

March 18, 2025

## CareOregon Comments on SB 683

Chair Patterson, Vice-Chair Hayden, and Members of the Committee,

I am writing to express my strong support for the conversation Senate Bill 683 is initiating. I am currently Medical Director of Clinical Services for Jackson Care Connect, a part of the CareOregon family. CareOregon is a community non-profit currently serving over 500,000 members of the Oregon Health Plan through ownership of Columbia Pacific CCO, Jackson Care Connect, and as a founding member of Health Share of Oregon.

As a Family Medicine Physician, I have practiced full spectrum family medicine in a variety of settings including in Grants Pass and Cave Junction, served as Deputy Health Officer in Josephine County, Health Officer in Jackson County, and in my current position with Jackson Care Connect. Each of these roles has provided me an additional perspective on access to high quality healthcare—particularly primary care—in Southern Oregon.

Primary care is the core of a healthy healthcare system, so the impact of a provider shortage in a community is felt in a variety of ways:

- People who have just moved to the area are unable to find a new PCP; this includes new healthcare providers, some of whom decide to leave shortly after arriving because they cannot find care for their own families.
- Patients who want to switch providers cannot do so without risking their access.
- Fewer acute care visit appointments are available for established patients, leading to an increase in inappropriate utilization of emergency departments.
- Less time for primary care providers to spend with their patients means more referrals to specialists for issues that could be managed in primary care, increasing the burden and burnout of specialists.
- Inaccurate provider counts result in fewer loan repayment options, a critical factor in recruiting providers to a region.
- Without an accurate understanding of which Oregon regions are most in need of more PCPs, the state cannot adequately prioritize support.

To holistically address the needs of our healthcare system, we must start by accurately knowing where primary care is in greatest need. To do this, we can:

- Properly count licensed primary care providers as full-time or part-time.

- Differentiate primary care providers practicing primary care from those who practice hospital care, emergency room care, urgent care, aesthetics, or are in full-time administration.

In summary, having a more nuanced understanding of where primary care shortages exist statewide will allow us to:

- Provide more focused support to the regions in most need.
- Decrease burnout of primary care and specialty providers in primary care shortage areas.
- Better understand the type of residency program growth that is most needed.
- Increase access to high quality care for patients and decrease inappropriate utilization of emergency departments.
- Potentially have more areas that qualify for loan repayments, enhancing the ability to recruit PCPs to areas that truly need more PCPs.

While CareOregon is neutral on the base bill, we would be supportive of an outcome where the final report includes non-physician primary care providers and OHA convenes rulemaking to allow stakeholders to weigh on the technical specifications of how to best measure primary care shortage areas to better inform workforce policy and incentives.

Thank you for your consideration of SB 683. We look forward to working with stakeholders and the Legislature to advance this conversation and strengthen primary care in communities across Oregon.

Sincerely,

Leona O'Keefe, MD  
Medical Director of Clinical Services  
Jackson Care Connect

