

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

My name is Iris Bicksler, and I am here today to offer my strong support for HB 2216. I am a tri-certified Traditional Health Worker, with experience as a Peer Support Specialist, Community Health Worker, and Birth Doula. Over the course of my 30 year professional career in Lane County, I have had the privilege of working in both direct service and leadership roles, including in a schools based health center, affordable housing, and community-based nonprofit. Most recently, I was the Senior Traditional Health Worker Liaison at PacificSource Community Solutions. Through my experiences providing direct service, developing Traditional Health Worker programs, and working in a health plan, I have seen firsthand how the current payment structure threatens the sustainability of these vital services.

In 2017, I began attending the Oregon Health Authority's Traditional Health Worker Commission. It was there that I connected with other Community Health Workers from around the state and learned about the widespread struggle for sustainable funding. A year later, the Oregon Community Health Workers Association published a workforce needs assessment that recommended, "The State should provide clear guidance on ways to pay for Community Health Workers services."

This lack of clear guidance became apparent a year later in 2019 when I began working in the Medicaid department of a health insurance company. It took me over two years of tenuous independent research, but eventually I became an expert in Medicaid requirements for Community Health Workers, including training, state certification, contracting, credentialing, and billing. Over the next several years, I provided technical assistance to a range of organizations from primary care clinics and clinical behavioral health services, to school districts and community-based organizations. What became abundantly clear is that there is no centralized source of comprehensive information or support; and when I left that job, my expertise left with me. Furthermore, a one-size-fits-all approach to Medicaid billing is not possible, as the rules for billing vary between primary care, behavioral health, and community-based settings, making it especially challenging for small organizations to learn the billing process. This makes HB2216 even more important.

I'd like to share the story of "Sarah." When I was working as a Community Health Worker, I met a 19-year-old woman who had been living on the streets for several months, fleeing domestic violence and six months pregnant. Her ex-partner had repeatedly physically assaulted her, and the fear in her eyes still lingered. Together, we found her an apartment and an organization that helped pay for the first few months' rent. All she had to her name was a black plastic bag with a few clothes, so we worked to secure donated furniture and baby items. I delivered food boxes and helped her get connected to a midwife and doula for support through her pregnancy. As we continued to develop trust, Sarah shared her dream of getting her GED and together we enrolled her in school. Several months later, Sarah gave birth to a healthy baby girl and was on her way to building a thriving life.

This story is backed by data. National studies consistently show that Community Health Workers drive significant cost savings by improving health outcomes and reducing unnecessary healthcare utilization. CDC research found that Community Health Workers lower hospital readmissions, reduce emergency room visits, and improve chronic disease management. A study in the *American Journal of Public Health* found that every dollar invested in Community Health Workers saves \$2.47.

In Oregon, a 2018 study by the Oregon Public Health Division emphasized the vital role Community Health Workers play in reducing health disparities, especially among rural and tribal populations.

Yet, despite their profound impact, Community Health Workers continue to work in a system that undervalues their essential contributions, and the organizations who employ them struggle to understand the bureaucracy of Medicaid. Ensuring sustainable payment models exist for Community Health Workers in a variety of settings is not just a matter of fairness, it's a necessity. Without a clear and sustainable payment structure, we risk losing this invaluable workforce at a time when their services are needed more than ever.

In conclusion, I strongly support HB 2216 because it is an investment in the health of Oregonians. Community Health Workers are not just a part of our healthcare system—they are the heart and soul of it. HB 2216 is a step toward ensuring that these compassionate and committed professionals can continue their invaluable work. Our communities deserve no less. Thank you for your time and for your consideration.

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