Submitter:	Christine Hubert
On Behalf Of:	
Committee:	House Committee On Health Care
Measure, Appointment or Topic:	HB4074

I strongly oppose the proposed provisions that weaken nurse staffing standards, erode shared governance, and delay meaningful enforcement. These changes would undermine patient safety, worsen unsafe working conditions, and remove accountability for hospital systems that already struggle to staff appropriately.

First, permanently delaying the scheduled tightening of medical-surgical ratios and locking med/surg units at 1:5 ignores clear evidence that lower ratios improve patient outcomes, reduce mortality, and prevent nurse burnout. The scheduled improvements were adopted for a reason: current conditions are unsafe. Freezing ratios at today's minimum cements understaffing as the norm rather than moving toward safer care.

Second, allowing hospitals to unilaterally impose staffing plans when a staffing committee fails to adopt one completely dismantles the purpose of the committee itself. Staffing committees are meant to be collaborative bodies that incorporate frontline clinical expertise. Granting hospitals unilateral authority—and allowing them to operate indefinitely without a unit-approved plan—removes nurse input, rewards bad-faith bargaining, and incentivizes hospitals to simply wait out the process.

Third, permitting hospitals to default to state minimum ratios as a staffing plan if no committee plan is adopted sets the lowest possible standard as the permanent fallback. Minimum ratios were never intended to be comprehensive staffing plans. This provision encourages hospitals to avoid meaningful planning altogether and ignores patient acuity, admissions, discharges, and unit-specific needs.

Fourth, treating staffing violations as unit-wide events rather than individual unsafe assignments is deeply concerning. Unit averaging hides dangerous workloads and allows hospitals to claim compliance while individual nurses are assigned unsafe patient loads. One nurse being overwhelmed is not offset by another having fewer patients—patients experience harm one assignment at a time.

Finally, delaying civil penalties until July 1, 2030, capping penalties at $1 million or $2,000 per bed per four years, and eliminating penalties for failure to adopt staffing plans removes any real deterrence. For large hospital systems, these capped fines are simply a cost of doing business. Once the cap is reached, there is no incentive to improve staffing. Eliminating penalties for failing to adopt plans further signals that compliance is optional.

Taken together, these provisions weaken enforcement, silence frontline clinicians, and place patients at risk. Safe staffing laws only work when they are enforced, collaborative, and responsive to real conditions at the bedside. I urge you to reject these changes and uphold strong staffing standards that protect patients, nurses, and the integrity of our healthcare system.