

Submitter: Susan Foster
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 Susan Foster. I am a staff nurse and have worked as a registered nurse for 44 years. I currently work at Kaiser Westside Medical Center in Hillsboro, 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. HB 4074 would make significant changes to the enforcement of that law. If passed, my employer, whose C suite has increasingly not followed our own company's corporate values and code of conduct, will cause more delays in care and increased lengths of stay. When we are short staffed we do not cancel cases, just work overtime to get them done, as our members sometimes wait months for these procedures. This will lead to more burnout, staff fatigue and potential errors.

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, and barriers to passing plans are rooted in unwillingness to utilize escalation and acuity tools. Hospitals were given ample time to comply, and the vast majority have done so. We had staffing ratios in our contract, but Kaiser asked us to delete that portion stating we were covered by this staffing law. Now they want to change that law? They have 70 Billion in reserves, yet are not willing to bargain with us nationally to complete our contract. Patients are lingering for hours in the Emergency Departments for inpatient beds that in many cases are vacant but not staffed. In another hospital emergency department (ED) I worked at we incorporated a lower staffing ratio of 1 RN to 3 pts. We were able to decrease our length of stay on average by twenty minutes, allowing us to see MORE patients in a timely manner and we improved our customer satisfaction scores considerably. This is not rocket science.

Weakening enforcement through delayed penalties or reduced accountability would effectively suspend the law without the thoughtful analysis 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,
Susan Foster, RN BSN CEN