

Testimony March 17, 2025, Oregon House Bill 3838

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Good afternoon to each of you on the House Committee on Labor and Workplace Standards and thank you for the opportunity to address this most redundant and dangerous bill.

Chair Representative Dacia Grayber
Vice-Chair Representative Lucetta Elmer
Vice-Chair Representative Lesly Muñoz
Member Representative Shelly Boshart Davis
Member Representative Lisa Fragala
Member Representative Travis Nelson
Member Representative Anna Scharf

My name is Kimberly Fuson and for the past 35 years I have been an advocate for elders and those who serve them directly serving all facets of seniors and people with different abilities. House Bill 3838 is an appalling example of the lack of understanding of the history and successes of person-centered practices for all stakeholders in our state.

Oregon has been on the forefront of our country's innovative work to improve the opportunities for frontline staff across the board in terms of wages, benefits, and opportunities for career growth as well as for elders and people of different abilities to live lives with comfort, dignity, and choice.

House Bill 3838 flies in the face of progress that has been made not only in Oregon but **because** of Oregon.

Much of the testimony you heard from the SEIU is false, with no basis in fact.

I am adamantly and passionately against this bill and strongly urge the committee to oppose Oregon House Bill 3838. While I recognize the

importance of improving workforce standards in healthcare, this bill poses serious threats to the stability of care providers and the well-being of those they serve. It is duplicative, will not serve the members of the SEUI that it purports to support and will, in fact, create more overhead and bureaucratic expense to these union members.

1. **Community-Based Care Facilities Already Have Staffing Mandates**

Our sector already operates under staffing mandates that are tailored to the unique needs of our residents. It would be more strategic to highlight that we already have these staffing requirements in place, rather than creating a board to establish new standards. These existing mandates ensure the care of our residents is prioritized. Introducing additional staffing standards would not address the underlying challenges we face and could divert attention from more effective strategies. We need to focus on workforce training, retention, and flexibility in staffing models that are person-centered, not on arbitrary numbers.

2. **The Staffing Crisis Will Be Exacerbated**

We are already experiencing a critical staffing shortage in healthcare. This bill's rigid mandates will worsen the situation by imposing unrealistic staffing requirements that don't consider the reality of workforce availability, or respect worker needs. Providers will be forced to either operate understaffed or shut down altogether as they struggle to meet unattainable and unreasonable standards. This bill threatens the viability of essential care services across the state.

3. **Financial Devastation and Resident Displacement**

The pay scales and staffing mandates proposed in this bill would financially devastate care providers, particularly nonprofit organizations already operating on tight margins. The increased operational costs

would force many providers to close their doors, leaving thousands of vulnerable residents without a place to live or receive care. At a time when we should be expanding access to care, this bill threatens to eliminate it altogether. Please help me understand where that estimated \$800 million labor cost shortfall will come from.

4. ****A Union's Self-Serving Agenda****

Let me be clear: I am not inherently anti-union. I fully support efforts to advocate for workers' rights, fair wages, and safe working conditions. However, this particular union in Oregon has focused more on collecting dues, fearmongering, and sustaining its own leadership than addressing the real needs of its members. This bill is not about improving care for residents or workers — it's a calculated move to increase the union's power and finances at the expense of both. It undermines the quality of life for our elders and the well-being of those providing care.

5. ****Experience and Proven Leadership****

With 35 years in the healthcare field, I have dedicated my career to building strong, mission-driven organizations that prioritize both staff and residents. Regardless of my title, my role has always been to advocate for elders, people with different abilities, and those who serve them.

Oregon has historically been on the forefront of person-centered practices for elders and those who care for them. This bill, however, flies in the face of that innovation, workforce solutions, and the very quality of life and care we've worked so hard to achieve for our elders, people with different abilities, and those who serve them. In fact, legislation of this nature will have the exact opposite effect of the outcomes it purports to intend. Many of my colleagues, both in the nonprofit and for-profit arena, have consistently created programs and opportunities for career development, voice, community, and flattening of traditional hierarchies through servant leadership. Through fostering trust, integrity, and genuine relationships with our teams, we have created environments

where staff feel supported, heard, and valued. This model has empowered staff to provide exceptional care for our residents. It's a model we should be strengthening, not undermining with misguided legislation.

Additionally, almost all organizations already have programs that help direct care staff with career development both within the organization and at community colleges, universities, and through trade associations like LeadingAge Oregon/National, Oregon Healthcare Association and their national arm, American Healthcare Association, and The ARC Oregon/National. So, the SEIU allegation that there is a paucity of means for staff training, development, and advancement is again, false and not based on fact.

Please do your homework. Below are some helpful links to provide the facts that support and inform rejection of HB3838:

- <https://www.phinational.org/national-resource-center/issue/compensation/>
- <https://health.oregonstate.edu/sites/health.oregonstate.edu/files/2025-01/2025-oregon-health-care-workforce-needs-assessment-report.pdf>
- <https://www.phinational.org/national-resource-center/resource/closing-the-coverage-gap-medicaid-expansion-and-the-direct-care-workforce/>
- <https://www.pioneernetwork.org/resource-categories/workforce/>
- <https://replacingrisk.com/idd-staff-training/>
- <https://thearcoregon.org/otac/>

Again, I passionately and strongly urge the legislature to reject HB 3838. Let's continue to build upon the strong foundation of research and programs in place, understand and expand upon current collaborative efforts, and focus on real solutions — supporting staff and providers, investing in workforce development, and prioritizing the well-being of our elders over destructive mandates and self-serving agendas.

Thank you for your time and attention to this critical issue.

With love, honor, and respect for our elders and people with different abilities, those who serve them, the legislature, and our state,



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