



February 27, 2023

Good afternoon Chair Nosse, Vice Chair Goodwin, Vice Chair Nelson, and Committee members:

My name is Anne Tan Piazza, and I am the executive director of the Oregon Nurses Association. Prior to joining ONA I advocated on behalf of nurses at the Washington State Nurses Association for 25 years.

## **HISTORY OF NURSE STAFFING LAW IN OREGON**

House Bill 2697 builds on laws that Oregon has already passed and policies that hospitals in our state have already enacted. The numerical standards for nurse-to-patient caseloads embodied in this bill are already in alignment and reflected in large urban and small hospitals across the state.

Oregon lawmakers passed a nurse staffing law more than 20 years ago. The law has been amended and updated several times over the years.

But what was an effective and useful law 20 years ago is no longer able to meet the staffing crisis we are currently facing. With unclear standards and no strong enforcement measures, nurses are facing a staffing crisis unlike anything they have ever experienced before. We must do something. ONA is putting the full strength of our membership, and our partnerships across the state, into this legislative fix that will address Oregon's nurse staffing crisis head on.

## **WHERE WE ARE TRYING TO GO NOW**

Here is how our legislation specifically addresses the concern of Oregon's nurses and other front line health care workers:

### Enforcement

The bill requires the Oregon Health Authority to enforce the staffing law. It includes binding, time-limited processes for approving staffing plans with clear standards that hospitals can confidently follow to know that they are in compliance. In the event that the law is significantly violated, it implements higher monetary penalties levied by OHA until compliance is reached.

## Breaks

In a 12-hour shift, Oregon law affords workers a 30-minute meal break and three 15-minute rest breaks. For nurses and allied healthcare workers, these breaks are essential to prevent exhaustion, medication errors, and burnout. We know that nurses are not getting their breaks. This is not in question. In fact, a recent survey of ONA members indicates that 92% of nurses report missing meal and rest breaks, with 42% of nurses reporting that they miss meal and breaks on the majority of their shifts. 94% of nurses indicate that failure to get a meal or rest break results in feeling fatigued or very fatigued which, in turn, has a direct negative impact on their ability to provide quality care to their patients.

House Bill 2697 ensures that staffing levels are sufficient to allow nurses to take these meal and rest breaks.

## Adequate Staffing

And finally, House Bill 2697 mandates minimum numerical staffing standards for nurse staffing plans that are specific to the patient population of the unit. The bill states that assignments cannot exceed staff-patient ratios for any shift.

## **STAFFING NOT A NEW PROBLEM, OREGON CAN LEAD**

Over these decades, the nurses who I have represented have been consistent in their pleas for safe staffing levels in hospitals. Oregon has a real opportunity to help our communities by giving nurses the tools they need to provide safe patient care, and I can tell you that other states are watching and waiting to follow your lead.

The COVID-19 pandemic certainly highlighted the workforce crisis for nurses and allied healthcare workers in hospitals, but understaffing was already the status quo before we reached that tipping point. Passing House Bill 2697 will bring meaningful, long-term improvements to nurse workforce retention and to the quality of care that our loved ones can expect to receive.

## **HOW THE BILL IMPACTS BOTH PATIENTS AND PROVIDERS**

Better nurse staffing is critical in the recruitment and retention of our nurses at the bedside. Nurses who work in supportive environments that prioritize nursing resources and minimum staffing standards experience better job satisfaction, less illness and injury, less emotional exhaustion, burnout and moral injury, and are less likely to want to leave their jobs.<sup>1</sup> Our recent ONA member survey shows that 90% of nurses report that staff turnover in their unit has been high to very high and, of those who reported high or

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<sup>1</sup> [https://www.nursingoutlook.org/article/S0029-6554\(21\)00230-X/fulltext](https://www.nursingoutlook.org/article/S0029-6554(21)00230-X/fulltext)

very high turnover, 84% report that turnover has had a clearly negative impact on their working conditions. Nurses are simply unwilling to continue working in these conditions.

House Bill 2697 protects both nurses and patients.

A recent survey of ONA members shows the clear and disturbing implications of unsafe staffing levels. When a unit is short staffed, 78% of nurses say there are delays in responding to patient call lights, 76% of nurses say there are medication delays, 71% of nurses say there are delays in pain assessment and intervention, and 66% report that units that are short-staffed result in increased length of stays for patients and delays in discharging a patient.

Adequate nurse staffing keeps nurses at the bedside, reduces turnover, saves lives and improves the quality of patient care.

## **WHAT THIS WOULD MEAN FOR OUR MEMBERS**

Today, as well as during tomorrow's public hearing, you will hear from nurses and allied healthcare workers from across the state about the dire state of working conditions and the impacts to patient care. I implore you: Listen to your direct care nurses and consider passing House Bill 2697 to protect your communities.

## **PROCESS**

Finally, I want to acknowledge and appreciate the collaboration on this bill from labor partners as well as employers: The Oregon Association of Hospitals and Health Systems as well as individual hospitals have been at the table with ONA and our partners as we contemplate amendments to the bill that will provide meaningful relief for patients and providers and that also allows sustainable operations within hospital walls and across our statewide continuum of care.

Thank you.