

March 11th, 2025

RE: House Committee on Behavioral Health and Health Care Hearing on HB3650

Chair Nosse and members of House Committee on Behavioral Health and Health Care,

Thank you for the opportunity to provide testimony in support of HB3650

My name is Tony Germann. I am a rural family doctor and clinic medical director practicing in the Willamette valley. I serve as a member and Vice-Chair of the Oregon Health Policy Board. My comments today represent my personal beliefs but are supported by the insight I have working in these settings.

For 13 years I have delivered care to the Latino community in Woodburn, Oregon at Salud Medical and Pacific Pediatrics clinics. We provide exceptional primary care to a community that deserves high quality and compassionate care. There are numerous examples of care delivery teams and other institutions such as our clinic in our state, but to be honest, I often hear back from my patients that our clinic is an isolated island among care providers that delivers bicultural and bilingual care to patients. For a demographic that represents 16 percent of the population it shouldn't be that hard for them to be able to understand and feel listened to when it comes to their health decisions. We are falling short.

Last week one of my patient's attended his cardiology appointment. He returned the following week with me and I asked him if he understood the risks associated with his need for dual antiplatelet therapy- to prevent him from having another heart attack. He reported he didn't understand anything from the appointment as there was not adequate interpretation. His risks associated with the lack of understanding from that encounter could have been catastrophic. This is not an isolated event.

During COVID I served in roles for Gov. Kate Brown's office to help the state focus on marginalized communities due to the disparate outcomes we observed, particularly for the Latino community. We know BIPOC communities suffer worse health care consequences in regards to the lack of access to care, including primary care, specialty care, and culturally attentive care.

HB 3650 will help support us as a state to conduct research on health disparities and find ways for us to better invest in what is working for care delivery of this patient population. It can develop new interventions to increase culturally and linguistically appropriate healthcare services. Most importantly we need to grow the Latino provider workforce. This is an area I believe this taskforce can make a large contribution. During my tenure it has been exceedingly difficult to recruit candidates for healthcare positions that are representative of this patient population. We know these disparities are rooted in systemic barriers. Oregon is leading the way to navigate through these but HB3650 will lend a tremendous hand to uplift this necessary work. The scarcity of culturally appropriate providers is real and we need a focused attention on

this issue. I also believe this body of work will help to propose strategies to improve health education and outreach efforts to this community.

Please support HB3650 and let's continue to create solutions for the Latino community and our state.

Sincerely,

Tony Germann, MD MPH FAAFP

Clinical Medical Director – Salud and Pacific Pediatrics Clinics- YVFWC

Fellowship Director- Salud Rural Maternal Child Health Fellowship

Oregon Health Policy Board- Vice-Chair and member