

# Written Testimony in Opposition to HB 4074

**Amanda Stephens, RN**  
**February 10, 2026**  
**To: House Health Care Committee**

Chair and Members of the Committee,

Thank you for the opportunity to submit written testimony in strong opposition to **HB 4074**.

I am a registered nurse providing direct bedside care in an acute care hospital in Oregon. I am also involved in staffing and quality improvement efforts on my unit, including ongoing review of **MISSCARE survey data**, which documents what nurses are forced to leave undone when staffing and support are inadequate.

The MISSCARE surveys reflect a painful truth that every bedside nurse understands: **when staffing is unsafe, essential care is missed — not because nurses don't care, but because we are physically unable to meet the needs in front of us.**

This missed care is not optional. It is not "nice to have." It is the foundation of safe hospital care:

- Helping patients ambulate to prevent pneumonia, blood clots, and deconditioning
- Turning and repositioning to prevent pressure injuries
- Oral care that reduces infection and aspiration risk
- Patient education that prevents readmissions
- Timely monitoring and assessment when conditions change

When these needs go unmet, patients suffer real harm. Families notice. And nurses carry the weight of it.

**I have gone home after shifts replaying what I didn't get to do — the walk I couldn't take a patient on, the education I couldn't finish, the care I knew mattered — because there simply were not enough hands.** That is not a failure of nursing. That is a failure of staffing systems.

I want to be clear: this is what staffing looks like when hospitals are allowed off the hook.

I have worked in southern states without strong staffing protections. I have seen firsthand what happens when accountability is absent — when staffing becomes a financial decision rather than a patient safety standard. The difference is drastic. Patients wait longer. Nurses burn out faster. Turnover becomes constant. The workplace becomes defined by crisis care instead of healing.

Oregon chose a different path. The staffing law, strengthened through HB 2697, represented meaningful progress toward safer care and real accountability. **HB 4074 would undo that progress.**

This bill would weaken enforcement, allow hospitals to self-attest compliance, narrow transparency requirements, remove meaningful consequences, and delay oversight for years. In practice, it would return Oregon toward a system where staffing plans exist on paper, but bedside nurses and patients live with the fallout when they are ignored.

**A staffing plan without enforcement is not a safeguard — it is a suggestion.**

Strong staffing standards are not abstract policy. They are directly tied to:

- Patient outcomes
- Workforce retention
- Preventing avoidable harm
- Making hospital care sustainable for the people providing it

Every Oregonian deserves safe care when they enter a hospital. Every healthcare worker deserves protections against burnout, injury, and moral distress. Rolling back staffing accountability would be a dangerous step backward for our state.

For these reasons, I urge you to **vote NO on HB 4074**.

Thank you for your time and consideration.

Respectfully,

Amanda Stephens, RN  
Oregon