



Memorandum

To: Chair Nosse, Vice-Chair Goodwin, Vice-Chair Nelson, and Members of the House Committee on Behavioral Health and Health Care
From: Marty Carty, Director of Government Affairs
Date: March 1, 2023
Re: HB 2918 (Support)

The Oregon Primary Care Association (OPCA) is a non-profit organization with a mission to support Oregon's 34 Community Health Centers (CHCs), also known as Federally Qualified Health Centers (FQHCs), in leading the transformation of primary care to achieve health equity for all. Health centers deliver integrated primary, behavioral, mental, and oral health care services to over **436,000 Oregonians**. 41% of [health center patients](#) identify as a racial or ethnic minority, 18% are uninsured, and 3% are veterans. CHCs provide care to some of Oregon's most vulnerable populations, including **one in four Oregon Health Plan (OHP) members**. They care for all patients, regardless of insurance type, ability to pay, and citizenship status. CHCs operate more than 270 care delivery sites in Oregon's communities where their patients live and work – urban, rural, and frontier -- ensuring consistent access to treatment with trusted professionals.

We support House Bill 2918's continued necessary funding to operate culturally responsive mobile health units, as well as its companion, House Bill 2925, extending deadlines for affinity group task forces that are working to better understand and address community needs. These investments are predicated on the recognition that racism is a public health crisis and that BIPOC and other historically sidelined communities will continue to have worse health outcomes than non-marginalized communities if we do not implement person-centered solutions. The pandemic led us to recognize the need for targeted and community-directed outreach to populations of highest impact – continuing the investments made in House Bill 4052 during the 2022 Legislative Session will allow us to build upon those successes and move towards health equity for all Oregonians.

In Oregon, over 1/3rd of Community Health Centers operate a mobile clinic, many of which are designed to be culturally responsive; they are run by staff who are from the communities being served and provide holistic, integrative health care where people are at. There are over 15 mobile clinics run by CHCs in the state and they were among the earliest adopters of this model of care. For example, [One Community Health](#) in Hood River and the Dalles has a mobile clinic to provide care to agricultural workers and another to provide care to Indigenous salmon-fishing communities. These clinics provide routine medical, dental, and mental health care, ensuring that children are vaccinated for school,

families have access to necessary medications, and no one is left behind because who they are, where they live, or what language they speak. [La Clinica](#) in Medford operates their mobile clinic in many locations, rotating throughout the week. These include schools and houseless communities. Their clinic on wheels hosts medical exam areas and a full dental suite as well as lab services. Being able to go where their patients are has allowed Community Health Centers to address social drivers of health where they are happening. Mobile clinics also allow enhanced sharing of community resources when emergent needs develop. For example, [Wallace Health Center](#) in Gresham shared their mobile health clinic with Orchid Health (a Rural Health Center in western Oregon) in response to wildfires that displaced people in Lane County. Community Health Centers are experts in adapting and evolving to meet the needs their communities bring to them and mobile clinics allow them to be creative and responsive in that endeavor.

For these reasons, and for those shared by fellow advocates, we urge the committee's support of both House Bill 2918 and 2925, investing in the state's commitment to eliminating health inequities by 2030.