BREANNA ZABEL

TESTIMONY OPPOSING HB 4074 AND 4074-1

Good afternoon Chair Nosse, Vice-Chairs Diehl and Nelson, and Committee members. My name is Breanna Zabel, and as the cochair of my hospital's staffing committee in Medford, I am compelled to speak in strong opposition to House Bill 4074.

This bill redefines staffing violations as unit-wide averages instead of unsafe individual assignments. That is not how harm happens in real life — it is how harm gets hidden.

Patients are harmed when one nurse is overloaded. Missed care, medication delays, and preventable complications happen at the individual assignment level, not on a spreadsheet average.

Unit averaging allows hospitals to mask dangerous workloads while nurses burn out and patients suffer. It silences the nurse who is drowning by claiming the unit looks fine on paper.

This provision is designed to protect hospitals, not patients. It should be rejected.

Breanna's Version

Good afternoon Chair Nosse, Vice Chairs Diehl and Nelson, and members of the committee. My name is Breanna Zabel. I am a registered nurse at Providence Medford Medical Center and the co-chair of my hospital's nurse staffing committee. I am

here to speak in strong opposition to Section 6 of House Bill 4074.

Section 6 fundamentally rewrites how staffing violations are defined and enforced. By treating violations as unit-wide averages instead of unsafe individual nurse assignments, this bill disconnects staffing oversight from how patient harm actually occurs.

Harm does not happen at the unit-average level. Harm happens when a single nurse is assigned too many patients, too many high-acuity patients, or patients whose needs exceed what one human being can safely manage. That is where missed care occurs. That is where medications are delayed. That is where patients deteriorate unnoticed or die.

The evidence is clear and consistent: patient harm increases when individual nurses are overloaded, even when unit-level staffing appears compliant on paper.

Unit averaging is not a neutral administrative change. It is a mechanism that allows hospitals to hide unsafe conditions by mathematically offsetting one dangerously overloaded nurse with another who happens to have fewer patients. The spreadsheet looks acceptable while the bedside reality is unsafe.

In practice, this silences nurses. When a nurse raises a concern about an unsafe assignment, unit averaging tells them their lived experience does not matter because the numbers "average out." That is not patient safety. That is institutional gaslighting.

In communities like mine, this is especially dangerous. We already face limited access to care and higher patient acuity because patients arrive sicker and later in their disease process. Hospitals in these settings rely on stretching nurses beyond safe limits to maintain operations. Section 6 would give those hospitals legal cover to continue doing exactly that.

Hospital executives in this room should understand this clearly: if you need unit averaging to appear compliant, it is because your staffing decisions are already unsafe at the bedside.

This provision does not improve staffing, flexibility, or patient outcomes. It weakens enforcement, shifts risk onto individual nurses, and protects hospital systems from accountability.

Oregon's staffing law was designed to address unsafe conditions as they occur in real time, at the individual assignment level. Section 6 undermines that intent entirely and should be rejected. Thank you.