

Submitter: Ronald Woita

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2697

Good afternoon, Chair Nosse, Vice Chairs Goodwin and Nelson, and members of the committee,

My name is Ron Woita, and I am the Chief Nursing Officer for Sky Lakes Medical Center in South 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.

While my role is a Chief Nursing Officer, at my core I am an Oregon Registered Nurse. My opposition to House Bill 2697 is not in relationship to my role as a CNO, but as a nurse. I agree Covid has been challenging for all nurses and healthcare in general. Nurses have been asked to assume care for large numbers of patients many times beyond ratios set forth by their Nurse Staffing Committees and work in temporary locations to accommodate the sheer volume of patients who needed care. Nurses took on those assignments to deliver care to their communities to ensure those who needed care received it.

Speaking as an RN, please do not take away my ability to help my team when I am able to take one more patient, as I feel is safe, so another nurse feeling overwhelmed by patient intensity, level of acuity or sheer volume can be sent for a rest period or just a few moments away from the activity of the care area.

I live and work in a rural community where the next closest Emergency Department is 78 miles away. In January, when I last worked at the gurney side in our Emergency Department, we faced an overwhelming number of patients presenting with a variety of needs. I was assigned 5 rooms. The fixed ratios per HB 2697 would have created the stressful scenario of having to either allow patients to wait longer for care or risk a fine to my hospital. While three of my patients were receiving their medical evaluations: lab test, x rays, and a single medication each, by choice I was able to initiate care for two more patients to take care of our community. I am supportive of safe staffing levels; I believe as a nurse in a community hospital I should have a voice in those levels and not have ratios mandated by the state who do not understand and appreciate the needs and challenges of rural health care” “A one-size-fits-all...does work in rural settings”.

Our rural community consists of 100,000 persons with a poverty rate of 23.0%, 16.2% of our community lives with a disability under the age of 65, 15% are Hispanic or Latino, and 3% American Indian and Alaska Native. This does not include the seasonal migrant workers who live in our community and seek care at various times throughout the year who are not accounted for in the statistics. Our organizational mission is to reduce the burden of illness, injury, and disability, and improve the health, self-reliance, and well-being of the people we serve. All of the people we serve. House Bill 2697, as written, will impede our ability to continue to close the

rural health inequity gap and will unintentionally have a negative impact on our community.

In closing, Sky Lakes Medical Center, and I, as an Oregon RN, are opposed to House Bill 2697 as currently written. This bill will severely impact our ability to serve the patients in our rural and frontier regions of the 10,000 square miles we serve by limiting admissions, constricting vital care to a geographically isolated region of the state, and perpetuate us sending patients to areas of the state for care outside of their home communities creating unnecessary situational and economical stress on our family, friends, and community, if or when beds are available.

Thank you for your time today. I am happy to answer your questions.

Ron Woita