

Nicole Doulgas

2/11/2026

RE: Testimony in Opposition to HB  
4074

To the House Health Care  
Committee:

I am writing in strong opposition to HB 4074. I am an RN of just under 15 years on a 36 bedded unit at Riverbend Hospital. To increase patient to nurse ratios on a med-surg unit is to directly reduce the quality of care for actual human beings depending on us. For

example, first thing in the morning as a dayshift RN: Did you know we have to learn about each persons medical history, their current situation, labs results, read recent Dr. and staff notes, review orders (and make sure they are current or if things need to be updated and MDs need to make adjustments, so we would need to contact them), communicate pertinent information to CNAs, look up patient medications, obtain vitals signs, complete a head to toe assessment (decide if all meds ordered are appropriate based on our data that morning in case vitals are unexpected, there may be

procedures that contraindicate certain meds or whether or not they can eat), then administer medications (some oral, injections, IV, or through feeding tubes, or crushed up and mixed), also make sure they eat, get them out of bed, take them to the bathroom, clean them up if they go in bed, do wound care, document everything, talk with them about whatever is going on and because they are PEOPLE stuck in a hospital bed and we need to connect with them as fellow human beings with feelings, education regarding conditions and plans, talk with family, doctors, therapies, plan the day, make sure everyone is on

the same page as a liaison of communication between EVERYONE, and be ready to pivot at any moment for changes, emergencies, deterioration of status for ANY person on the unit, not to mention the extra time it takes to appropriately navigate challenging personalities, mental illness, substance abuse complexities, social issues, and generally fussy people who want more pepsi or their blankets adjusted again. We also have an enormous amount of information to document, charting pretty much everything we do in computers that take forever to open. We document the vitals,

assessments, and again if there are changes, how they move, what they eat or drink and how much and when they use the bathroom and how they get there and how many feet they walked and how they tolerated it. When we turned them in bed, which direction and if we put pillows under them, and their wounds and what they look like and how it's dressed or if we did wound care. This list is so far from exhausted on the tasks we have to do in a day, most of what I have written needs to be accomplished before 10am and we get there at 7. We take up to 4 people per nurse my unit and we are absolutely

slammed. Don't let them add another entire person! That is not the direction to go! Not only do the tasks of nursing entail what I've listed, for each person, but they keep cutting other jobs and adding them to the nurses role. I can't speak for other places, but I imagine it is not much different. We used to have educators for diabetics, now it's us. My floor used to have an educator for open heart patients and a class for families, no longer. It's us. We use to have people stocking our linens in rooms. Not any more. It's us. We use to have ward clerks, not anymore. Now it's us to answer the phones and stock

supplies and files and organize the desks, in between caring for patients and documenting. We also have to take a break and eat lunch and be patient and kind and make everyone feel cared for. Please don't make it harder.

Thank you for the opportunity to provide comment and I urge you to join me in opposing the bill.

-Nicole Douglas RN