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The passage of HB 4074 would set Oregon back and negatively impact patient care.

I am writing to strongly OPPOSE HB 4074.

I started working in healthcare as a CNA in 2007. Since then, patients have only become sicker and have more complex medical and psychosocial needs. I have worked as an acute care nurse at OHSU since 2022. I moved to Oregon to work in a state with safe ratios that both respects nurses and patients. Acute care nurses care for both intermediate (IMC) and med/surg level of care patients. The staffing law (HB2697) improved both patient safety and my working conditions. Prior to the implementation of the law, I cared for up to 4 IMC patients. Care for patients was delayed while I struggled to keep up with complex hourly medication regimens, assessments, wound care, and changes in patient condition. To get a break, I would have to cover another nurse's assignment, leaving me with 6 to 8 complex patients. My first year of nursing was extremely difficult under these conditions and I applied to positions outside of the bedside. Since the passage and implementation of HB2697, I have decided to stay at bedside.

Prior to HB2697, nurses had to do “break buddies” and cover another nurse’s patient assignment, which would put an acute care nurse at ratios as high as 1:8 during the duration of the break. I dreaded break buddies. Breaks were never restful. It was immensely stressful having to cover so many patients. There were also fewer nurses available to help on the floor when ratios were higher. A high number of emergencies happened during this time. One shift, I even had to pull my “buddy” out of his break to assist with a behavioral emergency on his patient as there were no other staff who could help. We cannot go back.

I went to nursing school in Virginia, where there are no laws pertaining to inpatient ratios. During nursing school, I worked as a nurse extern on a mixed acute intermediate care floor. Nurses routinely had 7 to 8 patients. Care was delayed – patients had medications and turns delayed, would go unfed, lying in their own excrement for hours, and pain would go untreated.

Minimum safe ratios are safer for patients. Raising med/surg ratios to 1:5 would be hugely detrimental to the health and safety of Oregonians. There is a large volume of research supporting safe ratios. For example, the work of Linda Aiken provides ample evidence that increased patient ratios are correlated with both higher patient mortality and increased nurse burnout (<https://jamanetwork.com/journals/jama/fullarticle/195438>). Delayed care and patient mortality correlate with individual nurse patient assignments rather than the average of an entire unit. In addition to increased patient mortality, length of stay increased by 1 day longer for each additional patient added to a nurse’s assignment

(<https://bmjopen.bmj.com/content/11/12/e052899>). As Oregon already has the lowest number of inpatient beds per capita in the country, this is not a proposition that would benefit Oregonians. Additionally, many nurses from other states with poor working conditions and unsafe patient ratios such as Texas and Virginia have relocated to Oregon to seek employment since the passage of HB2697. This has helped stabilize the inpatient staffing crisis which continues to be a serious issue in other states. To roll back this law would cause a mass exodus of nurses from the bedside.

Unit wide averaging of deviations is an unsafe proposition. As a nurse who works on a unit with a high level of staffing deviations, this would obscure the true extent of understaffing. Likewise, self-attestation by hospitals would not be sufficient proof that the hospital complied with safe harbor provisions for allowed deviations. It is essential to preserve nurse voices in this process.

I am a member of the staffing committee at OHSU. The collaborative process of the staffing committee must be preserved. It is essential that nurses have a voice in the staffing plan development process. Allowing hospitals to circumvent the staffing committee would allow hospitals to revert to pre-HB2697, where several hospitals were noncompliant with adopting staffing plans without recourse.

Last, the proposition to include a mandatory 30-day complaint determination without tolling incentivizes dismissal of nurse staffing complaints without investigation. Likewise, removing civil penalty caps on large institutions incentivizes hospitals to hit penalty caps and then staff as they please. Prior to the passage of HB2697, we know that this was ineffective.

I encourage you to hear the voices of nurses who are actually doing the work and **OPPOSE** HB 4074.

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