

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

My name is Dan Grigg and I am the CEO for Harney District Hospital in Burns. I am testifying in opposition to HB 2697. More than half of my career has been spent working tirelessly to create safe hospitals for our patients, including 6 years as the Director for Patient Safety and Clinical Effectiveness right here at Salem Hospital. HB 2697 will not make patients in rural Oregon safer, but will put them at higher risk of harm.

Sometimes even good intentions have unintended negative consequences. The state vaccine mandate in 2021 was one of those that had horrible unintended consequences for patient safety at Harney District Hospital. Passage of this bill has a very high risk of once again negatively affecting our small isolated community.

Burns is in the high desert of eastern Oregon and is 130 miles from the nearest hospital that can provide a higher level of care. Our 25 bed hospital is a safety net for over 7,000 Oregonians and tens of thousands of travelers on our highways. If our hospital fails, real people that we could have helped will suffer complications and deaths that could have been avoided. That's not safe care.

Since 2010, 143 rural hospitals in the U.S. have closed. Pandemic Related Government funding has helped us these past couple of years, but that funding is gone and we are now facing escalating costs for labor, drugs, supplies and equipment. The costs of paying for travel nursing staff alone is draining any reserves we have been able to build up.

We have 20 full and part-time bedside RN positions. Ten of the 20 (exactly half) are still vacant and are being filled by travel nurses. Believe me, we want to hire nurses, but we can't find them. We have had open RN positions for over two years and increased our hourly rates by 10% a year ago to be closer to Portland rates. Even that did not help us recruit additional nurses. Passing this bill isn't going to magically provide us with more nurses, but it will require that we find even more – and yes if we have to hire more travel nurses we will and we will survive for as long as we can.

What I'm worried about is when we can't. Do we close our OB unit and make all of our OB patients drive for two hours when they go into labor? That's not safe care. Do we stop providing chemotherapy infusions and make sick cancer patients drive two hours several days per week to get infusions? That's not good care. And what if we ultimately need to close our doors because we no longer have the funds to pay for the travel nurses and all the extra staff required by this bill? That won't be safe care.

Please realize that passage of this bill as written has the potential to hurt more people in rural Oregon than it will help and that there will likely be unintended consequences. Thank you.