

Testimony on House Bill 2011 April 2, 2019 House Committee on Health Care Deborah Riddick

Good afternoon Chair Salinas, Vice Chairs Nosse and Hayden, 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 and the Nurse Practitioners of Oregon.

The ONA commends the sponsors of HB 2011 for their acknowledgement that culture is an inseparable human characteristic and that care is more responsive when treatment aligns with a patient's recognized culture and values. Cultural norms and values impact every interaction and is particularly important in the healthcare setting, where patients are most vulnerable and when trust and empathy are most crucial. We strongly support the goal of HB 2011; we are not able to support HB 2011 as the best means to accomplish that goal.

It's apparent that the primary goals of HB 2011 are to increase understanding and to promote culturally-appropriate assessment, treatment, and behaviors. Unfortunately, mandating training, every other year, does not translate to more thoughtful and responsive care. It's the daily practice and workplace environment that fosters behaviors, not a training course. In addition, we believe that mandating specific subject matter for continuing education is limiting. Because healthcare trends and cultural norms are fluid, codifying course requirements runs the risk of becoming less relevant as the evidence-base and better practices continue to advance.

According to the OHA's 2018 Cultural Competence Continuing Education Report, Oregon's nurses had the highest percentage of professionals to voluntarily complete cultural competency training. We value our patients and are committed to cultural competency. However, we believe that there are more effective ways to advance the practice with our patients.

The ONA would welcome an opportunity to work with the sponsors to identify solutions that effectively address the needs of our patients and their families which include cultural responsiveness.