

Submitter: Kara Hayden
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,
My name is Kara Hayden. I'm a speech language pathologist in home health and hospice and a member of the Oregon Nurses Association. I'm here to testify in support of SB 1168.

In the home care setting, clinicians such as physical therapists, speech language pathologists and occupational therapists can currently be paid per visit in the state of Oregon meaning only face to face time with patients is paid. Many for profit agencies pay clinicians per visit, forcing clinicians to choose between their paycheck and quality patient care. To accommodate, I know of many clinicians who work off the clock to do what they are ethically and legally bound to do by licensure, shorten visits to compensate for longer drive times, especially for rural patients, or discriminate against higher acuity patients or payers like Medicaid with increased paperwork requirements. All of this leads and has led to moral injury and burnout, further straining our workforce and increasing healthcare inequities leading to worse health outcomes for Oregonians.

On the other hand, clinicians like myself who are paid hourly are experiencing unrealistic productivity expectations resulting in discipline because clinicians have not seen "enough" patients. This pressure leads to rushed visits, the inability to stay a few extra minutes to deal with a patient crisis that could prevent a hospitalization, the inability to create patient specific materials that increase engagement, reduced time to provide adequate patient education, and many missed meal and bathroom breaks. I regularly do not have time to go to the bathroom during a ten hour day. We eat our lunches while driving to the next patient while also calling a doctors office at the same time to try and fit everything our patients need into our day. This too, has led to reduced patient satisfaction, moral injury, burnout and increased risk for workplace injury. Many of my colleagues are leaving healthcare altogether because of these working conditions.

Adding productivity to this legislation is a protection for patients so they get adequate amounts of time with their providers, protecting the quality of the healthcare they receive. Employers can still talk to employees about reasonable work expectations and there are already known instances of at least one large home health and hospice agency that does not discipline based on productivity and they have still been able to collaborate with employees who were not meeting work expectations. This bill does not prevent employers from maintaining productivity information to use as a tool and metric in collaborative discussions with employees about work duties. Quite frankly healthcare workers are leaving this work setting in droves because unchecked employers place such unreasonable productivity measures on clinicians that they

become miserable and burnout and they don't just leave the work setting and go to a different clinic or company. They are leaving healthcare altogether.

SB 1168 closes the loopholes in existing statute. Regardless of agency or geographic territory, we would be able to provide the kind of healthcare that we were trained and love to do, the kind that focuses on patient need in a responsive, personalized, supportive manner that leads to actual functional benefits while reducing overall healthcare costs by preventing hospitalizations and further complications without fear of discipline or impact on income. I urge you to support SB 1168 and I thank you for your consideration.