

April 11, 2025

Sen. Kate Lieber, Cochair  
Rep. Tawna Sanchez, Cochair  
Joint Committee on Ways and Means

RE: Support and invest in HB 3363 and SB 24

Cochairs Lieber and Sanchez, and members of the Joint Committee on Ways and Means

My name is Jimmi Blanchet. I have been a nurse with Eastern Oregon Correctional Institution (EOCI) for over 20 years. I became a nurse to be of service to others. I have a passion for serving the underserved, and in corrections I have found a true calling.

In my many years of service to the State of Oregon, I have seen times when there has been low staffing, but never this low for this long, with these few doctors or nurse practitioners.

To be a nurse, a nurse practitioner, or a doctor each and every one of us must undertake the monumental task of schooling prior to getting licensed. To maintain our jobs, we must further maintain our licenses through the state of Oregon every few years paying well over \$200 per renewal to the State of Oregon.

By having constant low staffing, barely minimal staffing and such chronically, critically low health care team numbers, the ODOC has put every single Nurse, Nurse Practitioner and Doctor at risk for losing those licenses. Being in this constant state of low staffing we are putting the AIC's who we are here to provide Federally mandated health care at risk.

There have been multiple times where we have submitted a chart to a provider for renewal so that patients will not have a period without essential medications, including insulin or cardiac medications. Many of them will not receive a timely renewal. The requests will be left, without a chart note of explanation. The nurses do not have time to double check to see if the orders have been written. Nurses rely on our very overworked nurse practitioners and/or doctors to write the orders.

Unfortunately, at EOICI we currently have roughly 1300 AICs and only one nurse practitioner who is available three days per week. She sees between 16 and 24 patients per week plus our infirmary patients. As you likely know, the highest acuity patients are treated in the infirmary. The patients in the infirmary may need anything from intravascular hydration, antibiotics, wound care, to patients just not being able to go up and down our stairs. Our other nurse practitioner is currently not able to come in due to a medical issue.

Here at EOCI, the nurses are responsible for the health care of more than 1300 patients. With current staffing, the nurse-to-patient ratio Monday through Friday is around 221 AICs to one nurse Monday through Friday day shift, weekends and swing shift it is 332 and nights 665. There are multiple medication administration lines and insulin administration medication lines.

We currently have seven contracted nurses (travel nurses who work for other companies, but contract with the ODOC to help provide care), 12 full time RN's, one, full time Licensed Practical Nurse (LPN), four job share RNs (which is essentially two full time positions because they are part time), and two part time or "as needed" nurses. We have three managers who are each RNs, but they do not come onto the floor when we request help. They ask other equally overworked nurses to take on more work when we are feeling overwhelmed. We need more skilled nursing staff. What we are managing is not sustainable. Our patients are suffering, and we are getting more burned out every day.

I could list all the issues we face daily with this patient population, but they are enumerable, and are compounded with our low nursing numbers, lack of providers, and lack of clinical assistance from management. Not just our facility managers, but we have not been able to obtain clinical help from ODOC upper management and beyond. At this point you can no longer claim ignorance of these serious issues.

Please help our Nurses, our Providers and our Patients that we are here to take care of.

Taking years for this to be implemented will incur more nurse, nurse practitioner, and doctor burnout, which will cause more nurses to quit and seek employment in other sectors, leading to having to spend more money on new nurses to train them. Working on little to no sleep can and does cause errors. This has been proven time and time again by many studies on employee burn out and specifically on nursing/doctor exhaustion.

It will cause lawsuits not just from the AIC's since they are not being provided the health care they are Federally mandated to receive, but also from employees who are being placed into unsafe, unfair working conditions. Situations arise where you have nurses who are at work for 14-16-hour days, coming in at 1:30-2 am and going home around 4:30 pm or later if required due to charting, or lack of staffing, then having to turn around and potentially having to come back in at the same time the following day. By choosing to wait up to 8 years or more to fully fund this you are actively saying you would rather pay lawsuits than people to work.

Please invest in SB 24 and HB 3363.

Thank You

Jimmi L. Blanchet RN

AFSCME Local #2376