

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

My name is Terri Correia and I am the Chief Nursing Officer for Coquille Valley Hospital, a 25 bed rural hospital on the Oregon Coast.

I know without a doubt that everyone here this evening has safe patient care at the center of all we are attempting to accomplish.

I am in opposition to House Bill 2697 as it is currently written. Unlike other staffing laws in the nation, this bill proposes a one-size fits all approach to an already convoluted, complex, and burdensome nurse staffing law that expands the law to our entire workforce. This, coupled with the financial penalties suggested, will only further threaten access to care for our communities, and further limit bed availability to those who need our care the most.

With the unpredictability of trauma and emergency volumes alone, our rural hospital cannot sustain the staffing metrics “at all times” as suggested in Section 5 of HB 2697.

Rural hospitals often hold critically ill patients and behavioral health patients for hours and sometimes days as a result of unstaffed beds across the state. We often transfer patients to Nevada, Idaho, and California. On Friday of last week, we sent a Coquille patient to San Jose California for care due to the staffing crisis and unavailable beds in Oregon. This for certain greatly impacts our patients lives, as they do not receive timely care and in some cases, face undesirable outcomes because of it. I cannot see how with the current staffing crisis, that HB 2697 can positively impact access to care for any of our communities.

We have barriers when attempting to transfer inpatients needing long term care or skilled care, due to lack of available staffed beds in Oregon. These patients occupy an acute bed, a bed we could use for ill patients, and keep them close to home. Instead, this results in the need to transfer our acute patients great distances from their communities, support systems, and families. Under the current Federal Public Health Emergency, which is expected to end in May 2023, rural hospitals like Coquille Valley Hospital will no longer be able to hold patients beyond 96 hours. Furthering our dependence on higher acute care hospitals and post-acute care facilities to take patients.

Furthermore, House Bill 2697 as it is currently written, creates only additional operational and administrative burden so deep that it actually distracts from patient safety and the preservation of our taxed frontline staff. The addition of three new hospital staffing committees without appropriate mechanisms to make them work for staff or patients will only remove our most experienced health care professionals from the bedside.

In closing, we need a law that supports the hospital workforce not one that places further barriers on the ability for our communities to access care. Coquille Valley Hospital and I are opposed to House Bill 2697 as currently written.