



Saint Alphonus

February 24, 2023

House Behavioral Health and Health Care Committee
Oregon State Legislature
Submitted via HBHHC Committee Website

RE: Written Testimony for House Bill 2697 (nurse staffing)

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

My name is Corey Surber and I serve as Director of State Advocacy for Saint Alphonus, with rural hospitals in Ontario and Baker City. I appreciate the opportunity to share perspectives about House Bill 2697 from our Oregon hospital leaders.

Saint Alphonus is opposed to House Bill 2697 as currently written, with several of our concerns outlined below:

- The bill needs to better define service staff and technical staff for organizations that don't have a collective bargaining agreement for those services. Additionally, if an organization does not have a bargaining unit, does the bill still apply?
- Requiring separate staffing committees for service staff and technical staff will be extremely burdensome, especially on smaller organizations such as ours.
- Pulling staff from duties to participate in a staffing committee is burdensome on the other team members and creates staffing nightmares trying to cover the colleague while they are at the meeting. Additionally, staff are reluctant to come in on a day off for a committee meeting, which makes participation in the committee challenging.
- The changes to the bill would require organizations to rewrite all their nurse staffing plans as current plans would not be in compliant with the new bill. This is a very time-consuming project for both leaders and direct care staff.
- The penalties added to this bill for missed breaks/meals is extremely burdensome for small organizations. For staff missing a meal break, they are already paid for that time. The bill would require an additional \$200 in penalties. We could see a potential for staff intentionally not taking breaks/meals breaks—the bill does not provide for any exceptions nor does it provide support for potential abuse.
- The bill only allows 3 months from approval of the bill for new staffing plans to be created and submitted to OHA. This is an unrealistic ask of organizations. There is no way we can develop staffing plans for technical and service staff within three months as well as modify all the nurse staffing plans.



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- The new bill also would require staffing plans to be approved by OHA, and anytime the plans change they would have to be resubmitted for approval, an additional burden on organizations. Requiring the state to approve the plans puts organizations in limbo -- do we implement the committee approved plan prior to the state approving the plan? Then if the state rejects it, we would be living a plan that is invalid and have to change. This seems to be an unnecessarily convoluted process, causing challenges for staffing committees and departments to know what to do as they await approval from the state.
- For the service and technical staffing committee and plans, it makes no sense to have technical staff voting on other technical staff department staffing plans when they have no knowledge of their work processes, etc; i.e. we are assuming this includes Lab, Radiology, Respiratory Therapy, CSTs, etc. They are all very different departments with different staffing needs and Lab has no knowledge of how Radiology functions and what their staffing needs are. They would have no ability to provide input on what their staffing needs would be. At least with nursing, they have knowledge of nursing tasks and patient acuity needs to be able to have intelligent discussions in the committee.
- The bill provides absolutely no guidance on what is expected to be in the staffing plans for the technical and service staff. We are not sure where we would even start to help managers and staff develop these plans.
- Given the disproportionate challenges rural hospitals would face trying to implement this complex legislation, we wonder if a scaled program has been considered based on number of licensed beds, number of colleagues, patient volumes. This might help in addressing the inordinate impact of this burdensome proposal on the smaller hospitals.

In closing, Saint Alphonus is opposed to House Bill 2697 as currently written for the reasons stated above.

We appreciate the committee taking the time to listen to and read stakeholder testimony, and we are happy to answer any questions you may have regarding our perspectives on this legislation.

Warm regards,

Corey Surber

Director of State Advocacy

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