

Submitter: Sara Pettus  
On Behalf Of:  
Committee: House Committee On Health Care  
Measure, Appointment or Topic: HB4074  
Sara Pettus – Portland, Oregon

I oppose HB 4074.

I am a hospital nurse with 13 years of experience working in acute care, critical care, and emergency settings. I have seen, repeatedly and firsthand, what happens when staffing decisions are left to hospital discretion rather than enforced safety standards.

HB 4074 weakens Oregon's nurse staffing protections by expanding pathways for hospitals to deviate from statutory nurse-to-patient ratios under the guise of hospital-wide staffing plans. This is not a technical adjustment. It is a deliberate retreat from accountability established under HB 2697.

In theory, this bill offers "flexibility." In reality, flexibility has meant unsafe assignments, chronic understaffing, and pressure on bedside nurses to absorb unacceptable levels of risk. I have seen moral injury. I have seen miscare. I have seen highly skilled clinicians leave the profession because conditions became incompatible with safe practice.

More importantly, I have seen patients harmed.

In emergency and critical care settings, staffing is not an abstract metric. It directly determines whether changes in condition are caught in time, whether interventions are delayed, and whether preventable complications occur. I have witnessed delayed assessments, missed deterioration, and compromised care that resulted not from lack of training or effort, but from excessive patient loads that made safe practice impossible.

HB 2697 established minimum staffing ratios because hospitals repeatedly demonstrated that, when left to self-regulate, they staff to financial tolerance rather than clinical reality. HB 4074 shifts authority back toward hospital systems by broadening variance eligibility and diluting uniform statewide standards, undermining the intent of the original law.

This bill sends a clear and troubling message: that patient safety protections are conditional, and that once hospital systems push back hard enough, enforceable standards can be weakened. That is not compromise. It is capitulation.

Staffing shortages will not be solved by weakening ratios. That approach accelerates burnout, turnover, and patient harm. Nurses do not leave because ratios exist. Nurses leave because ratios are ignored.

If the legislature is concerned about implementation challenges, the answer is not to hollow out the law. The answer is to strengthen enforcement, address acuity honestly, invest in retention, and hold hospital systems accountable for the conditions they create.

HB 4074 undermines patient safety, erodes trust in the staffing law, and shifts risk onto nurses and patients who have already borne too much of it.

It should not advance.