

Re: Support of SB683

March 1, 2025

Dear Members of the Committee,

I am Dr. Mona McArdle, a physician practicing in Oregon for over 30 years, with the last 22 years in Southern Oregon. I serve as the Medical Director and Chief Medical Officer of Valley Immediate Care, an independent urgent care organization operating six sites across the Rogue Valley. Additionally, I am the vice chair of the Southern Oregon Alliance of Physicians and Providers (SOAPP), a coalition dedicated to increasing access to healthcare in our community.

I write to express my strong support for Senate Bill 683, which mandates a biennial, accurate count of actively practicing primary care physicians (PCPs) in our state. This bill aims to delineate the actual number and location of PCPs providing outpatient care—the essential services that maintain health and facilitate early, cost-effective disease detection.

Currently, the Oregon Health Authority (OHA) overestimates the number of available PCPs in certain regions, creating a false sense of adequacy in healthcare coverage. This discrepancy arises because OHA's data collection methods do not distinguish between physicians engaged in full-time direct patient care and those whose roles involve teaching, administration, research, are semi-retired or providing hospital care. While these roles are vital, these physicians and providers should not be counted as individuals available for outpatient primary patient care.

My situation is a perfect example of why our current counting system does not work. I have been practicing urgent care medicine, which is not considered primary care. However, when I renew my license, I must categorize myself under internal medicine or general medicine because urgent care is not listed as an option. Additionally, I do not usually see patients in the clinic daily but instead focus on supervising and facilitating real time support for providers in the clinic and other administrative duties. Categorizing me as a primary care provider, skews the state's data on available PCPs.

This misrepresentation has significant implications. It hampers the ability to identify and address gaps in healthcare access, particularly in rural and underserved areas. Moreover, it affects scoring systems that determine eligibility for loan repayment assistance, potentially discouraging new physicians and providers from practicing in regions where they are most needed or even moving to Oregon.

Accurate data is crucial for effective healthcare planning and resource allocation. By supporting SB 683, the state can ensure a true and precise accounting of the primary care workforce, ultimately improving healthcare access and outcomes for all Oregonians.

Thank you for your time and consideration.

Sincerely,

Mona M. Corda

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