



March 6, 2025

To: Senate Committee on Health Care

RE: Senate Bill 529, Relating to community health

Good afternoon, Chair Patterson and members of the committee. My name is Melissa Isavoran with Vibe Health Solutions, and I am here today to support Senate Bill (SB) 529 that will support community health through ensuring the integration and reimbursement of Traditional Health Workers (THWs) and Community Health Registered Nurses (CHRN). I actually had a hand in developing coordinated care organization (CCO) criteria in 2011, which had a strong focus on community health but lacked some of the necessary infrastructure and reimbursement pathways to bring that focus to fruition. Oregon's 2023 Health Care Workforce Needs Assessment highlighted access to health care in rural and underserved communities and called for innovative models to improve access and workforce satisfaction. THWs and separately, CHRN, are truly at the center of community health and supporting these providers can improve the health and well-being of individuals *across* Oregon, while reducing strains on the health system.

I'll speak first to traditional health workers and then to community nursing.

THWs play a vital role in health care through the delivery of preventative care and social services to underserved communities in our state. The current framework for THWs is riddled with unintended consequences and administrative burdens, including unnecessary licensed supervision requirements¹ and clinical rigor. In February 2024, the Centers for Medicare and Medicaid services released a clarification that THW's do not need licensed supervision, only that supervision must be provided by a qualified professional.² Supervision complexity has hindered the ability to contract with CCOs, along with the fact that CCOs do not see the full value of these services for which to resource THW contracting and billing, instead focusing on traditional health care and providers that do not have the ability to bring services to communities outside of facilities and clinics. The last point I will make is that clinical rigor, such as care plan requirements and prior authorization, further hinder THW service delivery, undermining the State's initial intention to ensure community driven health care solutions at a lower cost. Patient trust and engagement often begins with a THW rather than a care plan. SB 529 seeks to remove the THW barriers I described.

CHRN are another critical component to access to care. Nurses have long brought health care to vulnerable communities, but their value has been forgotten and the services they provide are rarely compensated directly. Many nurses will tell you that they have been "relegated to bed sheets," meaning

¹ Oregon Health Authority STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM. Oregon Health Authority. Accessible at: <https://www.oregon.gov/oha/HSD/Medicaid-Policy/StatePlans/Medicaid-State-Plan.pdf>. Accessed on: January 31, 2024

² Centers for Medicare and Medicaid Services. Frequently Asked Questions on Medicaid and CHIP Coverage of Peer Support Specialists. June 5, 2024. Accessible at: <https://www.medicare.gov/federal-policy-guidance/downloads/faq06052024.pdf>. Accessed on: March 5, 2024

their services are only reimbursed through facility billing fees. Registered Nurses can practice independently and are required to carry their own liability insurance. Despite that, Registered Nurses are forced to work within facilities to care for individuals under the scope of their license where they lack flexibility and suffer from burn-out due to operational complexities, intense workloads, and the inability to provide quality person-centered care. Currently, the American Nurses Association is working to elevate the role of Registered Nurses and its Foundation funded a community nursing program with Oregon Health and Sciences University and Adventist Health that has shown great success but has no sustainable path forward due to reimbursement challenges.³ Also important to note, OHA does have a Long Term Care Community Nursing Program for Home and Community-based services under long-term care, but this does not extend to community nursing for acute care of which is a much larger Medicaid population, and there are challenges with that program. Faith community nursing in particular is having amazing impacts in the community and is truly culturally appropriate, person-centered care. SB 529 integrates CHRNs and will allow for reimbursement of these valuable services that contribute to population health.

Put simply, the community health workforce improves health outcomes and reduces the total cost of care and deserves a better pathway for integration and reimbursement in Oregon. Please pass SB 529 to remove the barriers to THW services and reimbursement that exist today and to activate CHRNs and reimbursement for their valuable and critical services.

Sincerely,



Melissa R. Isavoran
Founder and Principal Consultant

³ American Nurses Foundation. Reimagining Nursing Initiative: Making Nursing Visible for Healthy Communities. Accessible at: <https://www.nursingworld.org/foundation/rninitiative/direct-reimbursement-nursing-model/making-nursing-visible-for-healthy-communities/>
