



## Opposition to HB 2408

February 20, 2023

To: Chair Nosse, Vice Chair(s) Goodwin and Nelson, and Committee Members

From: Tamie Cline RN, President, Oregon Nurses Association

Re: Opposition to HB 2408, entering Oregon into the multistate nurse licensure compact

Good afternoon Chair Nosse, Vice-Chairs, and committee members:

Thank you for allowing me to testify today. My name is Tamie Cline. I have practiced as a nurse at Good Shepherd Medical Center in Hermiston since 2001. I practiced in the surgical unit for 15 years until 2020, when I moved over to the treatment center in IV therapy and wound care. I am also the President of the Oregon Nurses Association, a nurses professional association and union representing registered nurses, advanced practice nurses, and allied health workers. Our members practice in urban and rural hospitals, clinics, school-based health centers, home health care, and county health departments across Oregon.

I truly appreciate your considering the concerns that Oregon Nurses Association – “ONA” – has with House Bill 2408, which would place Oregon into the multistate nurse licensure compact. ONA is deeply committed to supporting the nursing profession including through workforce development and retention. However, we do not see the multistate nurse compact as a necessary tool to our workforce challenges given that there are significant risks.

**Belonging to the compact would infringe on state authority, and there are two current events I’ll mention that illustrate the resulting risks:** Like legislators and lobbyists, nurses adhere to a rigorous Code of Ethics<sup>1</sup> that they take seriously. Joining the compact would jeopardize Oregon’s role to ensure that our entire nursing workforce is ethical and competent, illustrated by two very recent events:

- In January 2023, the Colorado Department of Human Services [investigated](#) a claim that a person who didn’t have a nursing license was practicing at a nurse at the Colorado Mental Health Hospital. According to a spokesperson from the state, the individual’s name was not registered as a nurse in Colorado but noted that nurses are not required to report to the board if they are practicing in Colorado under a valid multi-state license as part of the NLC. According to third-party records, a person with the same name as

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<sup>1</sup> <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/>

the “nurse” had had their license revoked in 2022, but because of the NLC, Colorado would not have known this.

- I want you to also think about the implication that this has with regard to the proponents’ assertion that entering into the compact would alleviate a workforce shortage: because the compact allows nurses to enter the state to practice without registration, there is actually no solid data to prove that the NLC reduces the nursing shortage in any of the states that have enacted it.
- Also as of January 2023, the FBI is [investigating](#) thousands of nurses accused of paying money to receive diplomas without actually completing the courses. The fake diplomas and transcripts qualified those who purchased them to [sit for the national nursing board exam](#) created by the entity that issues the multistate licenses for NLC states. The Oregon State Board of Nursing says about a dozen nurses in the state of Oregon are currently under investigation in the case. Like in the example above, if Oregon were in the NLC, our Board would not be so readily able to identify and take appropriate action against these individuals, which is incredibly important given that nationally several states are currently facing this problem and I for one am glad that Oregon’s independent regulatory board has been able to take action to remove these individuals from providing patient care to my loved ones that they were not actually qualified to provide.

Aside from these very recent examples there is another more general concern that my nurse colleagues and I have with the compact, which is that **education and training requirements vary among states who participate in the compact**. For example, in Oregon, a nurse must perform hundreds of practice hours to receive their initial license or to renew their license.<sup>2</sup> Oregon also thoughtfully requires training in cultural competency and pain management. We must ensure that nurses practicing in Oregon uphold our state’s high standards of nursing.

Sincerely,  
Tamie Cline RN

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<sup>2</sup> <https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3927>