

Submitter: aubree clavin
On Behalf Of:
Committee: House Committee On Health Care
Measure, Appointment or Topic: HB4074

Chair and Members of the Committee,

I am writing in strong opposition to this bill as a bedside registered nurse in Oregon who has also worked in nursing leadership. I have seen how staffing policy decisions directly impact patient safety and nurse retention.

Bedside nursing is some of the most physically and emotionally demanding work in healthcare. Nurses remain in this profession because of commitment to patients, not because of financial incentive. We routinely work while overextended, under-supported, and exposed to verbal and physical assault. What keeps us there is dedication to our communities.

This bill moves us backward.

In the two years since Oregon implemented mandated break protections, many hospitals have not hired dedicated break nurses. Instead, they have increased patient assignments for remaining staff to create coverage. The result has been higher nurse-to-patient ratios, heavier workloads, and growing safety concerns.

I have personally observed increased near-miss events, delays in care, and rising turnover. Nurses have repeatedly raised patient safety concerns to leadership and often feel unheard. In some cases, advocacy has been met with retaliation rather than resolution.

This bill increases the medical-surgical ratio from four to five patients per nurse. On paper, that may seem minimal. At the bedside, it is significant. Hospitalized patients today are more medically complex than ever. Advances in medicine mean patients are surviving longer with higher acuity and multiple comorbidities. What once required ICU-level care is now managed on medical-surgical units.

Adding even one additional patient compounds risk. It delays assessments, medication administration, mobility assistance, and patient education. It increases the likelihood of missed deterioration and preventable harm.

The bill also allows certain hospitals to vary from statutory ratios, limits civil penalties until 2030, and allows hospital attestations to serve as sufficient documentation of compliance. These provisions shift authority further toward administration rather than ensuring meaningful oversight and accountability.

Across my hospital, units submitted staffing plans that mirrored plans previously agreed upon as safe by leadership. Those same plans are now being described as excessive. This inconsistency underscores the concern: staffing decisions should not fluctuate based on operational pressure.

In the past two years, I have witnessed the highest turnover of my career. I have seen patients wait for basic care because nurses were stretched beyond capacity—not from lack of compassion, but from lack of staffing. When nurses are assigned too many patients, quality inevitably suffers.

Increasing ratios will accelerate burnout, worsen retention, lengthen wait times, and increase preventable adverse events. Oregon should be strengthening staffing protections, not weakening them.

Staffing ratios are not abstract numbers. They determine whether sepsis is recognized early, whether a fall is prevented, whether medications are administered safely, and whether families receive timely communication during crisis.

I respectfully urge you to oppose this bill and protect safe nurse staffing standards in Oregon.