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Members of the Oregon House Committee on Health Care
Oregon State Legislature
900 Court St. NE
Salem, OR 97301

Dear Committee Members,

I am writing to you as a registered nurse with over 15 years of bedside experience in both medical-surgical (med/surg) and intensive care unit (ICU) settings in Oregon hospitals. Throughout my career, I have cared for countless patients during some of their most vulnerable moments, from routine recoveries to life-threatening emergencies. My hands-on work has given me a deep understanding of the critical role that adequate nurse staffing plays in patient outcomes, staff well-being, and overall healthcare quality. It is with this perspective that I strongly oppose House Bill 4074 (HB 4074), which seeks to modify Oregon's hospital staffing laws in ways that I believe will compromise patient safety and exacerbate the challenges faced by frontline nurses like myself.

Oregon's existing safe staffing laws, including the direct care registered nurse-to-patient ratios, were established to protect patients and ensure that nurses can provide the high-quality care our communities deserve. HB 4074 would undermine these protections by increasing the allowable patient load for nurses in med/surg units from four to five patients per nurse. In my experience, even a 1:4 ratio can be demanding, especially during busy shifts with complex cases involving post-operative patients, those with chronic conditions, or sudden deteriorations. Adding a fifth patient would stretch us thinner, increasing the risk of oversights, delayed interventions, and medical errors. I have witnessed firsthand how understaffing leads to rushed assessments, missed vital signs, and slower responses to alarms—situations that can turn manageable issues into crises. For instance, in the ICU, where ratios are already tight, I've seen how even brief staffing shortages contribute to higher complication rates and longer hospital stays. Extending this strain to med/surg floors would not only endanger patients but also accelerate nurse burnout, leading to higher turnover and further staffing shortages in an already strained system.

Additionally, the bill's provisions allowing Type C hospitals (smaller rural facilities) to vary from statutory ratios are concerning. While I appreciate the unique challenges of rural healthcare, flexibility should not come at the expense of baseline safety standards. Without strict guidelines, these variances could result in inconsistent care quality across the state, disproportionately affecting underserved communities. Having cared for patients received from tertiary centers, patient needs don't change based on hospital size—adequate staffing is essential everywhere.

Furthermore, HB 4074 weakens enforcement mechanisms by capping civil penalties, requiring faster complaint resolutions, and accepting hospital attestations as sufficient proof of compliance. This reduces accountability for hospitals that repeatedly violate staffing plans, shifting the burden back onto nurses who are already overworked. In my 15 years, I've seen how strong oversight encourages better resource allocation and prioritizes patient care over cost-cutting. This bill appears to prioritize hospital administrative ease over the safety of patients and the sustainability of our nursing workforce, especially at a time when Oregon is grappling with healthcare worker shortages.

As a dedicated nurse who has spent my career advocating for my patients at the bedside, I urge you to oppose HB 4074. Instead, let's build on the progress of our current laws by investing in recruitment, retention, and training programs that support safe staffing without rolling back hard-won protections. Our patients, families, and fellow healthcare workers deserve nothing less. Please vote no on this bill and stand with frontline nurses in prioritizing patient safety.

Thank you for your time and consideration. I am available to discuss my experiences further if it would be helpful to the committee.

Sincerely,

Deanna

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