

House Behavioral Health and Healthcare Committee

30 January 2025

Support HB 2591: Directs OHA to add anesthesiologists and CRNAs to the Oregon Healthcare Provider Incentive Loan Repayment Program

Chair Nosse, Vice Chairs Javadi & Nelson, and members of the Committee: for the record, my name is Dr. Kate Ropp and I am a pediatric anesthesiologist working in private practice in Portland OR.

I first want to thank Rep. Hai Pham for bringing forward this important issue, and I want to thank the Committee for your time and attention to this matter.

I have worked at my current job since completing anesthesiology residency and pediatric anesthesiology fellowship at OHSU in 2013. It is a hard job. We are a level 1 trauma hospital, a high-risk obstetric center, the state's only burn center, and a level 1 children's hospital with a Level 4 NICU. I am proud to say that we save lives daily, but doing so requires intense effort and frequent overnight call. Despite its rigors, we have always been able to recruit new grads to our practice because it is the perfect place to develop and hone one's clinical anesthesia skills.

For the last two years, I was the chairperson of our group. My responsibilities included recruitment and retention of our clinical staff. For the first time in my career, more people declined our job offers than accepted them. Furthermore, we received fewer applicants than I've ever seen. While I was repeatedly told that they loved our group and the breadth of our practice, they declined our job for three reasons (all of which were related to their student loan debt):

- They preferred to practice in a state with a lower cost of living relative to income.
- They took a job with a nonprofit organization that would allow them to have their student debts paid by the Federal Public Service Loan Forgiveness.
- They took a job as a locums anesthesiologist.

The locums market is hot. We receive emails, texts and phone calls daily with job offers all over the country. This staffing model is essentially the same as that of travelling nurses,

whereby 3rd party agencies profit off supplying temporary physicians to sites that are understaffed. These physicians work for days, weeks or months at a time, earning twice what the employed anesthesiologists are making while often not bearing the burden of after-hours work. This disruptive practice, while currently the only solution to our staffing crises, is terribly expensive to the system and can engender bitterness among the remaining staff anesthesiologists, risking further attrition.

Our site has started using locums anesthesiologists for the first time ever. Some of them have been wonderful, and we would love to hire them full time. But others struggle with the complexity of our site and patients and do not stay. Much like travelling nursing, staffing is not just a warm body in a site. Surgical care is a team effort, and the quality of care hinges on the familiarity of a team. Just this week I had a near-emergency with a newborn baby. By knowing where my equipment was, who to call to retrieve it, and my staff knowing exactly how to help me, nothing untoward happened. But I can very vividly imagine a different outcome in a foreign environment with unfamiliar staff.

Finally, I would like to address the critical shortage of pediatric anesthesiologists in our state. Fewer pediatric anesthesiologists are being trained: 30% of fellowship positions went unfilled in 2024. There are several reasons for this, but there is a predominant concern that graduating residents would rather start working to pay off their debt rather than incur further interest accrual by training for an additional year. Not long ago, our pediatric surgeon had to wait hours to do an urgent surgery because all our pediatric anesthesiologists were already caring for children who required our expertise. I worry that the added call burden of fewer pediatric anesthesiologists at our site may reach a tipping point at which we will no longer be able to provide the high quality care that our patients, surgeons and hospital partners deserve.

I think HB 2591 has great promise to stabilize the anesthesia workforce in Oregon. I urge your support of this bill to empower us to hire more anesthesiologists and CRNAs for our patients.