

Legislative Concepts 247: Hospital Transparency and Worker Protections

Financial Transparency

- Hospitals must report the following to OHA:
 - On a quarterly basis, a hospital shall report its cash on hand.
 - On an annual basis, using the format of the Internal Revenue Service Form 990, the names, job titles and total compensation, including bonuses and benefits, of the hospital's 10 highest paid employees.
 - The percentage of medical assistance program payments and the amount of other public funds that were invested in stocks.
 - If a hospital is part of a multistate health care system, how much of the hospital's profits earned in Oregon to other states and profits that come in from other states to Oregon.
- Hospitals must post on their websites:
 - Income received for patient care broken out by classification of the care received and type of payer, such as patients, insurers or other third parties.
 - Expenses, including salary and benefit information for each classification of employee.
 - Investments and investment returns broken out by asset class and associated investment prospectuses or asset management plans.
 - Trusts or assets held for future use, including real estate and any associated asset management plans.

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Healthcare Worker Protections

- On-call or standby pay
 - A hospital shall compensate a nursing staff member for time spent on call or on standby.
 - A hospital shall pay a nursing staff member scheduled for an on-call shift or standby shift at least the applicable minimum wage rate.
- Predictable scheduling
 - A work schedule for nursing staff members who are nonexempt employees under the federal Fair Labor Standards Act may not be changed without the voluntary consent of the nursing staff member and must be posted in a conspicuous and accessible location.
 - Except in cases of emergencies.

LC 246: Hospital Workplace Violence Prevention

Enhanced penalty

Expands the crime of assault in the third degree for a person who:

- With knowledge that another person is working in a hospital, intentionally or knowingly causes physical injury to the working person while the working person is performing official duties.

Adds an exemptions for this subsection:

- A person may not be charged under this penalty if, at the time of the offense, they're experiencing an intellectual or developmental disability, delirium, dementia, traumatic brain injury, severe mental illness, or any other condition that seriously weakens their judgment or behavior.

Reporting

- Requires hospitals to provide an annual report to Legislative Assembly committees outlining the status of their assault prevention and protection program. The report should include:
 - The number of employee assault incidents committed on hospital premises.
 - The number of employee-reported physical injuries resulting from assaults on hospital premises.
 - Employee turnover rates because of WPV.
 - To the Director of the Department of Business Services, the number of root cause analyses conducted under the hospital's assault prevention and protection program.
 - The report should include when the analysis happened and type of assault.

LC 246: Hospital Workplace Violence Prevention

Signage

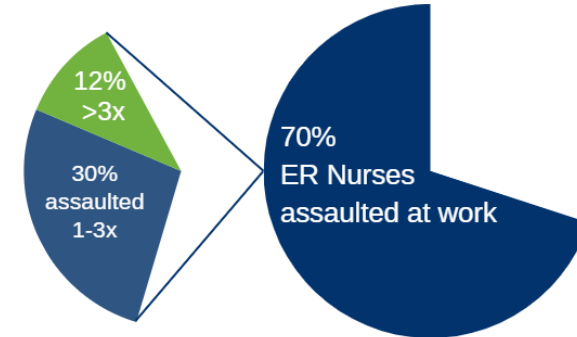
- Every hospital must display signage near all public entrances, within 15 feet, and visible to the public, detailing the hospital's safety standards.
- DCBS will provide model language that will inform the public that assaulting hospital staff is a crime.
- They should be in English, any language spoken by at least 1% of the hospital county's population, and the top five languages spoken in the state.
- Hospitals must also post signs for employees, explaining their rights and protections regarding reporting assaults at the hospital, including the procedures and contact information needed.

Pilot Program

- Oregon Health and Science University (OHSU) to launch a pilot program aimed at developing a statewide training initiative for hospital staff on WPV prevention and response, as well as creating a grant program to help hospitals implement these practices.
- The program explore training methods for handling weapons and managing hostile or violent behavior through various strategies.
- It will look at the differences in rural and urban hospitals.
- Evaluate security measures like metal detectors.
- Determining best practices for multilingual violence prevention training.
- Additionally, the program will cover educating hospital safety committees and staff on cooperating with law enforcement, such as how to file police reports, police response times, and when law enforcement should physically intervene with a patient.
- OHSU is required to provide a report on this pilot program, to the Legislative Assembly's health care committees by September 1, 2025.

We need to protect healthcare workers

- Recent examples shared with ONA from members across the state:
 - A nurse kicked multiple times in the chest
 - A security guard with a broken nose – this example is from more than one hospital.
 - Reaching through emergency room triage window and attempting to pry open the secured door to attack triage nurses.
 - Patients seemingly threatening nurses by mimicking shooting guns and stabbing them with knives.
 - And too many stories to count of healthcare workers being bitten, kicked, punched, spit at, and having obscenities and threats shouted at them.
- Security guard fatally shot inside Legacy's Good Samaritan Medical Center on July 22, 2023.



According to a 2022 Oregon specific survey, 70% of ER nurses in Oregon report having experienced an assault at work. Of those, 30% report having been assaulted one to three times in the past year and 12% report being assaulted more than three times in the past year.

On average, 57 healthcare workers are assaulted every day in the US.

-The American Nurses Association

