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April 22, 2025

To: Senate Committee on Health Care

Re: House Bill 2789 - Relating to Reimbursement for Registered Nurses

Honorable Chair Patterson and members of the committee:

My name is Deb Fell-Carlson and I am a faith community nurse and the Executive Director of the Faith Community Health Network (FCHN). I am in favor of House Bill (HB) 2789 that will support the health system through ensuring the integration and reimbursement of Registered Nurses (RNs) into the continuum of care. FCHN is a professional association that provides education, support, and networking for a growing group of dedicated faith community nurses (FCNs) serving autonomously *without pay* under their own RN licenses in their own communities in the context of an individual's faith tradition. Faith community nursing is a professional nursing specialty for RNs that is largely unrecognized, unsupported, and unreimbursed in Oregon. HB 2789 can change that.

Faith community nursing, a specialty RN practice, has its own scope and standards to outline practice competencies. This document is updated every five years and is published jointly by the Health Ministries Association and the American Nurses Association. Faith community nursing leverages RNs to provide culturally appropriate, person-centered care that bridges the gap between communities and health systems. Developing and leveraging this RN workforce can have a dramatic impact on access to care and health outcomes, especially in rural and other underserved communities. The advocacy, health literacy, and tailored spiritual care we bring to our communities improves quality of life and prevents suffering and unnecessary burden – staffing and cost - on emergency responders and the healthcare system as a whole.

Faith community nursing – and community nursing in general – is a wonderful way to retain seasoned nurses who are ready to leave the full-time workforce but not ready to stop using their nursing expertise to serve others. We desperately need to keep this expertise available to Oregonians. Oregon currently requires practice hours for nursing license renewal, and faith community nursing and community nursing in general - whether paid or unpaid - provides practice opportunity amid otherwise limited options for getting these hours outside of a structured healthcare institution. Oregon would likely retain more RNs serving in the community if reimbursement was available. Former Oregon State Board of Nursing Executive Director, Ruby Jason, MSN, RN, NEA-BC once stated that "faith community nurses are practicing at the top of their scope" and that faith community nursing exemplifies what nursing is all about. To learn more, please review this article published in the Oregon State Board of Nursing publication, Sentinel, entitled, "*Faith community nursing – is it right for you?* Vol. 41, No. 3, pp 22-24, Summer, 2022. Accessed March 6, 2025 from https://www.oregon.gov/osbn/Pages/publications.aspx"

Many of the individuals served by faith community nurses are from rural areas and/or otherwise disenfranchised; they are often too well to qualify for skilled nursing services, but for a variety of reasons,

are unable to successfully advocate for themselves and manage their own chronic conditions without assistance. I have many stories that exemplify the value and impact of faith community nursing. I provide three for you here.

B.C. - When we began serving this elderly Veteran a couple of years ago, he was unable to walk more than a few steps and had lost his driver's license due to long term illness. He was evicted from his home and one of our health ministers, also a community health worker, advocated to get him into stable housing in just a few short weeks. The faith community nurse in his congregation stepped in to help him learn to manage his chronic conditions. She assisted him to get connected with the medical providers who could best treat his conditions and guided him as he followed through on his treatment plans. His health is still fragile at times and he often doesn't grasp the seriousness of new symptoms. For example, I stopped by one morning last winter and he was laughing as he told me, "The weirdest thing happened yesterday! I thought my eye fell out! Everything went black! I got down on the floor and was looking for it!" I knew this was potentially a serious symptom. We contacted his primary care provider together, right away. She ordered a stat CT scan of his carotid arteries. The left artery was over 70% blocked; not only was he getting insufficient blood to his brain causing dizziness and increasing fall risk, he was at high risk for a stroke. He had surgery a few days later and recovered fully. He did not realize something so simple… and funny! could be so ominous, and had he not mentioned it, his life would likely be much different today. Our nursing care plan supports his increasing independence and ongoing education aimed at improving self-management of his chronic conditions. He thrives on most days now; he recently drove his Camaro out to Foster Lake near Sweet Home and got out and threw rocks in the water. He often shares how grateful he is for "his nurse" and how he would be lost without her.

M.T. - A pastor referred M.T. to our congregation's health ministry team. She is a member of a sister congregation without a health ministry and lives in a nearby community. Her husband had a recent stroke. The couple had delayed treatment initially and her pastor was concerned that she was unaware of the gravity of the situation and what lay ahead for them. I chatted with M.T. on the phone, I briefly explained stroke pathology to her, we prayed together, and we set a time to meet the next day to talk. She called me back less than an hour later and said "he could manage his fork to eat before, and now he can't." She had not understood what a stroke was prior to our discussion and now understood the importance of this new symptom. I encouraged her to call an ambulance and have him evaluated in the emergency room. She did that, and he was quickly transferred to a larger facility for treatment. He is improving daily and recovering lost function in rehab.

R.S. - R.S. began working with a faith community nurse in the early days of his congregation's health ministry. He has submitted separate testimony to briefly share the impact faith community nursing has had on *his* life and health but his summary to me was something like this: *If it wasn't for faith community nursing, I would definitely not be alive today. If my wife had access to faith community nursing while she was still alive, I truly believe she WOULD be alive today. Faith community nursing is needed in every house of worship and in senior apartment complexes, especially in rural communities. It makes a difference to have someone to talk to who can explain things.*

In summary, without trusted connections to community nursing interventions, the outcomes for these individuals would have been drastically different and much more costly. There are many of these underserved individuals in our communities, and HB 2789 can change that through direct reimbursement for RNS without facility and physician billing restrictions. Please pass HB 2789.

Thank you.

Respectfully submitted,

Deborah Fell-Carlson, BSN, RN, MSPH