



Chair Gelser Blouin, Vice Chair Linthicum, and committee members:

For the record, I am Jamie Daughtery here on behalf of the Oregon Association for Home Care (OAHC). We represent skilled home health, hospice, and in-home care providers throughout the state of Oregon.

Home health care promotes better patient outcomes, is the preferred setting for medical care, provides access to the latest therapies and medical technology, and brings proven cost savings.

OAHC opposes SB1168 as it will negatively impact the services we provide, to the Oregonians we care for who depend on home and community-based services (HCBS).

OAHC members provide home health and hospice services to thousands of Oregonians across the state. Patients depend on quality and reliable care. Home health agencies across the country use productivity metrics to ensure that they meet Medicare requirements for client admission and that each participant receives the services outlined in their individual plan of care.

SB 1168 adds language that would prohibit home care agencies from using a point system, or metrics, to track nurse productivity and efficiency. It would limit the patients a nurse would be required to have and would limit the number of visits required daily or weekly. Oregon would be the first state in the nation to enact this kind of policy. It would limit the care we can provide and hurt patient access to care.

Productivity metrics are essential for ensuring all patients are receiving care since agency admission policy is based upon the expected capacity for each direct care worker. Prohibiting these metrics means that agencies cannot accurately plan how many clients can be served, thus creating barriers to admitting clients.

Moreso, most of our members are subject to the Medicare Conditions of Participation (CoPs), that require agencies to have specific policies to ensure capacity to provide patient care BEFORE accepting a patient. Without defined hours of care, agencies have no way to meet this regulatory requirement.

I know a lot about this work because I've done it myself. I am an RN who worked as a home health field clinician for many years, including during 2 full pregnancies up to my due date, returning after my maternity leave. On average, I would see between five to six patients a day. A hospice nurse sees fewer patients. An average visit would consist of 30 minutes with the patient, 15 minutes for documentation, and 15 minutes for drive time. Every day, even with productivity metrics, I was provided an extra 2-3 hours to account for additional documentation time, drive time, or time with a patient.

I truly loved this job, ...

If SB 1168 were adopted, nurses could see just one patient the entire day. Even cutting the number of patients seen to 3-4 patients a day would severely limit access to home health care for Oregonians.



A nursing workforce shortage exists. OAHC members prioritize a positive work environment so we can retrain nurses and don't need to consistently hire new nurses to replace nurses that left. Losing good, qualified skilled nurses is not something home care and hospice agencies can afford.

Although we believe the legislation is misguided and will have unintended negative consequences on participants, OAHC is willing to collaborate and find workable solutions to the challenges that this bill is attempting to address. We believe there are opportunities to identify more flexibility in metrics for newer nurses, train staff to better manage the documentation requirements, and establish processes for exceptions to productivity metrics based upon specific client needs.

We ask that you oppose SB 1168. The direct effect of this bill would be OAHC nurses would see fewer patients daily. This will result in a delay of care for patients who need and want care. The other potential impact would be requiring agencies to hire more nurses, which would drive up costs for home health and hospice agencies that can't are operating on thin margins.

Thank you again for your time.