

Chair Nosse, Vice Chairs Javadi and Nelson, and Members of the House Committee on Behavioral Health and Healthcare,

My name is Hunter Alldredge, I am a life-long Oregonian, practicing anesthesiologist and intensivist in the Portland area, and the current President of the Oregon Society of Anesthesiologists. **I strongly support HB 2591, designed to help stabilize the anesthesia workforce.**

Anesthesiologists provide care across a vast spectrum in the healthcare system, from emergency surgery, obstetric care, transplants, open heart surgery, chronic pain management, and ICU care. Much of healthcare starts and stops with an anesthesiologist or CRNA. However, access to critical anesthesia care in Oregon is in a crisis. Since the COVID-19 pandemic, we have seen progressive instability with anesthesia staffing, leading to declining access for patients. One family friend had to travel across the country, in order to get urgent surgery for cancer before it spread to the rest of her body, as no hospitals had any room for her in Portland for many months.

A recent survey of the Oregon Society of Anesthesiologist members found that 70% planned to depart the state in the next 10 years, and 40% in the next 5 years. Relatively few of these departures will be due to retirements. The instability in the workforce leads to more instability—especially combined with the fact that other states are able to offer higher pay with a lower cost of living. Today alone there are 55 open job postings within the state for anesthesiologists, and 120 for nurse anesthetists. Note that these open postings likely do not even show the full picture of need. There is far more care to provide than we have the staff for, and we struggle daily to retain providers in Oregon, as well as recruit from outside the state.

HB 2591 works to resolve this crisis by addressing two major barriers to the recruitment and retention of anesthesia providers to Oregon: high student loan debt and high cost of living relative to income. The solutions in HB 2591 leverage existing programs, or are based off of existing programs. We are proud that all of the programs in HB 2591, as drafted, would apply to both anesthesiologists and CRNAs.

The first barrier is high student loan debt. According to the Association of American Medical Colleges, in 2011 the median four-year cost for a public state medical school was \$188,000¹. Medical school in Oregon is much more expensive— during my time in school here, my school was at the 97th percentile of cost across all in-state medical schools. While I can confidently say that I received a stellar education, the cost was far above the average and left me with over \$300,000 in medical school debt. The current in-state **tuition alone** is \$240,000

for a MD, and roughly \$160,000 for a 4 year degree for a nurse anesthetist². These are highly burdensome costs and leave graduates trying to dig themselves out of debt early in their careers. This in turn leaves Oregon at a disadvantage, as graduates will be drawn towards states with good pay and lower costs of living, in order to more quickly pay off debt. Two years ago, out of the 14 graduating anesthesia residents from OHSU, none stayed to practice in the community in Oregon. HB 2591 would direct the Oregon Health Authority to expand the *Oregon Healthcare Provider Incentive Loan Repayment Program* via rulemaking to provide limited but extremely beneficial student debt relief for anesthesia providers in the state of Oregon, in exchange for a minimum 3-year commitment. Given that current federal student loan forgiveness programs are under threat of elimination from the Trump administration, and the high interest rates preventing sustainable loan refinancing, the advantage to recruitment of a state sponsored forgiveness program would be even more profound. If we are able to retain and recruit new graduates to the state, with less student debt preventing them from growing roots in the community, we can rebuild a stable and sustainable workforce from the ground up.

The second barrier is high cost of living relative to income, which have led to providers leaving the state and prevented recruitment from other regions of the country with lower cost of living. Oregon has already started to address this via the rural provider tax credit program, which contains an income cap that has exceptions for specialists like OBGYNs, Emergency Room Physicians, and General Surgeons. Many of these specialists are unable to do their jobs without an anesthesia provider. HB 2591 will provide the same exception to anesthesia providers, and work to expand a \$3000 credit to urban areas, where the anesthesia shortage is even more profound.

I believe that our anesthesia workforce is at a crossroads. Access to critical services for our community is in danger, and the system is barely held together with overworked providers and traveling staff. If we are able to fundamentally support the recruitment and retention of anesthesiologists and nurse anesthetists to Oregon through HB 2591, then I feel we can rebuild sustainable access to outstanding care for all Oregonians.

Sincerely,

E. Hunter Alldredge, MD
President – Oregon Society of Anesthesiologists
Portland, Oregon

References

1. James Youngclaus, Julie Fresne: Trends in Cost and Debt at U.S. Medical Schools Using a New Measure of Medical School Cost of Attendance. Association of American Medical Colleges, 2022 at <https://www.aamc.org/system/files/reports/1/aibvol12_no2.pdf>
2. OHSU 2024-25 Academic Year Tuition and Fee Book. Oregon Health and Science University, 2024 at <<https://www.ohsu.edu/sites/default/files/2024-07/2024-25%20Tuition%20%26%20Fees.pdf>>