



Legislative Testimony

OREGON DEPARTMENT OF CORRECTIONS

March 14, 2025

The Honorable Deb Patterson, Chair
Senate Committee on Health Care

Subject: Senate Bill 24 -1 Amendment

Chair Patterson and members of the committee, my name is Harvey Mathews, and I serve as Legislative Manager for the Oregon Department of Corrections (DOC). I am providing written testimony on Senate Bill (SB) 24, -1 Amendment.

What the Bill Does:

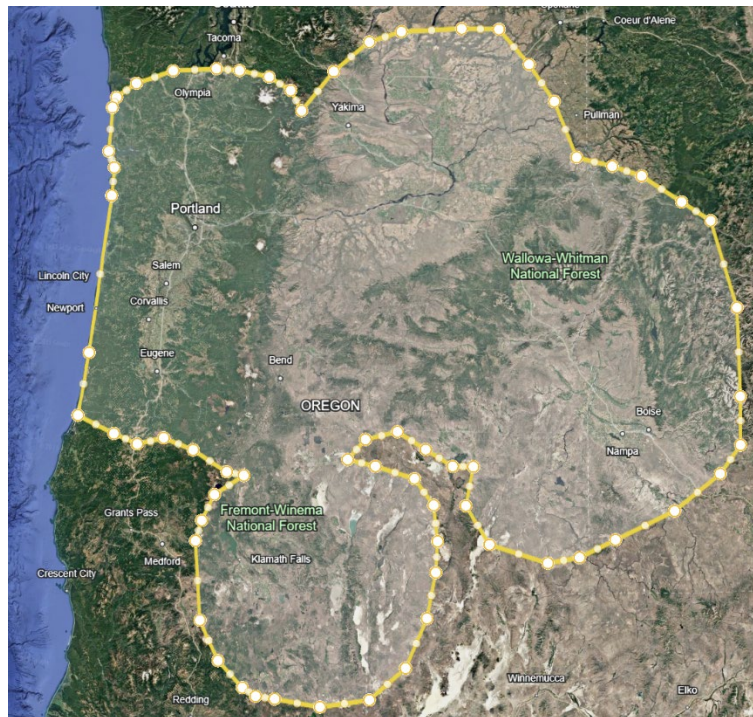
The -1 amendment to SB 24 would require DOC to conduct a biennial market study of wages and benefits provided to all jobs classified as health services in the department. The -1 amendment also sets minimum health services staffing requirements and health services staffing to adults in custody (AIC) ratios at DOC institutions.

Background and Impacts:

DOC is required by statute (ORS 423.020) to provide adequate health care to AICs that would be comparable to health care available in the community.

Section 1 of the -1 amendment requires DOC to conduct a market study biennially to identify, compare, and analyze wages for all Health Services job classifications compared to private sector counterparts within a 100-mile radius of each institution. A factor this committee may want to consider is that the Classification and Compensation unit within the Department of Administrative Services (DAS) may be better positioned than DOC to conduct a market study of wages for the health service job classifications, as they are responsible for maintaining the state's compensation plan for approximately 40,000 employees.

The 100-mile radius currently listed in the amendment could disproportionately affect institutions in urban areas by artificially deflating wages with data from rural areas. If the radius in urban areas were to be limited to 25 miles, that may produce a more accurate market study for those wages. In order to meet the current 100-mile radius, it would require DOC to analyze an area approximately 142,285 square miles (see map below) in Oregon, Washington, Idaho, and California.



Section 2 of the -1 amendment would set into statute minimum health services staffing requirements and health services staffing to AIC ratios at DOC institutions. If passed as written, section 2 of the -1 amendment would cost an estimated \$79,909,128 a biennium; broken down as follows:

1. 36 Certified Medical Assistants (CMA) (one per provider). We currently do not have classifications for CMAs and would need DAS to create those classifications. Using the median salary (Indeed, Ziprecruiter, and Salary.com), the monthly cost for a CMA would be \$3,959.
\$3,420,576 biennially
2. An additional three LPNs (Health Services Technicians) at Coffee Creek Intake Center (CCIC) to meet the 6am – 6pm Monday through Friday requirement.
\$435,096 biennially
3. The minimum staffing ratios do not appear to be connected to a specific institution but for all of DOC. This means DOC would need to hire 227 new registered nurses (RNs) to meet the “no more than 25 AICs per one nurse” and 17 doctors or nurse practitioners to meet the “no more than 200 AICs per one provider,” four of which must be obstetricians or gynecological (OB/GYN) providers.
\$55,885,584 biennially for RNs
\$9,991,104 biennially for providers
4. 60 Office Support staff assigned to each provider.
\$7,259,040 biennially
5. 18 additional Hygienists assigned to each Dentist.
\$2,917,728 biennially

By placing the staffing ratio in statute, it could impair DOC from being responsive to the medical and overall health needs of AICs as it does not consider AIC acuity as the AIC population ages and changes over time. An alternative to placing ratios in statute could be to require a third party to conduct a full Health Services staffing analysis, looking at all current prison populations, AIC acuity, and any emerging health care needs/trends of AICs to determine the appropriate staffing ratios for each institution. This process would inform DOC's budget with optimal health services staffing, rather than an inflexible ratio.

If this biannual health services staffing analysis were to be adopted instead, combined with the market study in section one, and legislative funding aligned with the staffing analysis, DOC would be able to move away from being highly dependent on contract nurses and medical staff to fill our vacant positions (which costs DOC an estimated \$33,219,683 in the 23-25 biennium). By hiring and retaining DOC medical staff with competitive wages and benefits, we believe both adults in custody and Oregon taxpayers would better served.

We look forward to our continued collaboration with AFSCME and this committee to meet the health care needs of AICs across the state. With the development of further amendments, this bill could achieve its desired outcome with greater flexibility, clearer cost justifications, and health care provider salaries more closely aligned to regional markets.

Thank you for your time and consideration. I am happy to answer any questions you may have.

Submitted by:

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