

Submitter: Heather Riggs
On Behalf Of:
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 Heather Riggs, I live in Portland, and I am providing testimony in strong support of SB 1168.

I currently work as a home health speech-language pathologist specializing in alternative and augmentative communication. I work primarily with adults with ALS, stroke, cerebral palsy, TBI, Parkinson's, and developmental disabilities. When a patient cannot use verbal speech effectively to meet their needs, I help develop personalized communication systems for them including high tech speech generating devices, which they may need to use eye tracking or another method to access. It's not uncommon for me to spend 1.5-2 hours with a patient during a regular visit, as I may need to build mounting equipment for their device, troubleshoot any technical issues with their device, or figure out an alternative method for them to communicate.

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 I am fortunate enough to currently be paid on an hourly basis, I am subject to conversations about productivity and fitting more patients into each day. Productivity metrics do not take into account the extra time I may need to spend with patients, time spent writing funding reports for speech devices, or the extra complexity required when working with people with significant disabilities.

While pay per visit and productivity metrics are different, both are harmful to home health and hospice caregivers. Many of us skip our 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,

Heather Riggs