



**Testimony in Support of HB 3016**

**May 5, 2021**

**Senate Committee On Health Care**

**Jacqueline Dillon, RN MSN PCCN**

Greetings Chair Patterson, Vice-Chair Knopp and members of the committee.

My name is Jacqueline Dillon, and I am a member of Oregon Nurses Association (ONA). Today I submit, to you, testimony in support of HB 3016 as one of ONA's 15,000 registered nurses, Nurse Practitioners, and professional member affiliates throughout the state.

I support HB 3016. Our current COVID pandemic experience has illuminated an unforeseen flaw in the blanket option for a health care facility to suspend the nurse staffing committee and its related staffing plans in times of emergency. The intention was good, and it got us through, but it needs to be refined so that the professional opinions of nurses are not completely disregarded once a better view of the problem can be achieved.

During the pandemic it became painfully clear that our nursing workforce needed to adopt less than optimal standards to assess, stabilize, and address the needs of our patients, colleagues, and employers. This short-term strategy, while necessary, revealed a lack of preparedness and left nurses, throughout the state, without an ability to inform contingency plans at time when nursing expertise was most desperately needed.

This statutory amendment would center the needs of our patients by maintaining the collaborative, solution-based framework of our hospital nurse staffing committees to address evolving conditions and maintain a cohesive work environment. It is a proactive approach to emergency preparedness that limits uncertainty and better prepares our health care system for future catastrophic events.

When Governor Kat Brown declared the COVID-19 Shutdown in March of 2020 the Good Samaritan Hospital started to completely disregard the staffing law. If a nurse or CNA ventured to bring it up, the issue would be disregarded stating it was an emergency and staffing plans were no longer valid. Staffing committee meetings rarely happened and if they did, they were management heavy on zoom and no correction to the situations would happen. It did not matter what the staffing on the units were, if there was an empty bed then it would be filled. We would lose staff to COVID exposure or illness and it would not be accommodated. I am not talking about the times we had a lot of COVID patients or during the fires, I am talking about times that those were not the contributing factors and the staffing law was completely disregarded. Additionally, when Visitors were not allowed in the hospital staff was having to spend more time on the phone with family members and provide more emotional support to patients, this was not taken into consideration. COVID procedure and policies would change frequently but there was no time allotted to try and keep up with the changes but rather learning on the fly.

Nurses are burned out. We have been burning the candle at both ends. We are dealing with the parts of the pandemic that everyone is dealing with. We also are dealing with the stress of working on the front lines. We are patient focused, and we advocate for our patients. It is devastating when you know that patients are being put in questionable circumstances. Nurses step up and provide the needed care often at their own detriment. Nurse burn out and moral distress are real and we are losing nurses to it all the time. I, myself, have left the bedside nursing due to burn out.

My Personal Experience as a nurse have seen the opinion of nurses working the floor completely disregarded. Nurses do not want to abandon patients or not provide care; we just want a voice in how that happens. We want to advocate for our patients and coworkers.

I support HB 3016, and we ask that you vote favorably to move the bill out of committee.