

February 16,2015

To: Senate Workforce and HouseBusiness and Labor Committees
From: Mary Minniti , CPHHQ
Re: Support of SB454 and HB2005

Dear Chairs Dembrow and Holvey and Committee Members,

My name is Mary Minniti and I am a concerned community member as well as a certified professional in healthcare quality (CPHQ). I am writing to urge you to support SB454 and HB2005. I have worked in both the social service and health care fields for over 30 years. During that time, I was fortunate to work in both public and private organizations that provided benefits to employees, including sick day coverage. While there were few times I needed to use it, when I did I appreciated knowing that I was not in jeopardy of losing my job or suffering a devastating economic blow to our financial stability. I remember in 1986 when my 6-year old daughter developed pneumonia and was hospitalized for a week. What started as a normal cold very quickly turned into a deadly pneumonia. The thought of having to go to work instead of being there in the hospital is beyond comprehension. However, if I had no sick days accrued, as the sole wage earner in the family, I might have had to make this hard choice.

At that same time, I worked assisting individuals living in poverty to find meaningful employment. These individuals, many of whom were single mothers, lacked education and experience. They began their climb out of poverty in low wage jobs that didn't offer a sick day leave. For them, there was tremendous pressure to ignore their own health issues, send children to school ill, or skip preventative care for them. The risk of job loss or significant financial hardship made the healthy and safer choice more difficult.

Every day, a parent or individual is weighing options when they or their loved one wakes up with a fever, a slight cold or worse. Do I stay home to address the health issue or do I go to work and hope it gets better on its own? Many employees without sick leave will choose to go into the public environment of school or work and hope for the best. They bring with them infectious disease that spreads to others. When I worked in a local health care facility, the threat of H1N1 was grave with a risk of widespread illness. People were asked to stay home for the greater good, if they had early symptoms of illness. However the cost to some members of our community was job or income loss, if they did not have earned sick days. So they went to work, often in jobs with high public contact (food service, retail). By doing so, they exposed others to the threat of exposure to those contagious illnesses. When this occurs we all bear the cost of policies that do not support healthier choices.

Times have improved since 1986. We are a more just and equitable society with the Affordable Care Act helping improve access to health care coverage. However, if I now have coverage but cannot take time from my work schedule to see the doctor for preventative or acute illness, do I really have access? The rising cost of health care is staggering for individuals and employers. The best care is primary care where preventative and chronic conditions can be treated for far less money than the hospital emergency room. However, primary care is most often provided during typical business hours 8 – 5pm, with limited appointments during the evenings or Saturdays. Many low-income wage earners utilize the emergency department for these services because taking time off from work results in loss of pay or employment.

Sick Day policies that are earned through an individual's hard work help facilitate choosing the right place for the right care. Accessing primary care helps lower health care costs and unnecessary emergency room visits. Studies have shown that the participation of family members in outpatient visits for both adults and pediatric patients improves communication between provider and patient, results in better medication adherence, and positive health outcomes. During hospitalizations, the presence of family as essential allies to the health care team increases safety and access to needed information for decision-making, and can reduce a hospital length of stay. Sick Day policies allow individuals to support other family by being present for these office visits or hospitalizations.

Recently, we have had cases of measles and whooping cough in our community. This is due to our low vaccination rates and the number of parents who send their children to school or childcare when they cannot take time from work because they have no sick day allowances. This fall, my granddaughters, ages 5 months and 3 years, were exposed to and contracted whooping cough from a sick child who was not kept home. Even though the eldest was up-to-date on her vaccinations, she still contracted this serious illness and brought it home to her sister. For six long weeks, my daughter had to closely monitor both her children for complications, especially the infant, who, because of her age, had an 85% risk of hospitalization. Fortunately, the baby avoided hospitalization. I wonder if this situation could have been prevented if the infected child had been able to stay home with a parent.

Our community (Eugene) has passed a sick day policy that will be implemented this year. That is good for members of my immediate community. It is the healthy option for our community and a good business decision as well. This opportunity needs to be available across the state. We cannot afford to encourage those who are ill to go to work and spread infection. We cannot afford to use the emergency room as a primary care option for those who cannot risk taking time off from work. We cannot afford to separate families from their loved ones during a health care crisis. The long-term costs are too great.

Thank you for your support of this most important legislation.

Sincerely,

Mary M. Minniti

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