

Testimony in support of House Bill 2878

Chair Nosse, Vice-Chair Nelson, and members of the Committee:

For the record, my name is Dr. Brian Frank. I am a family physician and the chair of the Oregon Academy of Family Physicians External Affairs Committee. I also served on the steering committee to develop House Bill 2878. I am representing the Oregon Academy of Family Physicians and providing testimony in support of House Bill 2878.

I work at a Federally Qualified Health Center (or, FQHC). The majority of our families are insured by Medicare and/or Medicaid. Because of this, much of our payment is capitated. This gives us flexibility in how we care for our patients; the same sort of flexibility that HB 2878 would provide. Perhaps most importantly, it allows us to address patients' health related social needs – those fundamental aspects of life such as food, shelter, and financial security. I cannot stress enough how important this is, but I will provide an example.

In June of 2020, when our clinic, Oregon, and the world were all trying to adapt to the new realities of COVID, a husband and wife came into our clinic with symptoms of COVID. Both the husband and wife have diabetes. They live paycheck to paycheck, often struggling to afford insulin. When we saw them, they had enough food at home to last maybe 24 hours. They were out of insulin, and both husband and wife were scheduled to work the next day. This couple faced a choice: They could follow recommendations to quarantine for 14 days, knowing they did not have enough food, medicine, or income to survive. Alternatively, they could go back to work, to the store, to the pharmacy, and meet their most basic needs. Thankfully, our capitated payment model allows us the flexibility to employ community health workers (CHWs), experts in navigating community resources. Our CHWs helped connect this couple with emergency food, income assistance and a medication delivery service so that they could safely quarantine at home. Without this support, the couple would have either died or risked spreading COVID to hundreds of others. The flexibility provided by the same sort of model as HB 2878 allowed us to make a difference. In fact, over the course of 2020, our CHWs helped more than 300 patients access the resources they needed to stay home and prevent spreading COVID to their communities.

ALL Oregonians deserve access to this sort of innovative, personalized, life-saving care. HB 2878 is the first step toward that goal. OAFP is pleased to support HB 2878 and urges our representatives to do the same.

Sincerely

Brian Frank MD