



**To: Members of the House Committee on Human Services**

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

**Date: February 24, 2021**

**Subject: HB 3039**

Chair Williams, Vice-Chairs Leif and Ruiz, and Members of the Committee,

For the record, my name is Dr. Maxine Dexter, State Representative for House District 33. I am grateful for this opportunity today to request your full support for House Bill 3039.

I have a hope for our future as Oregonians -- My hope is in a not-too-distant future we are each able to access high-quality, affordable, *coordinated* and compassionate care. A future where continuity of care is the norm and not what happens to those who get lucky. A future where a clinician is able to write a referral to a specialist, a housing navigator and give vouchers for healthy food from the local farmer's market, all using an electronic information sharing system in the exam room.

This future is possible and it will only happen if we plan for and create it.

I am a clinician old enough to remember the importance of legible handwriting as it prevented calls back from nurses and pharmacists and led, when poor, to many unnecessary medical errors. I also know the frustration of having to learn a new electronic system with the compounded challenges that come with system "upgrades" and "conversions". EHRs can increase or decrease quality, clarity, access and information sharing. Not all systems are equal. Some are most definitely better than others. As the former leader of the largest multi-specialty physician group in Oregon, I also know that EHRs can help drive quality through standardized order sets, keep costs down through increased efficiencies and enable better care while empowering patients through easy to access patient portals.<sup>1</sup> I am an absolute believer in using electronic health record (EHR) systems.

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<sup>1</sup> Palabindala, V., Pamarthy, A., & Jonnalagadda, N. R. (2016). Adoption of electronic health records and barriers. *Journal of community hospital internal medicine perspectives*, 6(5), 32643. <https://doi.org/10.3402/jchimp.v6.32643>

The next phase has been finding ways for different EHRs to communicate with one another. This is happening, but not universally and not equitably. This is a critical need. As an ICU physician who frequently admits patients who are unresponsive or too sick to give any history, has no family with them and/or speaks a different language than I without reliable interpretation assistance available in the middle of the night, I also understand the critical difference having access to a patient's medical history can make. Many of our patients, like some of you, have insurance providers that change frequently. Some go in and out of Medicaid or in and out of our correctional institutions. Their care is fragmented and so are their outcomes. We have to do better. Whether a patient receives coordinated care is more of a matter of luck than anything else. People don't often choose their insurance company due to the electronic health record system, however those that understand how helpful it can be often speak to this when they know they have it. We have to do better. Everyone deserves the best possible, coordinated and consistent care, regardless of their financial situation, insurance provider or preferred language.

As Oregon continues to innovate in the health and human service field and push for more integrated care, it is crucial that we ensure our medical record systems and technologies are up to the task.

HB 3039 as written mandates the convening of a group of stakeholders within the Oregon Health Authority (OHA) made up of health systems, Coordinated Care Organizations (CCOs), health care providers, social service agencies, and organizations advocating for communities that face health inequities to explore options for how the state can seamlessly integrate the delivery of social services as well as health care. This is a bill to convene a group tasked with developing a statewide strategic plan to achieve two objectives:

1. Ensure our EHR systems can "talk" to one another, allowing care providers to have a complete understanding of a patient's medical, social and pharmaceutical history, no matter where they receive their care.
2. Link health record systems with community-based organizations and the services they provide in the region, allowing for care to the whole patient.

The ability for medical and community resource systems across the state to electronically share information and care for the whole patient is crucial to our being able to equitably care for every Oregonian. It is an investment that we absolutely know is needed and will have an enormous return on investment. This bill is simply the start of the planning process, nothing more and I hope I have earned your support today.

In addition to the policy you have before you today, I have submitted a technical, but relatively hefty amendment request that does the following:

- Directs the stakeholder group to be overseen by the OHA Health Information Technology Oversight Council (HITOC) to ensure more accountability.
- Clarifies that the stakeholder group is to explore Health Information Exchanges (HIE) and Community Information Exchanges (CIE) and is able to explore multiple technology systems rather than one catch-all.
- Adds FQHCs/BIPOC-community serving clinics, organizations building Social Services Resource Locators, the Veteran's Administration, HIE/CIE implementation organizations, and patients to the stakeholders required in the stakeholder group.

- Directs the stakeholder group to take an inventory of current state-administered/run health and social service data collection systems, sharing systems, and regulations surrounding data sharing to keep in mind while working to build the final report and looking at future preparedness for integrations.
- Allows OHA to provide stipends for participants.
- Removes Section 1 (2)(c) and (2)(j) to remove redundancy as well as the requirement to conduct a return on investment analysis for inaction.
- Alters the initial report deadline from 10/1/21 to 12/15/21 and the final report deadline from 9/1/22 to 10/1/22.

I am deeply grateful for this opportunity and look forward to your questions.

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)