



Chair Nosse, Vice-chairs Nelson, Goodwin, and members of the committee on Behavioral Health and Health Care,

My name is Sarah Curtis. I'm a lifelong Oregonian and I've lived in Portland for over 20 years. I've been a healthcare worker for the last decade. My current role is as a Managed Care Coordinator for neurology at OHSU. I love my work because I get to help patients get their care on time and avoid additional out of pocket costs.

If you have never heard of a Managed Care Coordinator, that's ok. Children don't dream of being a Managed Care Coordinator when they grow up. That adoration is typically reserved for frontline healthcare workers like nurses and doctors, and rightfully so. They're amazing people. But for every patient facing role, there are many other wonderful individuals outside of the public eye who make healthcare happen.

In my role as a Managed Care Coordinator, I obtain prior authorizations for neurology patients. Many insurance plans require prior authorizations to be approved before appointments, procedures, and imaging, or they will not cover the cost of the visit. Most of the time this happens behind the scenes without the patient ever aware. As I often say, when I do my job well, no one knows I exist. But we are chronically short staffed, which causes delays in the process. Delays can result in patients being canceled or rescheduled, often for appointments 6 months to a year later. These are patients with serious neurological disorders like epilepsy, Parkinson's, and Alzheimer's.

A few days ago, I asked my supervisor what the plan is for when my co-worker goes on maternity leave. After a nervous laugh, he gave me a long series of "when we fill this position over here, that will free up this person, which will free up this person, which will free up this person.." and so on. It was a long winded way of saying I would be on my own. My productivity numbers routinely average around 250%- meaning I am already doing the work of 2½ employees. I have nothing more to give.

One of the most stressful effects of being short staffed is in regards to imaging. Neurology requires a lot of MRIs. When a provider orders imaging, the patient has the option of having the imaging done at OHSU, or at an outside facility, which is often closer to the patient's home and at a lower cost. If the imaging will be done at OHSU, OHSU will receive the revenue from the imaging, so they have a team of managed care coordinators dedicated only to securing those prior authorizations. When a patient chooses to be seen at an outside facility, OHSU, as the ordering provider, is still required to obtain the prior authorization for the imaging. However, OHSU does not receive the revenue for the imaging, and for that reason, OHSU refuses to allot resources to obtaining the authorizations for those patients. Instead, those are added onto my



workload, which is already more than I can keep up with. I have hundreds of orders waiting for authorizations, dating back over a year. I only have time to work on ones that patients call and complain about. This imaging is medically necessary for these patients who have conditions such as MS, dementia, and strokes. Delays in care can have life threatening consequences. While I know I am doing everything I can, I still feel responsible for this.

Friends on my team support other clinics, such as Hematology and Oncology. That group has really high turnover, because no one wants to be the one to tell cancer patients they can't get their chemo on time because the authorization is still pending. The emotional toll of those phone calls is heavy. They work through their breaks and lunches because there's too much urgent work to be done, and 15 minutes of a break is one more authorization that could get completed so the patient can come to their appointment.

We need safe staffing committees for frontline healthcare workers, as well as for home health, technical, service, and professional staff. This bill would do just that, it would ensure we are holding parties accountable so that we can provide the best quality of care. House Bill 2697 would ensure that OHA is enforcing these staffing committees, and although they have been part of our collective bargaining agreements in the past, there hasn't been good enough enforcement. Our healthcare institutions are putting profits over patient care and it's endangering the lives of Oregonians. HB 2697 would ensure that staffing concerns are dealt with at the hospital to ensure quality outcomes for patients while also addressing high rates of burnout and turnover among frontline healthcare workers.

Thank you for the opportunity to share with you today, and I am respectfully asking you to please support House Bill 2697, for the safety of our healthcare workers and the communities we serve.

Sarah Curtis