



February 27, 2023

The Honorable Rob Nosse  
Chair, House Behavioral Health and Health Care Committee  
State Capitol  
Salem, Oregon 97301

RE: House Bill 2697 – Hospital staffing

Dear Representative Nosse and members of the committee:

Providence Health & Services absolutely values the clinical expertise, ingenuity and compassion our nurses and frontline caregivers provide to patients and our communities. Partnership with our nurses to find innovative solutions to unimaginable patient needs and capacity constraints over the past three years has been fundamental to our success. House Bill 2697 reflects the frustration and strain the health care workforce is feeling and we need to find a solution that balances the workplace needs of nurses and other caregivers, with the needs of our patients and communities. As proposed, Providence has serious concerns about the impact of House Bill 2697 on our fragile health care system.

**Hospital capacity is already limited in Oregon, and the impact is being felt in all our hospitals**

Coming out of the COVID pandemic, Oregon hospitals are facing serious capacity issues from several compounding factors. Patients who delayed care during COVID are coming to hospitals with more complex needs, and they require longer lengths of stay. The lack of community placement leaves patients who don't meet inpatient criteria in the hospital, long after they are ready for discharge to an appropriate lower-level-of-care facility. Today Providence Oregon hospitals have more than 75 patients who are unable to discharge while they wait for a place in the community.

Oregon's current hospital capacity issues have led to more regular ambulance diverts, boarding of admitted patients in the emergency department and patients leaving the emergency department without being seen, only to return with a more serious condition. House Bill 2697 mandates ratios, significantly higher than we have today, by unit for registered nurses and certified nursing assistants. The minimum staffing required by the bill will further constrict hospitals that are already experiencing a capacity crisis. The net impact is that fewer individual patients can be served in Oregon hospitals.

**The clinically trained workforce needed to meet the requirements of HB 2697 does not exist**

Our caregivers are our most valued resource. Over the last three years we have seen experienced nurses leave the profession opting for early retirement and less stressful clinical environments. This has led to workforce shortages in hospitals because we are not able to hire enough nurses to fill the open positions we have now.

Currently, Providence has more than 750 open nursing positions in Oregon. Although there are claims to the contrary, there is no evidence that minimum staffing required by the bill will improve clinical outcomes or entice nurses back to the bedside. In California, where ratios have been in place for several years, they are experiencing the same workforce challenges.

Legislation that mandates that hospitals hire more clinical staff must be balanced with workforce investments. Developing the nurse pipeline takes time and the nurse workforce is not available in Oregon today to meet the increased staffing needs that would be required per this bill. We need thoughtful, evidence-based solutions that are proven to support and strengthen the health care workforce.

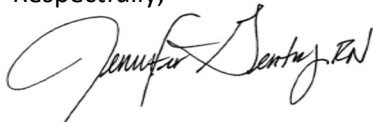
**Oregon must balance patient access with meaningful hospital staffing changes**

Mandated nurse staffing ratios have not led to improved patient outcomes in other states. Research is clear that the impacts of mandated staffing ratios in states like California has had no significant change in patient outcomes. Staffing is a very complex issue that is compounded by patient acuity and the knowledge, experience and expertise of the nursing team. Staffing ratios do not consider the patient, nurse, team and organizational factors that are weighed with each staffing assignment, rather they limit the flexibility to rapidly respond to the dynamic needs of nurses, patients and communities.

The best opportunity we have to meet the needs of our community while improving the work environment for caregivers is through meaningful collaboration. No legislation should inhibit a hospital's ability to partner with our direct care nurses to develop innovative models that maximize nurse autonomy and provide the support needed to ensure they are working at the top of their license.

Providence believes there is a reasonable path forward for House Bill 2697. We ask that you join Oregon hospitals in finding a solution that improves the work environment for nurses and ensures people in our communities – our families, friends and neighbors – are able to access the care they need when they need it.

Respectfully,



Jennifer Gentry MSN, RN, NEA-BC  
Chief nursing officer  
Providence - Oregon