



Legislative Testimony

OREGON DEPARTMENT OF CORRECTIONS

February 23, 2015

The Honorable Paul Holvey, Chair
House Committee on Business and Labor

RE: House Bill 2804

Chair Holvey and members of the House Committee on Business and Labor, I am Christine Popoff, Assistant Director of Human Resources for the Oregon Department of Corrections (DOC). I am here to provide information related to HB 2804 and answer any questions.

What the Bill Does:

HB 2804 limits the number of hours that registered nurses, licensed practical nurses, or certified nursing assistants employed by DOC and working inside correctional facilities may work. This bill attempts to bring nurses who work for the DOC in line with nurses employed in private sector hospitals as governed under OAR 333-510-0045.

Issues Created for DOC by this Bill:

Nurses employed inside DOC correctional facilities do not work in a setting exactly comparable to that of a private/public hospital. They treat incarcerated men and women housed within a correctional setting, which requires strict adherence to security processes and protocols, namely tool and medication control (a failed tool count may result in an immediate lockdown, during which staff may not exit a facility until the lockdown is lifted).

Unlike OAR 333-510-0045, HB 2804 does not allow for exceptions due to emergency or unforeseen situations, such as inclement weather or lockdowns, nor does it recognize the risks specific to working within a correctional facility and with adults in custody (AICs). In addition to the realistic potential of a lockdown, there are the risks of a riot or hostage situation, which would greatly increase the demand for medical response and would likely result in the need for overtime. HB 2804 does not provide exceptions in these types of situations that restrict the department's ability to efficiently respond to emergency demands and provide the community standard of care.

The use of temporary and/or float pool nurses is a strategy the department already employs to address staffing challenges related to overtime. However, this option is limited in its effective application, as a nurse from outside the agency still needs to be trained to provide medical care inside a correctional setting, and must be vetted through additional security screenings. Passage of this bill would require these nurses to report in times of emergencies. Moreover, this option is specifically limited in those areas where populations are smaller and medical care may already be a difficult demand to meet.

DOC's inability to mandate overtime will impact our ability to relieve staff for training and other job-related activities. In addition, this bill may impact approval of requested time off outside of any time scheduled through the vacation bidding process. The restrictions to overtime will also inhibit health service's ability to offer flexible scheduling, something several nurses have routinely asked management to consider.

All classifications of staff working within a correctional facility are bound to the requirement of being available to work during emergency situations, up to and including mandatory overtime. Given the circumstances under which mandatory overtime is unavoidable, it is likely medical services will be essential. Absent any exception language, the language in the bill is too broad for the department to adequately staff health services in times of emergency, crisis, or unforeseen circumstances.

The department is sensitive to the amount of overtime nurses are required to work. We are committed to providing a high level of medical care for adults in our custody while doing our best to staff health services in a manner to encourage and allow for a healthy life/work balance for our staff. Removing our ability to mandate overtime will have a significant fiscal impact to DOC and impact our ability to respond to emergencies inherent to working in a correctional setting.

Thank you for your time and consideration. I am happy to answer any questions you may have.

Submitted by:

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