



**Testimony to the Senate Committee on Human Services**  
**in Support of SB 177 and SB 179**

February 7, 2019

Chair Gelser and Members of the Committee:

Thank you for this opportunity to provide testimony on two pieces of legislation that both represent excellent opportunities to advance the benefits of palliative care in Oregon. We write today in support of SB 177 and SB 179, and we hope to offer guidance and assistance to make sure that these bills can be optimized in a way that allows the true power of palliative care to reach those who need it most.

CareOregon is a non-profit, public benefit 501(c)(3) that is celebrating its 25<sup>th</sup> year of Oregon Health Plan participation; currently, CareOregon provides the OHP to approximately 250,000 Oregonians through work within multiple Coordinated Care Organizations. In 2017, CareOregon entered into a strategic partnership with Housecall Providers. Since 1995, Housecall Providers has been the solution for community members whose medical needs could not be met in a traditional setting. For almost 25 years, Housecall Providers has provided person-centered, home-based primary and palliative care in the Portland metropolitan area in an effort to better address members with multiple chronic illnesses who would otherwise seek care through the emergency room or frequent inpatient care. In 2009 Housecall Providers opened a community-based hospice which provides interdisciplinary end-of-life care to Medicaid, Medicare and commercially-insured members.

Together, CareOregon and Housecall Providers represent one of the country's oldest, Medicaid focused outpatient palliative care efforts. Over the program's history, there has been extensive experimentation and iterative design developed to meet population specific needs, value based payment, and clinical role development. We support SB 177 and SB 179 because we have first hand experience with the benefit of palliative care within the Medicaid space.

Additionally, the implementation of SB1004 in California, which similarly requires statewide Medicaid access to palliative care, provides important lessons from which we can improve our Oregon based efforts through further review and discussion. Based on our historical experience and the California work, we know that the unique needs of those that benefit from palliative care require any pilot project to be free of restrictive, "one size fits all" approaches. We urge a deliberate, well informed debate to figure out how best to make this work successful within Oregon Communities.

**A CareOregon Company**



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# housecall providers

bringing health care home

We are excited about the potential of this legislation, and we look forward to participating in the conversation as these concepts move through both the legislature, and the agency. If we can be of any assistance to you as this conversation moves forward, please do not hesitate to reach out to us in the future.

Sincerely,



Jeremiah Rigsby, JD

Chief of Staff

CareOregon



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