

My name is Hannah Winchester and I am a physical therapist. Initially, my career led me all over the country working in ICU's, total joint replacement centers, acute rehab facilities, and even assisting surgeon's with wound care. About 8 years ago I took a position with a small Home Health company in rural Virginia thinking that getting out of the hospital would be a pleasant respite from the traditional chaos we all expect with in-patient settings. I'm here before you to state for the record: Home Health care is a setting with its own challenges, and has long-been neglected in regards to appropriate staffing and workplace conditions, and it's far time that changes.

Home Health serves our most fragile and vulnerable populations. By definition, those receiving the service must be considered "home bound," meaning due to pain, weakness, immunocompromised status, or cognitive barriers, cannot receive care in an outpatient setting due to the high risk associated with leaving their home. There have been hundreds of studies that have repetitively proven the immeasurable benefit that Home Health can provide to prevent re-hospitalizations, decrease reliance on Primary Care services, decrease falls and injuries, and inevitably reduce the overall community burden of caregiving services that our patients would require without the education and treatment that Home Health clinicians provide.

My colleagues and I jokingly refer to ourselves as the "scrappy step-child of the healthcare world" since most organizations focus budget and resources to our larger siblings at the hospitals or in the clinics. When COVID arrived, we thought this was our opportunity to finally have the world see our worth. The frantic questioning of how to best protect our hospital beds and resources when clinics were shuttering and Skilled Nursing facilities stopped accepting new patients seemed easily answered: If you get them safe enough to come home, we can take it from there. The world was quarantining in the setting we already know how to do our jobs in best – the comfort of your own home.

Unfortunately, the challenges we've always faced as Home Health Care clinicians became ten-fold, as we started seeing our patients become monumentally sicker due to expedited hospital discharges and inability to attain clinic-care to manage chronic conditions. Isolated elderly patients were unable to call on their usual resources to obtain medications, get transportation to needed appointments, buy food that fit their illness related dietary restrictions, or sometimes even find the help needed to bathe their bodies more than once a month. We took on jobs and responsibilities far outside of our scope, because we knew the irreparable damage that could happen if our patients went without. Wounds will get larger and inevitably lead to amputations, blood sugars will sky rocket and send them back to the already-packed ED, and one more weakness-related fall is destined to end up as a broken hip – at times, a death sentence for an already fragile body.

At the same time we saw our to-do list lengthen, our numbers continued to dwindle – I say "continued" to dwindle as we had already seen Kaiser Permanente reduce our staff size by attrition for years prior to anyone ever believing we'd see a pandemic in our lifetime. "Lean Staffing" was the way of running business, despite our many years of pleas to call notice to the dangers of spreading us so thin. At this point, I'm notified of another colleague leaving our department, and sometimes the profession altogether, every single week.

However, our demographic to serve only continues to grow, and we are unable to stop the incoming referrals to our services. Kaiser has a Medicare-required responsibility to provide Home Health services to anyone with their insurance, and their previous reflexive response to refer them out to a community partner is no longer an option – as these agencies too have a skeleton crew of clinicians to complete the

task. Unlike our community partners though, we don't have the opportunity to decline a referral if there isn't anywhere else for them to go, so we end up taking on more than we can safely handle.

So what are we to do? Our caseloads have grown to twice the size when I started here 6 years ago. Every decision we make is scrutinized by our managers: "Are you SURE that wound needs dressing changes three times a week? Can't you teach them to do it themselves?" "It seems like this patient hasn't made the necessary progress in three weeks, you should discharge at a new baseline. Just send them to the clinic." Instead of any effort to protect a patient's quality of life, quality of independence, ability to function without debilitating chronic pain, or even remain in their own homes, we are constantly forced to give up on our patients on a daily basis.

Myself and my colleagues have all had hundreds of experiences where we are forced to leave a patient visit without completing all of the required tasks because there's too many patients left to see that day. I've had to walk away from a stroke patient who wanted to try and walk again just a few more steps because I was their only chance to get on their feet that week. We've had to say no to assisting people to go to the bathroom because it takes 15 minutes we simply don't have, even knowing that person will likely soil themselves in the coming hour. If we say yes to them, we have to say no to others, or even risk being labeled insubordinate because we can't meet our inappropriate productivity requirements.

It doesn't have to be this way. We as healthcare workers don't have to carry this inhumane burden of knowing we couldn't do our jobs or treat our patients like actual humans because there wasn't enough time. As the labor partner for my department, I have spent the last three years explaining to our management that if we control the conditions of care we're providing, people would stop leaving – and even refill the positions that sit open for months/years at a time. Far too often my pleas are brushed aside as selfish whines that have no merit.

This isn't something a sign-on bonus, or a Christmas gift of a bag of popcorn, or a plastic "Thank you, hero!" plaque can remedy. We must stop band-aiding the broken leg that is our broken healthcare system in Oregon. Without addressing the root cause of unsustainable working conditions, there is absolutely no hope out of this.

I cannot continue to work for a company that shuffles billions of dollars a year away from the healthcare workers that earned it into stocks that transition into wads of cash in the pockets of shareholders while our patients fail before our eyes. The assertion that hospital beds will close due to this bill is unwarranted threatening, and an unsurprising promise coming from corporations that have proven to us that they will do ANYTHING to keep their cash flow protected, including withholding healthcare from the residents in this state.

We will ALL at some time be a patient – illness doesn't care about what side of the room we're sitting on, how much money we have in the bank account, or what letters sit behind our name. We MUST make the changes now to promise our future healthcare workers, our future patients, and ourselves an opportunity to remain healthy. HB 2697 is the protection that is necessary to ensure that everyone living in Oregon has the basic human right to adequate healthcare when they are at their most vulnerable. I beg you to support what is right, and refrain from the repugnant and selfish threats of those against this legislation. Listen to those that have dedicated their lives to protecting our patients, who are so desperately in support of this bill.

Thank you for your time.