OREGON ACADEMY OF FAMILY PHYSICIANS
MAKING HEALTH PRIMARY

3/10/2025
Subject: Testimony in Support of HB 2502, HB 3321, HB 3375

Dear Co-Chairs, Prozanski and Kropf, Members of the Joint Committee on Addiction and Community Safety

I am writing in support of the concepts included in HB 2502, 3321, 3375. The OAFP particularly supports efforts to determine how to expand access to prevention, screening, intervention and referral for adolescents and Oregonians more generally.

The OAFP is actively working to determine how to better connect clinicians with the technical assistance and support they need to be able to offer medication assisted treatment for substance use disorder in a primary care setting. Recommendation #4 in the 2024 ADPC Preliminary report is particularly relevant to that work.

> Fund the ADPC to inventory current community-based SUD specialty care to better understand wait times, existing referral pathways, and current cross system relationships, such as between SUD providers and primary care providers to better understand system readiness for a Transition to Care Program. This includes understanding how best to support a statewide infrastructure that acknowledges different regional capacity, preference, or other factors.

Importantly, we urge the intentional inclusion of primary care voices in the work outlined in HB2502 and HB3321. In recent years, Oregon has turned to the primary care system to provide the foundation of transformed, patient-centered health care that is coordinated, especially for vulnerable individuals, and delivered by interdisciplinary teams. Many clinics have taken on the task of integrating behavioral health care services into their primary care clinic.

That complex work has provided an often-rewarding opportunity to focus on upstream interventions and on-the-spot handoffs to additional services that aim to maintain health rather than merely treat illness. Investments in these models of care, however, have too often been inadequate to support the cost of meeting expanded care expectations, leading to a primary care workforce that, from the front desk to the exam room, is regularly pushed to the point of burnout. Oregon has developed resources like the Oregon Psychiatric Access Line (OPAL) and funded regular ECHO Network courses on aspects of addiction medicine, which has been essential in addressing these challenges. Understanding the interplay of improving access to behavioral health care alongside other factors impacting primary care is important for continued improvement.

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The effectiveness of Oregon's implementation of Screening, Brief Intervention and Referral to Treatment (SBIRT) screening in primary care, for example, has been somewhat limited given the broad lack of access to treatment facilities with capacity to take referrals. That is part of why HB 3375 is so important, because it will provide a better picture of Oregon's statewide capacity.

The work resulting from these bills should consider all the challenges before it, and determine how to prioritize how it invests funds aimed at prevention. Primary care clinicians have an important perspective in the work of that prioritization; many are willing to expand their scope to care for patients needing care for low-acuity or maintenance therapy for substance use disorder, but will need sustained financial and other resources to help them do so.

Finally, as work to expand access to prevention, screening and care for patients with low-acuity needs in primary care proceeds, it will be critical to ensure financing and technical support for the resulting system meets the needs of our primary care system to provide that care.

Thank you for considering this testimony.

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