



February 1, 2022

Oregon House Committee on Human Services
900 Court St. NE
Salem OR 97301

Re: HB 4150 – CIE

Chair Williams and Members of the Committee:

I write on behalf of Project Access NOW (PANOW), a non-profit community-based organization in the tri-county area with a mission to improve our communities' health and well-being by creating access to care, services, and resources for those in need. We offer our community a suite of programs that promote access to care and social services, regardless of an individual's insurance status or type. Last year alone we moved more than **200 clients from donated care to insurance, filled 17,118 low-cost prescriptions** totaling \$2,705,778 in savings for low-income patients, and **enrolled 7,556 individuals in health coverage**. PANOW sits squarely between our health system partners, community clinics, and other social service entities to ensure our clients – who are largely low-income, from immigrant populations, non-English speaking, and/or undocumented – can access the resources they need to be healthy.

Previously, I have spoken to this Committee regarding the importance of a unified “language” for social service and health system navigation, particularly for community-based organizations (CBOs) who receive and send hundreds of referrals each week. During the best of times, individuals struggle to navigate the existing complex web of providers and organizations who offer support, and this has only been exacerbated by the pandemic. **The current fragmentation of social service and health care resources is not only inefficient, but also negatively impacts the populations that we serve.** We, as a system, should not be asking clients the same, potentially shaming, questions over and over again, just to determine eligibility for services.

PANOW has had experience working with various social service platforms, and in as much, we know that being able to see the final result of our referrals through a platform is satisfying and provides helpful insight about our clients. **Yet we – like many non-profits – struggle with the resources to respond to referrals quickly and meaningfully.** It will be important to identify a common IT platform, *as well as* how we are collectively supporting those entities who will gain more referrals without additional capacity. **Without CBO engagement, this work does not succeed.** PANOW is passionate about health equity and improving community by addressing the biggest factors that drive health:



the non-medical ones. We believe that a high-functioning CIE can truly transform Oregonians' health by streamlining our collective understanding of how an individual interacts with all of the systems which support them.

HB 4150 requires the CIE Workgroup to convene and explore, collaborate, and accelerate the implementation of a statewide CIE. As the Chair of this Workgroup and a member of the Oregon Health Policy Board's Health Information Technology Oversight Council (HITOC), I am excited at the multidisciplinary group that will come together beginning in March; a group consisting of experienced health researchers, informaticists, advocates, insurers, clinicians, and social service workers from all over Oregon.

This work is complex and requires time and resources; PANOW supports HB 4150 to create space for CIE exploration and report back to the legislature with recommendations.

Thank you,

A handwritten signature in black ink, appearing to read "CARLY", with a long horizontal flourish extending to the right.

Carly Hood-Ronick, MPA, MPH
Executive Director | **Project Access NOW**