



**TESTIMONY OF OREGON NURSES ASSOCIATION EXECUTIVE DIRECTOR ANNE TAN PIAZZA  
BEFORE THE OREGON HOUSE COMMITTEE ON BEHAVIORAL HEALTH AND HEALTH CARE  
OREGON LEGISLATIVE ASSEMBLY HEARING ON HB 2697**

February 27, 2023

Good afternoon, Chair Nosse, Vice Chair Goodwin, Vice Chair Nelson, and Committee members:

**INTRO**

My name is Anne Tan Piazza, and I am the executive director of the Oregon Nurses Association. Prior to joining ONA, I advocated on behalf of nurses at the Washington State Nurses Association for 25 years.

House Bill 2697 builds on laws that Oregon has already passed and policies that hospitals in our state have already enacted. The numerical standards for nurse-to-patient caseloads embodied in this bill are already in alignment and reflected in large urban and small rural hospitals across the state.

Oregon lawmakers passed a nurse staffing law more than 20 years ago. The law has been amended and updated several times over the years.

But what was an effective and useful law 20 years ago is no longer able to meet the staffing crisis we are currently facing. With unclear standards and no strong enforcement measures, nurses are facing a staffing crisis unlike anything they have ever experienced before. We must do something. ONA is putting the full strength of our membership, and our partnerships across the state, into this legislative fix that will address Oregon's nurse staffing crisis head on.

Here is how our legislation specifically addresses the concern of Oregon's nurses and other front line health care workers:

The bill requires the Oregon Health Authority to enforce the staffing law. It includes binding, time-limited processes for approving staffing plans with clear standards that hospitals can confidently follow to know that they are in compliance. In the event that the law is significantly violated, it implements higher monetary penalties levied by OHA until compliance is reached.

For nurses and allied healthcare workers, meal and rest breaks are essential to prevent exhaustion, medication errors, and burnout. In a 12-hour shift, Oregon law affords workers a 30-minute meal break and three 15-minute rest breaks. We know that nurses are not getting their breaks. This is not in question. In fact, a recent survey of ONA members indicates that 92% of nurses report missing meal and rest breaks.

House Bill 2697 ensures that staffing levels are sufficient to allow nurses to take these meal and rest breaks.

And finally, House Bill 2697 mandates minimum numerical staffing standards that are specific to the patient population of the unit. The bill states that assignments cannot exceed staff-patient ratios for any shift.

A recent survey of ONA members shows the clear and disturbing implications of unsafe staffing levels. Only 1% of nurses in the survey report that their units are always staffed appropriately. When a unit is short staffed, it means delays in responding to patient call lights, delays in medication, delays in pain assessment and intervention, and delays in patient discharge.

Adequate nurse staffing keeps nurses at the bedside, reduces turnover, saves lives, and improves the quality of patient care.

Over these decades, our nurses have been consistent in their pleas for safe staffing levels in hospitals. Oregon has a real opportunity to help our communities by giving nurses the tools they need to provide safe patient care, and I can tell you that other states are watching and waiting to follow your lead.

The COVID-19 pandemic certainly highlighted the workforce crisis for nurses and allied healthcare workers in hospitals, but understaffing was already the status quo before we reached that tipping point. Passing House Bill 2697 will bring meaningful, long-term improvements to nurse workforce retention and to the quality of care that our loved ones can expect to receive.

Better nurse staffing is critical in the recruitment and retention of our nurses at the bedside. We know from numerous studies that nurses are leaving the bedside due to short staffing, exhaustion, burnout, and moral injury. The national nurse turnover rate is 27%, ONA nurses in a survey reported turnover rates in their units to be as 36-54%, twice the national average in some places. As the nursing statistics shared out this morning from the State Board of Nursing clearly demonstrates and as Rep. Goodwin noted, we do not have a shortage of nurses in Oregon, we have a shortage of nurses willing to work in these conditions.

Today, as well as during tomorrow's public hearing, you will hear from nurses and allied healthcare workers from across the state about the dire state of working conditions and the impacts on patient care. I implore you: Listen to your direct care nurses and consider passing House Bill 2697 to protect your communities.

Finally, I want to acknowledge and appreciate the collaboration on this bill from labor partners as well as employers: The Oregon Association of Hospitals and Health Systems as well as individual hospitals have been at the table with ONA and our union partners as we contemplate amendments to the bill that will provide meaningful relief for patients and providers and that also allows sustainable operations within hospital walls and across our statewide continuum of care.

Thank you.