

Submitter: Cash Romans  
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 Jennifer Romans. I am a registered nurse in the Post Anesthesia Care Unit and have worked as a Registered Nurse for 23 years. I currently work at Kaiser Westside Medical Center in Hillsboro, OR 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, the care we provide our patients will be unsafe. 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. In the recovery room, patients are at a vulnerable point in their care. They are waking from anesthesia, their vital signs can change rapidly, pain can escalate quickly, airways must be closely monitored, and subtle shifts in condition can signal serious complications. Safe staffing is not a luxury in this environment—it is essential.

HB 4074 would make significant changes to the enforcement of that law. If passed, delaying enforcement and weakening staffing ratios would mean asking recovery room nurses like me to take three patients instead of two. On paper, that may not seem like a dramatic difference. In practice, it fundamentally changes the level of care we are able to provide.

With two patients, I can closely monitor airway status, breathing patterns, blood pressure trends, surgical sites, drains, and pain levels. I can respond immediately to nausea, uncontrolled pain, drops in oxygen saturation, or changes in level of consciousness. I can provide meaningful education to patients and families about what to expect, how to manage pain, and when to seek help after discharge.

With three patients recovering from surgery at the same time, that level of vigilance becomes divided. If one patient is experiencing oxygenation issues or a drop in blood pressure, the other two may be left waiting—waiting for pain medication, waiting for assessment, waiting for care. Delayed care becomes more likely. Important cues—like subtle confusion, increasing restlessness, abnormal drainage, or early respiratory distress—can be missed because my attention is pulled in multiple directions.

Patient education also suffers. Recovery room teaching is often the first moment patients and families hear critical post-operative instructions. When staffing is stretched, those conversations become rushed or abbreviated, increasing the risk of complications once patients go home.

Weakening staffing ratios in the recovery room doesn't just increase workload—it

increases risk. It places nurses in situations where we are forced to prioritize crises instead of preventing them. The 2023 staffing law recognized the realities of bedside care. Delaying its enforcement and weakening its protections would mean returning to conditions that compromise patient safety at one of the most critical points in their surgical journey. In the recovery room, minutes matter—and safe staffing can be the difference between early intervention and a preventable emergency.

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. For these reasons, I respectfully urge you to oppose HB 4074 as currently written. Thank you for your time and consideration. Jennifer Romans RN, BSN