

Chair Nosse and Members of the Committee,

My name is Damien Schlobohm. I am a physical therapist working in a Portland metro area hospital.

For those unfamiliar with the role of a hospital physical therapist, we are the clinicians who help patients learn to walk again after a stroke, take their first steps after a knee replacement, and sit at the edge of the bed for the first time after spending days on a ventilator. We are part of the team that helps patients regain independence and return home safely.

I also serve on my hospital's Professional and Technical Staffing Committee and work closely with members of the other staffing committees established under HB 2697. I supported HB 2697 in 2023 because I believed it would establish patient-centered staffing plans that were thoughtfully developed in collaboration by those doing the work.

I am writing today because HB 4074 would move us backward.

Recently, the Oregon Health Authority's *Healthcare-Associated Infections Summary for Hospitals, 2024* reported an increase in surgical infections compared to prior years and national benchmarks. While infection rates are multifactorial, safe and adequate staffing is foundational to prevention. Rolling back common-sense and data-driven safe staffing standards at a time when quality metrics are moving in the wrong direction is not prudent.

HB 4074 would create a pathway for simple nurse-to-patient ratios to substitute for a complete hospital nurse staffing plan. Ratios alone cannot always account for patient acuity or the availability of vital support staff. Patients are not identical. Their needs fluctuate hour by hour. The original framework of HB 2697 recognized this and allowed for robust staffing plans that incorporate acuity tools and real-time clinical judgment as needed. Replacing that framework with a static ratio undermines the very intent of a law.

HB 4074 would also reverse the planned change from 1:5 to 1:4 in medical-surgical units and delay and cap penalties for non-compliance. Hospitals have had nearly three years to prepare for these changes. Continuing to delay accountability suggests that compliance is negotiable, while capping penalties reduces safe staffing to a line item that can be budgeted for rather than a standard that must be met.

Hardship arguments are disingenuous when hospitals have not yet exhausted the tools already available to them under HB 2697, including acuity-based planning, recruitment strategies, and the collaborative dispute resolution processes built into the statute. Weakening accountability now risks rewarding incomplete implementation rather than encouraging compliance.

To be clear, ongoing staffing challenges are not evidence that HB 2697 is unworkable. They reflect incomplete implementation and inconsistent adherence to the law's requirements. Many hospitals have not completed comprehensive nurse staffing plans for all units. Some hospital staffing committees have struggled to meet regularly. In some instances, collaborative work groups consisting of staff and managers have developed thoughtful, data-informed plan

proposals for staffing committees to consider, only to have meetings cancelled or delayed for months by the hospital despite requests to reschedule. When needed plan modifications are postponed or when plans remain unfinished, it is difficult to claim that the law itself is unworkable. Before rolling back protections, it would first be reasonable to ensure the existing law has been fully executed in good faith.

In 2023, when I testified in support of HB 2697, I told the story of a patient recovering from a total knee replacement who was left in a bed of her own urine because nursing staff were stretched too thin. Because it was necessary and right, I stepped in to help that patient get cleaned up. However, in doing so, I also stepped outside of my role as a physical therapist. By taking on nursing responsibilities, I had less time to deliver physical therapy, and the patient ultimately received diminished care from both disciplines, along with a preventable loss of dignity.

When HB 2697 passed, I was hopeful, and I remain committed to its success. However, nearly three years later, I continue to see staffing models that skirt the intent of the law rather than fully comply with it. Similar to the story I told in 2023, patients continue to receive fragmented care not because healthcare workers lack dedication, but because staffing practices limit what their best can be.

I am not afraid of the determination, compassion, or skill of Oregon's healthcare workers. I am concerned about hospitals that have not fully implemented HB 2697 and are now advocating to weaken it. With the insight I have as both a clinician and staffing committee member, I am frightened to consider needing hospital care from systems that have yet to fully honor the law's promise of safe staffing.

HB 4074 does not strengthen implementation. It weakens it. I respectfully urge you to oppose HB 4074 and instead focus on ensuring that hospitals fully implement and comply with the staffing framework already established in HB 2697.

Thank you for your time and consideration.

Damien Schlobohm, DPT, MSHCM