

Submitter: Hannah Smith  
On Behalf Of:  
Committee: House Committee On Health Care  
Measure, Appointment or Topic: HB4074

#### Written Testimony in Opposition to HB 4074

Chair Nosse, Vice Chairs Nelson and Diehl, and Members of the Committee:

For the record, my name is Hannah Smith. I am a Registered Nurse and have worked as a nurse for 9 years. I currently work at Kaiser Westside Medical Center in Hillsboro Oregon, and I am a member of the Oregon Federation of Nurses and Health Professionals (OFNHP AFT-5017). I am writing in strong opposition to HB 4074.

Every day, I provide direct patient care, and the nurse staffing law passed in 2023 has a real impact on my ability to do my job safely and effectively. HB 4074 would make significant changes to the enforcement of that law. If passed, patients will die. This may sound dramatic, but it is true. Safe staffing saves the lives of patients. There has been an incredible amount of research put into how safer staffing ratios decrease the possibility of harm done to patients. A research study done by the National Institute of Nursing research has found that “each additional patient per nurse increased the likelihood of death, length of hospital stays, and chances of being readmitted to the hospital within 30 days. The authors concluded that improving hospital nurse staffing would likely save thousands of lives per year, and that the associated cost would be offset by savings achieved by reducing hospital readmissions and length of hospital stays.” These are our community members that we are trying to keep safe and take care of. And not to mention this law has the ability to affect everyone. You truly never know when you or your loved one will be a patient, so it goes without saying that you would want the safest possible staffing for hospitals. The hospital administrators, anti patient safety lobbyists, and whoever else is putting money into this bill to attempt to reverse HB 2697 should be ashamed of themselves.

HB 2697 was the result of years of research, negotiation, and stakeholder engagement. Rushing through changes to the statute will only put providers and patients at risk. Advancing HB 4074 now would shortcut that process and risk unintended consequences that cannot be fully evaluated in the limited time available. From my experience, the current law is working as intended, and barriers to passing plans are rooted in unwillingness to utilize escalation and acuity tools. Hospitals were given ample time to comply, and the vast majority have done so. We have staffing plans at the ready to be approved by management, and meet for “staffing meetings” regularly in our hospital but every time we try to pass our staffing plans that comply with the HB 2697 management and administration vote no and so staffing plans cannot be approved. Kaiser specifically does not seem to be in a rush to pass plans, and although they tout that “its too expensive” for them to pay the fines for no staffing plan approval” they do not seem in any hurry to approve our safe and fully

appropriate plans. They seem happy to pay the fines, while they make outside investments that do not address any nursing specific requests that our union has been asking for for over a year now. Kaiser has refused to work in partnership with our union to even pass a fair contract, which we have been without since October 2025. I urge you to please do what is right for the people of Oregon who depend on HB 2697 to give them the great healthcare that they deserve.

Weakening enforcement through delayed penalties or reduced accountability would effectively suspend the law without the thoughtful analysis such changes demand.

For these reasons, I respectfully urge you to oppose HB 4074 as currently written.

Thank you for your time and consideration.

Sincerely,

Hannah Smith

RN, BSN, PCCN

Source that I quoted above:

Lasater KB, Aiken LH, Sloane DM, French R, Anusiewicz CV, Martin B, Reneau K, Alexander M, McHugh MD. Is hospital nurse staffing legislation in the public's interest? An observational study in New York State. *Med Care*. 2021 May 1;59(5):444-450.