Chair Dexter, Vice-Chairs Breese-Iverson and Gamba, members of the committee:

For the record, my name is Dr Sarah York, I am a hospital medicine physician as well as Representative Dexter's Health Policy Director, and leader of the workgroup evaluating opportunities for policy approaches for Housing Insecure, Medically Complex Older Oregonians. I think the impetus for this group is evidenced by the fact that I am a physician speaking to the Housing Committee– because housing drives health and a lack of housing dramatically worsens health outcomes.

As doctors, both Representative Dexter and I see every day the downstream effects of these vulnerable Oregonians who struggle to live independently as their abilities to care for themselves decline. Ultimately, some are unable to do this and even end up unhoused. This workgroup aims to look at the reasons for these tragic outcomes upstream, to see what can be done to better support these individuals. As Chair of the Housing Committee, Representative Dexter asked me to convene a workgroup connecting folks from a variety of agencies and organizations who are working to help these members of our communities every day. Throughout the summer, I met to learn from these groups what could be helpful to develop policy proposals for the 2025 session, and our workgroup started convening monthly in October. You can see from the slide the broad coalition of participants in the workgroup; I feel privileged to learn from them. Folks from the OHA, OHCS and ODHS, to Northwest Pilot Projects, Central City Concern, Urban League of Portland, AgePlus, Disability Rights Oregon, Oregon Law Center, SEIU, Oregon Healthcare Association, several Community Agencies and others, as well as legislators including Representatives Conrad and Mannix and Senator Weber have come together to share concerns and suggestions for policy changes. Today you will hear from several members of the workgroup as they share some of these concerns and suggestions.

First, I want to call out that one of the ideal goals of this workgroup was to look for opportunities to improve support for medically fragile seniors at the community level. Our hope is to find policy change which can help folks maintain housing if possible, and ensure that those who are unhoused have access to supports they need as well. I call this out because you may be aware of the Joint Task Force on Hospital Discharge Challenges (from last session's HB 3396). The focus of that group, as evidenced by the title, is on people who unfortunately are staying in hospitals due to non-acute-medical conditions, usually related to a lack of safe housing options for their medical or other related conditions. We have been in close contact with that Task Force so as to avoid duplicative work, but our focus is primarily on earlier interventions when possible. The Chair of that group is actually one of our panelists today, and he can speak to this far more eloquently than I can.

Moving on, as noted in the attached slides, our workgroup covered areas of interest to the participants, including how the Department of Human Services assesses individuals' abilities, and criteria for assisted living facilities. There was broad interest around better integration between social and medical services, and housing stabilization services. After participants shared areas they wished to focus on, the group voted on eight possible options with a goal to narrow to 3-4 policy areas of focus.

The eight options are noted on the slide, but I will focus here on the four that the workgroup decided to focus on:

- Readdressing Service Priority Levels: in 2003, due to budget cuts, the Legislature opted to narrow eligible services covered by Medicaid to those with the most significant

limitations in mobility, toileting and cognition. This resulted in thousands of vulnerable Oregonians being removed from in-home coverage as well as from facilities. The workgroup is exploring re-expanding coverage for those with significant needs who are not currently covered.

- Intergenerational Housing: addressing barriers to organizations developing subsidized housing with supports for Older Oregonians as well as families, etc.
- Evaluating Behavioral Health as primary driver for being served by Aging and People with Disabilities services: those under age 65 who meet the Service Priority LEvels above but whose needs are determined driven by mental health or substance use disorder are not covered.
- Housing with Services: these are entities that coordinate health and social services for older adults and people living with disabilities who reside in publicly subsidized or private congregate settings. Northwest Pilot Project will speak to this more in a moment, but the workgroup is exploring ways to better coordinate services between health and housing supportive wraparound services.

Additionally, there was interest in Addressing Asset Testing: Modify or eliminate the financial restrictions (assets) for individuals to be eligible for Medicaid assistance. Because the asset limit is $2,000, items like a second car or more than $2,000 in a bank account can disqualify an individual for Long Term Services and Supports even when they are impoverished and cannot afford long-term care supports. Note that the Joint Task Force on Hospital Discharge challenges is investigating options to disregard home equity if it encourages people to be treated in their homes, so this option was tabled by our Workgroup at this point, but Rep Dexter is supportive of further investigations into this if the Task Force does not pursue this.

As a final comment, I have been heartened by the passion of the members of this workgroup across different disciplines and perspectives, all of whom are united in the goal of ensuring the older and most vulnerable among us are seen and cared for with dignity and respect.

So, without further ado, I will hand this over to our panel of folks who care for these individuals every day, to share their perspectives on the workgroup, and opportunities for policies in this space.