

Submitter: Dawn Noel Meyer
On Behalf Of:
Committee: Senate Committee On Human Services
Measure, Appointment or Topic: SB1168

Chair Gelser Blouin, Vice-Chair Linthicum, and members of the committee,

I'm Dawn Noel Meyer. I'm a home health speech-language pathologist and a member of the Oregon Nurses Association. I'm here to testify in support of SB 1168. I've been an SLP in various medical settings since 1994 and am fortunate and grateful to be trusted by vulnerable individuals trying to recover their ability to communicate.

The pressure for productivity has steadily increased in my work setting, and has reached a level that is impacting the ability to provide safe and effective care. We are expected to schedule each visit (and often reschedule due to the frequency of either patients' health issues or low staffing issues), prepare, transport to a visit, conduct thorough and meaningful interventions in the home, document the visit and make all necessary contacts related to the visit. Patient visits are given a point value; a typical follow-up visit is given one point. We are expected to complete 5 to 6 "points" in the day. Frequently each visit requires a phone call to a family member, consultation with team members, and/or back and forth calls to a physician's office. Many unexpected changes occur in each day, such as a patient with concerning symptoms, an aggressive animal needing containment, an agitated family member, a patient needing assistance out of bed or to the bathroom, etc.

Visits may be 10-15 miles apart. We are expected to find public restrooms throughout the day, which is challenging because of their scarcity and our time pressure. Lunch is always taken in the car, or skipped.

A common occurrence in the homebound population is to arrive at the scheduled visit and find the patient is either too ill to participate, refuses care or has been taken to the hospital. No "point" value is then given, as it is impossible to fill in another patient with no notice and the need to travel. The time it has taken to schedule, prepare and transport to the visit, document the incident and contact the doctor is not considered "productive". This is the reason it is important to make a PAY PER VISIT structure illegal in Oregon. This pay per visit structure, although already illegal for nurses, is already in place for physical, occupational and speech therapists in many home health agencies. Those clinicians are paid only for completed visits; documentation time and/or time lost to schedule changes are not reimbursed. This puts the clinician at risk of losing income daily, and results in clinicians needing to select patients that are lower in acuity and closer in distance, in order to protect their needed income. The most rural and vulnerable patients receive less care.

We need SB 1168 because it will allow for safe and effective care of all patients, reduce burnout in clinicians and prevent lost income. Thank you for considering my comments and I urge you to support SB 1168.