

Submitter: Nancy Mitchell

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2697

Greetings,

My name is Nancy Mitchell and I am an RN at Santiam Hospital and Clinics in Stayton, Oregon. I have been a RN for 35 years and have worked in just about every aspect of nursing in a rural community hospital. I have experience in emergency room, labor and delivery, intensive care and medical surgical nursing. I have also worked on our ambulance and have worked in our surgical services department. I have been a bedside nurse and a nurse administrator. I am writing in opposition of this bill for the following reasons.

1) This bill is overly restrictive and is a patient/public safety issue. By requiring a hospital to have a minimum number of staff at any given time is harmful to the public. Since we cannot foresee what illnesses will come in the ER and potentially our nursing floors it is imperative that we have some leeway in staffing to properly care for our community. We often have a limited number of staff who we can call on in case of an influx of patients. What are we to do when we have more patients than staff and we are waiting on staff to come in.

2) This bill pits nurses against their employer instead of encouraging a collaborative environment where we can balance the needs of patients with the needs of nurses. We already have a staffing law that asks us to work with direct care staff and management to ensure safe staffing for all of facilities. This bill would muddy the waters and create undue hardship for all involved.

3) In small and rural hospitals this bill would force the facility to choose which penalty to take when a situation comes up of too many patients and not enough staff to meet the ratios. The dilemma is do they care for the patients as best they can and incur the penalties prescribed by OHA? Or do they send away patients who are potentially emergent and incur the penalties of the Emergency Medical Treatment and Labor Act which was enacted in 1986 to protect patients from being turned away from emergency care and Labor and Delivery care. <https://www.cms.gov/regulations-and-guidance/legislation/emtala> The EMTALA act is a Centers for Medicare mandate and can be directly tied to a facilities Medicare funding. Either way the patient is the loser in the end.

These are just a few of the reasons I urge you to think carefully before voting on this bill. I will be the first to tell you that all nurses face long hours with more work to do than they can reasonably complete in a normal workday. Having been on both sides, I have a unique perspective of this situation. We also have a current staffing law that takes in to consideration not only the minimum staffing required to take care of our patients but allows for acuity of patients' needs to be considered. Just like patients have different needs, nurses have different abilities and to not take into consideration those skills is a shame. A set ratio is bad for nurses and worse for our patients.

Respectfully,
Nancy Mitchell RN