

Submitter: Barbara and Daniel Gleason  
On Behalf Of:  
Committee: Senate Committee On Health Care  
Measure, Appointment or Topic: SB951

March 2, 2025

Re: SB 951

<https://olis.oregonlegislature.gov/liz/2025R1/Measures/Overview/SB951>

Dear Oregon legislators,

My husband was “abandoned” last year by his endocrinologist at Oregon Medical Group, due to no action on our part other than an insurance change.

Despite double and triple-checking that ALL of his medical providers would be covered if we changed insurance, and despite OMG (in the fall when we had to decide) still being considered in-network for that insurance, by the time our decision had been made and it was too late to change, OMG THEN removed themselves from that insurance’s coverage plan.

When we called to set up his blood draw prior to his appointment, and when I let them know there was an insurance change, suddenly, he would NOT be permitted to see his doctor there! This was his long-time endocrinologist, who he had seen for over 7 years. He had dealt with multiple major, deadly medical issues, so to lose this doctor has been devastating!

I am not a medical practitioner, not a nurse, not a doctor, with NO medical training at all. Yet I have had to become his medical team manager. This includes managing diabetes that he has had for over 50 years. I have had to get up to speed on the various types of the medication he requires, try to research to help me understand why some formulations work and some do not, etc. I have had to try to help him create formulas for dosing, and we have had to work with our primary care doctor, who is a generalist. NO OTHER ENDOCRINOLOGIST IN THE AREA will see him, as he is old, on Medicare, and has been, until this year, fairly healthy as far as the endocrinology condition goes. One other practice would not see him as he is on Medicare. The only other practice in the area, PeaceHealth, would not agree to see him as he WASN’T SICK ENOUGH! He needed to have an A1c of 8.0 or higher.

His new insurance assured us that they WOULD cover my husband’s care at OMG, and they have guaranteed that if we pay an out-of-network co-pay (\$25) they will pay the bill submitted to them. They said that since this is a Medicare Advantage plan, as

he had before, he could not be refused and they would be required to pay. Yet, OMG has refused to allow him access to his doctor and refuses to bill our insurance.

So, because of OMG's refusal to see him once we changed insurance, a diabetes patient who has had this endocrinology condition for over 50 years no longer has a doctor helping him with that medical care issue!

This was done to a life-long Oregonian whose family has lived here for over 3 generations, who has battled multiple deadly diseases and survived. It occurred to someone who has an active, somewhat feisty advocate. Just imagine if he did not have such support, being blind and disabled.... I fear for so many other patients far less able than he is to advocate for fair treatment!

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