



February 27, 2023

To Chair Nosse, Vice Chairs Goodwin and Nelson, and the members of the Behavioral Health and Healthcare Committee:

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My name is Judy Geiger. I am the Vice President of Patient Care Services at Columbia Memorial Hospital in Astoria, Oregon. We are an independent critical access hospital without the support of a large health system. Our service area is rural and includes Clatsop and Columbia Counties in Oregon and Pacific County in Washington. I have also been a Registered Nurse for 39 years with over half of that time spent as a frontline nurse. I am writing to you in opposition of House Bill 2697 as it is currently written. The Oregon Nurse Staffing Law does not meet the needs of assuring appropriate staffing in Oregon hospitals, however, neither would mandated nursing ratios.

Columbia Memorial Hospital has several concerns about the current Nurse Staffing Law:

- The requirement to have equal numbers of frontline nurses and nursing leaders on the Nurse Staffing Committee at the hospital has been very problematic. Nurses have not been engaged in supporting the Nurse Staffing Committee. We have had 2 vacancies on the committee for the past year. The hospital was cited by OHA for having these vacancies even though it is very clear in the law that it is the collective bargaining unit that must elect the frontline nurse members. There is no accountability for the nurses or their union (ONA) to support compliance with the law by their represented nurses.
- The OHA Nurse Staffing Survey process is not ideal. We were surveyed in March 2022. OHA took greater than the allowed 45 business days to return our report form the survey. It is unreasonable to hold hospitals to their part of the process including potential civil monetary penalties when OHA does not comply with their part.
- There is inconsistency in the application of the rules for a Plan of Correction from the survey. OHA cited an issue as an ongoing problem during our 2022 survey that had been resolved with the Plan of Correction from our 2018 survey. When questioned, OHA could not provide a reasonable explanation for citing the resolved issue again.
- We are still waiting for approval of our Plan of Correction, almost a year after the survey was completed. Until just recently, no hospital surveyed in 2022 had an accepted Plan of Correction.
- HB 2697 will not solve the concerns with the current law, instead it will create further burdens on hospitals in Oregon by adding additional



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staffing committees. There is no evidence to support requiring development of staffing plans for technical and service workers.

#### Problems with mandating ratios:

- HB 2697 assumes that all hospitals are the same and has no adjustments for differences in patient populations cared for in a Medical Unit at an Academic Medical Center who are more complex than patients cared for on a Medical-Surgical Unit at a Critical Access Hospital. There is no evidence to suggest that these hospitals should have the same staffing levels just because the names of their units are similar.
- HB 2697 also does not address that critical access hospitals frequently mix patient types to balance our nursing needs and use our available resources wisely. Let me share some examples:
  - Columbia Memorial occasionally places female surgery patients in our Family Birth Center.
  - 70% of patients admitted to our Critical Care Unit are Med-Surg overflow.
  - Our Med-Surg unit also admits Swing Bed patients. These are patients that would typically be sent to a nursing home and do not require the same level of care.
  - Observation patients placed on our Med-Surg unit because we do not have a separate Observation Unit.
  - We also admit a few pediatric patients each year and place them in our CCU.
  - No mandated ratios can account for any of these situations and will create additional staffing challenges for us.
- There are no national standards in many of the units with mandated ratios identified in HB 2697.
  - For example, the Medical-Surgical Nursing Society does not recommend a nurse to patient ratio, they advocate for “using nursing judgement in staffing decisions.”
  - The Society of Pediatric Nurses states that “...staffing is a complex issue composed of multiple variables, and therefore, no single published ratio for nurse staffing is automatically applicable in all settings where children receive care.”
- If staffing ratios cannot be met, patients will be forced to wait without being seen in the Emergency Department waiting room leading to bad outcomes. EDs cannot refuse patients due to EMTALA law. The environment in the ED is unpredictable and can change rapidly. Columbia Memorial’s ED sees approximately 40 patients/day. It would be unreasonable for us to attempt to staff for all the “what if” scenarios.
- HB 2697 stops the professional judgement of the Charge Nurse from assigning patients based on acuity and actual work e.g. one nurse





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should take fewer patients because they have more needs than can be satisfied with a mandated ratio, but another nurse could not be assigned to take an easy additional patient due to the mandated ratios.

- Hiring is not just problematic for Registered Nurses. Columbia Memorial and other healthcare facilities are unable to hire many other positions both clinical and non-clinical. Now is not the time to add complexity to hospitals that are already struggling to fill positions.

#### Constraints in hiring additional nurses to meet mandated ratios:

- Like all other hospitals in Oregon as well as across the country, Columbia Memorial has seen a significant increase in our vacancy rate the past couple of years.
- There is one nursing program in our region, Clatsop Community College. This program graduates no more than 20 nursing students/year.
- In 2023, Clatsop Community College will graduate 18 nurses to fill vacant positions at 2 critical access hospitals, 1 skilled nursing facility and many other organizations that employ Registered Nurses in our area. These graduates will simply not be enough to fill current vacancies let alone support the hospitals in achieving and maintaining set nurse to patient ratios.

#### Financial constraints of HB 2697:

- To support implementation of mandated nursing ratios, Columbia Memorial will need to continue a heavy reliance on agency nurses or we will need to decrease the services that can be provided to patients. Neither of these options is financially viable and may have long term ramifications to the care able to be provided to patients requiring hospital care in Clatsop and the surrounding counties.
- In 2022, 64% of the hospitals in Oregon had a negative operating margin. The increased expenses of having to utilize high priced agency nurses to fill vacancies contributed significantly to these negative margins. Small hospitals, including critical access hospitals, especially those that are independent without support from a large system may not be able to continue their operations.
- If hospitals are unable to afford to staff with agency nurses, they will be forced to discontinue services to patients. In Clatsop County, that would mean patients will be required to travel 80 miles to the Portland Metro Area to attempt to receive services from an already overburdened healthcare system. Either that or they will forgo care until their condition worsens to the point of being difficult or impossible to treat to attain a good outcome.
- The monetary penalties proposed in HB 2697 are unreasonable will place hospitals at further financial risk if it is passed. They will lead to



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hospitals also needing to make difficult choices about the services they provide.

I respectfully request that you seriously consider the concerns that both my hospital and I have with HB 2697. I am very happy to answer any questions you have for me. Thank you for your time.

Sincerely,

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