

Chair Nosse, Vice Chairs Nelson and Goodwin, and members of the committee, I have been a Medical Lab Scientist, Technician, or student for over a decade now. I've taught and mentored many Lab Techs and scientists over the years, and born witness to the many industry challenges during that time.

I began my career in Seattle, in the wake of the 2008 depression. My intentions to pursue biochem research were dashed when financing research dollars disappeared overnight, as did the job openings.

I turned instead to clinical science.

Since that day there has been a nation-wide shortage in certified staff, which only grew with time. Then, there were 17,000 job openings nationwide, and an annual graduation rate of 5,000 scientists and techs. By 2029 those job openings will be over 24,000 nation-wide, and our certification/graduation rates have not changed. Every state is competing for this extremely limited human resource.

Medical Lab Scientists calibrate, maintain, and test patient samples on highly technical analyzers. Scientists are responsible for the lab results which, on average lead directly to 70% of patient diagnosis. The raw science/STEM training is much higher than any other field or support staff short of doctors themselves, and due to specialization, even most doctors rely heavily on lab staff for result interpretation.

Nothing highlights the importance of this relationship as much as the recent COVID pandemic. When new diseases require testing and understanding of new primary research in the hunt for treatment strategies, the lab supervisors and senior techs were constantly coordinating with hospitalists and nursing supervisors.

I currently work in a rural lab in Eastern Oregon. Over the last 8 years I have watched half my coworkers and managers leave for urban areas like Portland and Bend. While cost of living is reduced in rural areas, the pay available to scientists in the city is vastly higher due to economies of scale. Labs in population dense areas have little trouble finding the volumes needed to justify expensive automation and elevated scientist pay.

Rural labs can rarely compete with these wages and the urban lifestyles new students are used to living in. Lab schools are expensive to set up, and typically found in dense urban environments. This naturally leads to a disproportionate number of lab school graduates coming from/preferring urban areas.

Our situation in Northeast Oregon is even worse. New hires here have a 50% ANNUAL ATTRITION RATE. Many find the lure of city-sized wages in nearby WA (along with no income tax) more appealing than remaining in rural Oregon while paying off their \$100,000 in student loans.

This tax credit for rural Oregon labs and hospitals will be strong lure for recruiting lab scientists, as well as a vital retention tool.

The healthcare of rural populations are already strained. Local hospitals have more than once had to close their doors for several days when their labs failed to get staff needed to remain open. Every hospital lab I know of in the surrounding 100 miles is, and has been, using temporary travel technicians (at extremely high cost/wages) to fill permanent positions that no one will commit to, and most have over 20% staffing vacancies. One rural hospital in Oregon has had nothing BUT travel techs on the bench AND as a temp manager just to keep the hospital open.

Without a functional lab, hospitals have no blood banking services; all surgery and ER rooms close. Every hospital system relies on a handful of certified techs to keep hospital ERs and surgery rooms legally, and functionally opened.

Escalating healthcare costs are linked directly to a lack of family providers and lab services in rural areas. Without access to local labs, providers cannot take on new patients. Labs that are under-staffed not only have to turn away local providers, and delay/degrade the healthcare provided to the local populous, they also result in those unserved citizens seeking care from substantially more expensive places such as hospital Emergency Rooms.

I'm not a politician, but I hope I've given the committee a peek behind the curtain of healthcare. I wholly support this bill and ask that you do as well. Not just to improve rural Oregon's capabilities vs the cities, but also to give us the recruiting support we need nation-wide during this massive, and growing, worker shortage.

The healthcare costs of an understaffed rural region is substantially higher than the cost of these tax credits. This bill will save tax payers money, and increase their quality of care throughout rural Oregon.

Thank you for your time,

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