



Testimony on Health Care
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Senate Interim Committee on Health Care
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Good afternoon Chair Monnes Anderson, Vice Chair Linthicum, and members of the committee. My name is Deborah Riddick. I am the Director of Government Relations for the Oregon Nurses Association (ONA). We represent 15,000 registered nurses throughout the state the Nurse Practitioners of Oregon. We appreciate the opportunity to share the experiences of our members and to offer reasonable solutions to address many of their challenges. We would also like to acknowledge the loss, suffering and trauma we have all faced, resulting from the COVID 19 pandemic.

Our nurses are on the frontlines, performing a disproportionate share of patient care and an equally disproportionate share of the risk. Their dedication sustained health systems, helped to restore patients back to health, and demonstrated true courage during adversity. It was their expertise and skill that directly impacted the surge projections. In real terms, they risked their lives to keep the rest of us safe and supported. At the same time, our nurses experienced serious challenges, some which were beyond anyone's control, some which could have been addressed yet still exist. We will take this opportunity to discuss ongoing nursing concerns in the areas of PPE transparency and workers protections; presumptive causation and liability waivers; and the ongoing reopen and emergency preparedness.

Since the 1st cases of COVID 19 appeared in Oregon, our nurses have requested that employers provide objective information on PPE availability. In this life and death situation, they, reasonably, sought assurance that their safety was not being sacrificed in the interest of cost containment. Under current requirements, health care facilities must report available PPE to OHA via HOSCAP. And although a few hospitals have begun to share this information, that vast majority are still not providing this readily, accessible information. Health systems and facilities are not required by law to do so and OHA is not required to provide or publish it. We have reached out to the administration, legislative members, OHA, and congressional members without success. Our nurses are fearful, traumatized, deeply saddened that this stress placed upon our members remains unabated. Transparency is the least we owe them. The availability of PPE is beyond control; the flow of available information it within the control of the health systems and the legislature. Related to the lack of appropriate PPE is a strengthening of workers protection. Our nurses need wage protections that address work-related time off attributed to COVID exposure. Benefits must include childcare, related health care costs and additional supports.

One such support is to amend the workers compensation presumption, as it relates to frontline workers under conditions of pandemic or similar crisis, to a presumptive eligibility. It is clear that under current eligibility standards, it would be impossible to meet the legal burden to qualify. The nature of a pandemic is pervasive and defies immediate detection. Particularly in the case of frontline providers, the combination of increased exposure, suspension of evidence practice, and lack of appropriate PPE should result in a presumptive determination for benefits. Current law does not address this need. As our nurses also seek greater professional protections in the form of liability waivers. Providers should not be required to provide care, outside of evidence-based standards and without appropriate PPE, without



accompanying protections against resulting lawsuits. Our nurses, and the health care workforce, are relaxing standards out of necessity, against their better judgement and professional ethics and should be shielded from additional psychological and financial harm. We, however, do not support a blanketed liability waiver for health systems and facilities which could result in eliminating any remedy to providers who experience damages and are denied other legal avenues for remedy. We believe that appropriate emergency preparedness, adequate financial reserves, and maintaining sufficient PPE surplus are costs of doing business. The lack of industry preparation is not within our nurses' control and should bar remedy for related damages.

Effective planning and preparation during the reopen is an opportunity to address many of the challenges and concerns our nurses still experience. Wide-spread testing and tracing are essential to sustaining our current suppression of COVID 19 and must be a requirement; that is not the case as we begin to reopen for business. Any burden of a resurgence of cases increases hits frontline providers the hardest. There is currently a self-attestation, without any verification, that determines readiness to reopen. This may be the most efficient way to obtain subjective data, however it reeks of self-interest and conflict of interest for the purpose of obtaining objective data. Failure to use this opportunity for meaningful data collection, before extreme crisis, prevents long-term system transformation and emergency preparedness.

Our nurses are, also, concerned about the specifications and calculations used to determine hospital bed vacancy rates in the "Guidance on Resumption of Non-Emergent and Elective Procedures at Hospitals." The guidance states that bed vacancy rates in a given region only need to be 20% higher than the total number of confirmed and suspected COVID-19 cases in the region when Executive Order no 20-22 was order. This guidance does not provide sufficient safeguards to protect Oregon residents, as facilities across the state ramp up non-emergent and elective procedures. There must be greater accountability and oversight to ensure our nurses workplace rights and protections are being adhered to.

Finally, there was a glaring absence of nursing, our health care infrastructure's greatest resource, in the development and planning. Our nurses are highly skilled professionals who bring a wealth of context to the design of processes, programs, and infrastructural improvements. As mentioned at the opening, they provide a disproportionate share of the care and services received and should be at the head of these decision-making tables, not included as an afterthought. We believe in a health in all policies approach that requires a health impact lens on all state policies and programs. And we look forward to a more active partnership as we continue the essential, life-saving work on to improve Oregon's emergency preparedness.

Now more than ever Oregon nurses need leadership that values their service with by providing the legislative protections and safeguards they deserve.