

Chair, Vice-Chairs, and Members of the Committee,

My name is Brook Clark, and I am a Registered Nurse writing in strong opposition to HB 4074.

I respectfully urge you to reject this bill because it weakens nurse input into staffing decisions, increases the risk of unsafe patient assignments, and undermines the intent of Oregon's Safe Staffing law (HB 2697).

First, HB 4074 dilutes the role of frontline nurses in staffing governance. The Safe Staffing law established unit-based staffing committees so that nurses working directly in specific clinical areas could develop plans tailored to the unique needs of their patients. ICU, emergency, labor and delivery, and medical-surgical units each have distinct clinical demands that cannot be addressed through a one-size-fits-all approach.

HB 4074 moves toward allowing hospital-wide staffing plans and permits hospitals to implement default plans when committees have not adopted a unit plan. In practice, this shifts authority away from bedside nurses and toward hospital administrators. Hospital-wide committees often include more administrative representation, which risks diminishing the voice of frontline nurses who understand the daily realities of patient care. Replacing unit-specific planning with broader hospital-level decision-making may increase administrative influence while decreasing meaningful nurse participation.

Second, nurses serving on staffing committees already face significant pressure from management when advocating for safer staffing levels. Even under current law, bedside nurses often report that their clinical recommendations are constrained by budgetary and operational priorities. Allowing hospitals to default to statutory minimums or administrative plans further weakens the leverage nurses have to advocate for safe conditions. A committee structure only works when nurse input has real authority. HB 4074 erodes that authority.

Third, increasing or maintaining higher patient-to-nurse ratios poses measurable risks to patient safety. Research consistently shows that higher workloads for nurses are associated with worse outcomes. A landmark study published in *JAMA* found that each additional patient added to a nurse's workload was associated with a significant increase in patient mortality and nurse burnout. Studies funded by the National Institute of Nursing Research have shown that reducing patient-to-nurse ratios improves survival rates and reduces complications. Research from the University of Pennsylvania similarly demonstrates that safer staffing ratios are associated with lower mortality, shorter hospital stays, and reduced readmissions.

These findings are not theoretical. When nurses are assigned too many patients, response times slow, surveillance decreases, and preventable complications increase. Safe ratios are a patient safety intervention.

Fourth, higher patient assignments directly contribute to nurse burnout and workforce attrition. The same *JAMA* study found that each additional patient per nurse significantly increased the likelihood of burnout and job dissatisfaction. States with mandated safe staffing standards have reported lower burnout and reduced intent to leave compared with states without such protections. At a time when Oregon faces ongoing workforce shortages, weakening staffing standards risks accelerating the loss of experienced nurses from the profession.

Finally, HB 4074 reduces accountability by delaying or capping civil penalties and softening enforcement mechanisms. Safe staffing laws only work when compliance is meaningful and enforceable. Diluting enforcement undermines the law's purpose and shifts risk onto patients and frontline workers.

Oregon took an important step forward in 2023 by enacting a Safe Staffing law that centered nurse expertise and patient safety. HB 4074 moves backward. It reduces the strength of nurse voice in staffing decisions, risks administrative overreach, and tolerates higher workloads that research clearly links to poorer patient outcomes and increased burnout.

For the safety of patients and the sustainability of Oregon's nursing workforce, I respectfully urge you to vote NO on HB 4074.

Thank you for your time and consideration.

Sincerely,
Brook Clark, RN BSN
Newport, Oregon