

Senator Monnes Anderson and members of the committee,

Thank you for allowing me to share my testimony in support of House Joint Resolution 203 today.

My name is Tony Germann. I am a resident of Silverton, Oregon where I practice as a rural family medicine doctor. In addition to my role of delivering day to day care, I am clinic director of a Primary Care Community Health Center in Woodburn, Oregon where we help over 15,000 community members.

Our Federally Qualified health center serves as one of the primary safety network for health care in our rural community.

I would like to start my comments first by asking a question to this committee and to the audience. What is the worst news you have ever had to deliver to someone? I hope to offer good news to my patients most of the time but frequently at the doctor's office bad news is part of the job. Telling someone they have diabetes, heart disease, liver failure or worse yet, cancer, is no easy task. It is even more disturbing when therapies to treat their condition are available, but their lack of insurance prohibits our interventions to heal them.

Although 95% of Oregonians now have health insurance, still far too many of my patients lack affordable access to the services they need. This lack of basic health care has consequences: it sanctions suffering, promotes poor performance in school, and discourages the ability to be part of a healthy workforce.

During my time in practice I have seen our increase in access to care through the ACA and OHP expansion. I promise you it has changed lives AND health outcomes.

For example, one of my patients received Willamette Valley Community Health plan under OHP in 2013. Prior to that, he was in the hospital or emergency department on a regular basis for Chronic Obstructive Pulmonary disease. For the last four years, due to controller inhalers and smoking cessation, he has not had any complications of his disease and his quality of life is infinitely better.

In addition, the cost to the taxpayer has been reduced significantly: he is able to

access primary care at the clinic for \$120 dollars rather than the Emergency Department for an average of \$1200, or worse yet being hospitalized.

Many of my diabetic patients skipped meds prior to having health care. They are now much more consistent with their disease management. Insulin is a great deal cheaper and respectful way to treat a human being rather than offering them dialysis when time has run out on their kidneys.

Another very memorable patient of mine was a woman with prior abnormal pap smear screening, with a dangerous precancerous lesion. She was hesitant to get follow up screening due to cost. When she received an OHP plan, we caught the abnormality and hence saved her life.

The HOPE initiative simply states that Oregon has the capability and will-power to ensure everyone has a chance to beat the death sentence of cancer, to screen for children's developmental milestones so they ready to learn in school, and to prioritize a workforce that is not put on disability because their injury was not attended to appropriately.

In my view everyone has a preexisting condition. It's called chance. We will all get sick or injured. The HOPE initiative lifts our communities up and enshrines in our state constitution that health care is fundamental to OUR core value system. We will not leave the most vulnerable in our communities to suffer or diminish in their value.

In the face of national uncertainty, Oregon must continue to enhance access to care, not go backwards to when thousands lacked insurance. The HOPE initiative enables Oregon to continue to be a model for the rest of the nation and we should rise to this opportunity. Providing individuals with access to affordable health care is the right thing to do both from a financial and ETHICAL standpoint.

Thank you very much for your time!