

Submitter: Stephanie Brown  
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 Stephanie Brown. I am an outpatient charge nurse and have worked as an RN for 20 years here in Oregon after about 2 years as an RN in Illinois. I currently work at Kaiser, in a clinic in Clackamas, 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.

I worked at Kaiser Sunnyside Hospital in med-surg for 18 years. I helped stakeholder for staffing when we finally got telemetry for heart monitoring on our dept, not anticipating the work creep that would involve. We went from monitoring and transferring to a higher level as needed, to frequent monitoring and treating with no adjustments in ratios due to no capacity.

Starting around 2015, i served on the hospital staffing committee at KSMC. We struggled to pass staffing plans for several units, including the entire med-surg arena (7 units).

The med-surg team had a subgroup of 2 Frontline nurses and 2 managers. We reached agreement in this sub-group that the staffing committee should "recommend that when a CNA position becomes vacant, that position should be generally be posted in a reasonable amount of time." The entire committee save the management co-chair voted for it.

Then the management co-chair recommended a remote, and every single manager changed their vote to vote against it. It failed due to impasse after management was pressured by upper management to change their vote on this very basic common sense recommendation. It was not even a demand, just a general recommendation.

Every day, I provide direct patient care, here in the clinic now. Due to the ongoing staffing issues, I left the hospital a couple years ago. The nurse staffing law passed in 2023 has the potential to have a real impact on my ability to provide safe and effective care in our hospitals. HB 4074 would make significant changes to the enforcement of that law. If this new law passed, our employers would have little reason to follow recommended ratios in our contracts and the current law. 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.  
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,  
Stephanie Brown  
RN, BSN  
OFNHP 5017