

Submitter: Heather Perkins
On Behalf Of:
Committee: House Committee On Health Care
Measure, Appointment or Topic: HB4074

Chair Nosse, Vice Chairs Nelson and Diehl, and Members of the Committee:

For the record, my name is Heather Perkins. I am a registered nurse with 11 years of experience in multiple healthcare settings. I currently work at Kaiser Permanente's Gateway Medical Office in Portland after leaving hospital-based care due to concerns for patient safety, my professional license, and my unwillingness to participate in dangerously understaffed conditions in Oregon hospitals. I am also a member of the Oregon Federation of Nurses and Health Professionals (OFNHP AFT-5017). I write in strong opposition to HB 4074.

I provide direct patient care daily, and Oregon's 2023 nurse staffing law directly impacts my ability to practice safely and effectively. HB 4074 would significantly weaken enforcement of that law. Without strong enforcement, Oregon hospitals will continue failing to meet basic national standards for preventable infections and patient safety. As OPB reported on February 1, 2026, in 2024 not a single Oregon hospital met minimum standards to prevent hospital-acquired infections, resulting in preventable harm and death.

Although many hospitals claim "not-for-profit" status, they continue generating record profits and building reserves while refusing to meaningfully collaborate with frontline nurses to implement safe staffing models. Meanwhile, the Oregon Center for Nursing reports we have more licensed nurses than ever, yet many leave bedside roles due to unsafe working conditions and lack of retention efforts.

I was one of those nurses. During COVID, while working at another Portland hospital, I was assigned to an isolated wing with one other RN caring for eight COVID isolation patients—three awaiting ICU transfer—with no CNA support. We had to "buddy break" to get a single 30-minute break during a 13-hour shift. When I asked for help, I was told none was available.

While my colleague was at lunch, a patient coded. I initiated the code, but it took 20 minutes for help to arrive. The patient later died after delayed interventions. While extreme, this reflects what happens when hospitals are allowed to understaff without accountability. Without strong enforcement of the staffing law, these situations will become routine again.

HB 2697 was the product of years of research, negotiation, and stakeholder engagement. Advancing HB 4074 now would undermine that careful process and risk

unintended consequences without adequate evaluation. From my experience, the current law is working as intended. Where plans have not been approved, barriers stem from hospitals' unwillingness to meaningfully use escalation processes and acuity tools. Most hospitals have complied; some, including Kaiser Permanente, continue attempting to circumvent enforcement and delay accountability.

Nurses are not asking hospitals to hire from a nonexistent workforce. We are asking them to create conditions safe enough for nurses to return to the bedside and remain in the profession. We are asking for workloads aligned with professional standards so preventable harm does not continue.

Weakening enforcement through delayed penalties or reduced accountability would effectively suspend the law without thoughtful analysis.

For these reasons, I respectfully urge you to oppose HB 4074 as currently written.

Thank you for your time and consideration.

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