

Memorandum

To: Chair Smith Warner, Vice-Chairs Holvey and Drazan and Members of the House Committee on Rules



From: Marty Carty, Government Affairs Director, Oregon Primary Care Association
Courtney Kenney, Health Equity Manager, Oregon Primary Care Association

Date: March 23, 2021

Re: Support HB 2337

The Oregon Primary Care Association (OPCA), respectfully requests your support of HB 2337.

OPCA is a non-profit organization with a mission to support Oregon's 34 community health centers, also known as federally qualified health centers, in leading the transformation of primary care to achieve health equity for all. Health centers deliver integrated primary, oral and behavioral health care services to over **466,000 Oregonians of which 40% identify as a racial or ethnic minority**. Community health centers are providers within the CCO networks, providing care to some of Oregon's most vulnerable populations, including **one in four Oregon Health Plan members**.

We must acknowledge our racist history and its current impact on safety, survival, and health for Oregonians. Oregon's history of stealing land from Native American Tribes, Black exclusion laws, and formal racial discrimination in public places is well known but it must also be acknowledged that most of Oregon's institutions— including our schools, state health authority, and health care system were built during this time and established from this singular perspective. This legacy continues today through felony disenfranchisement, mass incarceration, white terrorism, institutional racism, and racism in health care. Racism consistently experienced by Black, Indigenous, and people of color (BIPOC) communities and Tribes create racial inequities in social, health, economic, legal, and academic outcomes. HB 2337 is a small but necessary step toward acknowledging the centrality and intersectionality of racism.

Community health centers are committed to health equity for all, which will not be achievable while our systems, policies, and institutions continue and enforce white supremacy. Institutional racism causes harm, trauma, illness, and death to BIPOC Oregonians and we believe in the need to heal these injustices through urgent action, including impacted communities in decision making, and the equitable redistribution of power and resources. Health inequities are preventable and addressing them provides significant cost savings to health and social systems. More importantly, addressing racism improves health and quality of life for all Oregonians.

We also support the expansion of data collection to better understand health inequities and the proposed solutions to improve access to care for BIPOC communities. Oregon's health centers have long operated mobile health clinics and can demonstrate their value as community centered solutions to improve access for patients who face economic, neighborhood, racial, language, and cultural barriers. As a critical component to culturally responsive care, mobile clinic staff often reflect the communities they are outreaching. Most importantly, mobile clinic teams work to build lasting relationships that help transition patients into wrap-around primary care and other services at health center sites. This bridge to integrated care and expanded services is essential to improving long term health outcomes.

Thank you for the opportunity to submit testimony in support of HB 2337. We believe that declaring racism as a public health crisis and the proposed measures in the bill are critical steps in transforming health care in Oregon, and **we respectfully urge you to vote yes on HB 2337 because all Oregonians deserve equal access to safety, survival, and health care.**