

SB 469 builds on Oregon's collaborative staffing committee structure, while empowering staffing committees, enhancing transparency, strengthening enforcement, and increasing accountability. This document highlights changes to the existing law made by SB 469.

Section 1: Hospital Nurse Staffing Committees:

- (-1 amendment) Adds a non-registered nurse direct care staff person whose services are covered by the staffing plan to the staffing committee as a voting member. This person becomes part of the 50 percent of the committee that is direct-care registered nurses (RNs).
- If direct-care RNs are represented by a union, the bargaining unit selects direct-care members who serve on the committee.
- Establishes that if an uneven number of nurse managers and direct-care staff are present at a staffing committee meeting, each side has an equal number of votes.
- If the committee comes to impasse and can't approve a plan, OHA may be notified and a ratio recommended by the Nurse Staffing Advisory Board (section 2) is triggered and remains in place until a staffing plan is approved.
- The set ratio will be based on national specialty standards.
- The staffing committee meets quarterly, and whenever half of the committee calls for a meeting.
- Meetings of the staffing committee are open to nursing staff, staff subject to the plan, and union staff who represent direct-care members.
- (-1 amendment) Minutes must record votes and rationale used in decision making.
- Direct-care staff on the committee will be released from their patient care assignment to attend committee meetings.

Section 2 & 3: Nurse Staffing Advisory Board:

- A 13 member Nurse Staffing Advisory Board is created. The board is made up of 4 direct care RNs, 4 nurse managers, 1 non-RN direct care staff, 1 hospital representative, 1 nursing union representative, and 2 members of the public. Members are appointed by the Governor.
- The Nurse Staffing Advisory Board will identify trends and problems related to staffing and make recommendations to the Oregon Health Authority (OHA). It will recommend ratios to be used in case of a staffing committee impasse. OHA will prescribe ratios in rule (-1 amendment). The advisory board will report annually to the legislature.

Section 4 & 5: Staffing Plans

- The staffing plan developed by the staffing committee shall be implemented by the hospital.
- The plan must be based on individual and aggregate patient needs and requirements for nursing care.
- Plans must factor in admissions, discharges, and transfers.
- Plans must factor in additional staff to cover lunch and rest breaks if needed.
- Plans must not be based solely on external benchmarking data.
- The staffing committee must review plans at least annually. Such review shall consider patient outcomes, complaints related to staffing, hours per patient day, voluntary and mandatory overtime, and other factors determined by HNSC.

- Annual reviews must be submitted to OHA.

Section 6: Replacement Staff/Mandatory Overtime

- Adds certain techs to this section (-1 amendment).
- Related only to mandatory overtime.
- Specifies that a hospital may not require nursing staff to work beyond the agreed-upon and prearranged shift, regardless of the length of the shift.
- Hospital may not require nursing staff to work during the 10 hour time period following a 24 hour time period in which they worked 12 or more hours.
- Hospital may not require overtime if the nursing staff member informs the hospital that continued work would jeopardize patient or staff safety.
- Retains provisions that a hospital may require an additional hour of work in certain situations where there is an unanticipated vacancy, or departure of the nurse would result in potential harm to the patient.
- A hospital may not schedule nonemergency elective cases at a time when the unit is not staffed, and would require staff to be called in, or would require overtime to be worked.
- This section does not apply in a national or state emergency.

Section 7 & 8: Posting and Records

- Hospital shall post a summary notice of the nurse staffing law.
- Hospital shall post in each unit the current nurse-to-patient ratio for the unit, updated each shift.
- Hospital shall post in each patient room a notice of the nurse staffing law and how to file a complaint.
- Hospital shall keep records necessary to demonstrate compliance with the nurse staffing law, to be specified in rulemaking by OHA. Records must be provided to OHA upon request.

Section 9, 10 & 11: Enforcement

- OHA shall audit 20 percent of hospitals annually. Each hospital shall be audited at least once every 5 years.
- Co-chairs of staffing committees shall be interviewed as part of audits or complaint investigations.
- OHA shall begin investigations no more than 60 days after receiving a complaint.
- OHA shall conduct a follow-up investigation no more than 60 days after a hospital has implemented a plan of correction.
- OHA has authority to take evidence, compel appearance of witnesses, compel production of documentation and testimony, and issue subpoenas as part of complaint investigations.
- OHA shall post on a website staffing plans submitted by hospitals, annual reviews of staffing plans submitted by hospitals, reports of audits and complaints, plans of correction, and any penalties issued.

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