



Oregon Voices  
PO Box 13175  
Salem, OR 97302

March 9, 2021

To: House Judiciary Committee  
RE: HB 2200

Chair Bynum, Vice-Chair Noble, Vice-Chair Powers, and members of the committee:

I am writing for Oregon Voices in strong support of HB 2200. Much of our work involves connection with incarcerated persons and/or the families of incarcerated persons. One story that we hear repeatedly is that persons booked into pre-trial detention cannot or did not get the care that they needed. Sometimes this care is for existing conditions; at others it is for conditions that arise during detention. Often the major barrier is either that the detainee does not have health coverage or that the coverage they have is disconnected from their current circumstances. This bill would correct that problem.

We also have first-hand experience with this issue. We had a family member in pre-trial detention some years ago who developed a serious and excruciatingly painful bladder infection which the institution refused to treat because they said that he didn't have enough money in his institutional account to cover the care. A simple antibiotic was all that he needed, but it was around Christmas, and there was no way to get money into that account during the holidays. This bill could have prevented that crisis.

Another case we encountered involved a man who at the time of arrest had just received a positive test for what appeared to be aggressive prostate cancer. He struggled unsuccessfully for the next two years to get someone to follow up on that test result. By the time he contacted us, he was consumed with fear that by now his condition might be beyond help. We were able finally to intercede with DOC officials in Salem so that he finally was able to see an oncologist. This kind of disconnect is both inhumane and indefensible.

HB 2200 would also serve as an initial bridge between a person's past medical records and the medical records inside. We hear repeatedly that persons with serious documented conditions cannot get care for them because DOC medical staff do not believe that these needs are real. HB 2200 will not solve that problem, but it might at least provide connection between previous health providers and DOC at the very outset of the process.

Sincerely,

Ken Nolley for Oregon Voices