

Submitter: Kyle Cook  
On Behalf Of:  
Committee: House Committee On Health Care  
Measure, Appointment or Topic: HB4074

Kyle Cook  
February 11, 2026

RE: Testimony in Opposition to HB 4074

To the House Health Care Committee:

I am writing in unequivocal opposition to HB 4074.

I am not speaking in abstract terms. I am speaking from lived experience inside TWO Oregon hospitals on highly acute Surgical Oncology units.

I work on two units that are objectively and directly comparable. The patient populations are directly comparable. The acuity is directly comparable. The level of care required is directly comparable. The meaningful difference between them is whether there is an approved and enforceable staffing plan in place.

That very difference changes everything.

On the unit with an approved staffing plan, care is patient centered and proactive. Nurses have the time to complete thorough assessments and catch subtle changes before they become emergencies. We educate patients and families. We coordinate with providers instead of constantly playing catch up. We prevent complications rather than reacting after harm has already occurred. The work feels organized and safe. Patients notice it. Staff feel it. Outcomes are better.

On the unit without an approved staffing plan, staffing was reduced after nurses advocated strongly for safe staffing. Without clear enforcement, staffing decisions become discretionary and at times retaliatory. Assignments get heavier. Breaks are missed. Care is delayed. Nurse sensitive indicators plummet. The pace shifts from preventive to reactive. You spend the shift triaging who can wait and hoping nothing critical is overlooked. There is minimal, if any, time for a holistic approach to truly patient centered and safe care. The work becomes a constant balancing act between protecting your patient and protecting your license.

The nurses on both units are equally skilled and equally committed. The difference is not effort. It is accountability.

This is why enforcement matters.

Research has consistently shown that when nurses are assigned more patients, the risk to those patients increases. Peer reviewed studies have demonstrated measurable increases in mortality and complications for each additional patient added to a nurse's workload. Better staffing is associated with lower mortality, fewer adverse events, shorter hospital stays, and improved overall outcomes. These findings have been replicated across multiple states and health systems.

States that implemented enforceable staffing ratios have shown measurable improvements in staffing levels and patient outcomes compared to states that rely on voluntary or loosely enforced systems. Standards without accountability do not reliably change bedside conditions.

HB 4074 weakens enforcement, caps penalties, narrows reporting requirements, and delays meaningful oversight. It allows hospitals to self attest compliance while limiting the consequences for failing to meet the law's intent. That is not a strengthening of the statute. It is a retreat from it and an affront to it.

When HB 2697 passed, this body acknowledged that unsafe staffing was a patient safety crisis. That crisis did not resolve itself. The clinical evidence has not changed. What has changed is pressure from hospital systems that resist meaningful enforcement.

Hospitals cry crocodile tears about insurmountable fines, yet the solution is straightforward. Pass and implement safe staffing plans. They argue that penalties divert money from patient care, but the most direct way to protect patient care is to invest in safe staffing in the first place. If fines are accumulating, that is a consequence of administrative decisions. The remedy is already in their hands.

The question now is whether you will defend the law you passed or allow it to be hollowed out before it has been fully implemented. I ask you plainly to stand with patients and frontline healthcare workers and vote no on HB 4074.

Thank you for the opportunity to submit written testimony,

Kyle Cook, BSN, RN, CMSRN  
Oregon Nurses Association Member