

Submitter: Kelly Smith-Haley
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:

My name is Kelly Smith-Haley. I am a specialty obstetric certified RN and have worked as an inpatient bedside nurse for the last 14 years. I currently work at Kaiser Permanente Sunnyside Medical Center in Clackamas and I am a member of the Oregon Federation of Nurses and Health Professionals (OFNHP AFT-5017). I have also served on Sunnyside's Hospital Nurse Staffing Committee since 2022 and I am writing in strong opposition to HB 4074.

The nurse staffing law passed in 2023 has been essential in holding hospitals accountable to safe and effective staffing. I have seen this when providing patient care on my own units, when reviewing nurse staffing plans and hospital violations on the Nurse Staffing Committee, and when seeking care as a patient. HB 4074 would make significant changes to the enforcement of that law. If passed, the nurse staffing law will be significantly eroded and patient safety will suffer.

HB 2697 was the result of years of research, negotiation, and stakeholder engagement. Rushing through changes to the statute so quickly 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.

Of significant concern to me is the proposition of increasing med-surg nurse to patient ratios from 1:4 to 1:5. One of the unintended consequences of the current law is that CNA ratios were set without specifying that CNA care is part of the standard for some patient populations. What this now means on Sunnyside Medical Surgical units is that when there are not enough CNAs for all patients to have ratio-compliant coverage, then nurses absorb the CNA duties into their already heavy patient load.

Example: A day shift on a floor with 28 patients and 1 CNA means 7 patients get a CNA to turn, bathe, ambulate, toilet, check blood sugars, refill waters, and monitor vital signs. The remaining 21 patients will need all those cares to be performed by their nurse alone, in addition to all the administration of medications, charting, hourly rounding programs, assessments, care coordination, provider communication, procedure preparation and much more. This is extremely difficult to do for four med-surg patients, who as we all know are a population who keep getting sicker and

require more intensive hospital care. Being asked to perform that level of care regularly for FIVE med-surg patients will not only result in terrible patient outcomes but we will have a mass exodus of nurses from med-surg bedsides in Oregon.

From my front seat at the Hospital Nurse Staffing Committee, the current law is only finally working now that fines are in place. The remaining barriers to passing plans are rooted in unwillingness to utilize escalation and acuity tools; or hire and retain qualified staff. Hospitals were given ample time to comply. If hospitals are given weakened financial penalties, the law is effectively useless.

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

Thank you for your time and consideration.

Sincerely,
Kelly Smith-Haley BSN, RN, RNC-OB