

03/09/2023

Re: HB 2555, Vote YES to Support Fair Pay for NDs

Dear House Behavioral Health and Health Care Committee,

My name is Alicia Hart, and I am a naturopathic doctor (ND). I would like to share my experience working as a licensed ND in Oregon and to ask you to please support HB 2555.

I was born in Klamath Falls and grew up in McMinnville. My family has been part of the working class in Oregon since the late 1800s. My family is full of loggers, longshoremen, truckers, mechanics, firefighters, and farmers. I often joke with patients that if they're "from here, from here" too, I'm probably related to them or our grandparents worked together. I was one of those kids who wanted to be a doctor from the beginning- except the 4 years I'd thought I'd be a musician because I was in the jazz choir at McMinnville High.

One of the reasons that I wanted to be a doctor was watching my family receive poor medical care. I remember sitting in the lobby at the Kaiser in Tualatin at age 10 thinking "I could do a better job than that." My family is full of chronic illness and genetic rarities, the exact sort of thing that doesn't do well with algorithmically driven, impersonal medicine. When my advisor in college asked me where I was applying to, I said I wanted to go into naturopathic medicine. He asked me if I was sure, because he knew the admissions committee at OHSU and thought I was a shoe-in, and I thought about the way that my family had received care at Kaiser, at Willamette Valley Medical, at OHSU, at Providence, and I said I was sure. I was sure that I wanted to do medicine, and I was sure that I wanted to learn how to do it in a different way than conventional medicine was operating. He reluctantly stopped trying to get me to go to OHSU, and wrote one of my letters of recommendation while continuing to try to convince me that conventional medicine might be a better fit.

After a somewhat tumultuous 5 years in school where conventionally trained surgeons saved my life on 3 different occasions, with a support network made primarily of MDs and DOs that I studied with, did step practice exams with, and still consult, I graduated in 2015. I opened a practice in Tualatin where I was a gold level Vaccines For Children provider for 5 years. I focused on trauma informed care. I chose medicaid, again and again, and again- because I wanted to take care of people just like me. People who grew up in trailer parks, people who work with their hands, people who have weird genetic or chronic illnesses- parents and babies and aunties. Most of my time at Vitality Natural Medicine saw me having a panel of 35-40% medicaid. When the pandemic hit Oregon with the first cases within a mile and a half of me, I was on the phone with public health and epidemiology constantly. Dr. Graybill and I worked tirelessly on the very front line- and we saw people in person when other offices wouldn't. We developed our safety protocols and plans from the Multnomah plans but also by working with Dr. Christina Yen, MD, who was working on the Harvard infectious disease time in covid response at that

time. We provided essential care and bridged the gap when we ourselves were excluded from much of the resources. We waited agonizing weeks while Providence and OHSU and Legacy vaccinated their staff who were only working from home while we saw patients in clinic, trying to keep pressure off of the emergency rooms. When we finally got our vaccines, standing in line for hours outdoors in January in Salem, it was the first breath of hope we felt.

When Vitality ran into financial difficulties due to our rental lease and our high medicaid, low reimbursement status, we had to close. This would have been avoidable if we had been receiving equitable payments from insurance companies. The lack of pay parity directly closed a primary care clinic that loved caring for a 35-40% medicaid panel with gold level VFC status during the pandemic.

When CareOregon asked Southwest Family Physicians to take our CareOregon patients, Dr. Gulick kindly asked me if I would like to take care of my CareOregon patients over there. I continue to care for my neighbors, my children's classmates, four generations of family members, my community. I continue to advocate for patients, working with care teams filled with many kinds of degrees. I continue to check A1cs and order mammograms and take pom poms out of children's ears, to talk about considering going to bed on time and exercising and eating at least one vegetable. I make asthma plans and prescribe psych medications. I've continued to advocate for increased access to mental health care, reaching out to many of my representatives when I had to deescalate psychosis by Couch park while walking my kids to school. (A story I mention as I heard it made it's way around, and because I talked to several people in government about this and effective solutions for this without mentioning what kind of degree I have)

I continue to do a better job than the fractured, impersonal care I received as a child. However, since I came from a background of poverty, I still have more than \$350,000.00 in student loans. Being paid less than my colleagues- who work in the same office that I do, seeing the same patients, doing the same visits, prescribing the same meds and having alternatives to offer to those for whom conventional plans are not helping enough- is not a tenable long term option. I have the herbal training that doctors in Germany and Brazil have. I live and breathe family medicine. I love caring for my community, the community I grew up in. I have open invitations from friends in other countries to come to practice with them, and right now I am choosing to stay in Oregon, taking care of oregonians. Please make this a choice that my family can thrive with.

Inequitable insurance payments will limit access to necessary primary care. It already has. Oregonians deserve access to care, and health care workers providing care should be compensated the same across the board when we are assigned patients by the state and are meeting the same primary care health goals. Please, stop the reimbursement discrepancy. Vote yes on HB2555. Increase access to care, increase equity, and put a stop to discriminatory insurance practices.

Sincerely yours,

Alicia Hart, ND
5122 SW Sweeney St, Portland, Oregon, 97221-1851
ahart@oregonmedicalweightloss.com