

Submitter: Lace Velk  
On Behalf Of:  
Committee: Senate Committee On Health Care  
Measure, Appointment or Topic: HB2789

Dear Honorable Senator Chair Deb Patterson and Vice-Chair Senator Cedric Hayden, as well as all the members of the Senate on Health Care Committee,

My name is Lace Velk, and I am writing to you today in support of HB2789. I have been a nurse at a hospital for 10 years, including 8 years in Oregon. I've witnessed patients struggle with poor diabetes control, misunderstanding of heart failure management education, and overwhelm related to infection prevention and wound care. All these issues fall within a nurse's independent scope of practice but are frequently not addressed in a timely way or in real time when a situation is brewing. Unfortunately, the requirement for provider orders at times prevents nurses from intervening when patients need it most. Programs are necessary to leverage nursing expertise for care coordination, but these are not pursued, largely due to a lack of reimbursement.

Working in a system that cannot support patients proactively is deeply disheartening and a major contributor to burnout among nurses. I moved from inpatient care to outpatient services in search of a more sustainable environment, but I have not escaped this problem.

In my current role in day surgical services, I continue to see patients facing serious gaps in care. This past winter, I cared for a woman who was being treated for kidney stones. She had slipped on some ice about 4 weeks prior and unknowingly fractured her back. She had not received care for her injury. In her medical record, she only had a scan that was read by a radiologist to be a back fracture. Me asking about her back fracture was the first time she had confirmation of her injury. She also had uncontrolled diabetes, with a high blood sugar level. She had run out of her medication and had been unable to get a new prescription. Evidence says that high blood sugars in the perioperative setting can contribute to worse surgical outcomes. She explained to me that her rural clinic had become a revolving door of providers, with no one staying long enough to follow up or respond to her messages. She was overwhelmed, and our team was deeply concerned. But as a day surgery center, our capacity to help her was limited. Her only options were to wait in pain and continue advocating for herself as best she could or go to the emergency department. This is exactly the type of situation where a nurse could make a big difference. If a program existed that allowed nurses to step in during these gaps in care, they could help coordinate needs to reduce stress for patients, prevent complications, and reduce healthcare costs.

Nurses in Oregon are an underutilized resource. We maintain our own license with

our own licensing board. We have an independent scope of practice, and we are keenly capable of solving seemingly unsolvable problems. According to an article published by The Lund Report in December 2024, Oregon currently has the highest number of nurses ever recorded—approximately 73,000 licensed registered nurses, with 54,000 actively practicing. The article also highlights growing concerns about clinician burnout, a problem that is top of mind in today's healthcare conversations.

HB2789 is a forward-thinking solution that supports the creation of programs designed to fully leverage the nursing workforce. By allowing nurses to operate at the top of their scope, we can help fill dangerous gaps in our Oregon healthcare system, improve patient outcomes, and reduce burnout across the care teams.

Thank you for your time and attention to this important matter, and for all you do to support both patients and healthcare professionals in Oregon.

Kindly,  
Lace Velk, RN