

Submitter: Savannah Hatmaker
On Behalf Of: Providence home health
Committee: Senate Committee On Human Services
Measure, Appointment or Topic: SB1168

Dear Chair Gelser Blouin, Vice-Chair Linthicum and Members of the Committee,
My name is Savannah I live in Clark county and I am providing testimony in strong support of SB 1168.

Below is a copy and pasted message, but I want to share my own experience to shed some light on the importance of this. I am a home health RN. There is no predicting how long my visits will take and I am frequently going over the allotted time to make sure my patients needs are met and they are safe. There are many days where I spend more time charting to make sure insurance is happy and the care I provided is covered. I miss my lunches or try to eat while working and skip taking care of myself in order to get everything done at a reasonable hour. If pay per visit becomes a reality, I will be changing fields and you should hopefully know how hard it is to find home health nurses. Health care is already a business, please don't worsen matters by making our work more of a transaction.

My fellow home health & hospice nurses and clinicians are struggling to keep up with caseload expectations. There are several common strategies that agencies use to pressure me and other caregivers into taking on more and more patient visits: a compensation strategy called "pay per visit" and productivity metrics. Pay per visit literally pays health care professionals only for their time spent seeing a patient, leaving them entirely uncompensated for the care coordination, charting, supply management, and driving that is also necessary to do their job. A second common strategy is the implementation of productivity metrics. These metrics turn types of patient visits into different amounts of points, and require me and other caregivers to meet a certain number of points each day. If we do not, we face discipline, including reductions in pay.

While the two strategies are different, both are harmful to home health and hospice caregivers. Many of us skip their meal and rest breaks in order to see more patients. Others chart until late at night, neglecting their own self-care, and relationships with family and friends. As a result, many nurses and clinicians have decided that they cannot continue on with this work, and are leaving home health and hospice service. These conditions significantly impact patient care. When healthcare workers are forced to prioritize the number of patients we see, many patient visits become more rushed, and patient questions go unanswered. Many patients struggle to find nurses and clinicians who will take them on their caseload: rural patients live too far away to justify uncompensated drive time, and those with complex medical needs often require longer visits. As healthcare workers we want to take care of all patients who need support, but our current systems aren't allowing us to do so.

SB 1168 helps change our system: it makes pay per visit illegal, and states that pay

cannot be impacted by our not meeting productivity standards. Both of these elements ensure that we can take the time we need with patients, and provide them the best possible patient care, without worrying about unfair discipline or our ability to feed our families. Thank you for considering my comments, and I urge you to support SB 1168.

Sincerely,
Savannah