

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 HR2925, 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.

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 2925 will address some of the issues that I could not.

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.

HB 2925 honors the time committed already by so many community members. It extends the timeline for the Health Equity Advisory Leaders and the Indigenous Equity Action Council convened by The Oregon Advocacy Commissions Office to meet, discuss, research and make policy recommendations that improve health outcomes of communities of color across the state from June 2023 to June 2026.

Additionally, HB 2925 extends the timeline for OHA to develop recommendations on how to fund intervention programs designed to prevent or intervene in the health conditions that result in inequitable and negative outcomes.

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
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