

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

My name is Joan Ching, and I am Chief Nurse Executive for St. Charles Health System, a four-hospital system that provides essential services to 300,000 Central Oregonians living in a geographic area roughly the size of South Carolina. I've been a registered nurse for 37 years and appreciate the opportunity to share with you my concerns about House Bill 2697.

While all of us at St. Charles believe in the importance of safe staffing levels, I am in opposition to House Bill 2697 as currently written. I'll reiterate the bill doesn't take account for the fact that:

- The US is facing one of the most severe nursing shortages in history (St. Charles currently contracts 115 travelers & is recruiting for 129 open positions, although our nursing wages and wages for nurses throughout Oregon are some of the highest in the nation)
- Our educational system can't produce enough nurses to keep up with attrition, much less comply with the law (the US needs an add'l 450,000 nurses over the next few years)
- Hospitals like St. Charles are routinely shutting beds to admissions even without minimum staffing legislation in effect

Here's what matters – **patients & their loved ones will lose if this bill passes.**

Please hear me -- With our current # of employed nurses (not including 115 travelers), I'll be forced to close 92 of 325 beds in our Bend & Redmond hospitals (28% of our inpatient capacity). I'll have to do so because I won't be able to find an add'l 206 nurses to comply with the law's "at all times" or pay civil penalties as high as \$10,000/day requirements. You can't imagine how distressing this is ... I don't want to close beds. I don't think any nurse in this hearing wants patients to wait longer in the emergency department when they need care. I don't think any nurse in this hearing wants to snarl our Fire & Rescue system because ambulances can't get patients through the emergency room doors.

If you remain firm on passing HB 2697, please do two things for the sake of your communities' health & well-being:

1. Modify the bill's nurse-to-patient ratios so they reflect those that CA has had in place since 2008. HB 2697 proposes fewer patients per nurse for 6 of 12 hospital unit types compared to CA's legislation. Let's be reasonable & make CA's the starting point.
2. Increase the lead time to the bill's implementation from 3 months to 3 years. CA hospitals were given 3 years to apply for grants, reorganize & close services to comply with the law. Critical access hospitals were given even more time.

Finally, if you're unwilling to make these two changes to the bill, & it passes -- whom shall I direct patients & their loved ones to call when I close 92 hospital beds the day this bill takes effect? They will want to know why lawmakers passed a bill at their expense.

In closing, St. Charles and I are opposed to House Bill 2697 as currently written because it will severely curtail access to care when members of your community most need it.

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