



Testimony in Support of SB 325

March 11th, 2013

Senate Health Care and Human Services Committee

Meg Portwood, RN, MS, FNP

Chair Monnes Anderson and members of the committee: Thank you for the opportunity to submit testimony in support of Senate Bill 325.

My name is Meg Portwood. I am a self-employed Family Nurse Practitioner and member of the Nurse Practitioners of Oregon. Since 1976, I've worked as a primary care practitioner at Coastal Health Practitioners, a rural health clinic located in Lincoln City. I also serve as an on-call provider through Lincoln County Health and Human Services and maintain allied staff privileges at Samaritan North Lincoln Hospital, a rural hospital.

Oregon Nurse Practitioners have earned a broad scope of practice. We practice independently without supervision of a physician. Oregon NPs diagnose and treat illness, prescribe and dispense medication and manage the health care needs of their patients.

At Coastal Health Practitioners, my colleagues and I see more than 100 patients each week. We care for people of all ages and for a variety of reasons, from chronic and wellness care, to sports physicals and on-the-job injuries. We evaluate and examine patients, order appropriate laboratory and diagnostic studies, prescribe medications as needed, and provide health management education and follow up.

Access to care is a huge barrier for many of the people in my community. If our office is unavailable or unable to provide patients with the care they need, it is highly likely they will go without care altogether. Approximately 45 percent of our patients are on Medicare or Medicaid. For most of our patients, traveling extended distances for health services is simply not an option.

Since I've been with Coastal Health Providers, I've seen many providers—physicians and nurse practitioners alike—come and go. Being a rural health care provider is a unique job and isn't for everyone. We work extremely hard, and are on call 24/7 for our patients.

Rural recruitment and retention of primary care providers are critical issues in rural communities and have proven very difficult for my clinic. The availability of the tax credit is one of the few "carrots" we have to offer when recruiting new providers. We do not earn much and practicing in rural areas comes with lifestyle restrictions that make it simply impossible for many providers, especially those with families. When recruiting providers, I often hear concerns regarding their spouse's ability to find work in the area or lack of educational opportunities for their children. The tax credit helps off-set some of the financial burden of foregone wages for the provider and their family who may sacrifice other benefits to live and practice in rural Oregon.

The Rural Primary Care Provider Tax Credit helps lessen the financial burden on our workforce and allows my colleagues and me to continue to practice at our clinic. I've discussed this important issue with many nurse practitioners in other rural areas of the state who also rely on the credit for recruitment and retention. It is a vital tool that helps to enhance our ability to provide health care to people in rural areas of our state. As we look to ways to increase patient access to care, it is vital that we continue programs that are successfully keeping health care providers in underserved and rural areas.

Please support passage of Senate Bill 325.

Thank you.