

Tim Bartter

February 10, 2026

RE: Testimony in Opposition to HB 4074

To the House Health Care Committee:

I am writing to strongly oppose HB 4074, which would undermine Oregon's existing nurse staffing laws by replacing evidence-based, mandated minimum staffing ratios with hospital committee-developed plans. Oregon's current staffing requirements, established to ensure safe patient care, are grounded in extensive research demonstrating that adequate nurse-to-patient ratios directly improve patient outcomes, reduce healthcare costs, and support nurse well-being. Allowing hospitals to revert to self-determined plans risks diluting these protections, potentially leading to higher patient mortality, increased readmissions, and longer hospital stays. Outcomes that have been repeatedly linked to inadequate staffing.

Research consistently shows that higher nurse staffing levels, such as those mandated by ratio legislation, significantly lower in-hospital mortality rates. For instance, a prospective study of hospitals implementing nurse-to-patient ratio policies found that improvements in staffing reduced mortality by approximately 7% per additional patient removed from a nurse's workload, alongside decreases in readmissions and length of stay (McHugh et al., 2021). Similarly, a systematic review of longitudinal studies confirmed that increased registered nurse staffing prevents patient deaths, with evidence supporting better overall outcomes in acute care settings (Griffiths et al., 2022). In contrast, lower staffing ratios exacerbate risks, as evidenced by an observational study in Illinois hospitals where each additional patient per nurse increased 30-day mortality odds by 16% and extended hospital stays, projecting thousands of avoidable deaths if ratios were improved to 4:1 (Lasater et al., 2021).

Beyond patient safety, mandated ratios benefit nurses by reducing burnout and job dissatisfaction, which in turn lowers turnover and sustains a stable workforce. A meta-

analysis revealed that poorer nurse-to-patient ratios are associated with higher odds of burnout (7%), job dissatisfaction (8%), and intent to leave (5%), highlighting the human cost of understaffing (Shin et al., 2018). HB 4074's shift to committee-based plans could enable hospitals to prioritize cost-cutting over these proven benefits, ignoring the cost-effectiveness of safe staffing, such as the substantial savings from avoided readmissions and shorter stays estimated in the aforementioned studies.

Oregon should uphold its current nurse staffing law to protect patients and healthcare workers alike. Weakening these standards through HB 4074 would be a step backward, disregarding robust evidence that mandated ratios save lives and resources.

Thank you for the opportunity to provide comment and I urge you to join me in opposing the bill.

Tim Bartter

References

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