



Opposition to HB 2408

Dear Chair Nosse, Vice-Chairs, and committee members:

Good afternoon Chair Nosse, Vice-Chairs, and Committee members. For the record I am Paige Spence and I am the director of government relations for the Oregon Nurses Association. My good colleagues Tamie and Susan have covered some important points, but I do want to share a few more challenges that ONA sees with the multistate nurse licensure compact that HB 2408 would enter Oregon into.

First, I want to crunch some numbers – As of September 20, 2022 the Oregon State Board of Nursing reported that there were 80,123 registered nurses licensed in the state. That number is up from 68,283 in February of 2021, which is up from 62,944 in January of 2019. This steady increase of nurses over the past couple years means there are over 17,000 more nurses licensed in the state of Oregon than there were prior to the pandemic.

So, if there are more nurses licensed in the state than there were three years ago, how is there a sudden shortage of nurses? Oregon has a retention problem.

An analysis of employment data by unit from one large hospital in our state demonstrates the turnover problem that plagues all Oregon hospitals. It is not aging out, but working conditions, rising patient caseloads, high acuity, and negative patient outcomes that lead to emotional and physical exhaustion, fatigue and burnout: A 2022 study showed that here is a national 27.1% national turnover rate in nursing due to: Workload/staffing, High acuity, Negative patient outcomes, Emotional & physical exhaustion, Fatigue & burnout (Nursing Solutions, Inc., 2022).

And the fact that the Oregon Board of Nurses knows these numbers of nursing licenses that I was able to state is because we are NOT in the compact. **The compact would hinder workforce analysis** at the very time when Oregon is really seeking to ensure that we have the necessary nursing workforce to meet the needs of communities in every corner of the state. We are able to gather a wealth of data from the Oregon State Board of Nursing that would not be so readily available if we move nurse licensure out of state to an independent third-party. Health systems, nursing associations, the Oregon Health Authority, the legislature, and local governments are all heavily invested in workforce development and retention for nurses. The Oregon Board of Nursing can currently evaluate whether we have a sufficient number of nurses, particularly the distribution of these workers throughout the state and their demographic representation.



Without issuing its own licenses, the State of Oregon, health systems, and nursing associations would be less able to connect with and understand our own workforce to know if these investments are working.

For example, in Oregon, nursing professionals renew their licenses every two years, and a demographic workforce survey is conducted during renewal to gather date of birth, race/ethnicity, language spoken, gender, educational attainment, employment status, practice characteristics. If we move to the compact, ensuring an adequate workforce becomes more challenging – Without issuing its own licenses, the State of Oregon would be less able to connect with and understand our own workforce. to ensure our nursing workforce can represent Oregon’s diverse populations in various care settings across the state.

The other concern is that state revenue would decline – Joining the compact is likely to reduce state revenue from issuing Oregon’s current single state license. For this reason, the entity who runs the compact, the National Council of State Boards of Nursing offers a financial program whereby they will initially assist states in replacing some of that lost revenue. However, there is no guarantee regarding how much will be lost, how much will be replaced, or how long the financial incentive from NCSBN will be provided. The current revenue stream from Oregon licenses ensures nurse and patient safety through important Oregon State Board of Nursing programming including paying their staff; reviewing, evaluating and making recommendations for alternative discipline programs for nurses with substance use disorders; participating in the Oregon Wellness Program, which promotes health care professionals’ well-being through free counseling, education, and research; taking disciplinary action when needed; and providing valuable continuing education courses such as pain management including alternatives to opioids, as well as cultural competency.

We urge you to listen to nurses when it comes to legislating what is best for nurses and their profession, and no pass HB 2408.

Sincerely,

A handwritten signature in blue ink that reads "Paige Spence". The signature is written in a cursive style with a long, sweeping underline.

Paige Spence