

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 Geoffrey Nighswonger. I am a medical/surgical/telemetry nurse and have worked as a registered nurse for over 10 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, delaying enforcement and weakening staffing ratios would mean returning to the unsafe conditions that forced nurses to fight for HB 2697 in the first place.

For me as a bedside nurse, it means being assigned more patients than I can safely monitor, assess, and intervene in a timely manner. It means constantly triaging which patient gets attention first, knowing someone else is waiting (sometimes deteriorating) while I'm tied up elsewhere. For my patients, it means increased risk of falls, medication delays, missed changes in condition, longer response times to call lights, and preventable complications. When enforcement is delayed and penalties are weakened, there is little incentive for hospitals to comply, and staffing becomes a financial calculation instead of a safety standard.

Safe ratios are not arbitrary numbers, they are safeguards. Weakening them means higher risk, more burnout, and ultimately more harm. If enforcement is postponed or capped, patients pay the price with their health, and sometimes their lives.

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. As a member of our hospital's nurse staffing committee, I have witnessed firsthand how management resistance delays meaningful progress. Despite HB 2697 clearly requiring collaborative development of staffing plans, management has repeatedly delayed discussions around implementing an acuity tool, one of the key components that would allow staffing to reflect actual patient needs.

Our Chief Nursing Executive, who serves as co-chair of the staffing committee, is frequently absent from meetings. Last month, instead of focusing on improving staffing

conditions, management pushed to reduce the frequency of staffing committee meetings from monthly to once every three months because they “didn’t see a reason” to meet that often despite the majority of departments not having passed plans. Management has clearly communicated that they have zero interest in passing plans and would prefer to pay the daily fines for not having passed plans.

At the bedside, unsafe staffing is not theoretical. I have worked shifts where I was assigned five high-acuity medical-surgical patients without adequate support staff. In those moments, you are forced to prioritize constantly knowing that while you are managing one unstable patient, another may be declining without immediate attention. That is not a system designed for safety. Delaying enforcement or weakening staffing protections would only reinforce this pattern of delay and avoidance, rather than creating the accountability needed to protect patients.

If HB 4074 passes, patients will die. Their deaths are entirely avoidable if we have stricter enforcement of HB 2697. I implore you to listen to those who work bedside, not the ones who haven’t actually done the work in decades. Would you be ok if your loved one died because a hospital focused more on profits than your safety?

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,
Geoffrey Nighswonger

RN, BSN