



To: Members of the House Judiciary Committee

From: State Representative Maxine Dexter, M.D., House District 33

Date: March 9th, 2021

Subject: HB 3035

Chair Bynum, Vice-Chairs Noble, and Power, and my fellow Members of the Committee,

For the record, my name is Dr. Maxine Dexter, State Representative for House District 33, encompassing NW Portland and NE Washington County on the indigenous lands of the Cowlitz, Clackamas, and Grand Ronde. I am grateful for this opportunity today to request your full support for House Bill 3035.

House bill 3035 is a pilot project bill that intends to improve the coordination and standards of healthcare adults in custody receive at Coffee Creek Correctional Facility. I will be very clear that my longer-term intention is to apply learnings from this pilot to future policy pertaining to healthcare delivered in *all* state-run correctional institutions. When the state puts a person into custody, taking away their agency to advocate for themselves, we come to bear a *higher* burden of responsibility for their access to high-quality health care as protected by the 4th, 8th, and 14th Amendments to the U.S. Constitution. Adults in custody (AICs) are one of only two classes of people who The Constitution guarantees health care for, and it is important to understand that we are failing, at this time, to provide comprehensive, coordinated health care to our adults in state custody. Unlike our CCOs and many care delivery systems, we are also unable to transparently assess how our adults in custody are doing from a health outcomes perspective due to our lack of electronic records and routine public reporting of standard quality measures.

I also want to be clear that I believe our Department of Corrections healthcare teams are dedicated to doing well by our adults in custody. However, we as a state have not invested in the tools and systems to empower them to be able to deliver community-level quality and coordination of care. We must do better.

As a state, we spend \$294 million on the health needs of our adults in custody. This accounts for almost 16% of the Department's general fund budget. It is the Department's second-greatest expenditure after

operations¹. The care that adults in custody are receiving as a result of this enormous investment can be chaotic and uncoordinated and whether it is of high quality and sufficient is not clear due to a lack of transparent reporting. I know firsthand the challenges, as a physician, of caring for current and former adults in custody. I have also had the privilege of caring for AICs in three states and I can tell you, their experiences are highly variable. We have the ability to make choices to do better and that is what HB 3035 is hoping to do.

HB 3035 will do four things:

1. Improve health **care coordination** when moving in, through and out of correctional facilities through the use of electronic health records and a team of healthcare navigators.
2. Create clearer **standards for care** and mechanisms to assess the needs and risk of these adults who often have significant mental and physical health needs.
3. Give agency to adults in custody to understand what services are available to them and how to **navigate the system** to make sure their full health needs are addressed.
4. **Increase transparency** through data reporting, allowing the state to understand how we are doing in caring for our AICs.

Care coordination is critical to maintaining high-quality care for any adult. Currently our correctional facilities do not use an electronic medical record. Think about that: We have mandated the use of EMRs across the country and yet our state corrections institutions use paper records. If an adult in custody has an acute heart attack, 911 is called and the staff on duty in the facility must quickly photocopy the relevant history for that AIC and then put it on their body as they get whisked away to the hospital. I can tell you the likelihood of the doctor who will ultimately care for that patient seeing those records, and that the records are complete, is very low. This leads to inferior care and worse health outcomes.

When an adult is taken into custody there is often insufficient outreach to the person's community-based healthcare team and often the person is in crisis, unable to give a clear health history. When the AIC is released, there is again no clear handoff to make sure the community providers are aware of what happened with the care of that person while in custody. This leads to inferior, and often more expensive care.

HB 3035 seeks to accelerate the adoption of Electronic Health Records (EHRs). This will ensure the healthcare offered to AICs while incarcerated will be clearly documented and accessible to outside providers as they transition back into society. Electronic records also allow for transparent evaluation and reporting of health outcomes, something that is critical for our state to know how we are doing in caring for our adults in custody.

Standards for care and access to comprehensive care are crucial to measuring success and being sure we are caring compassionately for the whole person. According to the Oregon Department of Corrections, as of November 2020, 65.2% of adults in custody in Oregon are afflicted by substance abuse which is dramatically higher than the rate 9.5% in Oregon's general population. A member of today's panel, Dr. Baskerville, has witnessed, first-hand, the lethality of substance abuse problems both while the person is in custody and after the person transitioned to the community. The Department has also reported that 26%

¹ <https://www.oregon.gov/doc/Documents/agency-quick-facts.pdf>

of adults in custody have severe mental health needs compared to the 4.9% of serious mental illness statewide for adults². Nationally, HIV prevalence in prisons is three times higher than the general US population³. These burdens are enormous on our DOC healthcare systems and merit closer, intentional attention, to make sure we are doing the best we possibly can to care for our AICs with compassion.

HB 3035 envisions social-worker-level-trained **healthcare navigators** who will help AICs through their time with the department of corrections. Whether helping fill out health intake forms, contacting community providers or working with the DOC healthcare staff to be clear on the risks for our AICs as they are cared for in the system, the navigators will be a trusted partner who will help be the missing link between the community and correctional care teams.

HB 3035 will require that the Department of Corrections publicly report important health issues and outcomes bi-annually so that the state is aware of how it is doing in caring for this vulnerable population. This **transparency** is crucial and only possible with the assistance of an electronic health record.

We have significant work to do as a society, addressing systemic racism. Working hard to improve how we care for our adults in custody, who are disproportionately from our BIPOC communities, is a critical and urgent need that deserves our immediate attention. I hope you will join me in strong support of HB 3035.

Sincerely,

A handwritten signature in black ink, appearing to read 'Maxine Dexter', written in a cursive style.

Representative Maxine Dexter, M.D.
House District 33 (NW Portland and NE Washington County)

² SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2011 to 2013–2014.

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3682655/>