

Good morning. My name is Christine Kennedy. I have my Master's in Nursing in Health System Management and I have spent over 45 years in Health Care as a Registered Nurse and Nurse Leader. My first job in Oregon was at the 'old VA' as a staff RN on 25C. I worked at a Community Hospital in Oregon for 25 years and was the Director of Inpatient Services when I moved to Tennessee. In 2008, I was recruited to a newly created role as the Administrative Director of the Inpatient Medical Units at Vanderbilt University Hospital. After that assignment was completed in 2013, I returned to Oregon. I retired my RN license in February 2020 and my last Clinical Assignment was to volunteer with OHSU in February and March 2021 to administer Covid Immunizations. During the pandemic my focus has been on 'being there' for my family - two adult children living locally and my three grandchildren.

We must transform our current patchwork system of payors into a universal affordable system. Many people get their insurance through their employer but if someone has a serious illness and unable to work, they lose their employer insurance. As a Nurse leader, I knew my staff and I had several staff who developed a serious illness and were unable to work for a long period, lost their employment and then had to cope with the cost of

insurance through COBRA. This is the dilemma of the US health care. It feels more like a privilege than a right. If you have insurance and money, you have more choices and options. If you are living with a serious chronic illness, you are often faced with barriers to care and a financial crisis.

In Oregon, the Center for Ethics at OHSU has been a leader in palliative care and conversations about end of life care. Never easy, never simple. Dr. Susan Tolle and her associates developed a tool called the Physician/Provider Order for Life Sustaining Treatments. This standardized tool and process for implementation was developed collaboratively between inpatient and outpatient providers, and many disciplines. The POLST is a legally recognized 'order' to provide guidance to first responders and inform caregivers. The aim is to ensure the person's choices about their health care are communicated and respected. The use of Advance Directives and the POLST is an example of the kind of leadership and innovative processes that is Oregon. As with any process, it is being constantly studied for its effectiveness.

As a concerned human being, I have a deep appreciation for the value of individual health and healthy communities. We know that the costs of

healthcare in the US compared to other countries is significantly higher - more than \$5000 per person higher. It is reported that inefficiencies and administrative waste in the US health system result in about \$1000 of cost per person. Sadly this increased cost **does not** translate to improved outcomes. Infant mortality rate in the US is comparable to Columbia. **Let me say that again. Infant mortality rate in the US is comparable to Columbia.** Oregon has taken steps to protect choice for women and their providers. We can do better.