



February 23, 2021

Oregon State Legislature
House Committee on Health Care
900 Court St. NE
Salem, OR 97301

Re: HB 3016 Changes to the Oregon Nurse Staffing Law During a National or State Declared Emergency

Chair Prusak, Co-chairs Salinas and Hayden and members of the House Committee on Health Care:

The Oregon Nurse Staffing Law has been modified three times since its inception in 2000, most recently in 2015, when ONA and OAHHS carefully negotiated a balanced agreement that was intended to support the goal of improving patient outcomes. The 2015 changes included the creation of an advisory board to OHA on nursing issues (Nurse Staffing Advisory Board), provisions that a staffing committee should consider in creating and reviewing their staffing plans, and a requirement that committees meet every three months. In addition, the law granted the power to either Co-chair to call the hospital nurse staffing committee to meet at any time, and to invite guests to participate and present at a meeting. While these modifications added clarity to staffing committees, they also layered on significant process requirements and administrative burdens, adding additional costs to the delivery of care, creating duplicative oversight that does not measure care quality, and increasing tensions within already strained relationships. Indeed, OHA struggles to meet their own timelines due to the complexity of the law.

OAHHS opposes HB 3016, and any changes to the nurse staffing law that do not improve patient outcomes or reduce administrative complexity, especially during a time when new administrative barriers can impair our ability to effectively respond to the COVID-19 pandemic.

During any state of emergency, flexibility is needed to get the job done. As we respond to the coronavirus, many regulations have been streamlined to reduce barriers to care and to assist in quickly addressing the immediate needs of our patients. Part of this effort has included the temporary suspension of the nurse staffing law, which has given us the ability to adjust staffing models, utilize floating nurses, cross-train or re-train staff from other departments, and use overtime to ensure safe and appropriate staffing levels at every shift. We must be mindful of the many changes that hospitals have had to quickly adapt to while keeping patients and staff safe. Hospitals have been leaders and partners throughout this pandemic and additional bureaucracy will harm our readiness to respond to this evolving crisis.

The Oregon Health Authority, through the Nurse Staffing Advisory Board (a board that is equally made up of nurse managers and direct care nurses – mirroring a hospital nurse staffing committee), asked hospitals if their nurse staffing committees were continuing to meet throughout the pandemic. While some postponed meetings at the beginning of the pandemic, all hospitals resumed meetings by the end of summer and are continuing to meet. According to the survey, while 50% did not modify their nurse staffing plans for any units, 42% did, with the significant modifications occurring in Emergency Department unit, Med-Surg units, followed by Critical Care units. Without flexibility in our staffing plans, hospitals would not have had the

ability to adjust to the evolving needs of the crisis to better serve our patients and protecting our nurses.

Instead of adding new complicated regulations through HB 3016, staffing committees should meet dependent upon staffing needs of each organization. Current law requires nurse staffing plans to be transparent and available to staff. While OAHHS supports after-action reviews by staffing committees to evaluate what worked and did not work in their plans, we believe these reviews should be anchored within the annual nurse staffing plan review. Participants in the staffing committee represent their peers and provide a voice into the staffing needs to best serve patients. It is in these staffing committees, that the issues raised by the proponents of the bill should be brought and addressed.

Oregon nurses as well as front line health care providers across Oregon have played a critical role in the state's response to COVID and in its recovery. The staffing plans that hospital nurse staffing committees have developed and deployed need to have flexibility to address the rapid changing environment of a state of emergency. House Bill 3016 would add additional complexities to the law and further delay care at the same time the state is relaxing rules to expedite and reduce barriers to care. Hospitals oppose this rigid approach to staffing committees and staffing plans.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Andi Easton". The signature is fluid and cursive, with a large initial "A" and "E".

Andi Easton
Vice President of Government Affairs
Oregon Association of Hospitals and Health Systems