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## VISION

*Curry Health Network will be the region's premier rural healthcare system.*

## MISSION

*Curry Health Network fosters healthy communities with compassionate, quality health care.*



February 28, 2023

Oregon State Legislature  
900 Court St. NE  
Salem, OR 97301  
*Delivered electronically via OLIS*

RE: House Bill 2697

Dear Chair Nosse and Members of the House Committee on Behavioral Health and Health Care,

Curry General Hospital is an eighteen-bed licensed rural hospital located on the southern coast of Oregon. It is the sole community hospital in Curry County. Curry General Hospital prides itself on treating its staff with dignity and respect and thus our staff are not represented by a bargaining unit or union.

### Concerns of the Bill as Written

- Technical and Service staff committees – Employees in these categories do not work shifts based on the number of patients in any unit at any given time or patient acuity, rather, we have established schedules that are posted well in advance based on things like volumes, square footage, and are by in large static. Many of these positions do not need to be back filled when an absence occurs. This bill will reduce our managers' flexibility to grant time off on short notice. Furthermore, the language of the bill is ambiguous in defining technical and service staff and makes it difficult for hospitals to interpret the language of the bill as it is written.
- This bill does nothing to back fill the vacant positions that are causing the burnout and fatigue.
- If this bill is implemented, it will likely impact larger hospitals' ability to accept patients that need to be transferred from rural facilities. The existing staffing shortage has impacted our ability to transfer patients requiring a higher level of care, forcing us to transfer patients out of state to Idaho, Nevada and California. This bill will further reduce access and widen the gap of inequity for rural residents needing a higher level of care.
- Rural hospital emergency departments experience extreme fluctuations in volumes, especially at night. With the current ratios proposed, more patients will be left to wait in waiting rooms for longer periods of time. It will also force rural hospitals to have staff working during shifts they aren't needed, and reduce their availability during shifts when they are needed more.

Oregon State Legislature

Chair Nosse and Members of the House Committee on Behavioral Health and Health Care

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- A uniform, state-wide ratio would burden smaller community hospitals as they have lower severity patients, yet would be required to staff at the same level as the larger teaching hospitals.

**Explore all options before adopting a one-size fits all as statewide policy that does not support will not improve the staffing shortage in healthcare or costs associated with stringent staffing models.**

- If Medicare and other payers for health care directly reimbursed hospitals for the actual nursing care given an individual patient, rather than bundling this care within a fixed room and board cost center based on hospital average nursing time and costs, hospitals would benefit by a more equitable payment system as the charges for nursing care would be equivalent to the associated costs for individual patients.
- Directly reimbursing hospitals for nursing care is a long-range strategy to raise the visibility of nursing at the highest levels of health care policy development, thus increasing the focus on health care relative to health care. Nursing-intensity billing would provide an alternative, market-based approach compared to mandatory nurse-to-patient staffing ratios, an approach that both hospital associations and nursing labor organizations could potentially embrace.

HB 2697 does not fix the staffing crisis our State. HB 2697 will increase costs and further create a dependency on nurse travelers.

Best regards,

A handwritten signature in cursive script that reads "Virginia Williams".

Virginia Williams  
Chief Executive Officer  
Curry Health Network