

Statement of Support: HB 3043

February 17, 2025

Re: Support for H.B. 3043: “Relating to the impaired health professional program.”

Healthcare is an incredibly challenging industry for Oregon’s workforce. Every day we go to work, nurses and health professionals face difficulties with emotional crises, short-staffing, regulatory changes, budget shortfalls, insufficient hospital and sub-acute community bed availability, overflowing emergency departments, and missing or broken equipment. And whenever something goes wrong, we know that the company’s first question is always going to be “what could you have done differently?”

Given these realities, perhaps it should not be much of a shock to learn that more than 30% of hospital staff have a “hazardous” relationship with alcohol, including but not limited to dependency.¹ Thirty percent. That includes 27% of nurses and 17% of physicians. That is astronomical.

Among healthcare workers, there is a 54.8% lifetime prevalence of chronic lower back pain². However, among all patients with chronic noncancer-related pain, nearly 40% met criteria for drug dependence³. That is not to say that nearly 22% of practicing healthcare workers have a dependence on pain medicine but is an indication that there is a very high risk of healthcare worker and professionals developing a dangerous relationship with chemicals that can have an impact on the safety of the care they provide in our communities.

The impaired health professional program is good for Oregon. Without this program, licensing boards are compelled to determine whether to essentially take no action for a licensee who is struggling with dependence or to issue punitive, public discipline. Licensing boards with their mandate to protect public safety rightfully should feel compelled not to do nothing. But I believe that punishment and discipline are ineffective and dangerous treatments for disease.

I am a licensed Registered Nurse. I also have an unhealthy relationship with alcohol. Several years ago, I had weight-loss surgery which came with a high-risk for transfer

¹ Halsall, L., Irizar, P., Burton, S., Waring, S., Giles, S., Goodwin, L., & Jones, A. (2023). Hazardous, harmful, and dependent alcohol use in healthcare professionals: a systematic review and meta-analysis. *Frontiers in public health*, 11, 1304468. <https://doi.org/10.3389/fpubh.2023.1304468>

² Bareza Rezaei, B., Elahe Mousavi, E., Bahram Heshmati, B., Shaphagh Asadi, S. (2021). Low back pain and its related risk factors in health care providers at hospitals: A systematic review. *Annals of Medicine and Surgery*, 70(2021) 102903. <https://doi.org/10.1016/j.amsu.2021.102903>.

³ Tetsunaga, T., Tetsunaga, T., Nishida, K., Kanzaki, H., Misawa, H., Takigawa, T., Shiozaki, Y., & Ozaki, T. (2018). Drug dependence in patients with chronic pain: A retrospective study. *Medicine*, 97(40), e12748. <https://doi.org/10.1097/MD.00000000000012748>

addiction⁴. Well, my food addiction transferred to alcohol. For months, no matter how hard I tried to keep myself from drinking, I could not stay sober; and once I started, there was no limit to the volume of alcohol I would drink. Only by the grace of god, alcohol never was a part of my life while I was working as a nurse, even though I was licensed. Thankfully, but regretfully, my drinking ended suddenly with an interaction with law enforcement and a criminal conviction.

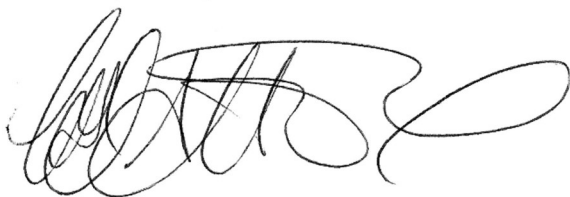
The Oregon State Board of Nursing treated me humanely—like a professional with dignity that was ill with a serious disease. They made sure I had treatment and counseling. They ensured that I complied with all necessary pieces of the judicial system. They made sure that I was safe to be a Registered Nurse, and when they were sure of that they closed my file. I have lived and practiced for almost six years now completely free of alcohol and my story is mine to share at my own discretion.

Some other states do not act so humanely. If there is no legal way to make sure that a licensee can get the help they need to be good agents of the public's health, then the only recourse is to issue punitive discipline that remains in the public sphere for life, impacting job opportunities and career growth. It promotes shame and despair. It entrenches ineffective coping mechanisms like drug and alcohol abuse.

House Bill 3043 promotes the community's wellbeing by supporting professionals in finding health, getting support, having accountability and doing so without public shaming. It keeps healthcare workers where we need them – in our communities with our patients. It decreases the likelihood of losing good professionals who just need some help from their state and professions.

I support H.B. 3043 and I ask you for your vote in support.

Most respectfully submitted,

A handwritten signature in black ink, appearing to read "Joshua A. Holt", with a large, sweeping flourish at the end.

Joshua A. Holt, MBA, BSN, RN, CMSRN

Submitted in my individual, personal capacity. Member of Oregon Nurses Association, Oregon Federation of Nurses and Health Professionals, American Federation of Teachers, and the American Nurses Association.

⁴ Mitchell, J. E., Steffen, K., Engel, S., King, W. C., Chen, J. Y., Winters, K., Sogg, S., Sondag, C., Kalarchian, M., & Elder, K. (2015). Addictive disorders after Roux-en-Y gastric bypass. *Surgery for obesity and related diseases: official journal of the American Society for Bariatric Surgery*, 11(4), 897–905. <https://doi.org/10.1016/j.soard.2014.10>.