



Testimony in Support of

House Bill 3087

March 23, 2017

House Committee on Early Childhood and Family Supports

Jane Ko, RN

Chair Lively and Members of the Committee:

My name is Jane Ko and I am a registered nurse working in the Portland area. On behalf of the Oregon Nurse's Association (ONA), I encourage your support for HB 3087, the Family and Medical Leave Insurance Act. You may already be familiar with our organization, but it is comprised of nurse members providing care throughout the state, who respond and advocate for changes as challenges arise within the political sphere regarding health, practice, and working family issues.

Our purpose is to improve equity within health services and engage in conversations pertaining to political issues that affect both nurses and our patients, promoting the highest standards in nursing practice, fostering professional development, and general welfare to our members and health community.

The Family and Medical Leave Insurance (FAMLI) Act aligns with this vision, purpose, and mission. My testimony today involves observations at the bedside and within my own workplace. The current reality that I experience when I clock in at work is that the majority of my nurse colleagues and patients are middle-aged men and women, with on average 2-3 children and who own a home, have car payments, credit card bills, and also have aging or sick parents. The most common situation I observe is that a colleague is forced to call in sick due to news of a recent hospitalization of an ill parent or their child had the flu. Often times, sociologists refer to this type of group as the "sandwich generation", because they are having to take care of two generations of people within their family, both their children and parents.

These are vulnerable populations that are currently not covered very well in current statute to support such circumstances. As I observe a colleague's return from calling in sick, they usually appear distressed and mindful of the clock as they have to rush back home to take care of their child or sick parent. They are worried about childcare or who will take care of their sick parent while they are away at work. As a caregiver at the bedside, that is extremely distracting and can negatively affect productivity. This ultimately affects job satisfaction at work and influences the quality of care offered at the bedside. As you might imagine, this type of care burden extends beyond the healthcare sector as many in Oregon struggle with this very scenario.

Only 13% of Oregonians have paid family and medical leave included in their benefits if they work today. That is a very small percentage in comparison to the rest of the workforce. In addition, low-wage workers and workers of color most often carry this care burden the most. If they are trying to stay at home and choose to care for a child or sick parent, they are not at work producing a viable income. If they choose to work, their child or loved one is sick and no one is there to care for their needs. They will become sicker and eventually forced to access the emergency department system for care. Either way, the consequence for low-income workers is a fiscal detriment, making the socioeconomic gap even wider, which is a lose-lose situation for people who are forced to choose between work or providing care for a loved one.

A common example of this playing out would be flu season. One of the most easily preventable causes for hospitalizations is the flu. The most common treatment for the flu is fluids, temperature management using over the counter drugs such as Tylenol, nutrition, and rest. Absent proper care and support, many can become more fatigued, lacking energy to drink fluids and eat, or are unable to see a provider on their own. Eventually, if the illness is severe enough, some individuals can even become dehydrated and septic. In contrast, having access to a family member who is available to support this illness can make all the difference. The person who is caregiving can assist them with eating and fluids and offer emotional and physical support. They can make runs to the store for the person and purchase medications for temperature management. The sick individual can have a better shot at recovering and urgent care visits that are costly both for low-income populations and our system-wide health care cost from a broader standpoint.

Ultimately, no one should have to choose between caring for a loved one versus working to make ends meet. Having affordable access to paid family and medical leave insurance will help mitigate this care burden for Oregonians and it just makes sense, both from a health promotion and fiscal perspective. HB 3087 is about equity for Oregonians and ONA supports this bill to improve health outcomes in our communities.

I urge your support for HB 3087.