Chair Nosse, Vice Chairs Goodwin and Nelson, and Members of the Committee,

For the record, my name is Robert A. Lowe, MD, MPH. I am an emergency physician and health policy researcher, retired from Oregon Health and Science University. I am writing in support of HB2918, which addresses the public health crisis of racism.

In my career, I have worked in many inner city hospitals, and I have treated hundreds of patients who would not have been in the emergency department were it not for the impacts of racism. Poverty and lack of medical insurance are much more prevalent in BIPOC communities – direct consequences of the racism to which these communities have been subjected for generations. Lack of access to care outside of the emergency department has forced patient to use the ED for primary care. Worse, this same lack of access has led people to postpone care for chronic illnesses until their poorly-controlled asthma led to respiratory distress, their untreated hypertension led to strokes and heart attacks, and their uncontrolled diabetes led to diabetic ketoacidosis or leg infections requiring amputation. All of this has been made worse by ill-conceived attempts to save money by creating barriers to emergency care.

As a physician and researcher, I want to emphasize that this issue is not about politics. This issue is about people's lives and their health; people are dying far earlier than they should, and we must do a much better job of preventing that. Health inequities are preventable issues that when addressed provide significant cost savings not only to health systems, but also to other systems related to the social determinants of health.

I have also struggled to care for patients from different cultural backgrounds. Language, cultural norms, and medical beliefs differ, and my own lack of sophistication in cultural competence has, at times, compromised my ability to provide optimal care. I am ashamed of that, and grateful that the culturally-competent providers funded by HR 2918 will address some of the issues that I could not.

HB 2918 will provide the funds needed to implement the pilot mobile health unit that received one year of funding but is intended to be a five-year pilot. These mobile units are intended to be part of the public health approach of preventing illness, disease, injury, and death. They remove barriers, enabling increased access and quality of care in BIPOC communities through culturally and linguistically appropriate mobile health units.

Lessons learned from these pilots will be integrated into plans to assess the feasibility of developing a statewide mobile health unit system, which will be developed by the Oregon Health Authority (OHA).

I hope that the House Committee on Behavioral Health and Health Care will support this important legislation. Thank you for your consideration.

Sincerely,

Robert A. Lowe, MD, MPH
Portland, Oregon