

March 22, 2023

Senate Committee on Health Care
Oregon State Legislature
900 Court St. NE
Salem, OR 97301

Dear Chair Patterson, Vice Chair Hayden, and members of the committee,

Please accept this testimony in support of SB 1074. *As a physician and founder of Curandi*, an organization working to establish more capable integrated social systems, I can attest to the importance of investing in a billing pathway for Community Health Workers who work in underserved communities.

I've cared for patients in the clinic and the hospital and was part of healthcare leadership. In addition, I served as a medical director responsible for approving tough medical delivery decisions.

Let's start with a real patient. Phillip is high cost. He is in his mid-50s and working but barely scraping by. He and his wife struggle to keep a roof over their heads, clothing for their growing children, and food on the table. Fortunately, the family has Medicaid because he has a significant heart problem that will be chronic and disabling.

We know that improving his surrounding social complexity will help him work and live longer. Further, the exact same intervention supports education outcomes, human service program outcomes, and a more resilient community. But this requires his physician to have access to a capable local social service system.

A Deloitte analysis reported last July that social factors introduce \$320 Billion in avoidable costs. They project a cost of \$1 trillion by 2040. Change is needed!

A better approach is a community-level coordination model called whole-person care. CHWs on the ground at the point of care are the eyes and ears of a more extensive interconnected system composed of multiple agencies and providers. The UCLA Center for Health Policy Research reported that California's whole-person care demonstration delivered the following results.

Whole-person care resulted in 45 fewer hospitalizations and 130 fewer ED visits per 1000 enrollees compared to similar Medi-Cal beneficiaries not enrolled in WPC.

At the same time, "substance use disorder" services grew by 56 visits, and specialty care services by 133 visits per 1000 enrollees.

We can improve care and reduce costs at the same time. This program reduced costs by \$383 per beneficiary.

This report covers 5 years, 25 counties, and 248,000 unique patients. We can do the same --- and more.

The missing piece in Oregon is the reimbursement of CHWs for non-medical work in support of health outcomes. If that critical, low-cost component cannot be funded, there are no practical social intervention and prevention alternatives.

The CHW is a critical lynchpin for a better future. This pilot addresses that and supports an adaptable coordination model implementable anywhere in Oregon.

I urge you to support SB 1074 to improve the Social Determinants of Health and Equity for all Oregonians.

Thank you for your service to our community and for supporting SB 1074.

Respectfully submitted,



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