

Testimony for House Interim Committee on Health Care

January 13, 2022

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Informational testimony:

Current licensing statistics:

98,705 individual licenses; 19,121 CNA, 6009 Licensed Practical Nurses, 73,555 Registered Nurses of those with RN licenses 6149 individuals also have licenses as Nurse Practitioners, 664 have additional licenses as Certified Nurse Anesthetists and 151 have additional licenses as Clinical Nurse Specialists.

About 40% of licensees do not live in Oregon, this may be due to Oregon's reliance on contract nurses to come in during Oregon staffing shortages. It is not required to live or work in Oregon to maintain an Oregon license.

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Past two years of the COVID pandemic has exacerbated the dependence on additional external nursing resources. Since the beginning of the pandemic the Board has issued over 7800 Emergency Authorizations under the Governor's Emergency Declaration. These are separate from the current statutory provisions mentioned in the proposed legislative bill, these authorizations are issued under the emergency declaration and will be valid until the lifting of the emergency declaration. There are currently 5292 active authorizations in Oregon. These emergency authorizations represent RNs, LPNs, and CNAs. While there are some NPs, these licensees are providing telehealth services and are not physically located in Oregon. While not validated by analysis staff (including myself) who issue these authorizations have the perceptions that the majority are coming from Florida, Texas and Arizona. These are all multi-state practice states and it is uncertain if these current no-cost emergency authorizations were rescinded if these licensees would apply for a permanent Oregon license. What is clear is that the exit of these licensees will significantly impact the ability of the healthcare systems to provide access to care for Oregonians.

These Emergency Authorizations have not been without risk in the elimination of barriers to support the nursing workforce. Safety checks such as criminal background checks, verification of education, and verification of national certification for advanced practice nurses have been by-passed in order to expedite these authorizations. In the beginning of the emergency authorization process, the Board required a match of each traveler to a specific organization. Due to the Delta surge, the request from the incident management team was to bypass this process and allow these nurses to go from one hot spot organization to another hot spot organization depending on need. The Board currently has no way of knowing where these individuals with emergency authorizations are working.

Many professions have the ability to provide work-study programs for those obtaining their education within the profession Because of the vulnerable nature of Oregonians interfacing with licensees of the Board, the Board currently does not have the authority to identify to the public those student nurses

who have met the established criteria to use work with patients towards school credit. The ability to implement a work-study program would allow nursing students to contribute to the workforce while learning the art and science of nursing. The Board is charged with public safety through the licensing of practitioners who have met minimum competency standards. Our neighboring states of Washington and Idaho have developed similar programs through their Board of Nursing to certify student nurses as being safe to practice within the boundaries of the work-study program. Should Oregon wish to implement such a program, the Board of Nursing would need legislative authority to award certifications and write rules involving community and education stakeholders to establish public safety parameters to assure the public that individuals coming in to care for them or their families are safe to do so.