



**Senate Committee on Rules
Testimony in Support of SB 1008A**

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May 17, 2017

Chair Burdick and Members of the Committee:

Thank you for the opportunity to share testimony in support of SB 1008A and the –A3 proposed amendments on behalf of the Oregon Nurses Association. With 15,000 members working in nearly every healthcare setting throughout the state, ONA is committed to helping advance measures that increase air quality in our communities and serve to enhance overall patient health.

As our state's health care system continues to shift focus toward more preventative health strategies and upstream factors that impact outcomes, smart solutions that address our air pollutants must also be considered as a fundamental component of this approach. In Oregon, 81,500 children suffer from asthma and 251,000 people experience heart disease. Nurses play a vital role in helping patients manage these conditions, but exposure to diesel pollution has been shown to be a key trigger that further exacerbates these illnesses.^{1, 2}

While self-management and lifestyle intervention are critical to reducing the burden of both asthma and heart disease, the EPA finds that 145 non-fatal heart attacks in Oregon are attributed directly to diesel exhaust each year, resulting in \$5.6 million in annual hospitalization costs.³ Relatedly, heart disease and stroke are among the most costly conditions to Oregonians. In 2011, the average cost hospital cost for a heart attack was \$39,000. This does not account for the correlated costs of restricted activity, heightened ongoing care needs or loss of employment productivity. In short, our health care system can experience a significant savings if these conditions are better prevented, and curbing diesel exposure is crucial to achieving this.

SB 1008A, with the –A3 proposed amendments, would help move our state in this direction but is ultimately not comprehensive enough to fully achieve Oregon's health benchmark. Absent an explicit timeline for retiring or retrofitting the dirtiest diesel engines currently in use, our communities will continue to experience adverse health consequences and pay the high cost of chronic disease associated with diesel pollution. In addition, the amendment that will prohibit the addition of pre-2007 diesel engines to Oregon fleets is vital as are the provisions allowing local governments to create "no idle" zones near schools, hospitals, care centers and day care centers. By protecting our most vulnerable from exposure, we can begin to mitigate damaging and costly public health burdens to our system.

Oregon's nurses are essential to delivering quality patient care and maintaining our public health. However, realizing the goal of successful outcomes is greatly impeded when key

¹ American Lung Association State of the Air Report 2016 <http://www.lung.org/our-initiatives/healthy-air/sota/city-rankings/states/oregon/>

² Oregon Health Authority, Public Health Division, Health Promotion and Chronic Disease Prevention section. Chronic diseases among adults, Oregon 2010-2015.

<http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/AdultData.aspx>.

³https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/OHA8582_AllVolumes.pdf.

determinants of health, including improved our air quality, are not meaningfully addressed. While ONA appreciates the recent efforts to improve this legislation, we continue to encourage further action moving forward to establish clear timelines in statute for retiring or retrofitting the older dirty diesel engines shown to have the most harmful effect on the health of our communities.

ONA urges your support for SB 1008A with the –A3 proposed amendments.