



Dear Oregon Health Authority,

On behalf of Oregon's Federally Qualified Community Health Centers (FQHCs) and the 471,795 patients they serve, thank you for this opportunity to provide ideas for use of the Rural Health Transformation Funds in our state.

OPCA urges OHA to prioritize RHTF funds be invested in in primary care, especially at Oregon's FQHCs. The current estimates indicate that less than 5% of total national healthcare spending is allocated towards primary care, despite the National Academies of Sciences, Engineering, and Medicine report finding that, "...primary care is the only part of health care where an increased supply is associated with better population health..."

Despite historically low investments in primary care, FQHCs continue to set the standard in improving population health. As the Administration for a Healthy America's Congressional Justification noted, "Health centers are at the forefront of efforts to Make America Healthy Again through increasing access to chronic disease prevention and management (e.g. hypertension, diabetes), nutrition counseling and patient health education services, cancer screenings, and comprehensive primary health care services, including preventive services, mental health, and wellness activities."

Oregon's FQHCs provide comprehensive, community-based primary care to underserved populations regardless of insurance status or ability to pay. They also disproportionately serve Medicaid, Medicare, and uninsured patients, who often make up the highest-need groups in rural America. National changes to Federal policy will leave more Oregonians without coverage despite the continued need for care. Those same changes could have devastating impacts on FQHCs bottom lines as they already operate on razor thin margins and rely on Medicaid and Medicare reimbursements for the majority of their funding.

Therefore, without targeted RHTF support for Oregon's rural FQHCs, many Oregonians will be at risk losing their most effective (and often their only) access point for preventive, chronic, and urgent care services. In turn, that loss of access will further intensify related hardships such as food insecurity, housing instability, and other challenges that arise when health care resources are withdrawn.

For these reasons, OPCA strongly recommends OHA use the RHTF funds to bolster, strengthen and invest in FQHC infrastructures that keep the patients at the center of care. in projects that. OPCA has compiled this list with input from national partners and our member FQHCs to ensure our suggestions are aligned with existing areas of need and are

cost-effective solutions that can bolster Oregon's rural population health in meaningful ways.

1. Direct payments to FQHCs

Purpose: To help offset costs that FQHCs will incur as a result of an increased number of uninsured patients and increased need to assist patients with Medicaid and Marketplace paperwork. For example, reinvest or increase payments for Out stationed Outreach Workers so that FQHCs ensure all eligible Oregonians have the coverage they need.

Fits Under:

- (B) Providing payments to health care providers for the provision of health care items or services, as specified by the Administrator. (Note: CMS must specify that these payments are allowable)
- (H) Supporting access to opioids use disorder treatment services, other substance use disorder treatment services, and mental health services.

Impact: Maintains FQHCs' financial viability in the face of significant cost increases.

2. Mobile clinic vans (ideally with telehealth capacity)

Purpose: Deliver comprehensive healthcare services directly to rural and frontier communities.

Fits Under:

- (A) Chronic disease prevention and management
- (G) Right-sizing rural health delivery systems
- (J) Sustainable rural access

Impact: Increases in-person care access for preventative, ambulatory, and urgent needs where no local providers exist or where care is physically impossible.

3. Remote Patient Monitoring – Equipment for both providers & patients

Purpose: Enable clinicians to monitor chronic conditions in real time across geographic distances.

Fits Under:

- (A) Chronic disease management
- (C) Consumer-facing solutions
- (D) Technology-enabled care delivery
- (F) Hardware/software for outcomes
- (I) Innovative care models

Impact: Enables earlier interventions, reduces ER/hospital use, and improves patient engagement.

4. Expanded telepharmacy capacity

Purpose: Enable pharmacist-supervised dispensing and counseling in rural areas via telehealth technology. (Requires approval under state law; OPCA is committed to ensuring this regulatory/statutory requirement would be met.)

Fits under:

- (A) Chronic disease management
- (B) Expand access to health services
- (C) Technology-driven patient solutions
- (D) Remote supervision technologies
- (F) Software and secure connectivity
- (J) High-quality pharmacy services

Impact: Offers patients real-time pharmacist access in areas without full-time pharmacy staff.

5. Pharmacy robots to enable after-hours prescription pickup

Purpose: Allow patients to access needed prescriptions outside regular pharmacy hours, improving adherence and outcomes.

Fits Under:

- (A) Support chronic disease management
- (C) Consumer-facing, tech-enabled solutions
- (F) IT infrastructure improvements
- (J) Sustainable medication access

Impact: Reduces medication nonadherence and travel burdens through secure, 24/7 pickup access.

6. Automated medication dispensing systems for FQHC pharmacies

Purpose: Improve medication safety, tracking, and operational efficiency within FQHC pharmacies.

Fits Under:

- (A) Chronic disease medication management
- (B) Support health service delivery

- (F) Advanced IT infrastructure
- (J) Sustainable internal workflows

Impact: Reduces risk of medication errors and reduces demands on staff.

7. State loan repayment programs for rural clinicians

Purpose: Increase the number of providers serving in rural areas by offering more loan repayment slots.

Fits Under:

- (E) Recruit and retain clinical workforce in rural areas for a 5-year minimum
- (B) Payments to health care providers
- (H) Supporting access to SUD treatment and mental health services.
- (J) Sustainable access to high quality rural health services.

Impact: Directly expands the number of providers in rural areas.

8. Strengthen and expand FQHC rural training programs for clinical staff

Purpose: Increase the number of clinical staff trained and serving in rural areas. FQHCs have developed internal and home-grown training programs - such as high school courses for MA training as well as instituted full residency programs for MDs and dentists – to meet the needs of their patients. This expansion of these types of program and the ability to enhance their standing as an employer better serves all rural Oregonians.

Fits Under:

- (E) Recruit and retain clinical workforce in rural areas for a 5-year minimum
- (H) Supporting access to SUD treatment and mental health services.
- (J) Sustainable access to high quality rural health services.

Impact: Directly expands and retains the number of clinical providers in rural areas.

9. Software, hardware, and TA to improve FQHCs' cyber-security.

Purpose: To upgrade and strengthen FQHCs' cybersecurity to ensure patient data protection, mitigate threats, and support continuity of operations.

Fits Under:

- (F) Significant IT advances, including enhanced cybersecurity capability development
- (J) Sustainably support secure, high-quality care delivery in rural health settings

Impact: Protects health information, safeguards against cyberattacks, and ensures compliance with federal data security standards.

10. Upgrades to FQHCs' Electronic Health Record (EHR) systems

Purpose: To upgrade FQHCs' EHRs to improve clinical care, safety, efficiency, compliance, financial performance, and user satisfaction.

Fits Under:

- (F) Significant IT advances, including enhanced cybersecurity capability development
- (J) Sustainably support secure, high-quality care delivery in rural health settings

Impact: To improve FQHCs' clinical care, safety, efficiency, compliance, financial performance, and user satisfaction.

11. FQHC Participation in Clinically Integrated Networks and Value-Based Care

Purpose: Support FQHCs in participating in Clinical Integrated Network that pursue value-based care arrangements and alternative payment models.

Fits under:

- (I) Support for innovative models of care and value-based care arrangements
- (J) Additional efforts promoting sustainable rural healthcare access

Impact: Improves care coordination, outcome tracking, and payment innovation through shared resources, data infrastructure, and collaborative quality improvement initiatives.

Thank you for the opportunity to provide input on leveraging RHTF to strengthen Oregon's rural health systems. OPCA looks forward to supporting Oregon's leadership in this critical endeavor, and our team members are available for further consultation, input, and collaboration.