



## Memorandum

To: Chair Prusak, Vice-Chairs Salinas and Hayden and Members of the House Committee on Health Care

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

Date: March 25, 2021

Re: Support HB 2591-1

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On behalf of the Oregon Primary Care Association (OPCA), we respectfully request your support for HB 2591-1.

OPCA is a non-profit organization, with a mission to support Oregon's 34 community health centers, also known as federally qualified health centers (FQHCs), in leading the transformation of primary care to achieve health equity for all. Community health centers deliver high-quality integrated medical, dental, and behavioral health services to **466,000—or one in 10—Oregonians**, many of whom otherwise would not be able to see a medical provider. 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**.

Community health centers are the cornerstone of primary care across our state and a core part of their mission is accepting all patients regardless of insurance, status, or ability to pay. The community health center model of integrated care has led to 24% lower costs to the system for Medicaid patients as compared to other primary care settings<sup>1</sup>. School Based Health Centers (SBHCs) are an extension of that efficient health care model and serve as a point-of-access for students and their families who might otherwise not have consistent access to health care. The result – better health, better care and lower costs.

Oregon's community health centers operate 58 SBHC locations across the state in partnership with local school and education service districts. These community-based clinics are located either within a school, on school grounds, or as a mobile medical van. These unique partnerships connect children and families to the high-quality health care they need to thrive. Embedded in their communities, SBHCs provide culturally responsive essential health care services while reducing barriers such as transportation that often keep children and their families from seeking the health services they need. Mobile clinics are community centered solutions that can reduce cost and health deserts while building trust with patients who face economic, neighborhood, racial, language, and cultural barriers to care.

Opening a school-based health center is a complex process, and not all centers are successful. Experts have identified strategies that are likely to result in a sustainable SBHC. We believe this HB 2591-1 identifies promising strategies for success which include implementing a robust planning process, identifying the right partners, and facilitating connections among stakeholders<sup>2</sup>.

OPCA and community health centers support extending health care access into additional school and education service districts as an upstream approach that decreases health-related inequities. We have covered all kids, the next step is to ensure that *all* kids have access to health services. We hope that you will join us in support of HB 2591-1.

<sup>1</sup> Nocon et al. (2016). Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings. *American journal of public health*, 106(11), 1981–1989. <https://doi.org/10.2105/AJPH.2016.303341>

<sup>2</sup> Sprigg, Wolgin, Chubinski, & Keller. (2017). School-Based Health Centers: A Funder's View Of Effective Grant Making. *Health Affairs*, 36(4), 768–772. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.123>