

Testimony in Support of HB 2697 House Committee on Behavioral Health and Health Care February 28, 2023

Dear Chair Nosse, Vice Chairs Goodwin and Nelson, and members of the committee,

The Oregon Chapter of the National Association of Pediatric Nurse Practitioners (NAPNAP), which represents more than 200 members across the state, endorses HB 2697. This legislation is a significant step forward for patient safety and stabilization of the nursing workforce. We strongly recommend its passage in support of our patients and our nurse colleagues.

Over the past 20 years, more than 100 research articles have demonstrated that poor staffing ratios are associated with significantly greater risk of patient injury and death.¹ A landmark study from the Journal of the American Medical Association (JAMA) found that an increase from 4 to 6 patients per nurse was associated with a 14% increase in mortality, and going up to 8 patients was associated with a 31% increase in mortality.² This has a disproportionate impact on People of Color, contributing to an already inequitable healthcare system.³ HB 2697 would reduce patient ratios, thereby improving outcomes, saving lives, and promoting health equity.

As you have read in powerful testimonies from across the state, many nurses spend their 12 hour shifts running from room to room with no time to take a break or sit down. They also describe being unable provide patients with the care they need as they race against the clock, balancing too many assignments at once. This leads to burnout, dissatisfaction, and moral distress, which are "precursors to turnover." In fact, nurses are leaving the bedside at record rates. HB 2697 would lay the groundwork for a more sustainable healthcare workforce, promoting retention and halting a vicous cycle.

Some opponents claim that committees and other indirect interventions are enough to address the issue. However, studies have compared the 15 states that have nurse staffing laws, including staffing committees, development of staffing plans by chief nursing officers, mandated nurse-to-patient ratios, and public disclosure of ratios. They found that the only state law to successfully improve nurse staffing and the quality of patient care was the nurse-to-patient ratio law. This law was passed in a state with a lower number of nurses per capita than Oregon, and did **not** cause hospital or emergency department closures or inhibit access to care. 9,10

It is time for Oregon to take action and enact an evidence-based nurse staffing law. On behalf of NAPNAP Oregon, we urge you to vote yes on HB 2697. Thank you for your time and consideration. We are happy to answer any questions you may have.

Sincerely, Kate Ballard, DNP, RN, CPNP-AC/PC and Sarah Viall, MSN, CPNP Legislative Co-Chairs, NAPNAP Oregon Chapter NAPNAPOregon@gmail.com

¹ Levins, H. (2023). *How inadequate hospital staffing continues to burn out nurses and threaten patients.* University of Pennsylvania, Leonard Davis Institute of Health Economics. Retrieved from <a href="https://ldi.upenn.edu/our-work/research-updates/how-inadequate-hospital-staffing-continues-to-burn-out-nurses-and-threaten-updates/how-inadequate-hospital-staffing-continues-to-burn-out-nurses-and-threaten-updates/how-inadequate-hospital-staffing-continues-to-burn-out-nurses-and-threaten-updates/how-inadequate-hospital-staffing-continues-to-burn-out-nurses-and-threaten-updates/how-inadequate-hospital-staffing-continues-to-burn-out-nurses-and-threaten-updates/how-inadequate-hospital-staffing-continues-to-burn-out-nurses-and-threaten-updates/how-inadequate-hospital-staffing-continues-to-burn-out-nurses-and-threaten-updates/how-inadequate-hospital-staffing-continues-to-burn-out-nurses-and-threaten-updates/how-inadequate-hospital-staffing-continues-to-burn-out-nurses-and-threaten-updates/how-inadequate-hospital-staffing-continues-to-burn-out-nurses-and-threaten-updates/how-inadequate-hospital-staffing-continues-to-burn-out-nurses-and-threaten-updates/how-inadequate-hospital-staffing-continues-to-burn-out-nurses-and-threaten-updates/how-inadequate-hospital-staffing-continues-to-burn-out-nurses-and-threaten-updates/how-inadequate-hospital-staffing-continues-to-burn-out-nurses-and-threaten-updates/how-inadequate-hospital-staffing-continues-to-burn-out-nurses-and-threaten-updates/how-inadequate-hospital-staffing-continues-to-burn-out-nurses-and-threaten-updates/how-inadequate-hospital-staffing-continues-to-burn-out-nurses-and-threaten-updates/how-inadequate-hospital-staffing-continues-to-burn-out-nurses-and-threaten-updates-hospital-staffing-continues-hospital-staffing-continues-hospital-staffing-continues-hospital-staffing-continues-hospital-staffing-continues-hospital-staffing-continues-hospital-staffing-continues-hospital-staffing-continues-hospital-staffing-continues-hospital-staffing-continues-hospital-staffing

patients/#:~:text=Nurse%2Dto%2DPatient%20Ratios&text=Over%20the%20last%2020%20years,to%20and%20including%2 Ounnecessary%20death.

- ² Aiken, L., Clarke, S., Sloane, D., Sochalski, J., and Silber, J. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *Journal of the American Medical Association (JAMA), 288* (16), 1987-1993. DOI: 10.1001/jama.288.16.1987
- ³ Levins, H. (2023). *How inadequate hospital staffing continues to burn out nurses and threaten patients*. University of Pennsylvania, Leonard Davis Institute of Health Economics. Retrieved from <a href="https://ldi.upenn.edu/our-work/research-updates/how-inadequate-hospital-staffing-continues-to-burn-out-nurses-and-threaten-patients/#:~:text=Nurse%2Dto%2DPatient%20Ratios&text=Over%20the%20last%2020%20years,to%20and%20including%2Ounnecessary%20death.
- ⁴ Aiken, L., Clarke, S., Sloane, D., Sochalski, J., and Silber, J. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *Journal of the American Medical Association (JAMA), 288* (16), 1987-1993. DOI: 10.1001/jama.288.16.1987
- ⁵ Aiken, L., Sloane, D., McHugh, M., Pogue, C., and Lasater, K. (2023). A repeated cross-sectional study of nurses immediately before and during the COVID-19 pandemic: Implications for action. *Nursing Outlook, 71*(1). DOI: 10.1016/j.outlook.2022.11.007
- ⁶ McHugh, M., Kelly, L., Sloane, D., and Aiken, L. (2011). Contradicting fears, California's nurse-to-patient mandate did not reduce the skill level of the nursing workforce in hospitals. *Health Affairs, 30*(7), 1299-1306. DOI: 10.1377/hlthaff.2010.1118 ⁷ Aiken, L., Sloane, D., McHugh, M., Pogue, C., and Lasater, K. (2023). A repeated cross-sectional study of nurses immediately before and during the COVID-19 pandemic: Implications for action. *Nursing Outlook, 71*(1). DOI: 10.1016/j.outlook.2022.11.007
- McHugh, M., Kelly, L., Sloane, D., and Aiken, L. (2011). Contradicting fears, California's nurse-to-patient mandate did not reduce the skill level of the nursing workforce in hospitals. *Health Affairs*, 30(7), 1299-1306. DOI: 10.1377/hlthaff.2010.1118
 US Bureau of Labor Statistics. (2021). Occupational Employment and Wages, Registered Nurses. Retreived from https://www.bls.gov/oes/current/oes291141.htm
- ¹⁰ Aiken, L., Sloane, D., McHugh, M., Pogue, C., and Lasater, K. (2023). A repeated cross-sectional study of nurses immediately before and during the COVID-19 pandemic: Implications for action. *Nursing Outlook, 71*(1). DOI: 10.1016/j.outlook.2022.11.007