

Testimony in opposition to HB 3220 -2

Good afternoon. Chair Nosse, vice chairs Nelson and Javadi and members of the committee, for the record my name is Jeremy Kaufman and I am a registered nurse and a nursing instructor at Lane Community College in Eugene. I am testifying today in opposition to the amended house bill 3220, but first, I want to thank the legislature for the work you are doing to alleviate the nursing workforce shortage. My colleagues and I at LCC Nursing recognize this critical need and have expanded our capacity and enrollment by approximately 50% over the past decade, and we applaud your leadership at the state level.

However, I, and many of my colleagues, have deep reservations about using an expansion of student to faculty ratios in clinical nursing education as a tool to address the shortage, and we fear that the amended bill, if implemented, will disempower nursing faculty when determining safe levels of student supervision. The current 8 to 1 ratio rule developed by the state board of nursing includes the following sentence: *Nursing faculty may determine that student and patient safety and learning effectiveness are improved with a lower faculty to student ratio.* This serves as an essential layer of safety to protect against inappropriate faculty and student assignments, recognizing that patient care needs, nurse staffing levels, staff nurse experience, student ability and facility resources are highly dynamic, and a fixed ratio may be inappropriate in many circumstances. While the amendments to house bill 3220 provide more flexibility to the state board in its revision of the rules, the bill does not direct the board to preserve nursing faculty's authority to determine if a lower ratio is warranted. Without this explicit authority, the nursing faculty providing direct supervision of students have no mechanism to prevent situations that, in their professional judgment, present unacceptable risk to patients and students. For this reason, I urge you not to support the bill as currently amended.

I would also like to note that in my ten years of teaching, I have never seen the current maximum ratio of 8 to 1 stand in the way of increasing enrollment in our program. Under the existing rules, we typically employ a ratio of less than 8 to 1 in hospital clinical teaching, and I truly can't imagine trying to supervise 10 or more clinical students concurrently—I would only be able to spend about 5 minutes with each student every hour, which would certainly be inadequate to supervise all high-risk activities like medication administration, no less provide the comprehensive learning experience that students need. In my professional judgement, increasing the student to faculty ratio will have absolutely no impact on the number of new nurses graduating in Oregon, but may result in situations where the risk of harm to patients is increased.

In addition to the above, which I shared remotely during the hearing on January 28, 2025, I also wanted to add that my thinking on this matter was influenced by the testimony of OSBN Director, Dr. Rachel Prusak, in response to a committee member's question. Given the existing regulatory authority of the OSBN to establish and change faculty to student ratio limits, it is prudent ask why the legislature is compelled to mandate a change rather than rely on the expertise of the Board to regulate nursing practice. I would urge the committee not to support this bill, and rather, to allow the Board to consider the best rules to meet its overall mandate to regulate nursing practice for the benefit of all Oregonians.

Thanks you for your consideration,

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