Thank You Chair Nosse, Vice Chair Javadi, Vice Chair Nelson, and Behavioral Health and Health Care Committee members. I'm writing in support of HB 2216.

My name is Janessa Wells and for the last 2.5 years, I have worked for the Oregon Coalition of Local Health Officials as the Workforce Navigator on Healthy Rural Oregon, a 3 year HRSA grant aimed at bolstering the rural community health workforce. I am also a certified Community Health Worker, or CHW.

Through Healthy Rural Oregon, we have provided over 400 rural individuals with scholarships to fill community identified healthcare workforce needs. This has included over 150 CHW certifications.

In my role, I have spoken with them all-- listened to their challenges and their wins; as well, I have learned from and collaborated with organizations seeking to hire CHWs. This has included local public health, community based organizations, frontier clinics, maternal health organizations, housing groups, dental clinics, and many others. This bill was created from listening to all of these groups and asking the question, "How can we make their work more sustainable?"

Before I get to some of the challenges, and the purpose of this bill, I want to be sure we all understand the importance of CHWs, and why they are heavily valued members of any care team.

CHWs are frontline public health professionals who are members of the community they serve- where they help build trust, and act as vital liaisons between health care, access, and resources such as housing, food, and transportation.

They are experts in their communities' needs and resources. They speak their communities "language" both linguistically and culturally.

And, as budget conscious legislators, you'll also be happy to hear that they save health care systems money, decrease costs on chronic disease management including diabetes and cancer, lower the number of ER visits, while improving health outcomes in many disciplines, including maternal and child health, and mental and behavioral health.

This has been demonstrated time and again in both rural and urban locations, in both clinic and community based settings; CHWs have a particularly high impact on those often under served- this includes minorities and rural communities.

The first day on my job, I was asked by a clinic manager, “How do I pay for my community health workers?” He was exasperated, but wanted to leverage the CHW’s work in the local Spanish speaking communities to improve health access.

Now, this man has a PhD, and between the challenge of understanding the complexity of Medicaid, CCO reimbursements, and other financial pathways, while trying to follow OHA’s current advice, which is to braid funding together… the time it took to learn was an administrative burden his clinic could not afford.

In my conversations across the state with other service providers, often my first question was: how are you billing/reimbursing for your CHWs? I wanted to be able to share their expertise with others doing CHW work, such as the clinic manager.

But unfortunately, many times over, I’d hear, “We're not, it’s too complicated,” or “We won a grant- I don’t know what will happen after that.”

So… I could argue that after three years of pursuing the CHW question, becoming a member of the OHA THW Commission, the OHA THW Billing subcommittee, I still haven’t figured out the answer. What I have learned is this:

1. Currently, many CHW services are unsustainably funded through grants or one-time allocations by CCOs or other payers.

2. 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.

3. Community Health Workers are in high demand as they improve health outcomes, provide access to vulnerable populations, and cost savings to health systems, as I previously mentioned.

4. Due to major gaps in sustainable funding pathways and technical assistance, high value CHW services are under constant threat of discontinuation. And when these programs end, trust within the communities they serve is eroded.

And lastly, we need Community Health Workers to be able to continue their valuable work; however, without clear funding pathways and support, many of these service providers will not be able to overcome the existing financial and administrative burden.

House Bill 2216 addresses each of these and is important for two major reasons:

First, it tasks OHA to address the question- why is CHW billing not sustainable in Oregon when it is in other states? What is working, What is not? And to provide a blueprint to make CHW billing more operable, lowering the administrative burden- which is particularly important to rural and frontier service providers that are often understaffed.

Second, it tasks OHA with providing more robust billing guidance, or to identify an alternate organization and support them in being a billing resource, a one stop shop for technical billing advice and know-how.

This proposal was written in collaboration with CCOs, community based organizations, rural and urban clinics, primary care providers, dental providers, local public health departments; and while we don't always see eye to eye, we all agree, CHW billing guidance and clarity is necessary.

HB 2216 is the first step in developing long-term, sustainable billing mechanisms for CHWs, improving community health while providing cost savings to the health system.

We strongly encourage you to support HB 2216,

Thank you.

Janessa Wells

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