

DATE: February 25, 2025

TO: Senator Deb Patterson, Chair  
Senate Committee on Health Care

FROM: Karen Heisler, MD  
Pediatrician, Childhood Health Associates of Salem  
Board Member, Children's Health Alliance

SUBJECT: Verbal Testimony in Support of SB 609 related to Primary Care Payment

Thank you to Chair Patterson, Senator Campos, and members of the Committee for providing this opportunity to share the foundational role that primary care plays in our health care community, and to share my support for SB 609.

My name is Dr. Karen Heisler, and I am a pediatrician and partner at Childhood Health Associates of Salem (CHAoS), and a member of the Board of Directors of the Children's Health Alliance.

Childhood Health Associates of Salem is a privately owned clinic that provides care for approximately 15,000 children in the Salem area, 55% of which are members of the Oregon Health Plan.

I wanted to further share why I believe that Oregon should invest in and support Oregon's Primary Care providers through increased payment to primary care and behavioral health on the Oregon Health Plan.

As you are aware, primary care really is the front line of our health care system.

Strong primary care helps to prevent downstream health issues through its focus on prevention and early identification of health issues. It improves patient experience, results in better health outcomes, and lowers overall costs. It provides continuity of care, fosters trust, and leads to lasting physician-patient relationships.

There has been increased identification of various factors that contribute to one's health, and, as a result, the expectations for primary care providers continue to rise. This requires additional time and resources. There is recognition of the pivotal role of Primary Care in providing important support to its increasingly medically and socially

complex patients. Unfortunately, these services are not adequately compensated, or are paid at a rate that is lower than the cost to provide the services.

As an example, I'd like to share a typical well check visit to demonstrate the amount of work and practice resources required to care for a child in a typical visit.

- A 12 month (1 year visit) requires someone to review a gap list (list in patients needing care), as time allows, then operators to call and schedule patients
- Patient needs to come to clinic (6-8% no show rate); the clinic helps find transportation supports, if needed.
- Interpreters are coordinated to support parents with language needs.
- The front desk checks eligibility, reviews insurance, provides annual packets, REALD-SOGI data, and screeners aligned with the age of the child
- Screeners are given for development, behavioral concerns, family substance use, literacy, parental depression, social determinants of health and adverse childhood experiences (ACEs). Positive results from the screeners become a part of the provider visit
- Oral health screening completed
- Lead and hemoglobin testing is completed
- Vision screening is completed
- Vitals are completed
- Then the provider goes in for the exam and discussions with the parent!
- Vaccines are discussed, along with any concerns the parents may have.
- A community health worker is called in if health related social needs are identified to identify appropriate referrals and use of the Unite Us platform.
- A behavioral health provider is called in for patients at risk or with high ACE scores to participate in our Healthy Steps program to build social emotional health and provide parental support
- A behavioral health provider might be called in or referred to for further discussion on sleep questions, to discuss social emotional health strategies, or positive parenting skills.
- A case manager follows up on patients with medical complexity to help coordinate and support the patient in their care.
- After the provider leaves the room, the medical assistant returns to provide the vaccines, using strategies and experience to comfort the patient while receive the shots.
- Referrals to specialists or other community organizations are completed.

In summary, many resources are required!

Payment for Oregon Health Plan members are at rates well below the cost to provide these services, especially when considering the infrastructure and support needed to provide adequate, high quality, recommended care in the medical home, and to screen for, identify, and address risks to health, and to manage the administrative burden placed on primary care to execute the ambitious goals of the Oregon Health Plan in eliminating health disparities.

Without increased payment rates, primary care providers will be faced with the elimination of programs that are critical in a robust medical home or reduced access to patients who are the most vulnerable members of our society. We have experienced this first hand at CHAOS.

Low payment rates have led to the reduction of critical programs, increased demands on providers including 20% increase in number of visits required by providers to see per shift, inability to hire an additional behavioral health provider to serve the needs of our population and lay-off of critical staff to support our medical home infrastructure.

The impact of low payments to our clinic is substantial. Due to low payments, the financial viability of primary care clinics is uncertain. We simply cannot continue to provide services when our costs to provide those services surpass compensation. If these low rates continue, our clinic will be forced to close access to this vulnerable population despite our intense desire to continue to serve this population, and the viability of our independence is at stake.

We have a unique opportunity to ensure that Oregon's primary care infrastructure remains strong as physician practices through adequate payment for both primary care and behavioral health.

Thank you for the opportunity to share the importance of adequate payment to primary care and behavioral health today. I urge you to support SB 609.