

March 13, 2025

Senator Deb Patterson, Chair

Senator Cedric Hayden, Vice Chair

Senate Health Care Committee

RE: Support SB 24 -1

Chair Patterson, Vice Chair Hayden and Members of the Senate Health Care Committee,

My name is Cheri Riedmann. I have been an LPN at Eastern Oregon Correctional Facility (EOCI) for 15 years. I stumbled into this career path by accident. I really enjoy working with this population and believe I am making a difference for the incarcerated individuals. In my first nine years at EOCI, I was the clinic nurse. My day included scheduling for 3-4 providers, rooming patients, vital signs, taking off orders, assuring medication were being renewed.

Six years ago, I was asked to step onto the Floor and be the Lead/Charge Nurse on dayshift. Now, my duties include making assignments for the nurses and checking to make sure that tasks have been completed by my team of nurses. I triage Adult in Custody (AIC) communication forms which, on most days, averages 50-100. These communications may include symptoms of a cold, follow up on a procedure, inquiry on lab results, mental health concerns, or more emergent issues. I also print out all the labs and review them for any abnormalities. I also am responsible for pharmacy refill requests and clearances. Additionally, I do medication and insulin lines. Most recently, I have also been put in charge of the MAT/MOUD program along with my current duties. Which is for Opiate use disorder. I currently have 117 on the program and 142 on the waiting list. I anticipate by the end of 2025 we could very well have 400-500 AICS on the program. As you can imagine, MAT is a full-time job by itself.

Currently our clinic has two part time Nurse Practitioners, and we have roughly 1300 AICs. One who sees 8 patients a day, three times a week. Our other provider can only do chart review's. With lack of provider's, I am seeing medications lag between renewals, which is not best practice nor is it in a timely manner. We should be able to do better. Medical requests from outside providers (for surgery, medications etc.) are also not being reviewed in a timely manner. Sometimes, it takes a long time for AICs to get care, especially where we are. The result of the lack of providers, means that the bulk is falling on the nursing staff. Being an LPN, I cannot be mandated for overtime. With that said, being the lead, I volunteer once a week to cover holes in the schedule. So, it saves another nurse from being mandated. In recent years I have watched our medical department unravel before my eyes, with lack of provider's, lack of nurse's and increased workload.

Thank you for giving us the opportunity to have our voices heard and giving the legislature an idea of what it is like behind these walls. I am asking you all today to please support the dash one amendments to Senate bill 24 so that we can possibly see some change for the better.

Thank you,

Cheri Riedmann

AFSCME Local 2376 Member