

February 11, 2026

Chair Nosse, Co-chair Nelson, Co-chair Diehl, and esteemed members of the committee:

For the record, my name is Matt Calzia and I have been a registered nurse working at the same hospital in Oregon since 2011. I am the direct care co-chair of the Sacred Heart Medical Center nurse staffing committee in Springfield and I am the co-chair of the Nurse Staffing Advisory Board. During the 2023 legislative session, I was the Director of Nursing Practice and Professional Development at the Oregon Nurses Association, and in that position, I was the only RN participating in the coalition that negotiated HB 2697.

I am writing in strong opposition to HB 4074. I want to be clear that the coalition that drafted HB 2697 never at any time agreed that nurse staffing plans would default to statutory ratios if staffing committees reached an impasse. Collaboratively created staffing plans have been a cornerstone of Oregon's staffing laws since HB 2800 made its way through this legislature in 2001. In 2015, SB 469 fortified the requirement that hospitals have nurse staffing plans that are collaboratively created and approved by a nurse staffing committee. SB 469 codified in law that direct care nurses have equal say with their management colleagues in the creation of staffing plans that are approved by the nurse staffing committee. I assure you, Oregon's nurses would never sacrifice this process simply for minimum staffing ratios.

An excellent illustration of how hospitals provide inconsistent rationale and bad faith engagement can be found by looking at the behaviors of the Providence health system. In early 2023, Regional CNO, Jennifer Gentry, submitted written testimony opposing HB 2697 to the legislature. CNO Gentry proclaimed Providence "values the clinical expertise, ingenuity, and compassion our nurses ... provide" and goes on to assert that nurse staffing at Providence is a complex issue that is not solved by a one-size-fits-all model such as ratios. However, now Providence is asserting that they should only be required to staff to a one-size-fits-all ratio model.

CNO Gentry's letter praises how well Providence partnered with their frontline nurses to find innovative solutions to unimaginable problems during the COVID epidemic. CNO Gentry fails to explain how these frontline nurses, who partnered with the executives to solve unimaginable problems, can't be trusted to tell the legislature what the minimum staffing ratios should be for the units they work on every shift, where they are more expert than any CNO on the process of delivering care.

Shortly after the law was implemented in late 2023, Providence felt compelled to assert control by providing misleading and inaccurate information about the bill. CNO Gentry misinterpreted the law with hubris and told Providence nurses that HB 2697 limits "opportunities for unit input into staffing plans." This could not be more false; the law maintains the requirement that all nurse staffing plans get approval of both direct care and management members of the staffing committee.

At my hospital, 80% of units have approved staffing plans, and we are at impasse over the remaining five units because management refuses to collaborate with direct care nurses. The medical center's CEO, Dr. James McGovern, came to the October 2025 staffing committee meeting and told the committee that he "will not be leveraged" into collaborating with direct care nurses on the final five plans and is content to pay daily fines of \$5,000. The management co-chair of the staffing committee has made clear that management will not collaborate on creating plans that adjust for patient acuity, nursing work intensity, nor the competencies and experience of the nurses providing care. None of these behaviors are reasonable nor do they demonstrate a shred of the required good faith interaction implied in the law.

Less than half of hospitals in Oregon have received any complaints, and for those hospitals, there is relatively no administrative burden. A review of OHA investigative reports demonstrates that it is a small group of healthcare systems that have received the vast majority of complaints and violations. These systems are the ones who have created their own administrative burden by obstructing productive collaborative work in developing plans and have created false narratives about the law, creating burden where it need not exist.

I, and many of my colleagues that provide direct care to Oregonians, are strongly opposed to this bill. The genesis of this bill is a false narrative created by a collective of hospital executives who are woefully disconnected from the realities at the bedside. I urge this committee to stop this bill from advancing out of committee and to send a strong message to the HAO that the way forward in solving the challenges facing Oregon's healthcare system requires true collaboration with the experts at the bedside.