

February 12, 2026

Chair Nosse and Members of the Committee:  
House Committee on Behavioral Health and Health Care  
Oregon State Legislature

**Re: Support for HB 4074 – Ensuring Reliable Hospital Care for Our Community**

Dear Chair Nosse, Vice Chairs Diehl and Nelson, and Members of the Committee:

Asante respectfully submits this written testimony in strong support of HB 4074. Asante is the largest employer and health care provider in southern Oregon, serving 600,000 people across nine counties in southern Oregon and northern California. Rogue Regional Medical Center is the safety net hospital for our region as the only Level II trauma center and Level III NICU.

We write to share our experience with the current hospital staffing law and urge your support for critical reforms that will ensure both safe staffing and operational sustainability.

**Misaligned implementation**

At the outset, we want to be clear: we are **not** here to dispute nurse-to-patient ratios. We are **not** seeking to repeal the hospital staffing law. We support ratios and safe staffing. Our concern is with how the law has been implemented by the Oregon Health Authority (OHA).

The 2023 changes to the hospital staffing laws were intended to **simplify** the burdens of hospital staffing. A broad coalition of legislators, hospitals and labor came together to pass legislation with a clear intent: to establish minimum nurse-to-patient ratios that would serve as a backstop or default if nurse staffing committees didn't implement alternative approaches, such as innovative care models.

Instead, the opposite has occurred. OHA has implemented the law in a manner contrary to this coalition's original intent. Rather than focusing on whether hospitals are staffing to the nurse-to-patient ratios—which is the primary focus of the law—OHA has instead concentrated on whether nurse staffing plans are approved, creating excessive administrative burdens and imposing severe financial penalties.

## Financial impact

The financial consequences of OHA's approach have been staggering:

- To date, Asante has been fined almost **half a million dollars for a roughly four-month period** (June through September) for failure to have staffing plans approved.
- In stark contrast, we have been fined less than \$5,000 for actual deviations from nurse-to-patient ratios.
- **Approximately 99% of the penalties** incurred by Rogue Regional relate to the lack of approved staffing plans—not deviations from safe staffing ratios.

These resources are being diverted to OHA and away from patient care in our community. At the current rate, we anticipate Asante will be fined millions of dollars per year. This is not about safe staffing—this is about a misinterpretation of the law.

## Operational challenges and real-world impact

The implementation challenges extend beyond financial penalties. The current approach has created significant operational friction and administrative burdens that undermine, rather than support, our patient care Mission.

## Staffing plan approval process

One significant issue that we have faced is that several units – our Emergency Department and Cardiovascular Intensive Care Unit, in particular - have been unable to reach agreement on unit-based plans.

The primary reason that we do not have plans for these units is that the nurse units refuse to consider plans that do not include other job categories in the **nurse staffing plan**. These other job categories – Emergency Department Technicians and Monitor Technicians, respectively – are covered under a separate plan that members in those job categories worked together to consider and pass by vote.

These demands are not reasonable and were not contemplated under the law. We remain focused on finding a collaborative solution that mirrors the framework of the law; however, in the meantime, we are being fined \$5,000 per day.

Enacting a law that requires two parties to collaborate and agree on a plan, but imposes financial penalties on only one of those parties doesn't make any sense and creates no incentive for the party holding the leverage to collaborate. Further, these challenges create adversarial dynamics that ultimately harm everyone.

### **Invalidation of approved plans**

Also troubling is OHA's practice of invalidating previously approved staffing plans. To date, OHA has invalidated seven of Asante's plans—plans that were approved unanimously by the Nurse Staffing Committee, with quorum. These invalidations were not based on substantive concerns about patient safety or staffing ratios, but rather on administrative issues such as the way meeting minutes were written or the counting of an extra alternate or wrong committee member.

While we do not believe that the voting procedures were done incorrectly, even if they were, they amount to harmless error that in no case would have changed the outcome.

The result is that these units now lack approved plans, creating frustration, confusion and ongoing daily penalties.

### **Impact on nursing staff and morale**

The administrative complexity has created a wedge between frontline nurses and nurse managers. This has accelerated burnout, negatively impacted morale and resulted in the loss of experienced nursing staff who would rather focus on direct patient care than navigate bureaucratic paperwork. These unintended consequences directly undermine the law's goal of ensuring safe, quality patient care.

### **Why HB 4074 is necessary**

HB 4074 accomplishes two critical objectives:

- **Restores original intent:** The bill restores the law to the coalition's original intent by treating nurse-to-patient staffing ratios as the default standard, ensuring that regulatory focus remains on actual patient care outcomes rather than administrative processes.
- **Provides essential relief:** The bill provides financial and administrative relief for hospitals as they continue to adjust to this novel approach during a time of extreme

regulatory and financial uncertainty, including preparations for the impact of significant federal policy changes.

### **The urgent need for action**

We respectfully submit that the current situation is untenable and requires immediate legislative action. The regulatory burden is excessive and unsustainable. We must ask: How does penalizing health care systems millions of dollars per year over administrative procedures further the goals of patient safety, access and affordability? The fines imposed by OHA do nothing to support patients and safety; rather, they undermine these goals by placing additional financial pressure on hospitals already dealing with unprecedented challenges.

HB 4074 restores balance by keeping staffing ratios firmly in place while fixing the administrative and operational barriers that are driving up costs and complicating patient care. This legislation does not compromise patient safety—it strengthens our ability to provide it by allowing us to focus resources where they belong: on caring for patients.

### **Conclusion**

On behalf of Asante, we respectfully urge your support for HB 4074. This legislation represents a balanced approach that maintains the critical safeguards of nurse-to-patient ratios while addressing the unintended administrative and financial burdens that are undermining the sustainability of Oregon's health care system.

We appreciate the Committee's consideration of this testimony and stand ready to provide any additional information that may be helpful.

Respectfully submitted,



Kristen Roy

SVP, Chief Public Affairs Officer and General Counsel