

**HB 285 – Nurse Workforce & Safe Patient Care Act**  
**Proponent Testimony by Sara Harkleroad, RN, OCN**

Chair Swearingen, Vice Chair Gross, Ranking Member Somani, and members of the Health Provider Services Committee.

Thank you for the opportunity to testify today. My name is Sara Harkleroad, and I am a Registered Nurse and Oncology Certified Nurse who has had the privilege of providing care at Salem Regional Medical Center for over 20 years. I am also the President of the Salem Registered Nurses Association.

When I was 18 years old, I said, “The last thing I want to be is a nurse.” I come from a long line of nurses and midwives, and I had watched my mother struggle in her career. She worked the midnight shift to balance work and family, often in exhaustion, only to be called in on her days off because someone else had called off.

Yet life has a way of leading us where we’re meant to be. My dreams of an office job with 9-to-5 hours, weekends, and holidays off didn’t fit the way I thought they would. A few student loans later, I became a Registered Nurse. Even with my family’s background in nursing and my education, I still had so much to learn.

After having my first child, I was fortunate to be hired at Salem Regional Medical Center, or simply Salem Hospital as it was known then. This was a huge opportunity—everyone in the area wanted to work at Salem. The hospital rarely hired and could afford to be selective, even requiring that new hires be non-smokers.

In those early weeks on the job, I quickly learned why Salem had such a stellar reputation. It was the nurses—my preceptors and mentors—who shared their knowledge and experience with me, handed down in the traditional way, through mentorship. When you started at Salem, you retired from Salem.

Now, 20 years later, I have watched the last of my mentors retire, and I finally have the no-weekends, no-holidays schedule I once dreamed of, working in Outpatient Oncology. Sounds like it all worked out, right? Unfortunately, it hasn’t.

In my time at Salem, I have seen my job in pediatrics abolished. Salem no longer provides pediatric care. A few years later, I watched my friends lose their jobs in maternity. Salem no longer delivers babies. I have seen the cardio rehab department close, the wound care department outsourced, and the skilled nursing department eliminated. These services didn’t generate enough revenue.

Some of the nurses from these departments stayed and took on new roles, but many moved on. They won’t retire from Salem.

I’ve also seen the hospital attempt to modernize, building beautiful new inpatient towers with private rooms. But now, two floors of that tower sit empty because there aren’t enough nurses to staff them. Patients often spend days boarded in the ER waiting for a bed. Most days, there isn’t even enough staff to cover the one open floor, and ICU nurses are frequently pulled from their home departments to cover other areas.

How did we get here? Was it COVID-19? A generational shift? Insurance, pharmaceutical, or corporate greed?

The answer is all of the above.

Patients are sicker than ever, with multiple comorbidities that make their care more complex. They need nurses at the bedside. Yet the state of healthcare is driving nurses away, and other, more glamorous career opportunities are pulling potential and current nurses into other professions.

Conditions in our hospitals must improve, or there will be no one left to care for the sick. When I approach hospital administration about these issues, their response is that they are focused on keeping the doors open. But my question is this: What will happen to the patients when there are no nurses left inside these beautiful buildings?

What was once a job to be proud of has become a daily nightmare of understaffing. We must bring pride back to the profession and attract nurses to the bedside before it's too late.

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

Sincerely,

Sara Harkleroad, RN, OCN  
President, Salem Registered Nurses Association