

Submitter: Ana Berry

On Behalf Of:

Committee: Senate Committee On Labor and Business

Measure: SB1549

Thank you to the committee and to the others who gave public testimony this morning-

I heard several common concerns from everyone regarding patient safety and the priority of keeping quality care facilities open - regardless of whether the speaker was in support of or opposing SB1549. As a nurse I wanted to add further testimony that focusing on patient safety is what we do everyday and capping travel nurse pay will not address our common goal of increasing patient safety and outcomes or helping long term care facilities keep their doors open. It is not adequate to describe vulnerable patients at risk of losing their long term care homes and travel nurses with escalating pay as if we are on either side of a tug-of-war. Patients and nurses will always be on the same side of that rope, pulling together in advocating for standards that will increase patient AND nurse safety and protection.

I'm asking that you please consider how this nursing crisis was not created by nurses, nor was it frankly created by the pandemic. Nursing shortages were created by a system which views nursing labor as an expense instead of an income generator (such as providers) and therefore has staffed nurses for decades, both in long term care facilities and in hospitals, at a BARE minimum. This has created burnout, long term injuries in staff, and no loyalty or trust built between nursing staff and their employers. Having been treated this way throughout our careers as we begged for more staff and were told "it's not in the budget", many of us have chosen to fend for ourselves in a "free market" and chosen the highest paying wages for the terribly unsafe jobs we are being asked to do.

To act as if the "free market" standard should not apply to healthcare workers is frighteningly obtuse if you continue to uphold the healthcare system as it stands, where hospitals are allowed to declare themselves "non-profits" after softly padding the pockets of their executives and management with salaries and bonuses upward of \$500,000/year. Please remember that NW Kaiser nurses voted to strike by a margin of 98% when Kaiser tried to create a shelf reducing new nurses pay by 15% while their hospital system CEO makes \$14 MILLION a year. Learn from Kaiser that trying to cap or reduce nursing wages is a) a frightening distraction from the real profiteers in healthcare and b) not going to lead to you retaining or hiring quality nursing staff.

If you are not dedicating your life to a universal healthcare for all standard and using this same amount of energy in your leadership positions to advocate for measures

that will create subsidies to retain nursing staff and improve our benefits, standards of care and nurse:patient ratios, then you are part of the problem, and this bill (thank you for trying though), is NOT A SOLUTION.

Thank you for bringing your attention to the nursing staff crisis in Oregon. You're right! It exists, it's a huge problem. Solutions abound and you will have to include us, the actual nurses and aides, in drafting a bill that would motivate high quality nursing staff in Oregon to remain in their staff positions.