

April 25, 2015

Dear Sirs and Madams,

Please accept this written testimony in support of SB631. I have worked as a physician at Safety Net clinics for over a decade and have been at the Community Health Centers of Benton and Linn Counties for the last 5 years. As a provider and medical director at this Federally Qualified Health Center, I am uniquely positioned to see the effects on a person's health and well being when they are uninsured or underinsured, and to understand the need for universal health care coverage.

Through a short list of vignettes of patients that I care for at the Health Department clinic, I hope to briefly convey to you the merits of a publicly funded health care system which is comprehensive, makes maximum use of financial resources and consequently is affordable for ALL Oregonians.

A 27 year old male has frequent migraine headaches. He is a graduate student and works part time, earning too much to qualify for Medicaid. I suspect eye strain is the cause of his headaches, but he has not been able to afford an eye exam or glasses. Last weekend he had a particularly bad headache with vomiting and went to the ER where the physician ordered an MRI scan of his brain to make sure he didn't have a tumor causing his headache. His MRI was normal and after receiving IV fluids and medications for the pain he was sent home. Now he has an ER bill, which probably means the money he was saving to get the eye exam and prescription glasses will be paid to the hospital for the ER visit and unnecessary MRI.

A 35 year old woman, mother of two, works for a local food processing facility and seasonally picks up extra work in the local vineyards. She works long hours on her feet, having to go between the steam room and the freezer carrying heavy boxes of produce. She has frequent symptoms of neck and shoulder pain with muscle spasm. These symptoms disrupt her ability to sleep well at night. She would benefit from physical therapy to help her with body mechanics as well as stretching exercises for her neck and shoulders, but can't afford the out of pocket expense of physical therapy, so continues to make occasional visits to our clinic where she receives prescription muscle relaxants and anti-inflammatory medications. Ongoing use of these medications is now contributing to heartburn and reflux symptoms.

A seven year old girl had acute symptoms of abdominal pain, vomiting and diarrhea. Her parents hesitated to bring her in for care due to the out of pocket expense, putting her at risk for dehydration or delayed diagnosis. Her symptoms were due to viral gastroenteritis, but it could have been appendicitis, and the delay could have put her in danger of rupturing her appendix leading to a prolonged surgical recovery and hospitalization (or death).

A 50 year old college professor without insurance stopped his two blood pressure medications due to out of pocket cost when his class load was cut back by the college. A few months later he ended up in the hospital unable to breathe and was found to have a dilated, poorly functioning heart and an irregular heart rhythm. After a week-long hospital stay he was discharged out on eight medications including a blood thinner that required weekly blood tests and appointments for medication adjustment. After a couple of years of close monitoring, he was able to wean down to just a few medications and his heart function improved. He is back to exercising regularly and through our health department discount pharmacy has been able to continue taking his medications.

A 43 year old dental technician has chronic anxiety and a strong family history of heart attacks. Her mother died at 45 from a myocardial infarction. Her anxiety manifests as chest pain and shortness of breath. She has gone to the hospital frequently in the last couple of years for the chest pain, each time having expensive work ups to rule out a heart attack. After she obtained coverage with the Oregon Health Plan this year she was able to access counseling services which helped her quit smoking and learned strategies to manage her anxiety, with no further ER visits.

A healthy 28 year old woman who works as a housekeeper in a local hotel developed symptoms of multiple sclerosis (MS) in the second month of her first pregnancy. She was seen promptly by Neurology because of the health insurance that she qualified for during her pregnancy. Treatment for her MS was started and successfully improved her symptoms. She delivered a healthy baby boy and then no longer qualified for health insurance which had been paying for monthly infusions to treat her MS. Will she have to stop her treatment and risk recurrence of her symptoms of dizziness, weakness, and blurred vision now that she has a new baby at home?

A 60 year old retired librarian has a degenerative eye disease which requires routine follow up and treatment by eye specialists a 2 hour drive away. She is unable to drive due to partial blindness and depended on her husband to drive her and to pay for the out of pocket expense of the specialist appointments. However, she frequently no-showed those appointments and last year she revealed that her husband was physically and verbally abusing her. We helped her reach out to CARDV and get needed support, eventually resulting in a restraining order against her husband. Fortunately, she recently qualified for the Oregon Health Plan and is able to get transportation to those appointments, which are also now a covered benefit.

The common thread uniting these stories is that these are all residents of our state who have routine health care needs, but whose care has been postponed, delayed or provided at a higher cost than necessary resulting in more expensive care due to a lack of insurance.

Expanding health care to all of our residents will help us meet the triple aim of improved health, improved quality, and lower cost.

For decades, Oregon has been a leader in Health Care. Most recently, these have included Patient Centered Medical Home integration and Medicaid expansion. These improvements in our health system have led to better outcomes at a lower cost for Oregonians. Let's continue to lead in Health Care and take the next step towards extending health care to all of Oregon's residents.

Thank you for your attention to this critical issue for your constituents.

Sincerely,

Kristin Bradford MD, MPH

Family Physician and Medical Director, CHCs of Benton and Linn Counties