



Testimony for the House Committee on Behavioral Health and Healthcare

Regarding HB 2789

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Dear Chair Nosse, Vice-Chair Javadi and Vice-Chair Nelson, and members of the committee,

The Oregon Center for Nursing (OCN) is a nonprofit organization dedicated to addressing nursing workforce issues through research, collaboration, and advocacy. We support efforts to strengthen the role of nurses in delivering high-quality, patient-centered care and encourage thoughtful consideration of the workforce, administrative, and equity-related factors involved.

House Bill 2789 proposes to allow registered nurses to bill for certain care management services without requiring an order from a primary care provider. OCN is providing **neutral** testimony to highlight potential implications for Oregon's nursing workforce and healthcare delivery.

Nursing Workforce Impacts

Registered nurses play a key role in care management, particularly for patients with chronic illnesses or complex care needs. Allowing nurses to bill directly for these services could increase access to care and improve outcomes, especially in rural and underserved areas. However, given Oregon's ongoing nursing vacancy crisis, we encourage consideration of the workforce's capacity to meet any additional demands that might result from this legislation.

Collaboration and Continuity of Care

HB 2789 highlights the expertise of registered nurses while raising questions about how care teams will collaborate. Clear guidelines for communication and shared decision-making among healthcare providers will be essential to ensure patient care remains coordinated and effective.

Administrative and Financial Considerations

Direct billing for care management may require investments in administrative infrastructure, technology, and training. Smaller healthcare organizations and independent practitioners, in particular, may face challenges adapting to these changes. The impact of these administrative demands should be carefully evaluated.

Expanded Access

OCN also recognizes the potential equity implications of this bill. Expanding access to nursing-led care management services could benefit underserved communities, particularly in primary care shortage areas. At the same time, attention must be given to how billing structures and resource distribution might impact equitable care delivery.

Thank you for your consideration and the opportunity to provide testimony on this important issue.