

Submitter: Katy Leung
On Behalf Of:
Committee: House Committee On Health Care
Measure, Appointment or Topic: HB4074

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

For the record, my name is Katy Leung. I am a med surg staff nurse and have worked as a registered nurse for 10+ years. I currently work at Kaiser Westside Medical Center in Hillsboro, OR, 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 at bedside, 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, more patient care errors will more likely occur, as nurses would have less time to review patients' charts to identify care gaps and escalate care if needed to progress patient care. Delayed patient care eventually leads up longer hospital stays and more complications that would further compromise patient care.

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. I have worked many shifts in the recent years that reflected the reality of unsafe staffing. Many call lights for pain or other care needs left unanswered for a long time, and patients were left sitting in their incontinent briefs soaked with urine and/or stool until there were staff available to assist with cleaning. Many of my colleagues have chosen to retire early or step away from the profession altogether due to moral injury sustained before COVID. COVID has exacerbated the reality of unsafe staffing and unsafe training during nursing school. The future of the nursing workforce is at risk, which is placing the health and wellbeing of our community at risk. Nurses at my hospital have been working under a new reality of not having a nursing assistant (CNA) to assist with patient care for up to 2 out of their 4 assigned patients, as the 7:1 dayshift patient ratio for CNAs is observed. Patients with no CNAs assigned will have the bedside nurse perform all tasks a CNA would have assisted with, which ultimately means less time for nurse-specific tasks. HB 4074 will increase patient ratio for nurses to 5:1, with no additional provision for assistance provided by CNA to accompany the

change. Bedside nurses will be expected to do even more with even less help, which will further deteriorate patient care.

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. As a bedside nurse, I am a safeguard of patient safety. I believe in accountability and advocacy, and I believe safe staffing ratios save lives, literally.

Thank you for your time and consideration, for the advocacy of the wellbeing and future of the vulnerable community we set out to protect.

Sincerely,

Katy Leung, RN, BSN, CMSRN