

SB 293-1 Written Testimony

March 24, 2025

Jodi Hansen RN, MA

Dear Members of the Senate Committee on Health Care,

My name is Jodi Hansen, and I am writing in support of SB 293-1.

I was a DOC religious services volunteer for 10 years at CCCF. I served as the chairperson for the DOC Religious Services Advisory Council for two years and was also a Home for Good volunteer. Home for Good or HGO, if you remember, was the DOC's attempt at a reentry support program. Sadly, it was never adequately funded, and it died.

In my role as a HGO community chaplain, I saw the severe lack in reentry support—especially in rural areas like Yamhill County where I live—and was inspired to found Remnant Initiatives, a nonprofit focused on assisting AICs upon release. To date, our little nonprofit has served over 300 men and women returning to our Yamhill County neighborhoods.

I am also a RN with a BSN, a master's degree leadership, and long career in healthcare. I have extensive experience in public health, continuous quality improvement, and as a project manager, overseeing large scale implementations of Electronic Health Records with an emphasis in government mandated mortality, morbidity, and outcomes data reporting. Most recently, I served on the Governor's Work Group addressing Women's Health and Medical Services. ***I am also, a taxpayer.***

I don't need to tell you that the state of healthcare in the DOC is a mess. The lawsuits in the news, the GIPA report and the NCCHC accreditation report have made this very clear. Oregonians in prison have a disproportionate number of acute and chronic health problems that are presently, going untreated or poorly treated, which has a profound impact on the success of AICs.

Just like us all of us—who are unable to work, raise our families, and contribute to our communities, when we are ill or suffering from untreated chronic illnesses—AICs cannot focus on rehabilitation and prosocial programming when they are experiencing health challenges—especially when those health challenges are ignored, minimized, or treated with out-of-date interventions. As well, the poor healthcare the DOC is providing, or in our present circumstance, not providing, has a profound impact on the success of AICs when they return to community.

We ask our returning citizens to hit the ground running—get a job, reliable transportation, stable housing, learn to live a sober life for the first time in your life, which is challenging enough without having to learn to navigate a complex health care system for care that should have been provided while they were incarcerated. Some folks return to community so impaired from the lack of care that the DOC should have provided, that they never return to work. Instead, they are forced to join the ranks of the disabled, living off government assistance for the rest of their shortened lives. I have personally witnessed how poor health impacts success after release in the years

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that we have been serving returning community members at Remnant Initiatives. Too many people release too impaired to focus on the critical tasks they need to accomplish to become law abiding, working, contributing citizens.

In the healthcare system you and I use, there is a relentless focus on prevention, early intervention, and outcomes. Since the 1980's, providers and payers have been studying which interventions are most effective, and most cost effective for helping people remain independent and productive. And, though healthcare research is fluid and ever evolving, one truth remains—ignoring, delaying, and denying healthcare will **always** cost more, will **always** have poor outcomes AND will **always** put providers at risk for lawsuits, like the ones we see in the news when the DOC is sued by AICs and other advocacy groups.

As a taxpayer, I want better outcomes. I want the items detailed in SB 293-1 to be law for which the DOC must be held accountable. The news, the GIPA, the NCCHC, and the lawsuits prove the DOC is not capable holding themselves accountable. They don't even follow their own policies!

The practice of denying care for preexisting conditions or delaying care just because someone is going to be released in six months is not cost effective and results in poor outcomes that the providers in the community must then address.

Failing to use medications covered in the CMS formulary to instead, use a cheaper less effective, and often out-of-date medication, will ultimately cost more—in dollars and human potential.

But most unconscionable is the practice of denying care without giving a reason to people who have no other options. AICs cannot get a second opinion or seek other providers.

Imagine, if your doctor told you what was wrong with you, told you what you needed to address your pain, and then refused to allow you access to the treatment that was prescribed—without giving any reason for why! How would you function under this kind of disregard?

Incarcerated Oregonians deserve better outcomes. Returning citizens deserve better outcomes. Your constituents deserve better outcomes, especially when **we** are the ones picking up the tab for **their** disregard, **their** neglect, and **their** poor practice.

Thank you.