

Michele Vowell
February 11, 2026
Re: Testimony in Opposition to HB 4074

To the House Health Care Committee:

Thank you for the opportunity to provide comment.

I urge you to oppose proposed changes that weaken the ability of the state to ensure hospitals provide safe staffing in support of quality health care for the citizens of Oregon; and provide safe work environments for hospital employees to retain workers in support of longevity of the hospital workforce.

I am a Crisis Intervention Specialist at Unity Center for Behavioral Health. Unity operates under the hospital license for Legacy Emanuel. I am co-chair of the Pro-Tech Staffing Committee for the hospitals covered under Emanuel's license which include Emanuel, Randall's Children's, and Unity psych hospital. My comments are informed by my experiences observing staffing law development, investigations, and enforcement over the last couple years.

I specifically object to 3 proposed changes in HB 4074:

- 1) SECTION 5. ORS 441.791, 4 B b (page 8 lines 11-12), regarding accepting attestation from the hospital - It has been my experience that the hospital administration covers so many units, is separated from the direct service work, scheduling, and implementation of the staffing rules that they are not fully aware of specifics of any investigation. For example, on the PTSC we received notification of an investigation that Behavioral Health Technicians do not have a staffing plan. My co-chair, who is a nurse case manager at Randall Children's Hospital, upon feedback from a hospital director, attested that these positions are covered in the Nurse Staffing Plan. She did not have direct knowledge of this. She does not work in the same hospital. While these positions are scheduled under nurse leadership at Unity as direct care staff, they are not represented on the nurse staffing plan. As it is so easy to "attest" without full knowledge, I believe it is essential for OHA to require documentation in support of all aspects of an investigation. This will also keep administrators better aware of staffing issues in their hospitals.
- 2) Section 7, ORS 441.793 3 (page 9, lines 41-45) proposing amendments to maximum civil penalties to \$2000 per hospital bed every 4 years. While I am a social worker, and math is not my strong suit, it seems like the proposed penalty would be less than \$2 per day per hospital bed. This amount pales in comparison to paying a direct care staff \$25 per hour to ensure safety on a unit. In my opinion, this amount would not ensure adherence to staffing plans.
- 3) Section 8, proposing that civil penalties be delayed until after July1, 2030. In my experience, staffing relief was not realized for direct service staff until after civil penalties were on the table. Prior to civil penalties, staff were constantly working short staffed, juggling jobs and units. It wasn't until after penalties were a possibility that the hospital agreed to hire additional on-call staff to cover in the event staff call outs. In my experience, the more stressful the work environment, the more call outs, and the more work errors.

Thank you for your consideration. Please support your hospital workforce to provide quality care in your communities.

Michele Vowell, LCSW, CADC III