

Good afternoon, Chair Nosse, Vice Chairs Goodwin and Nelson, and members of the committee:
My name is **Amanda Kotler**, and I am **Senior Vice President and Chief Nursing Officer** for **Asante Health System in Southern Oregon**. I am a **Registered Nurse**. I appreciate the opportunity to share with you my concerns about House Bill 2697.

Background:

- To give you a bit of background about me:
 - I am a born and raised Oregonian. I grew up in Keno, Oregon – a small town in southern Oregon.
 - My dream was always to be a nurse. I love that it is a profession of the heart and the mind.
 - I worked as a bedside nurse for 4 years in our heart center. I then worked my way through progressive leadership and was promoted to the CNO position in 2022.
 - I have worked at Asante for 17 years. I cannot articulate in words how much I care for our employees, patients and community.
- Asante Health System serves nine counties in Southern Oregon and Northern California.
- In my experience as a cardiac nurse, I have seen firsthand how we serve our region.
- Southern Oregon is geographically isolated and largely represented as rural - despite having high quality and high acuity healthcare services.
- We continue to face high volumes of patients, and this is complicated with the most extreme staffing challenges we have ever experienced. We have not been below 80% occupancy since 2020.
- The high patient volumes are in part due to a lack of community beds, delayed care related to the pandemic, and longer inpatient lengths of stay.
- As a leader, I recognize the importance of adequate staffing and have worked tirelessly to provide that within the organization.
- Over the last several years, the pandemic exacerbated the nursing shortages and staffing crises that were already being experienced. These staffing challenges are not unique to Southern Oregon, and we know they are pervasive across our state and nation.
- We have paid premium dollars for all labor to ensure our communities were cared for during unprecedented times. The financial repercussions of the pandemic continue to resonate as we are looking to recover.
- We all acknowledge staff are stretched to the point of burnout and are being forced to care for a high volume of patients with fewer resources.

- We all worry about the staffing and capacity constraints and how it adversely affects quality and patient experience.
- Recruitment and retention of our nursing workforce requires us all to commit and collaborate and implement solutions that stabilize nursing.

I oppose HB 2697 as written:

- Nurse staffing in Oregon has not improved since the staffing law was enacted.
- We must recognize barriers to adequate staffing in a national shortage before imposing regulations on hospitals for compliance that is currently unattainable.
- The largest concern is that proposals to amend the nurse staffing law do nothing to address the root cause of the issues with recruitment. There is no plan to improve the pipeline of nurses into our state and healthcare system.
- Asante currently has 829 open positions- 377 are RN positions.
- Asante/Southern Oregon's geography and size contributed to difficulty with recruitment prior to the pandemic.
- Prior to the pandemic, turnover was typically below national averages. If we could recruit staff, we typically could retain them.
- Asante heavily relies on new graduates as our main pipeline. We know Oregon nursing programs produce the third fewest graduates per-capita of any state.
- The pandemic accelerated these issues as burnout, demand, and shifting needs in the state and nation have seen turnover skyrocket and recruitment plummet.
- The national demand for travelers to address surges and nationwide shortages created another layer of problems and complexity.
- Contract labor has created an economically unsustainable environment in the context of almost complete lack of supply of permanent nurses.
- Asante is working on comprehensive long-term strategies to address recruitment and retention creatively including:
 - Talent acquisition
 - Supporting nurses' transition to practice through academic partnerships (residencies and fellowships, support for preceptors, and dedicated education units)
 - Career pathways (development and support of CNAs and LPNs, including protected time and financial support for education)
 - Care model and nurse practice model innovation
- To impose mandated ratios at a time of staffing shortages beyond the control of any organization, at a time when all hospitals are in dire straits, would be devastating to the

sustainability of healthcare organizations with the result that the community we serve would suffer.

- Mandating ratios with stricter standards and shorter timelines for compliance without addressing the root causes of the shortages will force hospitals to limit services. There are also many clinical scenarios that result in surges of patients that we cannot anticipate. Hospitals should be able to respond to disasters accordingly without being limited by ratios.
- The bill speaks to strict ratios and do not allow for any exceptions to adjust for workload, acuity, or unexpected changes in patient volumes.
 - Take the ED as an example of a mandated 1:3 ratio without ability to flex to address acuity or surges in patients. *How is this operationally feasible? Does this mean hospitals are expected to delay care to comply with the law? Does that mean that an ED nurse who is already assigned 3 patients cannot help respond to a trauma coming to us by ambulance?*
 - *How does this empower charge nurses and give them autonomy to adjust assignments?* The ability of the charge nurse to make decisions regarding nursing assignments and break relief, and to respond to urgent needs of patients will be eradicated.
 - *What happens to patients when there is no ability to divert or transfer?* These are our biggest fears when living in a rural environment.
- If staffing ratios are inevitable, this is the worst time in history to put these in place. Our inability to fill positions and the potentially devastating impact of decreased access could be the tipping point for hospitals in Oregon that are in fragile circumstances. The way the proposal is now, hospitals could be out of compliance every day.

In closing, **we** are opposed to House Bill 2697 as currently written. The current environment we are living in has significantly impacted our hospitals with no end in sight; it has also taken a significant toll on our employees. Asante is the largest employer in Southern Oregon, so our employees and their families comprise a large part of our community. Asante consistently strives to provide quality health care services in a compassionate manner valued by the communities we serve. Given the current environment of exorbitant labor rates, lack of staff and inability to discharge patients, we are challenged meeting our mission for our employees and the rest of our community. Mandated ratios are not a proven way to improve nurse staffing levels or quality outcomes, especially in the setting of a nursing shortage.

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