



***Doulas Latinas International & Alliance for Childbearing & Collective Health Equity***

To the House Committee on Behavioral Health and Health Care,

I am writing in support of House Bill 2216, which tasks the Oregon Health Authority (OHA) with assessing fee-for-service and non-fee-for-service reimbursements for Community Health Workers (CHWs) and providing technical assistance to ensure sustainable billing mechanisms for this essential workforce.

Community Health Workers are frontline public health workers who are trusted members of the communities they serve. They coordinate care, help patients identify resources, deliver in-home services, and provide ongoing support resulting in improved health outcomes for patients and cost savings to the health system. They are essential health facilitators, particularly for those at high risk, including the elderly, those with chronic conditions, the housing insecure, and those in rural health care deserts.

Currently, many CHW services are unsustainably funded through grants or one-time allocations by Coordinated Care Organizations (CCOs) or other payers. While limited Medicaid reimbursement pathways exist, understanding and accessing these pathways is administratively burdensome, technically challenging, and inconsistent across the state and between organization types. With major gaps in sustainable funding pathways and technical assistance, important CHW services are under constant threat of discontinuation. And when these programs end, trust within the communities they serve is eroded.

Doulas Latinas International and its partners with the Alliance for Childbearing & Collective Health Equity (ACHE'), a group of non-profit community-based organizations, small business, among others, believe that HB 2216 is quite important to address a huge gap existing in the payment for needed services of Community Health Workers, in Oregon and our Oregon Health System. As much as we have worked fiercely for 15 years to get a minimum fair wage for the Doulas services, it is time for us to work tirelessly to create a strong system to compensate CHWs work as well. Besides all the important services CHWs has to offer, based on culturally and linguistically capacity for every community of

Oregon, with a sustainable payment support and technical assistance well and simplified system, we might begin to dream of achieving health equity by 2030. Moreover, ACHE's partner's current work is to plan and implement means for CHWs and Doulas to learn from each other and work together to advance the health literacy capacity of our families of Latinos, Blacks, native Americans and every family in Oregon. This work plan is to support the goal of ACHE' partners, which are the reduction of trauma and maternal and child morbidity and mortality through humanized birth for healthy babies and mothers!

We need Community Health Workers as well as Doulas to be able to continue the valuable work they do for Oregon's Medicaid population. However, without clear funding pathways and support, many of these service providers will not be able to overcome existing financial and administrative burdens.

HB 2216 is the first step in developing long-term, sustainable billing mechanisms for CHWs, improving community health while extending cost savings to the health system. On behalf of our community's health, we ask for your support on HB 2216.

Sincerely,

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Executive & Programs Director

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