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On Behalf Of: Mano a Mano Family Center
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: SB529

Chair Patterson and members of the Committee, thank you for the opportunity to submit testimony on the critical issue of community health services and reimbursement in Oregon.

My name is Levi Herrera-Lopez and I'm writing on behalf of the Mano a Mano Family Center, a Salem community-based organization (CBO), in support of Senate Bill (SB) 529. This bill will support community health through ensuring the integration and reimbursement of Traditional Health Workers (THWs) and Community Health Registered Nurses (CHRN's).

THWs play a vital role in health care through the delivery of preventative care and social services to underserved communities in our state.

Mano a Mano is aware of this important role since we are one of the first CBOs in Salem-Keizer to employ THWs outside of a clinical setting, and the first culturally-specific CBO in this same area to do so. We currently employ about a dozen Oregonians trained as THWs who fill-in various roles supporting the clients of Mano a Mano. In collaboration with sister CBOs and other partners, Mano a Mano is also part of an ongoing effort to grow the THW labor force in the Mid-Willamette Valley.

Clients to Mano a Mano face challenges fully engaging with our local health system at every level, from enrolling for health insurance to using the benefits for which they qualify to selecting and developing a relationship with a medical home. THWs help at every stage of this process, and clients who are supported by THWs demonstrate better prevention behaviors and treatment of ongoing chronic health conditions. The communities we serve are often disconnected, as a result of a combination of adverse social experiences and complex social needs. By disconnection, we mean having little positive social connections and connections that can help them when they need to access concrete support during a crisis. Mano a Mano's clients are working class, immigrants and also communities of color, all factors that add various levels of complexity. The multiple factors contribute to many people presenting high levels of toxic stress that result in poor health, physically and mentally. No recent period exemplifies the potential for good of THWs than the period of the Covid-19 pandemic. It was thanks to lay community members, some certified THWs and some not at that moment, who worked directly with communities most deeply impacted to minimize the negative effects of everything we experienced during that period.

Unfortunately, at the moment, funding to CBOs, like ours, comes in pieces and has to be patched together from multiple different sources. Supervision requirements for reimbursements make it extremely difficult to support the community with a trained

and professional labor force. This supervision requirement, in particular, has the unintended consequence of limiting the number of CBOs that choose to engage THWs in their model, simply because of the complex requirement. Even if that is overcome, requiring a diagnosis unfortunately means that prevention cannot be prioritized under the current structure.

This needs to change. The community health work force improves to improve community health outcomes and reduces the total cost of care and deserves a better pathway for integration and reimbursement in Oregon

Please pass SB 529 to remove the barriers to THW services and reimbursements that exist today and to activate