Chair Monnes Anderson, members of the committee, my name is Dr. Tan Ngo. I currently serve as the Chief Resident for the Child and Adolescent Psychiatry Fellowship at Oregon Health and Science University. I am also a past president of the OHSU House Officers Association, which represents the 800 residents and fellows who are currently in training at OHSU. I am with my colleagues in training today to talk about H.B. 2902-A. I also hold in my hand a letter from the current leadership of the House Officers Association that also speaks about this bill. As the future medical workforce for Oregon, we all stand here to urge you to vote NO on H.B. 2902-A.

I want to focus on the reasons why those of us in training are highly concerned about this bill:

1) First, there is a major unintended consequence in H.B. 2902-A for us residents. We believe that the passage of this bill sends the message that Oregon does not value the extra training, financial risks, and sacrifices that we have made to educate ourselves to the highest possible level to best serve our patients. Understand that many of my colleagues carry $300, 000 or more in debt coming out of our medical education. Also understand that primary care physicians and psychiatrists targeted by this bill already expect lower relative salaries compared to other medical fields. The further de-valuation recommended by HB 2902-A will make it harder to for us to recruit trainees and to retain primary care and psychiatric physicians in Oregon. Keep in mind that in this last year, 89% of all new residents coming to train at OHSU came from schools in other states. Oregon depends on outside recruiting to staff its medical workforce. At a time when we are trying to reform health care and desperately need primary care physicians and psychiatrists, it just does not make sense to jeopardize our future workforce.

2) Second, we residents cannot understand how mid-level providers who have not had the equivalent educational scope and rigor of our training can claim that their services are equivalent to our services. For example, in Child and Adolescent Psychiatry, we complete 4 years of medical school, at least 3 years of psychiatry residency training, and 2 years of fellowship training. Those 9 years of post-bachelor's training includes not just the learning about diagnoses, diseases, brain function, and medications, but also about the psychological and social determinants of mental and physical health such as development, attachment, family dynamics, school systems, and socioeconomic factors. We also see hundreds of patients in our clinics and hospitals over the course of our training, leading us to develop enough clinical acumen to make better clinical assessments and decisions. All these factors are weighed into our formulations and treatment plans for children and their families. In having only 2-3 years of post-bachelor's training, mid-level providers do not have such breadth of experience, and they are more likely to utilize expedient approaches involving psychotropic medications rather than comprehensive approaches that require broader knowledge and experience. We do not believe that the work of mid-level providers is equal to our level of work.

Thank you for the opportunity to testify before you today. I would be happy to answer any questions.

Sincerely,
Tan Ngo MD