

**TESTIMONY OF AMERICAN NURSES ASSOCIATION PRESIDENT
JENNIFER MENSİK KENNEDY, PHD, MBA, RN, NEA-BC, FAAN
BEFORE THE HOUSE COMMITTEE ON BEHAVIORAL HEALTH AND HEALTH CARE
OREGON LEGISLATIVE ASSEMBLY**

**HEARING ON HB 2697
February 27, 2023**

Good afternoon, Chair Nosse, Vice Chairs Goodwin and Nelson, and distinguished committee members. I am Jennifer Mensik Kennedy, a registered nurse, president of the American Nurses Association, (ANA) a proud Oregonian and member of the Oregon Nurses Association.

Thank you for the opportunity to address this committee.

Nurses are the largest group of health care professionals in this country, and we spend the most time with patients and their families. We work in every setting where health care is delivered, provide expert care 24/7, and care for people across their lifespan, from birth to the end of life. The public holds nurses in high regard. In fact, for the past 21 years, the public has ranked nursing as the most trusted profession in an annual Gallup survey.

As you have heard from the previous speakers, we are in the midst of a crisis around nurse staffing here in Oregon and across this nation.

As a nurse with over 25 years of experience, I have seen firsthand the impact of short staffing on patients and nurses. When there are not enough nurses to meet patient needs, the impact on the safety and quality of care is clear. Insufficient nurse staffing jeopardizes patients' safety and the quality of care. When units are short staffed, this negatively affects retention of nurses and the overall work environment. Nurses may choose to find another job or to leave nursing altogether creating a vicious, negative cycle.

Short staffing is not new and existed long before the COVID-19 pandemic.

The challenges and extraordinary demands of the past three years have exacerbated underlying, chronic nursing work environment challenges that have persisted for years. Nurses are speaking out and taking action to call for meaningful change to address the relentless burdens and difficult work environments that they encounter day after day, shift after shift.

You heard from the earlier speakers about the survey findings of nurses in Oregon. Beginning in April 2020, the American Nurses Foundation conducted periodic nationwide surveys to understand the "Pulse of the Nation's Nurses." During the past three years, the Foundation has conducted 13 surveys which have helped ANA respond to nurses' needs and advocate on their behalf.

The Foundation conducted the most recent survey in November 2022. The results further validate that the nursing workforce is dealing with severe burnout. Of the more than 12,000 respondents, eighty-four percent said they are stressed or dealing with burnout. When nurses were asked what contributes most to workplace burnout, the leading response – almost 40 percent -- was not enough staff to adequately do their job.

The American Nurses Association supports enforceable, minimum nurse staffing ratios as a valuable approach to reduce patient harm, improve quality outcomes, and ensure the creation of a healthy work environment. HB 2697 will improve nurse staffing and patient care.

Through nurse staffing committees, among other forms of nurse involvement, direct care nurses must engage in patient assessment and evidenced-based decision making to upwardly adjust nurse staffing based on important variables. These variables include patient acuity, intensity, work environment, skill mix, level of competency, technology/resources, and overall organizational culture.

It is important to recognize that staffing always creates ratios. In many hospitals, nurse staffing plans that result in nurse/patient ratios are driven by budgets based on historical data and flawed financial indicators. We support a new approach to safe staffing that is bottom up, not top down. Foundationally, we are asking for standards to be put in place in the interest of safety that also allow for innovation, adjustment, and agility for new models of care delivery. This is the reason we are supporting minimum staffing ratios with nurses' input and involvement at every step and at every level.

The fears of hospital and ED closures and reduced skill level in California did not come to fruition. Analysis of American Hospital Association data shows that the California ratio legislation is associated with a significant increase in nurse staffing in acute care hospitals. Additionally, research shows fewer occupational injuries and illnesses among nurses in California, and that patient outcomes in California hospitals improved in hospitals that previously had lower staffing. There are concerns that there are not enough staff for ratios in Oregon. But based on US Bureau of Labor Statistics, August of 2022 data shows that California has 8.1 nurses per 1,000 and Oregon has 8.92 nurses per 1,000 population. This is over 8% more nurses per population than in California.

The American Nurses Association supports nurses in Oregon choosing HB 2697 to address nurse staffing. The use of minimum ratios is one tool, among many, to address the ongoing crisis of safe staffing. Given the fragmented health care system in this country, we recognize that the solutions for one state may be different than for another. As the author of the Nurse Managers Guide to Innovative Staffing, I can assure you that minimum ratios will not stifle innovation in Oregon.

Because of the direct impact on patient safety, it is critical that requisite financial resources be allocated to ensure sufficient nurse staffing to meet patient needs. Payment structures must ensure adequate reimbursement to cover nurse staffing, particularly in rural and critical access facilities.

The crisis in nurse staffing demands our attention and action. It is vital to all of us – for the nurses of today and tomorrow, as well as patients and their families who put their trust in nurses to be there to care for them.

Thank you.