

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 Jimmi Blanchet. I have been a nurse with Eastern Oregon Correctional Institution (EOCI) for over 20 years. I became a nurse to be of service to others. I have a passion for serving the underserved, and in corrections I have found a true calling. In my many years of service to the State of Oregon, I have seen times when there has been low staffing, but never this low for this long.

To be a nurse, a nurse practitioner, or a doctor each and every one of us must undertake the monumental task of schooling prior to getting licensed. To maintain our jobs, we must further maintain our licenses through the state of Oregon every few years, paying well over \$200 per renewal.

By having constant low staffing, barely minimal staffing and such chronically low provider numbers, the ODOC has put every single Nurse, Nurse Practitioner and Doctor at risk for losing those licenses. Being in this constant state of low staffing we are putting the AIC's who we are here to provide Federally mandated health care at risk.

There have been multiple times where we have submitted a chart to a provider for renewal so that patients will not have a period without essential medications, insulin or cardiac medications, many of them will not receive a timely renewal. They will be left, without a chart note of explanation. The nurses do not have time to double check to see if the orders have been written. Nurses rely on our very overworked nurse practitioners to write the orders. Unfortunately, we currently have one nurse practitioner three days per week, she sees between 16 and 24 patients per week plus our infirmary patients. The patients in the infirmary may need anything from intravascular hydration, antibiotics, wound care, to patients just not being able to go up and down our stairs. Our other nurse practitioner is only available for chart reviews related to a serious injury she has sustained and still comes in to help relieve some of the pressure of all of the chart reviews.

Here at EOCI, the nurses are responsible for the health care of more than 1300 patients. With current staffing, the nurse-to-patient ratio Monday through Friday is

around 77 AICs to 1 nurse. On the weekends and swing shift that ratio is at 326 per nurse, and night-time 650 per nurse. There are multiple medication administration lines and insulin administration medication lines.

We currently have seven contracted nurses, 12 full time RN's 1, full time Licensed Practical Nurse (LPN), four job share RNs (which is essentially two full time positions), and two part time or "as needed" nurses. We have three managers who are each RNs, but they do not come onto the Floor when we request help. They ask other equally overworked nurses to take on more work, when we are feeling overwhelmed. We need more skilled nursing staff. What we are managing is not sustainable. Our patients are suffering, and we are getting more burned out every day.

I could list all the issues we face daily with this patient population, but they are enumerable, and are compounded with our low nursing numbers, lack of providers, and lack of clinical assistance from management. Not just our facility managers, but we have not been able to obtain clinical help from ODOC upper management and beyond. At this point you can no longer claim ignorance of these serious issues.

I urge you to please pass the dash one amendments to Senate Bill 24. Please help our Nurses, our Providers and our Patients that we are here to take care of. Please do not let this take years to fix these serious issues. Please take action now.

Thank You

Jimmi L. Blanchet RN
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