

**From:** [Laura Lonski](#)  
**To:** [J1SS Exhibits](#)  
**Cc:** [Sen Courtney](#); [Rep Koteck](#); [Sen Wagner](#); [Rep Smith Warner](#); [Rep Drazan](#); [Sen.FredGirod@state.or.us](#); [Sen Burdick](#); [Sen Frederick](#); [Sen Knopp](#); [Sen Prozanski](#); [Sen Thatcher](#); [Rep Bynum](#); [Rep Holvey](#); [Rep Lewis](#); [Rep Salinas](#); [Rep Stark](#)  
**Subject:** Support for SB 1606: Access to Care for Oregonians with Disabilities  
**Date:** Wednesday, June 24, 2020 2:27:16 PM

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Hello,

I am in a leadership position at an agency that provides housing and whole-life support services for individuals with intellectual and developmental disabilities in Corvallis. The individuals that we support deserve not only equal treatment but quality treatment, especially when receiving healthcare supports.

Unfortunately, in order for this care to be given, it often requires me to go above and beyond to advocate for the individual I am supporting to be given the same level of care as someone who does not the same diagnoses. It can be extremely disheartening and disturbing to have to work so hard for simply the base level of care.

I would like to share a specific example of when this was required. In April, an individual that we support was experiencing symptoms including a fever of over 101 degrees; respiratory distress; a drop in oxygen saturation levels; and a worsening cough. He also has a intellectual/developmental disability and chronic respiratory disease. He was transported to the emergency room, with his program manager accompanying. I was in direct communication with the manager throughout the ER visit. We both were surprised when the individual was not automatically given the COVID-19 test. We clearly communicated his risk factors, in addition to the fact that he is supported in a congregate care setting, where possible exposure could be highly dangerous and detrimental to a vast amount of individuals. When the COVID-19 test was requested, the hospital staff stated he would not be given it, as he had a history of pneumonia and it "was likely just that." Only after continued, persistent advocacy on our part, was he administered that diagnostic test, even though he checked nearly every qualifying box for possible exposure to a highly contagious and very deadly infection. After he did receive the test, a member of the hospital staff was agitated and stated in earshot of the individual that it "was a waste of valuable PPE (personal protective equipment)." This individual was made to feel as if they were less worthy of receiving essential healthcare supports, due to the fact that their quality of life was deemed less valuable.

I ask that you support Legislative Concept 52. This will ensure that patients are treated as if they are of equal value, and that they are provided with healthcare that helps them to lead lives that are healthy, safe, and satisfying. It is an urgent need, especially in light of our current community health crisis.

Thank you for your consideration of this important cause!

Best,  
Laura Lonski