

Chair Nosse, Vice Chairs Goodwin and Nelson and members of the Committee, I am Ola Bachofner.

I am an Emergency Department RN with over 16 years of experience. I work in the busiest Emergency Department on the west coast, which sees more than 300+ patients a day. Keeping patients and staff safe requires complex and nimble operations, but most importantly the highly skilled hands of nurses like myself and other providers

HB 2697 has tremendous implications, potentially placing the lives of patients' at risk.

Emergency Department nursing is different than any other type of nursing - there are no scheduled visits, no limit on how many patients' need to be seen and no way of knowing what the day will bring. You have to be able to take care of anything and anyone who comes through our doors. You have to know what symptoms signal near death and what symptoms can wait. You have to know how to safely take another patient while maintaining the safety of the patients you already have. There is no scheduled emergencies- we meet the demands of the community- every minute, every hour of every day.

If you could plan and schedule your next emergency- this bill may work.

If a law limits the number of patients that can be cared for in an Emergency Department, what happens to patients waiting in the lobby for care? What about the medics who are in the ED waiting to handoff their patient and unable to respond to the next 911 call? What happens if that 911 call is you or someone you love? These are the real dynamics of a complex health system that is already stretched thin.

Let me outline some real scenario's we face daily in the Emergency Department and how this law could impact them:

- A- A patient is brought in by a medic: Patient was seen, labs and imaging have been done, patient has a diagnosis, has been treated and is stable. I have had this patient for 4+ hours and they are ready for discharge, but they have no ride home. We work to set up medical transport, but transport won't be here for another 4 hours. Under HB 2697, this dischargeable patient will be 1 of my 3 patients for the next 4 hours. If this bill passes, a stable patient who is just waiting for a ride home prevents me from caring for a new patient for the next four hours.
- B- Another patient is intoxicated and suicidal - patient will get seen, labs ordered, treatment started and kept safe. This patient will stay in a room until they sober up and are able to talk to a mental health provider. The majority of the work is done at the beginning of their visit to start all orders, treat,

stabilize and maintain safety. On average this patient will be monitored for the next 8+ hours while they sleep. Despite the fact that the work is frontloaded for the nurse, this proposal does not allow for my skills to be used to care for an additional patient while this one sleeps.

C- Many patients come to the Emergency room who are medically stable. They are here for ear pain, possible fracture, laceration, a medication refill - something that is non-life-threatening. We are happy to help any who need it, but let's be clear, these patients will be seen last because they are stable and we prioritize the sickest patients to be seen by a provider first. This bill however provides no nuance when it comes to patient acuity or stability – a patient with an ear ache is the same as a patient having a heart attack. As a result, this bill will extend wait times for patients who are waiting to be seen and could be harmed because of this extended wait time.

Can you imagine... if you or a loved one were the ones waiting in our lobby, knowing I have the capability to safely care for you, but you will continue to wait because of a law.

What if you come in by medic in critical condition and I am unable to help you because I am restricted to do so by this law?

Do you know how much that would mess with my head? A law preventing me from helping a patient when I am perfectly able to do so? A law that will prevent me from saving life – a law that will take away all the REASONS for why I am an ED nurse.

Healthcare is complex, and healthcare in Oregon has changed over the last two years. There are systemic problems that must be addressed. This bill, however, doesn't address the root issues but rather symptoms of the larger problem. Please do not compound the challenges we already face by adding more restrictions in an already broken system.

I will end by saying, I am an Emergency Department nurse, and we wear that title as a badge of honor- we come to work every day not knowing what is going to come through the door. There are times we have 30 patient's check-in within an hour when we already have every room in the department open and filled with patients. We are trained and prepared to triage the sickest and most critical patients to provide immediate care to those in need. We are highly trained and skilled, and use those skills to meet the demands of our most critical patients. We are deeply proud of this work and the lives that it saves. This bill restricts our skills and our judgement, and could reduce access to care in our community.

Please do not pass HB 2697. I'm happy to answer any questions.

