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Re: HB 2216
6 March 2025

Thank You Chair Nosse, Vice Chair Navadi, Vice Chair Nelson and committee members for allowing me to testify today on House Bill 2216.

My name is Dr. Elizabeth Foster. I am from Hood River.

I am a retired Rural Family Physician with a full spectrum practice, providing care in clinic, hospital and nursing home settings with newborns, children, adults, pregnant women and older adults. I owned and worked in private practice as well as for a Federally Qualified Health Center. I have taught and worked in international rural medical settings, and worked as an economist prior to my career in medicine.

I have been involved in the Columbia Gorge Coordinated Care Organization, or CCO, since it started in 2012.

In 2016, our CCO elected to prioritize the increasing care needs of the growing older adult population, some of our most complex and costly patients, and we developed a new model to improve care for older adults called Connected Care.

In this model, Primary Care Clinicians refer fragile older adult patients to a specially trained CHW based in their clinic. These CHWs conduct a series of home visits and implement protocols based on the Institute for Healthcare Improvement's Age Friendly Care. Research shows that this approach has the most potential for positive impact on older patients. CHWs also provide health education and connect patients with existing community services to address Social Determinants of Health. They relay key information back to the patient's Primary Care Clinician.

Today, the Connected Care pilot serves 300 patients annually across 6 clinics in rural Oregon. The pilot has received overwhelmingly positive feedback from patients, caregivers, providers, and clinic administrators.

Clinicians report:

"Hugely fantastic. Game changer."

“These patients would have fallen through the gap.”

“On a scale of 1-5, I rate this program a 10.”

“I absolutely want to see this program thrive and grow in order to help increase access to services for some of our most vulnerable patients. I love it!”

What’s more, we project that this model has the potential to save roughly $5 for every $1 invested.

Over 95% of patients enrolled in Connected Care are covered by public payers: Medicare, Medicaid, and/or TRICARE. This translates into significant public savings that can be achieved through expansion of this exciting model.

This brings me to why I am here today. We have developed this promising model using CHWs to improve care for some of the most vulnerable patients in our communities. Providers love it. Patients love it. Caregivers love it. It is improving care and outcomes for the people we serve. It is saving the healthcare system significant resources by decreasing high cost utilization.

Primary investment in this pilot to date has come from our CCO and from private funders and this **grant funding model is simply not sustainable**.

We must find a long term solution to pay for programs like Connected Care.

Current payment mechanisms that cover CHW services are complex, administratively burdensome, and don’t apply across all payors.

Where payment mechanisms do exist for CHWs, the reimbursement levels are inadequate and don’t actually support the incredible work that CHWs are doing.

They don’t cover transportation time or expense, which is critical when conducting home visits in rural areas.

Most clinics are choosing not to bill given administrative burdens and low reimbursement rates.

We are currently working with national organizations to address these payment concerns for our Medicare patients. We strongly support HB 2216 as an important first step to developing viable payment solutions for CHWs in Oregon.

In your future legislation related to CHW billing and payment, we ask that you consider the administrative and reporting burden placed on small rural clinics today and urge you to prioritize simple, straightforward, and sufficient billing solutions to support the critical work that CHWs and primary care clinics provide in rural areas.

Thank you for this opportunity to speak with you.