sure we do the research and outreach that is necessary to lay the groundwork for a secure, functional and equitable CIE. I humbly request your support for HB 4150 and hope you will move it out of committee today with a *do pass* recommendation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Maxine Dexter', written in a cursive style.

Representative Maxine Dexter, M.D.
House District 33 (NW Portland and NE Washington County)