



Oregon

Tina Kotek, Governor

Board of Nursing

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The Honorable Rob Nosse,
House Committee on Behavioral Health and Health Care Members
Oregon State Legislature

Good afternoon, Chair Nosse, Vice Chairs Goodwin and Nelson, and Members of the Committee,

Thank you for the opportunity to provide information related to House Bill 4071. For the record, my name is Rachel Prusak, and I serve as the Executive Director at the Oregon State Board of Nursing.

The Board of Nursing protects the public by regulating nursing education, licensure, and practice. Every day, nearly 110,000 nurses and nursing assistants work diligently with skill and professionalism and it's The Board that is responsible for ensuring nursing practice in Oregon is conducted safely.

The public trusts the State to verify that their providers are safe, clinically competent, and ethical. HB 4071 seeks to address the healthcare workforce challenges the pandemic highlighted, but skipping protective measures as required in the base bill opens Oregonians up to dangers. OSBN foresees a significant challenge in implementing HB 4071 from a public protection perspective, given the recent federal Operation Nightingale investigation into a fraudulent transcripts and diploma operation. A rush to allow someone to practice in Oregon without due diligence in an age of sophisticated fraud could cause harm. The fraudulent diplomas and transcripts qualified people to sit for the national nursing board exam and, after passing it, to obtain licenses and jobs in various states as nurses. This resulted in the distribution of more than 7,600 fake nursing diplomas nationwide. The unsettling result: people without qualifications working as nurses across the country. While many states saw hundreds to thousands of nurses practicing with fake diplomas, Oregon has identified a minimal amount because our current rules and processes serve to protect us.

Many boards have implemented expedited processes for applicants licensed in good standing in another state. Like the current healthcare committee, the previous session's committee was also focused on addressing healthcare workforce challenges and removing barriers. As past chair of the healthcare committee during the pandemic, I convened an extensive workgroup to discuss Oregon's nursing workforce shortage and consider possible solutions. The coalition comprised representatives from nursing advocacy groups, nursing education, hospitals, and long-term care organizations. HB 4003 (2022) addressed Oregon's nurses' immediate concerns during the pandemic and prompted ongoing work.

The language in HB 4071 suggests that the Board waive existing licensure requirements and issue a temporary authorization to practice. Due to work by the Oregon Legislature in the past, OSBN is already granting temporary authorizations that we call license "Exceptions." HB 4003 (2022) improved licensing time and expanded the scope of emergency exceptions for nonresident nurses. The law, when passed, updated the statute to extend emergency exception requirements related to staffing shortages from 30- to 90 days for all types of nursing, not just critical care.



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OSBN has issued 3,082 license exceptions since March of 2022. OSBN has seen a steady decline in requests, with 2022 averaging 39 per week, 2023 averaging 27 per week, and in the first three weeks of 2024, we've seen just 12 per week. Following the initial 90-day license exception, an employer could previously request an additional 30-day extension. In the 2023 session, the legislature extended this to a 90-day extension.

Looking at other states as they move out of the pandemic, we see Washington decreasing their exceptions as nurses did not follow through on background checks or other essential materials. They currently have legislation moving to reduce the time a temporary practice permit is adequate (180 days reduced to 60 days) and reduce the time a temporary practice permit can be extended (180 days reduced to 30 days). In this legislative session, OSBN has been alerted to policy to update ORS 678.031 further, removing the requirement that exceptions be granted only for temporary assignments and location limitations.

-1 Task Force: The -1 Amendment would create a task force to review licensing boards' mission, procedures, and customer service expectations. Much of this work is already underway at the behest of the boards, and incredible progress is underway. As Director Krishnaswami mentioned, the health licensing boards' executive directors meet monthly to share best practices for serving Oregonians, and many submitted testimony to update you all on their progress.

Notably, the -1 amendment focuses on customer service, an area of emphasis for Governor Kotek. I am taking the governor's request to prioritize customer service very seriously. For example, the licensing staff communicates with applicants promptly and professionally. Since arriving at the Board of Nursing, my message to the agency and Board has been that we will build trust between staff and the public by prioritizing customer service and accessibility. To meet this goal, three weeks ago OSBN reopened our contact center and our public service representatives are accessible again by phone. We opened the phones on January 22, 2024. In the three weeks and two days since we've opened, we've spoken with 553 individuals and continue to see an increase in call volume. Our vision is a contact center that provides an informed central point of access for customer contacts.

-2 & -3 Compacts: By preserving the language of the introduced bill, the -2 and -3 amendments have extensive consequences on public safety as mentioned above. Beyond public safety concerns, I want to share additional context from my new regulatory excellence perspective. For many years, I have talked about compacts as a nurse and legislator, and I now have the added perspective from the angle of the director of a regulatory board. I have learned over the last seven months that for any licensing board to successfully transition to a compact license, there must be time to plan for costs, impacts on workflow, staff training, and I.T. challenges.

Thank you for the opportunity to testify. The boards are available to answer questions and look forward to assisting applicants.

Sincerely,



Rachel Prusak, MSN, APRN, FNP-C

