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On Behalf Of:

Committee: Joint Committee On Ways and Means

Measure: SB5506

Testimony in Favor of the funding the Basic Health Plan Capella Crowfoot Lapham, DNP, FNP Assistant Professor, OHSU FNP Program Locums Tenens, Comphealth

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For the past 4 years I worked as a primary care provider in a large Federally Qualified Health Center in Salem, OR. About half of my patients were on the Oregon Health Plan, the remainder were mostly uninsured. Often, I had the opportunity to provide care to adults who had been without health insurance for years or decades prior to getting the health plan. They arrived in my exam room with uncontrolled chronic health conditions that required testing and medication management to get under control. Sometimes the problems were simple like hypertension or diabetes which I could manage with in-clinic testing and medications. Recently I have added treatment for hepatitis C and opioid use disorder to the life-saving, cost-saving treatments I provide through OHP coverage.

I remember one patient who presented with unusual symptoms of disabling attacks of nausea and tinnitus. I pursued imaging and testing for a number of potential causes before finding that she had a cardiac condition that required specialty care and medication management. I hate to think how she will manage if she is in the group that will lose coverage if the Basic Health Plan is not extended.

One patient who I still think about came to me with very severe COPD. Having lived a hard life after a successful career as a college football player, he had severe lung disease in his late 40's. He had a few other chronic conditions, including Type 2 Diabetes. I understood that his lung disease was more severe than I could manage within the primary care setting and promptly ordered a referral to a Pulmonologist. But he missed his first appointment to attend a family funeral. In the meantime, I prescribed inhalers for his lungs and helped him get his diabetes and hypertension under control. Unfortunately, a few months after I first met him, he died of respiratory failure. I felt that I had failed him. As I contemplated the course of his life, I realized that if he had insurance and access to treatment a couple years sooner, he would likely be alive today.

As US life expectancy declines due to poor access to primary care and untreated substance use disorder, it is essential that these patients, my patients, retain access to care and the support in managing their long-term chronic health conditions. Please fully fund the Basic Health Plan in this biennium's budget to keep people insured and

maintain their access to care