

Submitter: Tonnie Anderson
On Behalf Of:
Committee: House Committee On Health Care
Measure, Appointment or Topic: HB4074

Written Testimony in Opposition to HB 4074

Chair Nosse, Vice Chairs Nelson and Diehl, and Members of the Committee:
For the record, my name is Tonnie Anderson. I am an RN and have worked as a registered nurse for 4 years. I currently work at Kaiser Westside Medical Center in Hillsboro, Oregon, and I am a member of the Oregon Federation of Nurses and Health Professionals (OFNHP AFT-5017). I am writing in strong opposition to HB 4074.

Every day, I provide direct patient care, and the nurse staffing law passed in 2023 has a real impact on my ability to do my job safely and effectively. HB 4074 would make significant changes to the enforcement of that law. If passed, it would allow hospitals to continue to put patients at risk due to their unwillingness to staff appropriately. They would rather be fined than do what is right, in my experience. Patients and caregivers are put at risk every day due to understaffing. There are enough people to staff. This is a power play since I know paying a \$5000 daily fine is much more expensive than paying one additional CNA and RN for a shift, even across a few departments. Every person counts when bad things happen, but hospitals have deep enough pockets to ignore the very people they claim to serve. HB 2697 was the result of years of research, negotiation, and stakeholder engagement. Rushing through changes to the statute will only put providers and patients at risk. Advancing HB 4074 now would shortcut that process and risk unintended consequences that cannot be fully evaluated in the limited time available. From my experience, the current law is working as intended, and barriers to passing plans are rooted in unwillingness to utilize escalation and acuity tools. Hospitals were given ample time to comply, and the vast majority have done so.

I want to share a recent example of staffing issues. I recently moved to Kaiser. I was shocked when I was told that not all patients deserve a CNA. On one of my last shifts, I was assigned a CNA for only half of my patients. One of those patients without a CNA was high acuity, required a 2-person transfer, and needed two or more people to turn him. I asked the charge RN to please improve the assignments or find me a CNA for that room. She actually did find an additional CNA, and I am so glad. When my CNA and I got him up to the chair for a meal, he acted a little off, so I opened the door and curtains wide to allow for more visibility from the hall. He ended up having a Myocardial Infarction, heart attack, soon after that, while I was on the other side of the unit.

I believe that we had a fast response and a good outcome because I pushed hard to have more staff there at the time. I can't be with every patient at the same time. They are sicker than ever since COVID. Patients admitted to the hospital deserve to have more than one set of eyes on them, which means all hospital patients need at least

one CNA and one nurse.

I have so many other examples through the years of hospitals' missed opportunities, both near misses and severely negative outcomes, up to and including death. Do not give the hospitals an out; they are manipulating the situation to maintain all the power to the detriment of patients and caregivers.

Weakening enforcement through delayed penalties or reduced accountability would effectively suspend the law without the thoughtful analysis such changes demand. For these reasons, I respectfully urge you to oppose HB 4074 as currently written. Thank you for your time and consideration.

Sincerely,
Tonnie Anderson
RN, BSN