

Cara Arsenault
February 12, 2026
RE: Testimony in Opposition to HB 4074

To the House Health Care Committee:

I am writing to you in opposition of HB 4074 and to reiterate the profound undoing of any progress that will have been made by the reversal of measures from the previous HB2697.

I graduated nursing school in 2010 in Florida and quickly understood the power dynamics of how hospital administrators pressured the unit managers to pressure floor nurses to complete the herculean impossible tasks required in a shift while caring for up to 3 patients in an intensive care setting. I would often have a step down level patient paired with a critically ill patient requiring a device and be brought to tears because I was spending more time in a disorderly step down patient's room than I was an unconscious and intubated patient's room unless it was to quickly rehang a sedative or vasopressor in speedy fashion before I returned to a patient unsafely attempting to fall out of bed and at a fall risk. This unsafe dynamic of being asked to do more with less while being simultaneously criticized when adverse events happened was psychologically damaging to a new nurse like me.

I nearly quit nursing altogether in 2013 due to the extreme stress and moral distress I felt and not being able to adequately care for patients under my care. I also developed a level of depression that was only ever felt again at the height of Covid on a critical care unit and knowing no matter what I did I was constantly leaving or coming to work feeling defeated and it showed in my sleep patterns and overall mental health. As a last ditch approach, I decided to try travel nursing before I quit the industry altogether. It was a direct way for me to see how healthcare was going elsewhere and see if I could continue being a nurse in short increments while trying and living in other parts of the country.

I have since worked in states such as Texas, Tennessee, North Carolina, Massachusetts, and Colorado before coming to Oregon in 2019. One thing was made painfully clear throughout all of my assignments. Nurses were expected to take care of patients with unsafe staffing loads and it wasn't just the patient who suffered in the end but the nurses who rode themselves into the ground, continually sacrificing their bodies and their mental health by continuously trying to do what they knew was impossible, to simply help their patients. How do you take the time to educate a new diabetes or deep vein thrombosis patient, or even take the time to talk with a patient in earnest, when you don't even have time to take a drink of water?

When I came here in 2019 I was shocked when I noted a few nurses who were nearing retirement age and still working bedside. Nationwide, this is rare as many nurses "flame out" and quit the bedside altogether or enter higher level schooling almost immediately. Knowing there was someone with decades of experience on the unit that I could bring my concerns or even "spine tingles" to was an immense resource I did not think was possible anymore. This

was my introduction to union nursing, where in Oregon, nurses are permitted to age in wisdom and dignity of work.

It soon became apparent that my union was fighting for the very causes I knew were needed in healthcare nationwide and had the studies of sound logic behind it. That was HB 2697 known as the Oregon nurse staffing law. Allowing nurses to care for the standard level of patient care needed at a decided level, decreased mortality rates and hospital stays. The metrics that hospitals are impacted by at the regulatory level can be decreased when patients receive adequate wound care, patient care, and fall risk attention.

The reversal of this bill would not only harm patients but would also harm nurses. Since becoming involved in my union, I have heard directly from many new hires who have often come from out of state to work here simply because of the bill and its promised ratio protection compared to elsewhere. I fear any progress that has been made with this bill would almost immediately reverse with a large wave of these newly hired nurses leaving our state but also the added departure of many nurses who continued to stay bedside because of the promises made and that the state no longer holds to.

Not only would this bill harm nurses at the bedside but it would reward the very hospitals who are the entire reason it needed to be implemented. The capping of fines and elimination of penalties for not reaching a consensus with the unit based nursing practice councils (UBNPCs) would ensure continued bad behavior by administrators. Intentionally withholding their approval from reaching a plan, this reversal allows the continuation of administrators doing whatever they would like regarding staffing and against the very real data that shows harm to patients. The self attestation rule, that permits hospitals to simply say they complied with the law to the Oregon Health Authority, should have been a non-starter as we all know industries that are permitted to regulate themselves never works for anyone's interest. One look at the insurance industry would be an obvious indicator.

In conclusion, I would like to assure and encourage state representatives to talk with nurses you know in these facilities. Recognize the power dynamics at play here and see how a reversal of this bill would harm the next loved one you may need to bring to our facilities. Thank you for the opportunity to provide comment and I urge you to join me in opposing the bill.

Cara Arsenault