Good Morning

Thank you for the opportunity to speak to you this morning as a staff nurse working through this crisis.

My name is Elizabeth Deutsch; I have been a nurse for 26 yrs, and I am a graduate of the UVM School of Nursing. I am a staff RN and union member at the largest hospital in the state. I am also a travel RN in a supervisory role in a critical access hospital. Additionally, I am both a nursing student pursuing a graduate degree and an experienced RN who has precepted and mentored newer nurses. Therefore, I see this workforce crisis from multiple angles.

"Show me your budget, and I will show you your priorities" was a motto I learned while working in HIV and Homelessness. Looking at executive salaries in healthcare over the years, clearly, it was not the nurses being valued. During one contract negotiation, when the nurses brought up the inequity in pay scale, the response was "you get what you pay for," sending a direct message to nurses that CEOs are influential and bedside caregivers are not. To give context to this example, At the hospital network where I am at the top of the pay scale with my decades of experience, the CEO makes what it takes me two years to earn in one month. He has earned what I have made in almost my entire career in one year. It is demoralizing. It is also not new.

The office of professional regulation shows in their data that licenses for registered nurses declined by 24.5% from 2010 to 2018. So before the pandemic shined a glaring spotlight on nursing workforce vulnerability, a quarter of us had already left.

Since 2020 1 in 5 healthcare workers has left their job.

Vermont pays its nurses 9% less than the national average of nursing pay. Not less than the top of the pay scale, less than the middle of the pay scale.

We make less than average to do a job that puts us in danger every shift. According to a BLS report, nurses and other healthcare workers accounted for 73 percent of all injuries and illnesses resulting from nonfatal workplace violence in 2018. Please note that this statistic is from 2 yrs before the pandemic. I can assure you, things have not gotten better in the past 2-3 years.

Nurses are tired. We are being asked to do more with less. Supply chain disruptions make our jobs harder when we can not get the necessary tools to do our jobs. We can not find housing or childcare. Our vacations are being denied, so the very thing that we need to recharge, time away from the bedside, has been taken away because there is no one else to do the job.

We need more nurses, but there is a shortage of nursing instructors. In addition, the pay for college professors is significantly less than the pay for RNs and NPs. One full-time UVM nursing professor told me she made more at the hospital picking up per diem shifts than she did as a full-time faculty member in the school of nursing. She is doctorate prepared educator and nurse. So again, show me your budget, and I will show you what you value. This faculty member also shared with me that the age of nursing professors is rising and they are discussing retiring, but there are no replacements in the pipeline.

Younger nurses involved in this conversation spoke about how they would like to get the additional degrees to be professors, but they are already drowning in college debt and can not afford to take on more. Nurses talk about the student loan payments that are larger than their mortgage. Others talk about that they can not qualify for a mortgage because their student debt is too large. Loan cancelation would be a massive help to so many right now. It would show that we value nurses and their vital role in keeping the healthcare system functioning.

Subsidize nursing education so that nurses who want to become professors can do so without taking on more debt. And then pay them for their expertise. Show us that you value our competence and knowledge.

Also, create pathways for LNAs to move into RN programs. LNAs give hands-on care and have direct patient care experience, making them ideal candidates for future nurses. This is also an equity issue. A recent study showed that nursing school acceptance rates prioritized criteria for acceptance varied by geography. Establishing an LNA to RN program based on holistic acceptance criteria would seek to address the underrepresentation of BIPOC communities in nursing. (I will attach the study on this issue in my written testimony)

Vermont is one of the oldest state populations in the country, #3 to be exact. This will create an even greater need for nurses at the same time that nurses who are also aging will be retiring. We need a plan to attract younger nurses and keep them in the state. A pension system is an attractive option. As long you are working as an RN in the state, you qualify for the pension. One of the attractive options of being a nurse is that we can do so many different types of nursing. Tying a pension to the state rather than a specific position or institution would allow that flexibility while still incentivizing staying in VT.

The Green Mountain Care Board is tasked with controlling healthcare budgets. However, not one member of the board cares for patients. Most are not even in healthcare. One would not hire a lawyer to do their home inspection, yet this is what we have done with healthcare. Lawyers and economists do not have first-hand knowledge of how to provide good care. We need the voice of someone who has "boots on the ground" experience, who has faced the daily challenges of providing care under the challenges we face today. Therefore, I strongly advocate for a nurse on the Green Mountain Care Board. Ideally, this nurse would be a care provider, not an executive.

In summary, my fellow nurses and I are asking for better wages, loan cancelation, a focus on improving nursing education to train the next generation of nurses,

representation on the Green Mt Care Board, and a retirement that will incentivize staying in Vermont. I hope you all have questions on this topic as I have given an outline to these problems and solutions but would be happy to discuss the points in more detail.