

Chair Patterson, Vice Cedric Hayden, and Members of the Senate Committee on Healthcare,

My name is Hunter Alldredge, I am a life-long Oregonian, practicing anesthesiologist and intensivist in the Portland area, and the current President of the Oregon Society of Anesthesiologists. **I strongly support HB 2591A, designed to help stabilize the anesthesia workforce.**

Thank you to Representative Pham for his sponsorship of this bill, and thank you to Chair Patterson and the Committee for holding this hearing today

Anesthesiologists provide care across a vast spectrum in the healthcare system, from emergency surgery, obstetric care, transplants, open heart surgery, chronic pain management, and ICU care. Much of healthcare starts and stops with an anesthesiologist or CRNA. However, access to critical anesthesia care in Oregon is in a crisis. Since the COVID-19 pandemic, we have seen progressive instability with anesthesia staffing, leading to declining access for patients. One family friend had to travel across the country, in order to get urgent surgery for cancer before it spread to the rest of her body, as no hospitals had any room for her in Portland for many months.

A recent survey of the Oregon Society of Anesthesiologist members found that 70% planned to depart the state in the next 10 years, and 40% in the next 5 years. Relatively few of these departures will be due to retirements. The instability in the workforce leads to more instability—especially combined with the fact that other states are able to offer higher pay with a lower cost of living. Today alone there are 50 open job postings within the state for anesthesiologists, and 138 for nurse anesthetists. Note that these open postings likely do not even show the full picture of need. There is far more care to provide than we have the staff for, and we struggle daily to retain providers in Oregon, as well as recruit from outside the state. Many health systems are relying on locums (temporary workers) to fill the need, and while they are good people doing good work, we know that outcomes for patients are better when they have a provider who is familiar with the team and environment they are working with. In addition, locums providers are more expensive to the overall system.

HB 2591A works to resolve the workforce crisis by addressing a major barrier to the recruitment and retention of anesthesia providers to Oregon: high student loan debt. HB 2591A would direct the OHA to examine adding anesthesia providers to current relief programs, which would apply to both anesthesiologists and CRNAs.

According to the Association of American Medical Colleges, in 2011 the median four-year cost for a public state medical school was \$188,000<sup>1</sup>. Medical school in Oregon is much more expensive— during my time in school here, my school was at the 97<sup>th</sup> percentile of cost across all in-state medical schools. While I can confidently say that I received a stellar education, the cost was far above the average and left me with over \$300,000 in medical school debt. The current in-state **tuition alone** is \$240,000 for a MD, and roughly \$160,000 for a 4 year degree for a nurse anesthetist<sup>2</sup>. These are highly burdensome costs and leave graduates trying to dig themselves out of debt early in their careers. This in turn leaves Oregon at a disadvantage, as graduates will be drawn towards states with good pay and lower costs of living, in order to more quickly pay off debt. Additionally, our neighboring states are able to offer much broader loan forgiveness than Oregon does.

Two years ago, out of the 14 graduating anesthesia residents from OHSU, none stayed to practice in the community in Oregon. Given that current federal student loan forgiveness programs are under threat of elimination from the Trump administration, and the high interest rates preventing sustainable loan refinancing, the advantage to recruitment of a state sponsored forgiveness program would be even more profound. If we are able to retain and recruit new graduates to the state, with less student debt preventing them from growing roots in the community, we can rebuild a stable and sustainable workforce from the ground up.

I believe that our anesthesia workforce is at a crossroads. Access to critical services for our community is in danger, and the system is barely held together with overworked providers and traveling staff. If we are able to fundamentally support the recruitment and retention of anesthesiologists and nurse anesthetists to Oregon through HB 2591A, then I feel we can rebuild sustainable access to outstanding care for all Oregonians. I respectfully urge your support of this bill, and I am happy to answer any questions.

Sincerely,

A handwritten signature in black ink that reads "Hunter Alldredge". The signature is written in a cursive, flowing style.

E. Hunter Alldredge, MD  
*President – Oregon Society of Anesthesiologists*  
*Portland, Oregon*

## References

1. James Youngclaus, Julie Fresne: Trends in Cost and Debt at U.S. Medical Schools Using a New Measure of Medical School Cost of Attendance. Association of American Medical Colleges, 2022 at <[https://www.aamc.org/system/files/reports/1/aibvol12\\_no2.pdf](https://www.aamc.org/system/files/reports/1/aibvol12_no2.pdf)>
2. OHSU 2024-25 Academic Year Tuition and Fee Book. Oregon Health and Science University, 2024 at <<https://www.ohsu.edu/sites/default/files/2024-07/2024-25%20Tuition%20%26%20Fees.pdf>>