

February 20, 2025

My name is Gina Sullivan. I occupy the recently unfunded Investigator 2 position on the staff of the Oregon Board of Chiropractic Examiners. I am testifying on my own behalf as a concerned citizen and not on behalf of OBCE.

The purpose of my testimony is to demonstrate the likely impact the decision to unfund the Investigator 2 position will have on the caseload, the agency, and the public.

Two positions at OBCE are directly responsible for conducting investigations, Investigator 2 and Healthcare Investigator. Both have played a role in reducing the backlogged caseload, which at one point reached a high of 153, and bringing it down to the goal of sixty cases. That milestone was reached in September 2024.

By January 2025 Board meeting, the caseload was approximately 55. As of February 18, 2025, the agency has received 23 new complaints.

Since the agency's fiscal emergency has led to the need to eliminate staff, and the investigative caseload is finally at a manageable level, it makes sense to unfund the higher-paying Investigator 2 position, leaving Healthcare Investigator to manage the caseload on their own.

However, this decision was based on assuming the two positions contributed equally to bringing the caseload to manageable levels, and further assuming that Healthcare Investigator alone will be able to continue the hard-won trend of timely investigation completion, even with the assistance of a contract investigator.

Historical data does not support these assumptions. In fact, data suggests that elimination of Investigator 2 position in favor of Healthcare Investigator will inevitably lead to a caseload increase.

This is the data, based on review of caseload contributions by each position from the July 2022 Board meeting through January 2025 Board meeting:

Of 109 cases co-investigated by Investigator 2 and Healthcare Investigator:

	<i>Investigator 2:</i>	<i>Healthcare Investigator:</i>
<i>Complaint intake</i>	99%	1%
<i>Background research</i>	99%	1%
<i>Communications</i> <i>(point of contact, scheduling interviews, etc)</i>	97%	3%
<i>Referrals to LEA</i>	100%	0%
<i>Writing case reports</i>	93%	7%
<i>Case data mgmt.</i>	99%	1%
<i>Extra interviews conducted</i>	123	8

Of 37 cases conducted independently:

<i>Investigator 2:</i>	<i>Healthcare Investigator:</i>
21	16

Of additional tasks required:

	<i>Investigator 2</i>	<i>Healthcare Investigator</i>
<i>Manage entire caseload</i>	100%	0%
<i>Delegate cases</i>	100%	0%
<i>Write press releases, etc</i>	100%	0%
<i>Conduct weekly/monthly case mtgs</i>	100%	0%

Healthcare Investigator’s historical output is .5 cases per month independently and 7% contribution to shared cases. Even with help from the contract investigator, whose historical output is 2.5 cases per month, the overwhelming expectation that Healthcare Investigator also absorb the totality of Investigator 2’s contribution while continuing to decrease the caseload is not feasible.

In fact, analysis of historical data shows that elimination of Investigator 2 position will lead to a caseload of 80 by April 2025 Board meeting. By July 2025 Board meeting the caseload will have reached 99, which is approximately the number it was when Investigator 2 took the position in May 2022.

As the caseload increases, response times will decrease, leading to erosion of public trust in the agency; investigation timelines will expand, negatively impacting Key Performance Measures; and because cases will take longer to reach

the Board, it will also take longer to receive revenue from the fines many cases generate.

Thank you.