



Support for HB 2235 A

May 3, 2023

To: Chair Patterson, Vice Chair Hayden, Members of the Senate Committee on Health Care

From: Russell Lum, Political Organizer, Oregon Nurses Association

Re: Support for House Bill 2235 A

Dear Chair Patterson, Vice Chair Hayden, and members of the committee,

Thank you for the opportunity to provide testimony for House Bill 2235A on behalf of the Oregon Nurses Association (ONA). ONA is a nurses union and professional association representing over 16,000 health care workers and providers, including registered nurses, advanced practice nurses, and allied health workers. Our members work in urban and rural hospitals, clinics, school-based health centers, home health care, and county health departments across Oregon.

House Bill 2235A asks the State to create a work group to make recommendations on reducing workloads in behavioral health, out of a broad concern — which ONA shares with advocates and many lawmakers — over burnout and recruitment and retention problems. This is about setting the state on a course to provide quality behavioral health services and aiding a workforce that struggles to be a match for the need for these services in Oregon. The bill directs the work group to create recommendations for bringing caseload burdens in the behavioral health workforce down to effective and manageable levels, including caseload guidelines or ratios.

Overwhelmingly most of ONA's members are not in behavioral health by occupation and are not the worker types addressed in the bill. But a well-functioning behavioral health care landscape is part of what would put Oregon health care on strong footing — and today, in key ways, as ONA advocacy on a range of issues attests, it is not on such footing. Oregon health care is dangerously overmatched by its challenges. High among these challenges is our state's low performance in aspects of behavioral health.

We need a behavioral health system with a workforce capable and willing to do the work in the working conditions; where the structures fail the workers as it relates to giving them achievable caseloads, we ought to do more in the way of restructuring. The majority of caregivers and health workers in ONA work in hospitals, and Oregon's hospitals are facing an overwhelm in some part owing to patients being seen in the wrong care setting. Patients with substance use



do not have the adequate care networks to be seen often enough in the subacute setting or upstream enough in their challenges before it is a case for the emergency department.

Finally, Oregon Nurses Association in this session especially is focused on solving problems of health workers overburdened with workload and these environments where, without legislation, adequate help is not coming to fill the ranks of needed coworkers. ONA, with many advocates and fellow unions, has proposed workload standards in the hospitals. HB 2235A is importantly different *and* similar: Different from the hospital staffing legislation, HB 2235A will result in recommendations, not a legislated creation of caseload standards. Of course similar to hospital staffing legislation, HB 2235A is in acknowledgment that understaffed sectors cannot keep asking workers to do more with less.

At ONA we know the State agrees with nurses that the health care landscape is an overall system, with interlinked problems. We encourage some solutions that are interlinked as well. Doing what the state government can do to attract more workers to needed health fields and set them up for success as well as fairness on the job is one broadly applicable approach. We support HB 2235A for these reasons and ask this committee to join us, other advocates, and the vote of the House in support.

Sincerely,

Russell Lum