Oregon House Committee on Health Care

Representative Rachel Prusak, Chair Representative Cedric Hayden, Vice-Chair Representative Andrea Salinas, Vice-Chair

Chair Prusak, Vice-Chairs Hayden and Salinas, and Members of the Committee:

Thank you for the opportunity to enter testimony in support of HB 3108.

I am a family physician MD/PhD in Portland who teaches new doctors and has served a diverse population of Oregonians for 20 years. I worked as a Clinical Advisor for Oregon's value-based care and payment transformation efforts over the last decade, helped to build Oregon's Patient-Centered Primary Care Home (PCPCH) program, and was honored to participate as an advisor in the Universal Access to Primary Care Workgroup co-chaired by Reps. Prusak and Moore-Green.

It has become clear through my daily experience as a primary care physician and in policy work, that physical health and behavioral health are intertwined, and our historical formation of silos has been bad policy, resulting in inadequate care. Breaking down the historical separation of those silos through innovations in training, practice, and insurance policy/benefit design, is a moral and fiscal necessity offering significant physical and mental health benefits for Oregonians. In Oregon and nationally, there is extensive evidence demonstrating the millions in potential cost savings, as well as demonstrated quality and cost benefits of aligned payer efforts to support innovation in advanced primary care that includes behavioral health.

HB 3108 is one step in a comprehensive, aligned, longitudinal legislative approach to ensure a health care system that provides better care, better access, and better outcomes. While incremental in its approach, HB3108 helps to solve several key issues:

- Lowers patient barriers and improves access to evidence-based, cost-effective care for prevention of disease and to manage potentially expensive, debilitating chronic diseases like diabetes. Allows care without financial barriers that is aligned with expert recommendations/evidence, actions that are key to improving health equity in Oregon.
- Builds upon consensus stakeholder recommendations (see link below) to remove barriers to integrated behavioral health within primary care.
- Establishes a process to help insurers effectively link individuals with primary care. This issue has been a health system barrier to value-based payments, for which recommendations have been developed, but not implemented. It will be important to include primary care and consumers stakeholders in rulemaking processes for this step. See the <u>Oregon Primary Care Payment Reform Collaborative recommendations for removing</u> behavioral health barriers and value-based payment implementation recommendations.

Thank you for your consideration and support for HB 3108. Passing this legislation will be a foundational building block to continue Oregon's progress forward to ensure better health.

Sincerely,

Evan Saulino MD, PhD