

Meg Niemi, President
Service Employees International Union, Local 49
HB 2697
February 27, 2023



Testimony to the House Committee on Behavioral Health and Health Care in support of HB 2697

Chair Nosse and Members of the Committee,

My name is Meg Niemi and I am the President of the Service Employees International Union, Local 49. SEIU Local 49 is comprised of healthcare and property service workers throughout Oregon and SW Washington. When combined with SEIU Local 503, we are the largest union in the state representing over 80,000 public and private sector workers. Our mission as a union is to achieve a higher standard of living for our members and their families by striving to create a more just society. We represent tens of thousands of healthcare workers in Oregon, and as a major purchaser and consumer of care, have a proud history of advocating for quality, affordable healthcare for all.

SEIU Local 49 represents thousands of frontline essential healthcare workers who are critical to taking care of patients. Our members are often the first person you talk to - on a call center line giving advice to registration staff, they are the Emergency Room Techs taking care of us in emergencies, they are phlebotomists that draw our blood samples, they are x-ray and imaging techs, respiratory therapists who were in short supply this pandemic, and they are also the people on the front line of infection control in environmental services and the people in the dietary department who make the milk shake you are craving at midnight. There are hundreds of job classifications who together work as a team to provide the best possible care to their patients. On behalf of our Union members and the patients in their care, I am here today to testify in support of HB 2697 as amended, and to highlight the full scope of the staffing crisis in our Oregon healthcare system.

Unsafe staffing can threaten patient care, staff well-being, and the viability of our healthcare workforce

The impact of unsafe staffing – not only amongst registered nurses but across *all* healthcare classifications - places a significant strain on our communities and on the overall viability of our healthcare workforce. Unsafe staffing poses an obvious threat to Oregon patients by creating extended waiting times for appointments and services and, in some cases, eliminating service options altogether.ⁱ Unsafe staffing also places an enormous burden on the safety and well-being of healthcare workers that fuels a self-perpetuating cycle of burnout, staff turnover, and staffing shortages.ⁱⁱ There is evidence that unsafe staffing is a pressing equity issue as it can lead to disproportionately adverse outcomes for patients from marginalized communities as well as healthcare workers of color.ⁱⁱⁱ

A recent mental health survey of almost 5,000 healthcare workers – 77% of whom identify as people of color – revealed serious negative impacts on healthcare workers in part due to significant increases in workload. This report focused exclusively on the impact felt by workers in support and

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technical positions - the workers who provide everything from janitorial, housekeeping, food service, lab and administrative support to direct patient care, such as medical assistants, certified nurse assistants and respiratory therapists.^{iv} Across the board, these workers reported regularly feeling stress (91%), anxiety (83%), exhaustion/burnout (81%) and overwhelmed (77%), and identified heavy and increased workload as their greatest work-related stressor.^v Unsafe staffing and challenging workload issues existed prior to the COVID-19 pandemic but have been exacerbated by the pandemic and its aftershock.

Current law offers insufficient protection and inadequate enforcement

Recognizing the importance of addressing unsafe staffing, the Oregon Legislature adopted SB 469 in 2015 that created Hospital Nurse Staffing Committees (HNSC) tasked with developing nurse staffing plans as well as increasing the frequency of OHA nurse staffing audits. In subsequent years, however, our members have seen first-hand that these safeguards are not enough to protect workers and patients from the serious consequences of unsafe staffing.

The current staffing law only protects staff who fall under the nurse practice act. Yet numerous studies have shown the importance of *team-based* care and staffing,^{vi} that is, a staffing perspective that includes *all* members of a patient's care team, including workers from hospital service and maintenance, technical, and professional bargaining units.

Our members are clear that the staffing crisis is driving down morale, contributing to historic levels of turnover, and is creating unsafe conditions for patients and staff alike.

In outreach to our members, they overwhelmingly identify safe staffing as one of their most important issues. Sixty percent (60%) of our PeaceHealth Hospital members who provide care to Oregonians in and around Eugene and Springfield identified safe staffing as one of their top issues as they prepared to bargain their contract last year.^{vii} Nearly eighty percent (79%) of our members who work at Legacy Emanuel, Randall Children's Good Sam & Unity Center Hospitals in the Portland metro have reported that staffing and increased workload have harmed the hospital's ability to provide quality care to some degree.^{viii} And at McKenzie Willamette Medical Center in Eugene, eighty percent (80%) of our survey respondents felt that short staffing and high workloads have harmed the hospital's ability to provide quality care.^{ix}

Healthcare workers often comment on the impacts of short staffing, as in the following sampling:

- "As a CNA I rarely have time to help my patients get oral care or other basic hygiene. I also rarely have time to take patients for walks around the unit when they ask."
- "I had 17 patients with an orientee. I had bed alarms going off all day because I could not take them to the restroom in a timely manner."
- "[We have d]ecreased turnaround times on testing in the laboratory due to short staffing. [It takes] longer to get results for critical tests which translates to delaying critical treatments and diagnosis for patients."
- "It makes my job difficult as a monitor tech because I can almost never find a nurse to evaluate a rate, rhythm, blood pressure (bp) or oxygen saturation that is beyond the norm, which leads to further patient harm."
- "When I call up to certain units to come grab their patient that are needing to go up to their floor for surgery or active labor patients and they are left down here because the units don't have enough staff to come and grab them in a timely matter and that'll put a patient in labor sitting in the lobby longer than they should or a surgery patient late."

HB 2697 addresses insufficiencies in the current law by expanding protections to job classifications beyond registered nurses and by including the kinds of strong enforcement mechanisms needed to achieve actual compliance by healthcare systems and improvements for Oregon patients and healthcare workers.

HB 2697 expands protections to important classifications beyond registered nurses

While registered nurses are often the focus in the conversation around safe staffing, the story does not end there. As our members can attest, there is a serious staffing crisis throughout our entire healthcare system: there are not enough nursing *team* staff such as CNAs and LPNs; there are not enough service unit workers who clean our hospitals, provide patients with food and nutritional support, keep our hospitals and clinics securely stocked, and help patients navigate scheduling and checking in for their appointments; and there are not enough technical unit workers such as respiratory therapists and imaging techs who facilitate patient diagnoses and treatment. The work performed by these caregivers is vital.

All Healthcare workers deserve a strong voice in the conversation around safe staffing, and HB 2697 provides this voice by creating staffing committees that include all of the different types of employees working in a hospital^x and by ensuring a strong voice for everyone on the care team with more equitable voting within staffing committees.^{xi} This bill creates minimum standards including robust staffing ratios, for the people who are often the first person to respond to a patient's need- the Certified Nurses Aides.^{xii}

HB 2697 builds upon the current law by improving staffing plan development and transparency

This bill will strengthen the process by which staffing plans are created and executed. Part of the current law's shortcomings are the lack of urgency, implementation, and enforcement of nurse staffing plans; HB 2697 will create realistic and limited timelines that will ensure staffing plans are created and applied properly.^{xiii} This bill will modernize the production of staffing plans by considering red flags such as complaints about delays in direct care or cleanliness of facilities due to short staffing, and will ensure much-needed transparency by allowing observers throughout the entire process.^{xiv}

HB 2697 includes meaningful accountability for non-compliance

Hospitals and health systems appear to make staffing decisions based on their bottom line rather than prioritizing patient care and the working conditions of their employees. We need concrete solutions that will incentivize health systems to make the right and *necessary* choices when it comes to adequate staffing.

Staffing plans – even those improved by expanded classifications and safeguards – are not worth the paper they are printed on without meaningful enforcement to ensure that the protections included in HB 2697 are implemented and enforced. The appropriate fines and a private right of action contained in this bill are crucial for ensuring that protections are actually enacted. When it comes to caring for Oregon's patients and healthcare workers, our collective goal should be sufficient oversight leading to improved outcomes for all.

The negative impacts of unsafe staffing are felt by Oregon patients and our members at hospitals throughout the state, from the critical access hospitals providing care to coastal and rural Oregonians to our urban hospitals providing care to Oregon's most densely populated areas. HB 2697 will make important and necessary improvements to ORS 441.152 - 441.192 that will improve and strengthen important patient and healthcare worker protections. I urge you to support this measure.

Thank you for the opportunity to testify. I would be happy to answer any questions.

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- ⁱ Elizabeth Hayes, *Mid-Columbia Medical Center discontinues medical oncology amid staffing shortage*, The Portland Business Journal, February 2, 2023, available at <https://www.bizjournals.com/portland/news/2023/02/02/rural-hospital-oncology-mid-columbia.html> (last accessed 02/23/23); Amelia Templeton and April Ehrlich, *Overwhelmed Portland hospitals enter crisis standards of care*, OPB, December 9, 2022, available at <https://www.opb.org/article/2022/12/09/overwhelmed-portland-hospitals-enter-crisis-standards-of-care> (last accessed 02/23/23)
- ⁱⁱ Elise Haas, *Portland Hospitals face strain despite Governor's executive order*, KOIN 6, December 15, 2022, available at <https://www.koin.com/news/oregon/portland-hospitals-face-strain-despite-governors-executive-order/> (last accessed 02/23/23)
- ⁱⁱⁱ Brooks Carthon M, Brom H, McHugh M, Sloane DM, Berg R, Merchant R, Girotra S, and Aiken LH, *Better Nurse Staffing Is Associated With Survival for Black Patients and Diminishes Racial Disparities in Survival After In-Hospital Cardiac Arrests*. *Med Care*. 2021 Feb 1;59(2):169-176. doi: 10.1097/MLR.0000000000001464. PMID: 33201082; PMCID: PMC7855314, available from the National Library of Medicine at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7855314/>, (last accessed 02/23/23).
- ^{iv} *The Mental Health of Healthcare Workers (2022)*, report commissioned by The Education Fund and administered by Mental Health America, page 1
- ^v *The Mental Health of Healthcare Workers (2022)*, report commissioned by The Education Fund and administered by Mental Health America, page 2 and 22
- ^{vi} Sarah Heath, *How to Use Team-Based Care to Improve the Patient Experience*, Patient Engagement Hit, July 9, 2019, available at <https://patientengagementhit.com/news/how-to-use-team-based-care-to-improve-the-patient-experience> (last accessed 02/23/23); Frogner BK, Snyder CR, Hornecker JR, *Examining the Healthcare Administrator's Perspective on "Teamness" in Primary Care*, *J Healthc Manag*. 2018 Nov-Dec;63(6):397-408. doi: 10.1097/JHM-D-17-00166. PMID: 30418368; PMCID: PMC6935357, available from the National Library of Medicine at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6935357/>, (last accessed 02/23/23); Bodenheimer T, Ghorob A, Willard-Grace R, Grumbach K, *The 10 building blocks of high-performing primary care*, *Ann Fam Med*. 2014 Mar-Apr;12(2):166-71. doi: 10.1370/afm.1616. PMID: 24615313; PMCID: PMC3948764, available from the National Library of Medicine at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3948764/> (last accessed 02/23/23)
- ^{vii} SEIU Local 49 "PeaceHealth Rising" member bargaining survey, Question # 5
- ^{viii} SEIU Local 49, Legacy member bargaining survey, Question 12
- ^{ix} SEIU Local 49, McKenzie Willamette Medical Center member bargaining survey, Question 12
- ^x HB 2967 Introduced, Section 1 (9)-(11), Section 3, and Section 4
- ^{xi} HB 2967 Introduced, Section 3(5)(a)-(b), and Section 4(5)(a)-(b)
- ^{xii} HB 2967 Introduced, Section 5
- ^{xiii} HB 2967 Introduced, Section 3(5)(b)-(d), and Section 4(5)(b)-(d)
- ^{xiv} HB 2967 Introduced, Section 3(7)(a-b) and Section 4(7)(a-b)p