

Hi my name is Allison Conner and I am a traveling labor and delivery nurse. Labor and delivery is the specialty that deals with women and infants during the birthing process, and like emergency nursing and intensive care nursing, there is always a need for nurses in my specialty. Some of you are familiar with travel nurses and some of you are not, but by the end of this testimony, my hope is that you have an idea of what travel nursing is as a profession, and understand why I am a proponent for this bill. Before we begin I would like to say that I am a night shift nurse and I worked last night as well as tonight. So right now it is 2:00 a.m. for me. I just want you to know that I care so deeply about this bill that I am willing to wake up at 2:00 a.m. on my work night to come talk to you.

I have been a nurse for 3 years and prior to travel nursing I worked in a hospital doing labor delivery and then later moved on to work in pediatric intensive care. I ended up leaving pediatric intensive care, for personal reasons, and wanted to go back to working in labor and delivery. My last day of work as a traditional full time nurse was March 2nd, and at that time we were talking about a little-known virus that was starting to show up in the Ohio healthcare system. As I began looking for jobs in my specialty, I realized that most hospitals were putting a hiring freeze on full time nurses because they weren't sure what to expect with the new coronavirus pandemic and whether new nurses could be included in the decreasing hospital budgets. It was increasingly difficult for me to find a job as a bedside nurse, so I began looking into travel nursing. On March 31st I began my career as a labor and delivery travel nurse and headed down to Louisiana. My husband was told that he could work remotely for his job and so the fears and setbacks we had always considered before becoming a travel nurse quickly melted away when I learned that I could travel the country with my husband.

Travel nursing is an industry that most people do not know about, including those who are nurses and currently work in the healthcare field. Most of you are familiar with nursing being a profession that works three shifts a week for 12 hours at a time at a local hospital, long-term care facility or other places where nurses are needed. What you may not be aware of is what hospitals do when they have multiple nurses go out on maternity leave, have a nursing strike, or otherwise lose staff causing scheduling gaps. Hospitals have specific staffing ratios, and can face fines or lose accreditation if they do not have enough staff to safely take care of patients. My job as a labor and delivery nurse was a 4-month orientation and my job as an ICU nurse was a 6-month orientation. That means, it takes 4-6 months to replace a nurse who quits, and generally, travel nurses are hired to fill in while the new hires are being oriented. When several nurses are out on maternity leave, and there are not enough nurses to safely staff, travel nurses are often hired. We come in as experienced nurses and usually get one day of orientation before we begin working on the floor. Because of our temporary employment, we are not permanent nurses. Being a travel nurse can be more challenging than traditional nursing because you usually have about 12 hours or so to figure out the new hospital's policies, procedures, where supplies are located, and what the names of all the doctors and nurses are. On top of this, we are usually far from our families and out of our comfort zones. Learning how to do our new job and help out these hospitals comes at a great stress to ourselves. Right now during a pandemic, nurses are needed more than ever to fill in the gaps when there are exponential increases in patient populations and not enough permanent staff nurses to take care of them. We typically work for 3 months at a time, but can do any contract length up to one year. This means, for me, that every 3 months I have to look for a new job, relocate, and reorient to a new team of staff and job role.

When I first began looking for travel jobs I knew that I wanted to help out in places that needed nurses due to the pandemic. Because I had ICU experience I'm an asset to labor and delivery

as someone who can take care of pregnant moms who will need a ventilator. I am only licensed in Ohio and because of that I was only able to apply to help out hospitals in my state. Unfortunately most Ohio facilities required me to have previous travel experience. And since March was my first time as a travel nurse, I lacked that "travel nurse" experience.

Because it takes 6 to 12 weeks to get licensed in other states, including Indiana and Kentucky, my only option for jobs at states that we call "walk-through states". These "walk through" states will grant you a nursing license within one week assuming that you complete a background check and comply with the necessary paperwork. Currently, there are only 6 walk through states, Missouri being the only one located in the Midwest. Louisiana happens to be a walk-through state, and as there were no jobs in Ohio, I was able to apply for a job there and get my license within three days so I could start work.

As many of you remember Louisiana was a hot spot during the pandemic in the early days. Because they were so desperate for nurses down South, they were willing to hire me without previous travel experience and so that is where I took my first job as a travel nurse. I worked there from March until July and decided to come back in the summer when things had slowed down with COVID cases. My husband was still working remotely at that time and we decided to continue traveling since there was still a hiring freeze at many of the hospitals in my home city of Cincinnati (the hiring freeze was due to budget cuts from, you guessed it, the pandemic.) I'm not saying it's impossible to find a job as a nurse if you are not a traveler, but for my situation and my desire to help out where needed, traveling seemed to be the best option for me. However, there is not as much job security as you would assume. For example, normally, there are around 2,000 or more jobs for labor and delivery travel nurses across the country at any given time. This summer, with budget cuts from multiple hospitals, there were about 200 jobs available. Most were on the west coast, where they have stricter laws about nurse staffing ratios. As I was looking for my second job, I spent eight weeks applying for a license in Washington state. I decided to go to Seattle, a place I have always wanted to visit, and a place that is (and was) desperate for nurses. I went and worked there from August until October.

As I was in Seattle we got news that my husband's grandfather had become terminally ill and we needed to return back to the Midwest for the holidays. My family and my husband's family all live in Indiana which some of you know recently became a compact state. Since Indiana recently joined the compact, the process for people like me (who do not have a compact state) that choose to apply to get a single state Indiana license is slowed down because of the Indiana Board of Nursing is overwhelmed with the increased number of local Indiana nurses who are applying for compact license.. We desperately wanted to go work in Indiana where we could stay close to family during the holidays and during this time of uncertainty with my grandfather's health. The Midwest is notorious for having very few travel nursing jobs, usually because of how budgets are allocated in our region of the country. In the fall, there were three labor and delivery travel nurse jobs in the entire state of Indiana. And 2 of those jobs would keep me closer to family than where I currently am in Cincinnati.

I ended up getting two job offers, from both places, but once they found out that my license for Indiana was only in process, and not yet permanently issued, I was denied immediately. The manager at one of the hospitals I was offered a job at told me that "I was always welcome to come back and work once I got an Indiana license or became part of a compact". It takes about 6 weeks, like I said, to get a license in Indiana or Kentucky so my only option in order to stay working and remain close to home was to look for jobs in Ohio. Luckily there were a few openings in Columbus, and I was able to get a job there from November until February.

Had I been able to work in Indianapolis we could have stayed with my husband's parents and been close to home. Because we were not able to do that I instead drive back and forth between Cincinnati and Columbus and stay in a hotel on the nights that I am working. I am one of the lucky nurses who is able to get a job in Ohio but for other people like myself who need to stay close to home and need to remain travel nursing it is almost impossible to consistently find a job in our home state. If we were compact I would be able to cross the borders easily and go to Indiana or Kentucky when there is a shortage of jobs in Ohio (much like there was this summer).

In addition to this, while I was in Washington State I learned that most travel nurses who are true nomads choose to go to the west coast for contract assignments. Our state, while great and beautiful in its own way, is not a very popular travel nursing destination for people who don't have family in the area. As the pandemic progresses and we are not sure what is happening with our hospital capacity, there is a chance that there will be an increased need for Ohio travel nurses like myself. As of right now, if a nurse from any other state applies to receive licensure in Ohio, it costs \$75 to apply, \$30 to verify an out of state nursing license. It also requires fingerprinting and a background check as well as proof of 24 hours of continuing education. After receiving that paperwork, it takes 2 weeks or more to process and issue a temporary practice permit. So right now, our state's option to get travel nurses from out of state to fill positions in less than 2 weeks or more, would be to either become a "temporary walk through state", like Illinois has done, or join a compact.

West coast states like Washington, Oregon and California will always remain non-compact, because there will always be an increased desire for travel nurses to go to those states. I'm not sure entirely why their reasoning is to not join a compact, but I looked into getting a California nursing license and it would have cost me close to \$600 and taken about 3 months. There are laws on the West coast that protect nurses even more than they are protected in other regions of the country, including getting overtime pay after an 8-hour shift (a perk when almost all nurses work 12-hour shifts). The beautiful geography of the West coast combined with their laws protecting nurses makes it a popular location for travel nurses to want to work. Since I pay income taxes to both Ohio and whichever state I am working in, the west coast is able to benefit more by making it so that their process of licensure costs extra. Again, Ohio charges \$75 for just the application fee, California charges \$350.

Ohio will never be a state that is competitive enough for us to charge \$350 in order for an out-of-state nurse to get a license here. It's also very hard to convince nurses to travel to Ohio when they know that they will still pay out of pocket to get a license here, Ohio's travel nurse pay is notoriously low, and it will take a 2 weeks to get licensure here when most jobs are posted and filled within a matter of days.

I urge you, as someone who needs to be able to cross the borders for my job, to make it easier for myself by joining a licensure compact. The compact licensure has its own set of rules including background checks and verifications that are looked at by a database, available to all states involved in the compact. There is nothing to lose by joining a compact other than the fees paid directly to Ohio by people seeking a single state license. Right now, the benefits of having increased flow of nurses to join the compact outweighs the benefit of charging individually for nurses to apply here. At this point I think it is selfish for the state to want to remain single state licensed. We honestly have nothing to lose, and we'll be able to recruit nurses from neighboring

states to come work in some of our rural hospitals that otherwise struggle to keep afloat without having travel nurses like myself.

For my own situation I would love to be able to get a job in Indiana closer to my family or have an easier time finding a job when the job board in Ohio looks slim. I have spent close to \$1,000 in getting licensure from Louisiana and Washington, And it's sickens me that I would be able to have spent \$0 had I had a compact license.

I put myself my own health my family's health and my time on the line when I take care of patients. I did not ask to be a nurse during a pandemic, and I certainly didn't think it would be this difficult to help out as a nurse during a pandemic, with all the hoops I have to jump through just for my licensure. The best thing the state of Ohio could do, to show its respect for nurses and people like myself who put so much at stake for the well-being of the general public, is to at least make it easy for us to do our job. We have nothing to lose by joining the nurse licensure compact, and everything to gain.

As a nurse, I don't expect my representatives or state politicians to know everything about what it's like to be a nurse or what the compact involves. what I do hope though is that you are willing to listen to me and sense my urgency in passing this bill. Single state licenseship benefits only those who are not nurses. Travel nurses everywhere will agree that this is the best way to help us. Again I don't expect you to know everything about what it entails for us but my wish is that out of respect for us and our profession, you consider our plea. Help us help you.

Thank you for your time.