

January 26, 2025

Oregon State Legislature
House Committee on Behavioral Health and Health Care
Salem, OR

Dear Esteemed Committee Members,

I am the Dean of the School of Nursing and Health Innovations at the University of Portland; the largest single-site BSN school of nursing in Oregon. With nearly 1000 nursing students across four years, we graduate about 250 new BSN-prepared nurses each year. The majority of these graduates remain in Oregon and make significant contributions to the nursing workforce. I am writing to **OPPOSE** HB 3220 and will outline my rationale below.

I am not aware of the reason this bill to create a floor of 10:1 as the student-to-faculty ratio of clinical instruction was proposed. I can only guess that it is an effort to mitigate one of two serious issues in nursing education in Oregon; the nurse faculty shortage and the shortage of clinical placements. Instead of helping the situation, this bill as written would only worsen an already difficult situation.

Here's why: Increasing the student-to-faculty ratio to a **minimum of 10:1** from a **maximum of 8:1** will not increase the number of placements, but will instead lead to increased denials from our clinical partners who cannot take such large numbers at one time. We struggle now to reach the maximum of 8:1 students to faculty as allowed by OSBN into a clinical unit. We also work with several essential clinical partners who are only able to take four or six students due to their size. If this bill is passed, we will lose those valuable learning opportunities for our students.

Further, even if a clinical site could manage 10 students covered by one instructor, the students would most likely need to be distributed across several units in a hospital. This will result in less meaningful oversight of students by faculty, thus putting both students and patients in danger of harm. Also, with the current lack of nursing faculty, asking them to carry the burden (even if compensated) of supervising "at least 10 students" as the bill requires, will only serve to burn them out, and risk losing them to teaching altogether.

I offer this friendly amendment: Change the wording of "at least 10 students to one faculty member" to "a maximum of 10 students to one faculty member." This will still allow for greater flexibility, with the possibility of an increased ratio where appropriate, while preserving the safety of both students and patients.

In summary, HB 3220, as written, will only serve to exacerbate the current clinical placement and nursing faculty shortages. I urge amending the bill in the manner described above.

Sincerely,



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