## 2007 Regular Legislative Session FISCAL ANALYSIS OF PROPOSED LEGISLATION

Prepared by the Oregon Legislative Fiscal Office

MEASURE NUMBER: HB 2022 STATUS: A-Engrossed

SUBJECT: Assessment, prevention, and training of assaults on health care workers

**GOVERNMENT UNIT AFFECTED:** Department of Human Services, Department of Corrections,

Oregon Health and Science University, and Department of Business and Consumer Services

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**REVIEWED BY:** John C. Britton, Steve Bender, Doug Wilson, and Robin LaMonte

**DATE:** February 8, 2007

<u>2007-2009</u> <u>2009-2011</u>

**EXPENDITURES:** See Comments

**EFFECTIVE DATE:** July 1, 2007

**GOVERNOR'S BUDGET:** This bill is not anticipated by the Governor's recommended budget.

**LOCAL GOVERNMENT MANDATE:** This bill does not affect local governments' service levels or shared revenues sufficient to trigger Section 15, Article XI of the Oregon Constitution.

**COMMENTS:** This measure requires health care employers, which includes statutorily defined ambulatory surgical centers and hospitals, to conduct periodic security and safety assessments, develop and implement an assault prevention and protection programs, and provide assault prevention and protection training on a regular and ongoing basis for all employees. Furthermore, ambulatory surgical centers and hospitals would be required to maintain a record of assaults committed against employees and provide that information to the Department of Business and Consumer Services (DCBS). DCBS is then required to report this information to the 75<sup>th</sup> Legislature. In addition, a healthcare employee may request a second employee to accompany them when treating a patient who has previously assaulted the employee on the premises of the health care employer. A home health care service employee may refuse to treat a patient, unless the employee is equipped with a communication device. The measure as currently written would apply to all employees of a health care employer.

The Oregon Health and Science University (OHSU) states that it currently provides training similar to the measure to approximately 200 employees that work directly with high-risk patients. OHSU belives that the measure may require it to conduct a one-time training for approximately 4,000 additional employees who have patient contact and then for 850 new employees which it hires each year. This would cost OHSU an estimated \$120,763 for the 2007-09 biennium and \$22,763 for the 2009-11 biennium. In addition, OHSU estimates a re-occurring biennial cost of \$52,000 to comply with the reporting requirements of this measure. The total cost for OHSU would be \$172,763 for the 2007-09 biennium and \$74,763 for the 2009-11 biennium.

The Department of Human Services (DHS) states that it does not have a fiscal impact associated with this measure. DHS bases this statement on the fact that the Oregon State Hospital already provides training to direct care providers and that it currently meets most reporting requirements through its existing Oregon Occupation Safety and Health reports. The Legislative Fiscal Office, however, notes that the Department could incur additional costs related to updating training materials, providing training to

certain classes of employees (e.g., administrative, food service, and housekeeping staffs) who are not currently trained, and complying with additional, but minimal reporting requirements. The level of such expenditures has not been estimated, but is probably modest.

The Department of Corrections states that this measure would have an indeterminate fiscal impact. LFO has some of the same concerns with the DOC fiscal impact as with the DHS fiscal impact, with perhaps the exceptions that certain staff may need to be backfilled while attending training and that inmate labor for certain support activities may not require training given they do not meet the definition of employee.

DCBS states that it would not have a fiscal impact associated with this measure because it is able to absorb the costs of administrative rule making, data collection, and data analysis within its current budget. This is primarily due to its existing regulatory responsibilities under its Occupation Safety and Health Division.