

Submitter: Barbara Davis
On Behalf Of:
Committee: Joint Committee On Ways and Means
Measure: SB5506

My name is Barbara Davis, submitting testimony in support of SB1089, HB 2697. I testified in-person April 14th in Newport but was unable to complete my testimony due to mandated time limits. I have been a registered nurse for 34 years, the last 18 in Oregon. It is no secret that the corporate medical complex (aka healthcare for profit) is failing in the entire U.S. as well as in Oregon. The number one cause of bankruptcy in the U.S. is medical debt, affecting 1/2 million people - 80% of those insured. One in 8 owes more than \$10,000 for medical bills; 46% of adults say that they skipped needed care due to the costs. Managed care organizations contribute to 40-50% of the administrative costs, traditional Medicaid takes only 2%. 68,000 Americans die each year because they are uninsured or under-insured. Why? Because of the elephant in the room - because the medical, insurance and drug corporations' lobbyists gut regulations and block health care reform. Nurses are the powerless cogs in this hamster wheel of profit-driven medical care. While there are approx. 45,000 registered nurses in Oregon, research shows that we don't have a shortage of nurses. We have a shortage of nurses willing to work at the bedside under the existing unsafe conditions. With each additional patient assigned to a nurse, there is an increased likelihood of a patient dying in the next 24 hour period. On the flip side, there was a 14% decrease in risk for patient mortality for every one-patient decrease in a nurses load.

This rings true for me. When I am given a patient load that is too high I am constantly, in my head, triaging to see which patient I'm going to have to neglect for a while and hope that they aren't the one that can't wait for help to the bathroom and suddenly jumps over the rails, falls on the floor and splits their head open . . . or worse. Or that they aren't that one patient that is too sick to be out on the Medical floor but was transferred out of the ICU anyway because we didn't have enough ICU nurses staffed that shift. Often the only difference between an ICU patient and a Medical patient is location. This is the reality that bedside nurses deal with everyday. The next in-patient, preventable mortality may be your loved one. I urge you to support HB 2697 and SB 1089 with whatever funding is necessary.