

February 28, 2023

Oregon State Legislature  
900 Court St. NE  
Salem, OR 97301

Re: House Bill 2697

*Delivered electronically via OLIS*

Chair Nosse, Vice Chairs Goodwin and Nelson, and Members of the House Committee on Behavioral Health and Health Care:

My name is Shannon Edgar, and I am a Registered Nurse and the Chief Nursing Officer for the Madras and Prineville Critical Access Hospitals within the St. Charles Health System in Central Oregon. I appreciate the opportunity to share with you my concerns about House Bill 2697.

I am in opposition to House Bill 2697 as currently written.

Critical Access Hospitals (CAHs) were created by Congress in the late 90s to prevent rural hospital closures and improve access to care. Despite efforts on improved reimbursement, 136 rural hospitals closed their doors between 2010 and 2021, due to financial pressures, workforce challenges and volumes. Rural residents encounter many barriers to accessing services they need within their communities in the current environment; adding additional barriers with staffing ratios as outlined in HB2697 will further exacerbate the problem with access to care in rural settings. CAHs provide a safety net for emergency and acute care needs close to home. Our nurses are trained in many areas ranging from birth to end of life and may provide care across this spectrum during one shift. We need to have the flexibility to provide this range of care based on patient acuity and individualized needs. We provide care for all to meet our community health care needs. Our nurses provide this care with pride for the community in which we live and serve. We care for our family, our friends, our neighbors; if you would like to see the heart of nursing in action, I encourage you to visit a rural hospital. You will be immersed in genuine compassion, teamwork and feel an overwhelming sense that we are in this together. This is the type of collaboration we should be promoting. Passing this bill drives collaboration further away, promotes animosity and division by increasing civil penalties and promoting litigation, which in turn takes resources away from our patients and the communities we serve.

Please do not take away our nurses' voice and critical thinking to make clinically sound decisions based on a patient's specific needs. Instead, focus on the changes that need to be made to the current staffing law to create clarity, consistency, collaborative partnerships, timeliness of investigations and reduction in regulatory onus. Take time to evaluate the effectiveness of the current law, understand the barriers to compliance and

bring forward recommendations that meet the intent of the law to have safe staffing to care for our people based on their individualized care needs.

In closing, St. Charles Health System and I are opposed to House Bill 2697 as currently written. We already struggle to recruit nurses in rural settings, the outcome of this bill equals reduced services and access to care. Passing this law will not only cripple the health care system but lead to closures. The complexity of health care decisions should not be in the hands of the Legislature but in the hands of highly skilled, trained, health care professionals, that you trust with your care and the care of your loved ones.

Thank you for the opportunity to share my concerns.

Sincerely,

Shannon Edgar

A handwritten signature in blue ink that reads "Shannon Edgar". The signature is written in a cursive, flowing style.