



Oregon Office of Rural Health

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March 5, 2025

Chair Nosse, Vice Chairs Javadi and Nelson, Members of the Committee-

I am writing in support of HB 2216 which directs the Oregon Health Authority (OHA) to assess current fee-for-service billing practices and nonfee-for-service payment pathways for community health workers serving medical assistance recipients to identify improvements for ensuring adequate and sustainable funding.

Community Health Worker (CHW) is as a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. CHW are critically important in rural areas where health services are limited, particularly culturally appropriate and individualized services. CHWs often share characteristics with the population they serve and have come to serve a wider variety of rural, urban, and underserved populations.

CHWs in rural areas work to improve health care outcomes by facilitating health care access, adding value to the health care team and enriching the quality of life for their patients and clients, including those who are poor, underserved, and in racial and ethnic minority communities. CHWs act as a liaison between providers and consumers in rural and urban communities.

The ORH has worked with the OHA, Healthy Rural Oregon, and the Oregon Coalition of Local Health Officials to train and support CHWs across rural Oregon. You can find out more about ORH's CHW program and the CWH support network [here](#).

HB 2216 is an important and needed first step toward ensuring long-term financial sustainability of our CHW workforce which strengthens community health and reduced overall healthcare costs.

I encourage your support for HB 2216.

Thank you

A handwritten signature in purple ink, appearing to read "Robert Duehmig", with a stylized flourish at the end.

Robert Duehmig
Director