Submitter: Susan King

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2408

Testimony to the House Behavioral Health and Healthcare Committee

Opposition to HB 2408

Susan King MS, RN, CEN, FAAN

I currently practice as a staff RN in a large Portland Emergency Department. At this time, over 25% of our RN staff are those commonly identified as travelers.

I formerly served as the Executive Director of ONA and was involved in the compact issue at both the state and national level

In addition, I was a member of the Oregon State Board of Nursing for 6 years.

Today I speak in opposition and to ask you to reject this proposal

Context:

In the late 1990s I was asked to attend a meeting in Washington DC on very short notice. The meeting was called by the American Nurses Association upon learning that the National Council of State Boards of Nursing (NCBSN) was launching its interstate compact There had been no public discussion within the profession about making this change to our regulation.

Attendees had many questions and raised significant concerns:

One was to understand the genesis of this policy. Initially, representatives of the NCSBN were unwilling to divulge that information, but finally admitted that it came out of meeting with 40 “thought leaders” who turned out to be primarily executives many from companies that would find it both easier and less expensive to deploy nurses across the country without the requirement to obtain a license in the state of practice.

It is beyond my time limit today to discuss all of the policy implications of the compact so I will focus on one of the two major concerns in the 1990s and today. That is nursing standards and Oregon authority.

Standards for entry into practice and relicensure are similar across the country. Most states use a continuing education requirement for relicensure. Oregon and two other states require practice. New York is the notable exception with a significant increase in relicensure requirements within 10 years of entry. At this time, however, the compact removes the right of a state to improve them in the future.

Article II of the compact exempts a nurse practicing on the multistate agreement and standard of the home state from complying with the selected "state practice laws" defined as those necessary to obtain and retain a license.

Those are core components of practice just as for any other profession.

Given the increasing complexity of clinical care, many health professions have increased their educational requirements for entry into the practice. Those decisions were made by the profession. The nursing profession in Oregon should have the authority to do the same and we have been doing that work.

For many years ONA, with our partner organizations, has been working to both improve standards and well as address the myriad of workforce issues. That work has included the establishment of the Oregon Center for Nursing, implementation of incentives for practice in critical shortage areas, establishment of the Oregon Center for Nursing Education and seeking federal investments.

Nursing Workforce

The most recent comprehensive report, The Future of Oregon's Nursing Workforce Analysis and Recommendations was released in November 2022.

The report explores the complexity of the issue.

While it is not clear if there is an absolute shortage there is clearly a distribution issue just as there is for other health professions and occupations.

Of course, It is important to bring new qualified individuals into the profession. But it is just as important to retain those currently in practice. One of the major recommendations from the report is that employers should work harder on retention of their current staff.

From my own current experience, there has been a significant exodus of RNs from my unit most of whom left for a less intense practice, moved away from direct care or accepted travel assignments where they were not tied to any employer beyond the contract perio