

I have been a registered nurse for nearly four years. My first two years were spent practicing in Texas, a state widely known among healthcare workers for unsafe and unacceptable nurse-to-patient staffing ratios. In that environment, medical-surgical nurses were frequently assigned up to seven patients. Step-down nurses routinely cared for four or even five patients at a time. ICU nurses were regularly tripled. Emergency department nurses were often responsible for five or more patients simultaneously.

While working on a step-down unit, I personally would be expected to care for two to four patients while also serving as charge nurse, responsible for overseeing a unit filled with critically ill patients and newly graduated nurses still learning their roles. This level of staffing was not safe. It was not sustainable. And it directly compromised patient care.

I want to make myself abundantly clear: I moved to Oregon and relinquished my compact nursing license in 2024 *specifically* because of this state's newly enacted legislation on nurse-to-patient ratios. I am not alone. I personally know many nurses who chose to come to Oregon because these ratios signaled a commitment to safer nursing practice and better patient care.

People often ask why I became a nurse. I became a nurse because I value science, critical thinking, and lifelong learning, and because I want to use my skills to meaningfully help others. When nurses are stretched beyond safe limits, that becomes impossible. Patient care suffers. Early signs of clinical deterioration are missed. Necessary care tasks are left undone. This is not a matter of opinion or anecdote—it is a fact. We know that patient mortality increases with the number of patients nurses assume care for. Safe staffing saves lives.

There is only so much time in a single shift. Patients do not stop being ill when we leave their rooms. Under unsafe staffing conditions, it is impossible to deliver the level of care patients deserve and nurses are professionally obligated to provide. Nurses are held morally, legally, and ethically responsible for patient outcomes, yet we are routinely placed in situations where safe care cannot be delivered.

This results in moral injury. Nurses burn out. Nurses leave the bedside. For example: during and after the COVID-19 pandemic, we watched decades of clinical experience disappear from patient care settings across this country. That

loss was not inevitable—it was the predictable outcome of unsafe working conditions.

I strongly oppose HB-4074 and ask you to consider this carefully: when nurses are exhausted, burned out, and no longer physically or mentally able to care for patients at the bedside, who will care for your communities? Who will care for your loved ones? Who will care for you when you need it most?