

**ED DIEHL**  
**STATE REPRESENTATIVE**  
DISTRICT 17  
MARION/LINN



**HOUSE OF REPRESENTATIVES**



*From the Desk of*

Ed Diehl

Oregon State Representative, HD17

## Vote **Yes** on HB2408: Enact the Nurse Licensure Compact

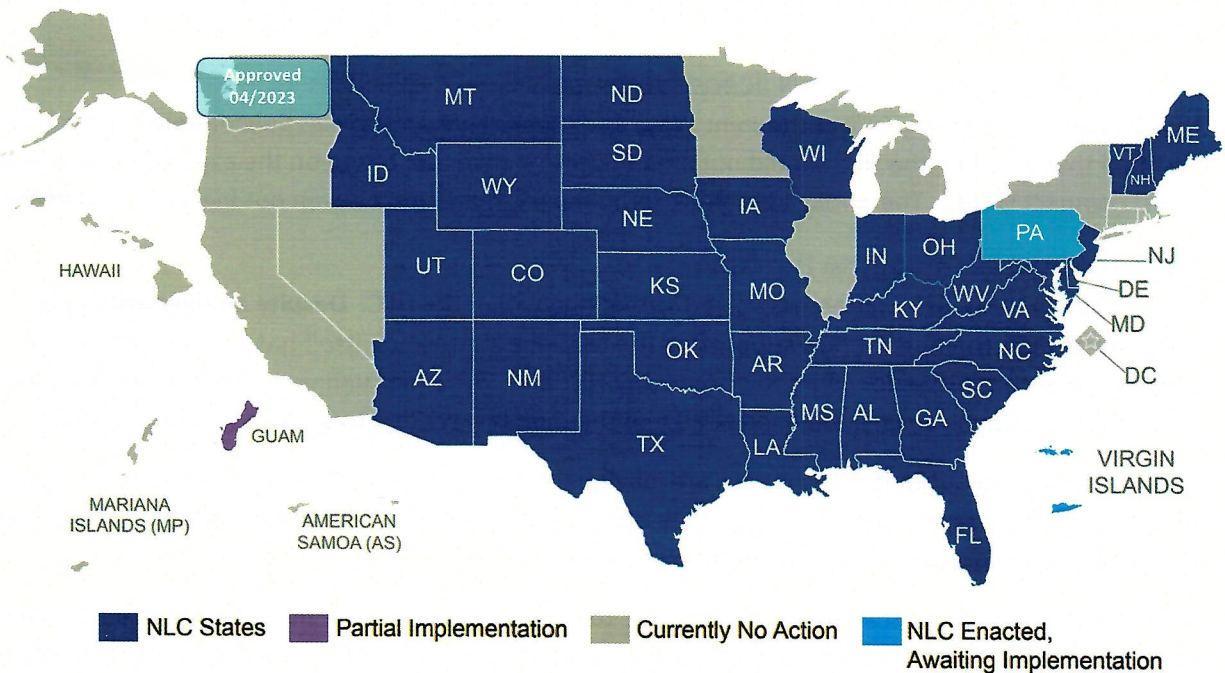
Colleagues,

I am writing to urge a YES vote on [HB2408](#), enacting the Interstate Nurse Licensure Compact (NLC) in Oregon. The reasons to join the compact are compelling, and I will highlight just a few of them.

An overwhelming majority of Oregon Nurses surveyed want Oregon to join the NLC **90%** of the rank-and-file Oregon nurses want us to join the compact ([December 2022 OSBN Survey](#))

The compact is rapidly spreading nationwide

[76% of the country](#) (38 states, plus the Virgin Islands) is already part of the NLC. **And just last month, our neighbor to the north, Washington State, voted to join the NLC, making them the 39<sup>th</sup> state!** The trend is clear: **if we do not join the NLC we will be hindering our ability to attract and retain nurses.**



All states would benefit by joining the compact

A [study published in the Journal of Nursing Regulation](#) concluded that the Nurse Licensure Compact should be implemented nationwide to facilitate mobility of nurses and to increase the surge capacity of hospitals and healthcare systems. This study looked at the impacts of Hurricane Sandy on New Jersey. In addition to recommending that the NLC should be implemented nationwide, it showed that nurse shortages during the emergency were associated with poor health outcomes, and that New Jersey would have benefitted from easy access to unemployed nurses in their neighboring state Pennsylvania. **Both New Jersey and Pennsylvania have since enacted the NLC.**

Our current licensure system negatively impacts rural areas

The 2013 NRHA policy brief, [Streamlining Telemedicine Licensure to Improve Rural America](#), describes how the **current licensure system places burdens on all health professionals, not just nurses**, wanting to expand their practice to rural areas.

The NLC benefits in times of crisis and long-term

[This article in American Nurse](#) points out the importance of joining the NLC and why “the ability to quickly mobilize nurses and provide aid is critical, especially for the special needs population who require intensive care, but also necessary for longer term healthcare infrastructure recovery.” Oregon felt the pinch during the pandemic, in some cases taking 3 months or longer to process an application ([OHA Oregon Nursing Workforce Study Report, page 14.](#)) [This article, comparing two states \(one NLC, one not\)](#) in a time of crisis highlights the importance of enacting the NLC **before** the next crisis.

Military spouses can practice as they move within NLC states

Should a nurse maintain legal residency in a NLC state and hold a multistate license and the military family is stationed in other NLC states, [the nurse may practice under the home state multistate license](#) in the other NLC states without obtaining additional licensure in those states.

No long-term impact on OSBN license revenue

In testimony on February 27<sup>th</sup> at the Joint Ways and Means Human Services Subcommittee, the OSBN testified that enacting the NLC should not affect licensing revenue, based on the experience of boards in other compact states. There may be a short-term impact, but finances even out in a couple of years.

Why does the ONA oppose the NLC?

The Oregon Nursing Association has voiced strong opposition the NLC. **Despite an overwhelming majority of their member nurses supporting the NLC**, the association itself has worked behind the scenes and in committee for years to oppose any NLC bill. This is not unique to Oregon. Minnesota has faced the same union opposition despite [80% of their nurses wanting to see the state join the NLC.](#)

They have pointed out that many nurses are leaving the field, “they don’t want to be nurses.” Based on the surveys I have reviewed ([here’s one](#)) they are correct. This is not a situation unique to Oregon, and it is not relevant to our decision whether to join the NLC.

The ONA has also stated that we will not be able to obtain data about our nurses if we enact the NLC. We don’t see any evidence that data collecting will be worse with the NLC. Most nurses practicing in Oregon are licensed here, and that won’t change under the NLC. The NLC will, in fact, speed up the

licensing process by allowing a nurse to move to our state and immediately start work as their Oregon license is processed. Joining the NLC should make it easier, not harder, to obtain data for our nurses.

**The ONA is going against the interests of their own members.** By NOT enacting the NLC, we will deny ourselves ready access to qualified nurses. Most nurses in the country will find it much easier to work with compact states, and that is where they will go. Oregon will be left on the sidelines.

### Conclusion

Oregon has a long-standing nursing shortage. I believe we all agree that this shortage is due to many issues; as such fixing it requires an 'all hands on deck' approach. Enacting the NLC in Oregon is one essential element in a comprehensive program to train, attract, and retain nurse talent in Oregon.

The core question we must ask ourselves: **will enacting the NLC expand our ready access to qualified nurses? And the answer is an overwhelming YES.**

**I urge you to make a YES vote on this popular, common-sense, proven, data-driven approach to improving health outcomes in our great state.**

Sincerely,




Ed Diehl

State Representative, House District 17



Christine Goodwin

State Representative, House District 4



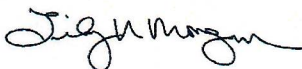
Charlie Conrad

State Representative, House District 12



Cyrus Javadi

State Representative, House District 32



Lily Morgan

State Representative, House District 3

