

Submitter: Gina Ottinger  
On Behalf Of:  
Committee: House Committee On Health Care  
Measure, Appointment or Topic: HB4074  
To the House Health Care Committee:

I am writing in clear and unwavering opposition to HB 4074.

I am not speaking in theory. I am speaking from lived experience inside the emergency department, where staffing decisions are measured in minutes, outcomes, and sometimes lives.

In the ED, there is no buffer. There is no slowing the pace. When staffing is unsafe, the consequences are immediate. Patients do not arrive one at a time with predictable needs. They arrive all at once, critically ill, unstable, complex, and often without warning.

When we have a safe, enforceable staffing plan in place, the difference is undeniable. Care becomes proactive instead of reactive. Nurses can perform thorough assessments. We catch subtle changes before they become codes. We reassess pain. We prevent sepsis progression. We educate families. We collaborate with providers instead of simply trying to survive the shift. The department flows. Patients are safer. Staff are safer. Outcomes improve.

When staffing is not protected or enforced, everything shifts. Assignments become heavier. Hall beds fill. Boarding increases. Breaks disappear. Nurses are forced to triage constantly—deciding who can safely wait and who cannot. Care becomes reactive. Documentation is rushed. Education is shortened. The margin for error narrows.

The nurses do not change. Our commitment does not change. Our skill does not change.

Accountability changes.

Without enforcement, staffing laws become suggestions. And suggestions do not protect patients.

The research is clear and consistent: as nurse workloads increase, so do mortality, complications, and adverse events. Every additional patient assigned to a nurse increases risk. Safer staffing is directly linked to lower mortality, fewer errors, shorter hospital stays, and better patient outcomes. These findings are not speculative. They

are well documented across multiple states and health systems.

States with enforceable staffing standards see measurable improvements. Systems that rely on voluntary compliance or weakened enforcement do not reliably improve bedside conditions.

HB 4074 weakens enforcement mechanisms, caps penalties, and limits oversight. It allows hospitals to self-attest compliance while reducing meaningful consequences for failing to meet the law's intent. That does not strengthen patient safety. It weakens it.

When safe staffing legislation was passed, this body recognized that unsafe staffing is a patient safety crisis. That crisis continues in emergency departments across Oregon. The clinical evidence has not changed. The acuity has not decreased. What has increased is pressure to dilute accountability.

Hospitals argue that penalties divert funds from patient care. The most direct way to protect patient care is to staff safely from the start. If penalties are accumulating, that reflects administrative choices—not the law's failure.

This is about whether we prioritize enforcement that protects patients and frontline healthcare workers, or whether we allow the statute to be hollowed out before it has been fully realized.

In the emergency department, safe staffing is not abstract policy. It is the difference between catching a deteriorating patient early and responding after preventable harm.

I ask you to stand with patients, with nurses, and with the integrity of the law you passed. Vote no on HB 4074.

Respectfully,

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Emergency Department Nurse