

Submitter: Ashly Loembet Makaya
On Behalf Of:
Committee: House Committee On Health Care
Measure, Appointment or Topic: HB4074

Written Testimony in Opposition to HB 4074
Chair Nosse, Vice Chairs Nelson and Diehl, and Members of the Committee:

For the record, my name is Ashly J. Loembet Makaya. I am a Registered Nurse and have worked as a Registered Nurse for 15 years across 3 states (Wisconsin, Florida, and Oregon). I currently work at Kaiser Sunnyside Medical Center in Clackamas, Oregon, and I am a member of the Oregon Federation of Nurses and Health Professionals (OFNHP AFT-5017). I am writing in strong opposition to HB 4074.

Every day, I provide direct patient care, and the nurse staffing law passed in 2023 has a real impact on my ability to do my job safely and effectively. It has been a crucial deciding factor in whether I stay in the profession, a decision I am not the only nurse who has explored at one time or another. Safe staffing and work places lead to more experienced nurses staying in the profession, leading to better quality of care that patients receive, the best case scenarios for teaching and learning, and the environment needed for a healthy life cycle of the profession by being able to pass along nursing wisdom from one generation to the next.

HB 4074 would make significant changes to the enforcement of that law. If passed, Oregon wouldn't stand apart and above other portions of the country as having SAFE, consistent staffing ratios for Nurses and CNAs.

I personally believe HB 2697 should be a national law because I have experienced the trauma of trying to provide the best possible care to way too many patients in a 12 hour shift. Where I work, nothing but protocols are consistent. And even those aren't followed to a "T" because of the perplexities of specific situations that prevent it.

HB 2697, allows room for at least one thing nurses, nursing assistants, patients, and families can depend on for safe care and a safe work environment.

HB 2697 was the result of years of research, negotiation, and stakeholder engagement. Rushing through changes to the statute will only put providers and patients at risk. Advancing HB 4074 now would shortcut that process and risk unintended consequences that cannot be fully evaluated in the limited time available.

From my experience, the current law is working as intended. The barriers to passing staffing plans are rooted in an unwillingness to utilize escalation and acuity tools,

collaborate and adhere to timelines as provided in the roll-out phases (HB 2697 was signed into law on 8/15/2023, and the 4th and final phase ended on 6/1/2025), and the lack of true accountability because of the two years provided between when the current law was passed and when institutions should be in full compliance with the law.

Hospitals were given ample time to comply, and the vast majority have done so.

When initially submitting a complaint to the OHA, I had to make sure and input what the usual ratio of my unit was for the complaint to even "take" and be investigated, instead of saying "unknown" because that was the true answer.

Once I learned that lesson, I reported violations on particularly unsafe shifts, and several months later I received an emailed investigation report (April 2025). There were no violations against (ORS 441.792(2)(d)).

However, in EVERY unit they investigated, the violations were against ORS 441.792(2)(c) for failing to have an NSP-adopted nurse staffing plan in place by 6/1/2024. There were ten violations just in this small batch of complaints.

Kaiser did not get anything other than a copy of the report "due to a previous enforcement".

Weakening enforcement through the continued delay of penalties and reduced accountability would effectively suspend the law without the thoughtful analysis and interventions such changes demand.

For these reasons, I respectfully urge you to oppose HB 4074 as currently written.

Thank you for your time and consideration.

Sincerely,

Ashly J. Loembet Makaya
BSN, RN, Board Certified Med-Surg