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Subject: Opposition to HB 3220: Risks to Patient Safety and Nursing Education Quality

Dear House Committee on Behavioral Health and Health Care,

I am writing to express my strong opposition to HB 3220, which mandates a student-to-faculty ratio of *at least 10:1*—and potentially up to 15:1—in the clinical components of nursing education programs. While standardizing clinical education is important, the proposed ratios pose significant risks to patient safety, the quality of nursing education, and compliance with Oregon's established nursing staffing standards.

I urge adoption of the 2 amendments as stated here:

SECTION 1. Section 2 of this 2025 Act is added to and made a part of ORS 678.010 to 678.410.

SECTION 2. (1) The Oregon State Board of Nursing shall adopt rules to ~~require~~ **allow** student-to-faculty ratio of ~~at least up to~~ **10** students to one faculty member in the clinical components of nursing education programs. The board may adopt rules to allow a ratio of up to 15 students to one faculty member in circumstances determined by the board.

(2) The ratios described in subsection (1) of this section do not apply to simulation experiences in nursing education programs.

SECTION 3. Section 2 of this 2025 Act applies a nursing education program's clinical component beginning on or after January 1, 2026.

Risks to Patient Safety

Research consistently demonstrates that higher patient-to-provider ratios negatively impact patient outcomes. In Oregon, safe staffing standards outlined in ORS 441.162 emphasize the need for adequate nurse-to-patient ratios to ensure quality care. Stretching faculty resources to oversee a minimum of 10 or more students in clinical environments undermines these safety standards, as faculty must divide their attention between supervising students and ensuring patient care for the multiple patients their students are caring for.

Kane et al. (2007) found that increased nursing workloads correlate with higher rates of medical errors, infections, and patient mortality. In clinical education, excessive student-to-faculty ratios reduce the level of oversight, increasing the likelihood of unsafe practices and errors in patient care.

Compromise to Nursing Education Quality

Effective clinical education requires individualized mentorship and timely feedback. Research by Ironside et al. (2019) shows that smaller faculty-to-student ratios improve skill development, critical thinking, and student confidence. Ratios as high as 10:1 or 15:1 significantly limit faculty members' ability to provide these critical elements, jeopardizing the readiness of nursing graduates to enter the workforce safely and competently.

Furthermore, Oregon's nursing workforce already faces challenges in maintaining safe staffing ratios amid a growing demand for skilled nurses. This bill would exacerbate the issue by reducing the quality of clinical education, ultimately contributing to a less prepared nursing workforce and putting patient safety at greater risk. Additionally, as a nursing leader in education, we expect many nursing faculty will leave the profession if faced with supervising a minimum of 10 students. This will exacerbate an already severe nursing faculty shortage in Oregon.

Evidence-Based Recommendations

Instead of implementing the proposed ratios, I urge the Oregon Legislature to adopt evidence-based alternatives that align with national best practices and Oregon's staffing laws. The American Association of Colleges of Nursing (AACN) recommends clinical faculty-to-student ratios of no more than 8:1, ensuring adequate oversight and mentorship. Investments in simulation-based learning, which is excluded from the proposed ratios, can also enhance student training without compromising patient safety or educational quality.

Conclusion

HB 3220 undermines both patient safety and nursing education quality, creating unsafe learning and care environments. Given Oregon's commitment to safe staffing ratios and high-quality nursing care, this bill is a step in the wrong direction. I strongly urge you to vote only for the amended version of this bill as stated above. Your support of policies that ensure effective clinical education and safe patient outcomes is critical to nursing and nursing education in Oregon.

Sincerely,



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References

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- Oregon Revised Statutes (ORS) 441.162. Oregon's nursing staffing law: Ensuring safe staffing levels for quality patient care.
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