

Requested by Representative NOSSE

**PROPOSED AMENDMENTS TO  
HOUSE BILL 2697**

1 On page 1 of the printed bill, line 2, delete “and” and after “amending”  
2 insert “ORS 441.020, 441.151, 441.152, 441.154, 441.155, 441.156, 441.164, 441.165,  
3 441.175 and 441.177; repealing ORS 441.157; and declaring an emergency.”.

4 Delete lines 3 and 4.

5 Delete lines 6 through 25 and delete pages 2 through 19 and insert:

6

7

**“HOSPITAL STAFFING PLANS**

8

**“(Staffing Committees)**

9

10 **“SECTION 1.** ORS 441.151 is amended to read:

11 **“441.151.** As used in ORS 441.152 to 441.177[,]:

12 **“(1) ‘Charge nurse’ means a direct care registered nurse who coor-**  
13 **dinates patient care responsibilities among nurses in a hospital unit.**

14 **“(2) ‘Clinical care staff’ means individuals who are licensed or cer-**  
15 **tified by the state and who provide direct care.**

16 **“(3) ‘Direct care’ means any care provided by a licensed or certified**  
17 **member of the hospital staff that is within the scope of the license or**  
18 **certification of the member.**

19 **“(4) ‘Direct care staff’ means any of the following who are routinely**  
20 **assigned to patient care and are replaced when they are absent:**

21 **“(a) Registered nurses;**

1       **“(b) Licensed practical nurses;**  
2       **“(c) Certified nursing assistants; or**  
3       **“(d) Specialty care staff such as care managers and intravenous**  
4 **therapy nurses.**

5       **“(5) ‘Exclusive representative’ means a labor organization that is:**

6       **“(a) Certified as an exclusive representative by the National Labor**  
7 **Relations Board; or**

8       **“(b) Certified as an exclusive representative by the Employment**  
9 **Relations Board under ORS 243.650 to 243.809.**

10       **“(6) ‘Hospital’ includes a hospital as described in ORS 442.015 and an**  
11 **acute inpatient care facility as defined in ORS 442.470.**

12       **“(7) ‘Intensive care unit’ means a unit of a hospital that provides**  
13 **care to critically ill patients who require advanced treatments such**  
14 **as mechanical ventilation, vasoactive infusions or continuous renal**  
15 **replacement treatment or who require frequent assessment and mon-**  
16 **itoring.**

17       **“(8) ‘Intermediate care unit’ means a unit of a hospital that pro-**  
18 **vides progressive care, intensive specialty care or step-down care.**

19       **“(9) ‘Medical-surgical unit’ means an inpatient unit in which gen-**  
20 **eral medical or post-surgical level of care is provided, excluding crit-**  
21 **ical care units and any units referred to in sections 6, 9 and 11 of this**  
22 **2023 Act.**

23       **“(10) ‘Professional staff’ means professional workers as defined in**  
24 **a collective bargaining agreement or, if no collective bargaining**  
25 **agreement exists, by the chief executive officer of the hospital or the**  
26 **chief executive officer’s designee, consistent with National Labor Re-**  
27 **lations Board regulations.**

28       **“(11) ‘Progressive care’ means care provided to hospital patients**  
29 **who need more monitoring and assessment than patients on the**  
30 **medical-surgical units but whose conditions are not so unstable that**

1 they require care in an intensive care unit.

2 “(12) ‘Service staff’ means service workers as defined by a collective  
3 bargaining agreement or, if no collective bargaining agreement exists,  
4 by the chief executive officer of the hospital or the chief executive  
5 officer’s designee, consistent with National Labor Relations Board  
6 regulations.

7 “(13) ‘Step-down care’ means care for patients transitioning out of  
8 the intensive care unit who require more care and attention than pa-  
9 tients in a hospital’s medical-surgical units.

10 “(14) ‘Technical staff’ means technical workers as defined in a col-  
11 lective bargaining agreement or, if no collective bargaining agreement  
12 exists, by the chief executive officer of the hospital or the chief exec-  
13 utive officer’s designee, consistent with National Labor Relations  
14 Board regulations.

15 “SECTION 2. Sections 3 to 6, 9 to 11 and 16 of this 2023 Act are  
16 added to and made a part of ORS 441.152 to 441.177.

17 “SECTION 3. (1)(a) For each hospital there shall be established a  
18 hospital professional and technical staffing committee. A hospital  
19 professional and technical staffing committee shall consist of an equal  
20 number of hospital professional and technical managers and profes-  
21 sional and technical staff who work at the hospital.

22 “(b) If the professional and technical staff who work at the hospital  
23 have an exclusive representative, the exclusive representative shall  
24 select the staff members of the committee.

25 “(c) If none of the professional and technical staff who work at the  
26 hospital have an exclusive representative, the professional and tech-  
27 nical managers shall select the professional and technical staff mem-  
28 bers of the committee.

29 “(2) A hospital professional and technical staffing committee shall  
30 develop a written hospital-wide professional and technical staffing plan

1 in accordance with subsection (5) of this section. In developing the  
2 professional and technical staffing plan, the primary goal of the com-  
3 mittee shall be to ensure that the hospital is staffed sufficiently to  
4 meet the health care needs of the patients in the hospital. The com-  
5 mittee shall review and modify the staffing plan, as needed, in ac-  
6 cordance with this section.

7 “(3) A majority of the members of the committee constitutes a  
8 quorum for the transaction of business.

9 “(4) A hospital professional and technical staffing committee must  
10 have two cochairs. One cochair shall be a professional or technical  
11 manager elected by the members of the committee who are profes-  
12 sional or technical managers. The other cochair shall be a professional  
13 or technical staff person elected by the members of the committee who  
14 are professional and technical staff.

15 “(5)(a) A hospital professional and technical staffing committee  
16 shall develop a professional and technical staffing plan that is con-  
17 sistent with the approved nurse staffing plan for the hospital and that  
18 takes into account the hospital service staffing plan for the hospital  
19 developed under section 4 of this section.

20 “(b) The professional and technical staffing committee shall con-  
21 sider the following criteria when developing the professional and  
22 technical staffing plan:

23 “(A) The hospital’s census;

24 “(B) Location of the patients;

25 “(C) Patient types and patient acuity;

26 “(D) National standards, if any;

27 “(E) The size of the hospital and square footage of the hospital;

28 “(F) Ensuring patient access to care; and

29 “(G) Feedback received during committee meetings from staff.

30 “(6)(a) A hospital professional and technical staffing committee

1 must adopt a staffing plan by a majority vote of the members of the  
2 hospital professional and technical staffing committee. If a quorum  
3 of members present at a meeting comprises an unequal number of  
4 professional and technical staff and professional and technical man-  
5 agers, only an equal number of staff and managers may vote. A  
6 staffing plan adopted by the professional and technical staffing com-  
7 mittee must include a summary of the committee's consideration of  
8 the criteria in subsection (5) of this section.

9 “(b) If the hospital professional and technical staffing committee  
10 does not adopt a staffing plan or adopts only a part of the plan after  
11 60 days of deliberations, the committee shall submit the disputed plan  
12 or parts of the plan, as applicable, including a summary of the  
13 committee's consideration of the criteria in subsection (5) of this sec-  
14 tion, to the chief executive officer of the hospital. The chief executive  
15 officer or the chief executive officer's designee shall decide the dis-  
16 puted plan or parts of the plan, as applicable, considering the sum-  
17 mary of the committee's consideration of the criteria in subsection (5)  
18 of this section, and adopt the staffing plan or parts of the plan that  
19 were not adopted by the committee. The chief executive officer or the  
20 chief executive officer's designee shall provide to the staffing com-  
21 mittee:

22 “(A) A written explanation of the staffing plan or the parts of the  
23 staffing plan that were in dispute;

24 “(B) The final written proposals of the members of the staffing  
25 committee and the members' rationales for their proposals and the  
26 committee's summary of the committee's consideration of the criteria  
27 in subsection (5) of this section; and

28 “(C) A summary of the consideration by the chief executive officer  
29 or the chief executive officer's designee of the criteria in subsection  
30 (5) of this section.

1       “(c) If the professional and technical staffing committee is unable  
2 to reach an agreement on the staffing plan after 60 days of deliber-  
3 ations, the members of the professional and technical staffing com-  
4 mittee, by agreement, may extend deliberations up to 60 additional  
5 days before the disputed plan or parts of the plan must be submitted  
6 to the chief executive officer or the chief executive officer’s designee  
7 in accordance with paragraph (b) of this subsection.

8       “(d) A plan adopted by a chief executive officer or the chief execu-  
9 tive officer’s designee must include any staffing-related terms and  
10 conditions that were previously adopted through any applicable col-  
11 lective bargaining agreement, including any meal and rest break re-  
12 quirements.

13       “(7) A hospital professional and technical staffing committee must  
14 meet three times each year and at the call of either cochair, at a time  
15 and place specified by the cochairs.

16       “(8)(a) Except as provided in paragraph (b) of this subsection, a  
17 hospital professional and technical staffing committee meeting must  
18 be open to:

19       “(A) The hospital’s professional and technical staff, who shall be  
20 offered the opportunity to provide feedback to the committee during  
21 the committee’s meetings; and

22       “(B) Other observers or presenters invited by either cochair.

23       “(b) While the committee is deliberating or voting during a meet-  
24 ing, either cochair may exclude individuals described in paragraph (a)  
25 of this subsection.

26       “(9) Minutes must be taken at every committee meeting and the  
27 minutes must:

28       “(a) Include all motions made and the outcome of all votes taken;

29       “(b) Include a summary of all discussions; and

30       “(c) Be made available in a timely manner to any of the hospital

1 staff upon request.

2 “(10) A manager shall release staff and managers who serve on the  
3 hospital professional and technical staffing committee from their du-  
4 ties and compensate the staff and managers who serve on the com-  
5 mittee for time spent attending the professional and technical staffing  
6 committee meetings.

7 “(11) The hospital shall submit the staffing plan adopted under  
8 subsection (6) of this section to the Oregon Health Authority no later  
9 than 30 days after adoption of the staffing plan and shall submit any  
10 subsequent changes to the authority no later than 30 days after the  
11 changes are adopted.

12 “(12) Each hospital unit, as defined by the professional and techni-  
13 cal staffing committee, may deviate from the staffing plan developed  
14 by the professional and technical staffing committee for up to 12  
15 hours, no more than six times during a rolling 30-day period without  
16 being in violation of the professional and technical staffing plan. The  
17 unit manager must notify the hospital professional and technical  
18 staffing committee cochairs no later than 10 days after each deviation.  
19 Each subsequent deviation during the 30-day period constitutes a sep-  
20 arate violation under section 18 of this 2023 Act.

21 **“SECTION 4. (1)(a) For each hospital there shall be established a**  
22 **hospital service staffing committee. A hospital service staffing com-**  
23 **mittee shall consist of an equal number of service staff managers and**  
24 **service staff who work at the hospital.**

25 “(b) If the service staff who work at the hospital have an exclusive  
26 representative, the exclusive representative shall select the service  
27 staff members of the committee.

28 “(c) If none of the service staff who work at the hospital have an  
29 exclusive representative, the service staff managers shall select the  
30 service staff members of the committee.

1       “(2) A hospital service staffing committee shall develop a written  
2 hospital-wide staffing plan in accordance with subsection (5) of this  
3 section. The committee shall review and modify the staffing plan as  
4 needed in accordance with this section.

5       “(3) A majority of the members of the hospital service staffing  
6 committee constitutes a quorum for the transaction of business.

7       “(4) A hospital service staffing committee must have two cochairs.  
8 One cochair shall be a service staff manager elected by the members  
9 of the committee who are service staff managers. The other cochair  
10 shall be a service staff person elected by the members of the commit-  
11 tee who are service staff.

12       “(5) A hospital service staffing committee shall develop a hospital  
13 service staffing plan that is consistent with the approved nurse staff-  
14 ing plan for the hospital and that takes into account the professional  
15 and technical staffing plan for the hospital developed under section 3  
16 of this 2023 Act. The hospital service staffing committee shall consider  
17 the following criteria in developing the hospital service staffing plan:

- 18       “(a) The hospital’s census;
- 19       “(b) Location of the patients;
- 20       “(c) Patient types and patient acuity;
- 21       “(d) National standards, if any;
- 22       “(e) The size of the hospital and square footage of the hospital;
- 23       “(f) Ensuring patient access to care; and
- 24       “(g) Feedback received during committee meetings from staff.

25       “(6)(a) A hospital service staffing committee must adopt a staffing  
26 plan by a majority vote of the members of the hospital service staffing  
27 committee. If a quorum of members present at a meeting comprises  
28 an unequal number of service staff and service staff managers, only  
29 an equal number of staff and managers may vote. A staffing plan  
30 adopted by the hospital service staffing committee must include a



1 summary of the committee's consideration of the criteria in sub-  
2 section (5) of this section.

3       “(b) If the hospital service staffing committee does not adopt a  
4 staffing plan or adopts only a part of the staffing plan after 60 days  
5 of deliberations, the committee shall submit the disputed plan or parts  
6 of the plan, as applicable, including a summary of the committee's  
7 consideration of the criteria in subsection (5) of this section, to the  
8 chief executive officer of the hospital. The chief executive officer or  
9 the chief executive officer's designee shall decide the disputed plan or  
10 parts of the plan, as applicable, considering the summary of the  
11 committee's consideration of the criteria in subsection (5) of this sec-  
12 tion, and adopt the staffing plan or parts of the plan that were not  
13 adopted by the committee. The chief executive officer or the designee  
14 of the chief executive officer shall provide to the hospital service  
15 staffing committee:

16       “(A) A written explanation of the parts of the staffing plan that  
17 were in dispute;

18       “(B) The final written proposals of the members of the staffing  
19 committee and the members' rationales for their proposals and the  
20 committee's summary of the committee's consideration of the criteria  
21 in subsection (5) of this section; and

22       “(C) A summary of the consideration by the chief executive officer  
23 or the chief executive officer's designee of the criteria in subsection  
24 (5) of this section.

25       “(c) If the hospital service staffing committee is unable to reach  
26 an agreement on the hospital service staffing plan after 60 days of  
27 deliberations, the members of the hospital service staffing committee,  
28 by agreement, may extend deliberations up to 60 additional days before  
29 the disputed plan or parts of the plan must be submitted to the chief  
30 executive officer or the chief executive officer's designee in accordance

1 with paragraph (b) of this subsection.

2 “(d) A plan adopted by a chief executive officer or the chief execu-  
3 tive officer’s designee must include any staffing-related terms and  
4 conditions that were previously adopted through any applicable col-  
5 lective bargaining agreement, including any meal and rest break re-  
6 quirements.

7 “(7) A hospital service staffing committee must meet three times  
8 each year and at the call of either cochair, at a time and place speci-  
9 fied by the cochairs.

10 “(8)(a) Except as provided in paragraph (b) of this subsection, a  
11 hospital service staffing committee meeting must be open to:

12 “(A) The hospital’s service staff, who shall be offered the opportu-  
13 nity to provide feedback to the committee during the committee’s  
14 meetings; and

15 “(B) Other observers or presenters invited by either cochair.

16 “(b) While the committee is deliberating or voting during a meet-  
17 ing, either cochair may exclude individuals described in paragraph (a)  
18 of this subsection.

19 “(9) Minutes must be taken at every committee meeting and the  
20 minutes must:

21 “(a) Include all motions made and the outcome of all votes taken;

22 “(b) Include a summary of all discussions; and

23 “(c) Be made available in a timely manner to any of the hospital  
24 staff upon request.

25 “(10) A manager shall release from their duties service staff and  
26 service staff managers who serve on the hospital service staffing  
27 committee and compensate the service staff and service staff manag-  
28 ers who serve on the committee for time spent attending committee  
29 meetings.

30 “(11) The hospital shall submit the hospital service staffing plan

1 adopted under subsection (6) of this section to the Oregon Health Au-  
2 thority no later than 30 days after adoption of the staffing plan and  
3 shall submit any subsequent changes to the authority no later than  
4 30 days after the changes are adopted.

5 “(12) Each hospital unit, as defined by the hospital service staffing  
6 committee, may deviate from the hospital service staffing plan for up  
7 to 12 hours, no more than six times during a rolling 30-day period  
8 without being in violation of the hospital service staffing plan. The  
9 unit manager must notify the hospital services staffing committee  
10 cochairs no later than 10 days after each deviation. Each subsequent  
11 deviation during the 30-day period constitutes a separate violation  
12 under section 18 of this 2023 Act.

13 **“SECTION 5. (1) In a hospital that has an exclusive bargaining**  
14 **representative, labor and management may agree to combine two or**  
15 **more of the hospital professional and technical staffing committee, the**  
16 **hospital service staffing committee and the nurse staffing committee**  
17 **into one committee if:**

18 “(a) The structure of the committees to be combined meet the re-  
19 quirements of ORS 441.154 or section 3 or 4 of this 2023 Act; and

20 “(b) Each nonmanagement committee member is represented by an  
21 exclusive representative.

22 “(2) Disputes arising in combined committees shall be resolved us-  
23 ing the applicable dispute resolution processes under section 3, 4 or 11  
24 of this 2023 Act.

25 **“SECTION 6. (1) As used in this section, ‘unit’ means a hospital**  
26 **unit as defined by the nurse staffing committee.**

27 “(2) With respect to direct care registered nurses, a hospital nurse  
28 staffing plan must ensure that at all times:

29 “(a) In an emergency department:

30 “(A) A direct care registered nurse is assigned to not more than one

1 **trauma patient; and**

2 **“(B) The ratio of direct care registered nurses to patients must av-**  
3 **erage no more than one to four over a 12-hours shift and a single di-**  
4 **rect care registered nurse may not be assigned more than five patients**  
5 **at one time. Direct care registered nurses assigned to trauma patients**  
6 **may not be taken into account in determining the average ratio.**

7 **“(b) In an intensive care unit a direct care registered nurse is as-**  
8 **signed to not more than two patients.**

9 **“(c) In a labor and delivery unit, a direct care registered nurse is**  
10 **assigned to no more than:**

11 **“(A) Two patients if the patients are not in active labor or experi-**  
12 **encing complications; or**

13 **“(B) One patient if the patient is in active labor or if the patient is**  
14 **at any stage of labor and is experiencing complications.**

15 **“(d) In a postpartum, antepartum and well-baby nursery, a direct**  
16 **care registered nurse is assigned to no more than six patients, count-**  
17 **ing mother and baby each as separate patients.**

18 **“(e) In a mother-baby unit, a direct care registered nurse is as-**  
19 **signed to no more than eight patients, counting each mother and baby**  
20 **as separate patients.**

21 **“(f) In an operating room, a direct care registered nurse is assigned**  
22 **to no more than one patient.**

23 **“(g) In an oncology unit, a direct care registered nurse is assigned**  
24 **to no more than four patients.**

25 **“(h) In a post-anesthesia care unit, a direct care registered nurse**  
26 **is assigned to no more than two patients.**

27 **“(i) In an intermediate care unit, a direct care registered nurse is**  
28 **assigned to no more than three patients.**

29 **“(j) In a medical-surgical unit, a direct care registered nurse is as-**  
30 **signed to no more than four patients.**

1       **“(k) In a cardiac telemetry unit, a direct care registered nurse is**  
2 **assigned to no more than four patients.**

3       **“(L) In a pediatric unit, a direct care registered nurse is assigned**  
4 **to no more than four patients.**

5       **“(3) Notwithstanding subsection (2) of this section, the direct care**  
6 **registered nurse-to-patient ratio for an individual patient shall be**  
7 **based on the patient’s needed level of care regardless of the unit where**  
8 **the patient is being cared for.**

9       **“(4) With the approval of a majority of the members of the nurse**  
10 **staffing committee, a unit can deviate from the direct care registered**  
11 **nurse-to-patient ratios in subsection (2) of this section, in pursuit of**  
12 **innovative care models that were considered by the nurse staffing**  
13 **committee by allowing other clinical care staff to constitute up to 50**  
14 **percent of the registered nurses needed to comply with the applicable**  
15 **nurse-to-patient ratio. The staffing in an innovative care model must**  
16 **be reapproved by the nurse staffing committee every two years.**

17       **“(5) A hospital shall provide for meal and rest breaks in accordance**  
18 **with ORS 653.261, and rules implementing ORS 653.261, and any appli-**  
19 **cable collective bargaining agreement.**

20       **“(6) Each hospital unit may deviate from a nurse staffing plan, ex-**  
21 **cept with respect to meal breaks and rest breaks, including the appli-**  
22 **cable registered nurse-to-patient ratios under this section, for up to**  
23 **12 hours, no more than six times during a rolling 30-day period without**  
24 **being in violation of the nurse staffing plan. The unit manager must**  
25 **notify the hospital nurse staffing committee no later than 10 days af-**  
26 **ter each deviation. Each subsequent deviation during the 30-day pe-**  
27 **riod constitutes a separate violation under section 18 of this 2023 Act.**

28       **“(7) A hospital may not require a direct care registered nurse to be**  
29 **assigned to more patients than as specified in this section or in the**  
30 **nurse staffing plan approved by the hospital nurse staffing committee,**

1 as applicable.

2 “(8) A charge nurse may:

3 “(a) Take patient assignments, including patient assignments taken  
4 for the purpose of covering staff who are on meal breaks or rest  
5 breaks, in units with 10 or fewer beds;

6 “(b) Take patient assignments, including patient assignments taken  
7 for the purpose of covering staff who are on meal or rest breaks, in  
8 units with 11 or more beds with the approval of the nurse staffing  
9 committee; and

10 “(c) Be taken into account in determining the direct care registered  
11 nurse-to-patient ratio during periods when the charge nurse is taking  
12 patient assignments under this subsection.

13 “SECTION 7. Notwithstanding section 6 of this 2023 Act, in a  
14 medical-surgical unit of a hospital, a direct care registered nurse may  
15 be assigned to up to five patients.

16 “SECTION 8. Section 7 of this 2023 Act is repealed on June 30, 2026.

17 “SECTION 9. (1) As used in this section, ‘psychiatric unit’ includes:

18 “(a) Inpatient psychiatric units;

19 “(b) Psychiatric geriatric units;

20 “(c) Psychiatric pediatric units;

21 “(d) Emergency departments that provide psychiatric emergency  
22 service; and

23 “(e) The Oregon State Hospital.

24 “(2) A psychiatric unit shall create a multi-disciplinary subcom-  
25 mittee of the nurse staffing committee consisting of staff from the  
26 unit. The subcommittee shall adopt the staffing plan for the psychi-  
27 atric unit and shall be considered a nurse staffing committee for pur-  
28 poses of:

29 “(a) The adoption of a nurse staffing plan under ORS 441.154 and  
30 441.155; and

1       **“(b) Provisions of section 11 of this 2023 Act related to:**

2       **“(A) Dispute resolution through mandatory arbitration; and**

3       **“(B) Determining the circumstances when the nurse-to-patient ra-**  
4 **tios in section 6 of this 2023 Act will not apply.**

5       **“SECTION 10. A hospital may not assign a certified nursing assist-**  
6 **ant to more than seven patients at a time during a day or evening**  
7 **shift or to more than 11 patients at a time during a night shift.**

8       **“SECTION 11. (1) As used in this section, ‘licensed independent**  
9 **practitioner’ has the meaning given that term in ORS 426.005.**

10       **“(2) Direct care registered nurse-to-patient staffing ratios do not**  
11 **apply to the care of:**

12       **“(a) Patients in intensive care or critical units in circumstances**  
13 **prescribed by the nurse staffing committee;**

14       **“(b) Emergency department patients who are in critical condition,**  
15 **until they are stable;**

16       **“(c) Patients in swing beds, as defined by the Centers for Medicare**  
17 **and Medicaid Services;**

18       **“(d) Patients, in inpatient units, who are ready for discharge, as**  
19 **indicated in the medical record by a licensed independent practitioner,**  
20 **but are facing a barrier to discharge;**

21       **“(e) Patients, including patients in an emergency department, who**  
22 **are located in rooms near one another in the hospital and who are**  
23 **ready for discharge, as indicated in each patient’s medical record by**  
24 **a licensed independent practitioner, but who face a barrier to dis-**  
25 **charge;**

26       **“(f) Patients in outpatient units that operate under a hospital’s li-**  
27 **cense; or**

28       **“(g) Patients in psychiatric units.**

29       **“(3) For patients described in subsection (2) of this section, the**  
30 **hospital nurse staffing committee established under ORS 441.154 shall**

1 **adopt a staffing plan that is:**

2 **“(a) Consistent with nationally recognized nurse staffing standards**  
3 **or benchmarks;**

4 **“(b) Consistent with a tool that measures patient acuity and inten-**  
5 **sity and that has been calibrated to the applicable unit; or**

6 **“(c) Approved after the committee has considered:**

7 **“(A) The specialized qualifications and competencies of the staff in**  
8 **the unit;**

9 **“(B) Historic acuity and intensity of the patients in the unit;**

10 **“(C) Nationally recognized nurse staffing standards, if any; and**

11 **“(D) Ensuring patient access to care.**

12 **“(4)(a) If the hospital nurse staffing committee does not adopt a**  
13 **nurse staffing plan under subsection (3) of this section by the 60th day**  
14 **of deliberations, the cochairs of the staffing committee shall submit**  
15 **the disputed nurse staffing plan or disputed parts of the nurse staffing**  
16 **plan to the Oregon Health Authority and the authority shall initiate**  
17 **expedited binding arbitration.**

18 **“(b) The arbitrator shall be selected using alternating strikes by the**  
19 **cochairs or their designees from a list of seven drawn from the inter-**  
20 **est arbitrator panel maintained by the State Conciliation Service.**

21 **“(c) Arbitration must be scheduled by mutual agreement no later**  
22 **than 30 calendar days after the cochairs submit the disputed nurse**  
23 **staffing plan or the disputed parts of the staffing plan to the authority**  
24 **except, by mutual agreement, the time may be extended.**

25 **“(d) The arbitrator shall issue a decision on the nurse staffing plan**  
26 **or the disputed parts of the nurse staffing plan, as applicable, based**  
27 **on the written submissions of evidence and arguments and may not**  
28 **conduct an evidentiary hearing or allow discovery. The arbitrator’s**  
29 **decision must be based on and within the parameters of the versions**  
30 **of the staffing plan or the disputed parts of the staffing plan submitted**



1 **by the cochairs and must be within the staffing parameters.**

2 **“(e) The arbitrator shall issue a decision no later than 60 days after**  
3 **the submission of evidence and written arguments.**

4 **“(f) The hospital shall pay for the cost of the arbitrator.**

5 **“SECTION 12.** ORS 441.154 is amended to read:

6 **“441.154. (1)(a) For each hospital there shall be established a hospital**  
7 **nurse staffing committee. Each **nurse staffing** committee shall:**

8 **“(A) Consist of an equal number of hospital nurse managers and direct**  
9 **care staff;**

10 **“(B) For *[that]* **the** portion of the committee composed of direct care staff,**  
11 **consist entirely of direct care registered nurses, except for one position to**  
12 **be filled by a direct care staff member who is not a registered nurse and**  
13 **whose services are covered by a written hospital-wide **nurse** staffing plan**  
14 ***[that meets the requirements of ORS 441.155];* and**

15 **“(C) Include at least one direct care registered nurse from each hospital**  
16 **nurse specialty or unit.**

17 **“(b) If **any of** the direct care registered nurses who work at a hospital**  
18 ***[are represented under a collective bargaining agreement, the bargaining unit***  
19 ***shall conduct a selection process by which the direct care registered nurses***  
20 ***who work at the hospital select the members of the committee who are direct***  
21 ***care registered nurses]* **have an exclusive representative, the exclusive**  
22 **representative shall select the direct care registered nurse members**  
23 **of the committee.****

24 **“(c) If the direct care staff member who is not a registered nurse who**  
25 **works at a hospital *[is represented under a collective bargaining agreement,***  
26 ***the bargaining unit shall use the selection process conducted pursuant to par-***  
27 ***agraph (b) of this subsection to select that member of the committee]* **has an**  
28 **exclusive representative, the exclusive representative shall select the**  
29 **direct care staff member of the committee who is not a registered**  
30 **nurse.****

1       “(d) If none of the direct care registered nurses who work at a  
2 hospital are represented by an exclusive representative, the direct care  
3 registered nurses belonging to a hospital nurse specialty or unit shall  
4 select the members of the committee who are direct care registered  
5 nurses from the specialty or unit to serve on the committee.

6       “(e) If none of the direct care staff working at the hospital who are  
7 not registered nurses are represented by an exclusive representative,  
8 the direct care registered nurses who are members of the staffing  
9 committee shall select the direct care staff who are not registered  
10 nurses to serve on the committee.

11       “[(d) If the direct care registered nurses who work at a hospital are not  
12 represented under a collective bargaining agreement, the direct care registered  
13 nurses belonging to a hospital nurse specialty or unit shall select each member  
14 of the committee who is a direct care registered nurse from that specialty or  
15 unit.]

16       “(2) A hospital nurse staffing committee shall develop a written  
17 hospital-wide **nurse** staffing plan in accordance with **this section and ORS**  
18 **441.155 and 441.156 and sections 6, 9, 10 and 11 of this 2023 Act.** The  
19 committee’s primary goals in developing the staffing plan shall be to ensure  
20 that the hospital is staffed to meet the health care needs of patients. The  
21 committee shall review and modify the staffing plan in accordance with ORS  
22 441.156.

23       “(3) A majority of the members of a hospital nurse staffing committee  
24 constitutes a quorum for the transaction of business.

25       “(4) A hospital nurse staffing committee shall have two cochairs. One  
26 cochair shall be a hospital nurse manager elected by the members of the  
27 committee who are hospital nurse managers and one cochair shall be a direct  
28 care registered nurse elected by the members of the committee who are direct  
29 care staff.

30       “(5)[(a)] A decision made by a hospital nurse staffing committee must be

1 made by a vote of a majority of the members of the committee. If a quorum  
2 of members **present at a meeting** comprises an unequal number of hospital  
3 nurse managers and direct care staff, only an equal number of hospital nurse  
4 managers and direct care staff may vote.

5 *“(b) If the committee is unable to reach an agreement on the staffing plan,  
6 either cochair of the committee may invoke a 30-day period during which the  
7 committee shall continue to develop the staffing plan. During the 30-day period,  
8 the hospital shall respond in a timely manner to reasonable requests from  
9 members of the committee for data that will enable the committee to reach a  
10 resolution. If at the end of the 30-day period, the committee remains unable to  
11 reach an agreement on the staffing plan, one of the cochairs shall notify the  
12 Oregon Health Authority of the impasse.]”*

13 *“(c) Upon receiving notification under paragraph (b) of this subsection, the  
14 authority shall provide the committee with a mediator to assist the committee  
15 in reaching an agreement on the staffing plan. Mediation conducted under this  
16 paragraph must be consistent with the requirements for implementing and re-  
17 viewing staffing plans under ORS 441.155 and 441.156.]”*

18 *“(d) If the committee is unable to reach an agreement on the staffing plan  
19 after 90 days of mediation, the authority may impose a penalty against the  
20 hospital as described in ORS 441.175.]”*

21 **“(6) A hospital nurse staffing committee shall meet:**

22 **“(a) At least once every [three] **four** months; and**

23 **“(b) At any time and place specified by either cochair.**

24 **“(7)(a) Subject to paragraph (b) of this subsection, a hospital nurse staff-  
25 ing committee meeting must be open to:**

26 **“(A) The hospital nursing staff as observers; and**

27 **“(B) Upon invitation by either cochair, other observers or presenters.**

28 **“(b) At any time, either cochair may exclude persons described in para-  
29 graph (a) of this subsection from a committee meeting for purposes related  
30 to deliberation and voting.**

1 “(8) Minutes of hospital nurse staffing committee meetings must:  
2 “(a) Include motions made and outcomes of votes taken;  
3 “(b) Summarize discussions; and  
4 “(c) Be made available in a timely manner to hospital nursing staff and  
5 other hospital staff upon request.

6 “(9) A hospital shall release a member of a hospital nurse staffing com-  
7 mittee described in subsection (1)(a) of this section from the member’s as-  
8 signment, and provide the member with paid time, to attend committee  
9 meetings.

10 **“SECTION 13.** ORS 441.155 is amended to read:

11 “441.155. (1) Each hospital shall implement [*the*] **a written hospital-wide**  
12 **staffing plan for nursing services that meets the requirements of this**  
13 **section and ORS 441.154 and 441.156 and sections 6, 9, 10 and 11 of this**  
14 **2023 Act and that** has been developed and approved by the hospital nurse  
15 staffing committee under ORS 441.154.

16 “(2) [*The staffing plan*] **If the nurse-to-patient ratios in section 6 of**  
17 **this 2023 Act apply, the hospital nurse staffing committee:**

18 **“(a) May consider:**

19 “[*a*] **(A) [*Must be based on*] The specialized qualifications and compe-**  
20 **tencies of the nursing staff and [*provide for*] the skill mix and level of com-**  
21 **petency [*necessary*] needed to ensure that the hospital is staffed to meet the**  
22 **health care needs of patients;**

23 “[*b*] **(B) [*Must be based on*] The size of the hospital and a measure-**  
24 **ment of hospital unit activity that quantifies the rate of admissions, dis-**  
25 **charges and transfers for each hospital unit and the time required for a**  
26 **direct care registered nurse belonging to a hospital unit to complete admis-**  
27 **sions, discharges and transfers for that hospital unit;**

28 “[*c*] **(C) [*Must be based on total diagnoses for each hospital unit and the***  
29 **nursing staff required to manage that set of diagnoses] The unit’s general**  
30 **and predominant patient population as defined by the Medicare Se-**

1 **verity Diagnosis-Related Groups adopted by the Centers for Medicare**  
2 **and Medicaid Services, or by other measures for patients who are not**  
3 **classified in the Medicare Severity Diagnosis-Related Groups;**

4 “[*d*] (D) [*Must be consistent with*] Nationally recognized evidence-based  
5 standards and guidelines established by professional nursing specialty or-  
6 ganizations, **if any**;

7 “[*e*] (E) [*Must recognize*] Differences in patient acuity; **and**

8 “[*f*] *Must establish minimum numbers of nursing staff, including licensed*  
9 *practical nurses and certified nursing assistants, required on specified shifts,*  
10 *provided that at least one registered nurse and one other nursing staff member*  
11 *is on duty in a unit when a patient is present;*]

12 “[*g*] *Must include a formal process for evaluating and initiating limita-*  
13 *tions on admission or diversion of patients to another hospital when, in the*  
14 *judgment of a direct care registered nurse or a nurse manager, there is an*  
15 *inability to meet patient care needs or a risk of harm to patients;*]

16 “[*h*] (F) [*Must consider*] Tasks not related to providing direct care[, *in-*  
17 *cluding meal breaks and rest breaks*]; and

18 “[*i*] *May not base nursing staff requirements solely on external*  
19 *benchmarking data*]

20 **“(b) Must comply with section 6 of this 2023 Act.**

21 **“(3) The nurse staffing plan developed and approved by the hospital**  
22 **nurse staffing committee must include a formal process for evaluating**  
23 **and initiating limitations on admitting patients or diverting patients**  
24 **to another hospital when, in the judgment of a direct care registered**  
25 **nurse or a nurse manager, the staff are unable to meet patient care**  
26 **needs or if there is a risk of harm to patients.**

27 “[*(3)*] (4) A hospital must maintain and post, **in a physical location or**  
28 **online**, a list of on-call nursing staff or staffing agencies to provide re-  
29 placement nursing staff in the event of a vacancy. The list of on-call nursing  
30 staff or staffing agencies must be sufficient to provide for replacement

1 nursing staff.

2 “[4(a)] **(5)(a)** An employer may not impose upon unionized nursing staff  
3 any changes in wages, hours or other terms and conditions of employment  
4 pursuant to a staffing plan unless the employer first provides notice to and,  
5 upon request, bargains with the union as the exclusive collective bargaining  
6 representative of the nursing staff in the bargaining unit.

7 “(b) A staffing plan does not create, preempt or modify a collective bar-  
8 gaining agreement or require a union or employer to bargain over the staff-  
9 ing plan while a collective bargaining agreement is in effect.

10 “**(6) A hospital shall submit to the Oregon Health Authority a nurse**  
11 **staffing plan adopted in accordance with this section and section 11**  
12 **of this 2023 Act and submit any changes to the plan no later than 30**  
13 **days after approval of the changes by the hospital nurse staffing**  
14 **committee.**

15 “**(7) A type A or a type B hospital may request from the Oregon**  
16 **Health Authority a two-year variance from the requirements of sec-**  
17 **tion 6 of this 2023 Act if the nurse staffing committee of the hospital**  
18 **has voted to approve the variance. The authority shall allow for a type**  
19 **A hospital or type B hospital to apply for the variance through the**  
20 **authority’s website. The authority shall approve a type A or type B**  
21 **hospital’s request for a two-year variance under this subsection if the**  
22 **request includes a statement signed by the cochairs of the hospital**  
23 **nurse staffing committee of the hospital, confirming that the nurse**  
24 **staffing committee voted to approve the variance.**

25 “**SECTION 14. Notwithstanding ORS 441.155, prior to June 1, 2024,**  
26 **a hospital nurse staffing committee established under ORS 441.154,**  
27 **may approve a staffing plan that is:**

28 “**(1) Consistent with nationally recognized nurse staffing standards**  
29 **or benchmarks;**

30 “**(2) Consistent with a tool that measures patient acuity and inten-**

1 **sity and that has been calibrated to the hospital unit, as defined by the**  
2 **nurse staffing committee; or**

3 **“(3) Approved after the nurse staffing committee has considered:**

4 **“(a) The specialized qualifications and competencies of the staff in**  
5 **the unit;**

6 **“(b) The historic acuity and intensity of the patients in the unit;**

7 **“(c) Nationally recognized nurse staffing standards, if any; and**

8 **“(d) The assurance of the patients’ access to care.**

9 **“SECTION 15. ORS 441.156 is amended to read:**

10 **“441.156. (1) A hospital nurse staffing committee established pursuant to**  
11 **ORS 441.154 [shall review the written hospital-wide staffing plan developed by**  
12 **the committee under ORS 441.155] shall review the nurse staffing plan:**

13 **“(a) At least once every year; and**

14 **“(b) At any other date and time specified by either cochair of the com-**  
15 **mittee.**

16 **“(2) In reviewing a staffing plan, a hospital nurse staffing committee shall**  
17 **consider:**

18 **“(a) Patient outcomes;**

19 **“(b) Complaints regarding staffing, including complaints about a delay in**  
20 **direct care nursing or an absence of direct care nursing;**

21 **“(c) The number of hours of nursing care provided through a hospital unit**  
22 **compared with the number of patients served by the hospital unit during a**  
23 **24-hour period;**

24 **“(d) The aggregate hours of mandatory overtime worked by the nursing**  
25 **staff;**

26 **“(e) The aggregate hours of voluntary overtime worked by the nursing**  
27 **staff;**

28 **“(f) The percentage of shifts for each hospital unit for which staffing**  
29 **differed from what is required by the staffing plan; [and]**

30 **“(g) The number of meal and rest breaks missed by direct care staff;**

1 **and**

2 “[g] (h) Any other matter determined by the committee to be necessary  
3 to ensure that the hospital is staffed to meet the health care needs of pa-  
4 tients.

5 “(3) Upon reviewing a staffing plan, a hospital nurse staffing committee  
6 *[shall:]*

7 “[a] *Report whether the staffing plan ensures that the hospital is staffed*  
8 *to meet the health care needs of patients; and]*

9 “[b] **may** modify the staffing plan *[as necessary to ensure that the hos-*  
10 *pital is staffed to meet the health care needs of patients].*

11

12 **“(Enforcement)**

13

14 **“SECTION 16. (1) To ensure compliance with ORS 441.152 to 441.177,**  
15 **the Oregon Health Authority shall:**

16 **“(a) Establish a method by which a hospital staff person or an ex-**  
17 **clusive representative of a hospital staff person may submit a com-**  
18 **plaint through the authority’s website regarding any violation listed**  
19 **in section 18 of this 2023 Act;**

20 **“(b) No later than 14 days after receiving a complaint, send a copy**  
21 **of the complaint to the exclusive representative, if any, of the staff**  
22 **person or staff persons who filed the complaint;**

23 **“(c) No later than 30 days after receiving a complaint of a violation**  
24 **listed in section 18 of this 2023 Act, open an investigation of the hos-**  
25 **pital and provide a notice of the investigation to the hospital and the**  
26 **cochairs of the relevant staffing committee established pursuant to**  
27 **ORS 441.154 or section 3 or 4 of this 2023 Act, and to the exclusive**  
28 **representative, if any, of the staff person or staff persons filing the**  
29 **complaint. The notice must include a summary of the complaint that**  
30 **does not include the complainant’s name or the specific date, shift or**



1 unit but does include the calendar week in which the complaint arose;

2 “(d) Not later than 60 days after opening the investigation, conclude  
3 the investigation and provide a written report on the complaint to the  
4 cochairs of the hospital staffing committee, and the exclusive repre-  
5 sentative, if any, of the staff person or staff persons filing the com-  
6 plaint. The report:

7 “(A) Shall include a summary of the complaint;

8 “(B) Shall include the nature of the alleged violation or violations;

9 “(C) Shall include the authority’s findings and factual bases for the  
10 findings;

11 “(D) Shall include other information the authority determines is  
12 appropriate to include in the report;

13 “(E) May not include the name of any complainant who is a patient  
14 or the names of any individuals that the authority interviewed in in-  
15 vestigating the complaint; and

16 “(F) Shall, if the authority imposes one or more civil penalties, in-  
17 clude a notice of the civil penalties that complies with ORS 183.415,  
18 183.745 and 441.175; and

19 “(e) In determining whether to impose a civil penalty, the authority  
20 shall consider all relevant evidence, including but not limited to wit-  
21 ness testimony, written documents and the observations of the inves-  
22 tigator.

23 “(2) A hospital subject to a complaint described in subsection (1)  
24 of this section shall provide to the authority, no later than 20 days  
25 after receiving the notice under subsection (1)(c) of this section:

26 “(a) The staffing plan that is the subject of the complaint;

27 “(b) If relevant to the complaint, documents that show the sched-  
28 uled staffing and the actual staffing on the unit that is the subject of  
29 the complaint during the period of time specified in the complaint; and

30 “(c) Documents that show the actions described in ORS 441.175 (4),

1 **if any, that the hospital took to comply with the staffing plan or to**  
2 **address the issue raised by the complaint.**

3 **“(3) In conducting an investigation, the authority shall review any**  
4 **document:**

5 **“(a) Related to the complaint that is provided by the exclusive rep-**  
6 **resentative that filed the complaint or by the hospital staff person who**  
7 **filed the complaint and the person’s exclusive representative, if any;**  
8 **and**

9 **“(b) Provided by the hospital in response to the complaint.**

10 **“(4) In conducting an investigation, the authority may:**

11 **“(a) Make an on-site inspection of the unit that is the subject of the**  
12 **complaint;**

13 **“(b) Interview a manager for the unit and any other staff persons**  
14 **with information relevant to the complaint;**

15 **“(c) Interview the cochairs of the relevant staffing committee;**

16 **“(d) Interview the staff person or staff persons who filed the com-**  
17 **plaint unless the individual declines to be interviewed; and**

18 **“(e) Compel the production of books, papers, accounts, documents**  
19 **and testimony pertaining to the complaint.**

20 **“(5) A complaint by a hospital staff person or the staff person’s**  
21 **exclusive representative must be filed no later than 60 days after the**  
22 **date of the violation alleged in the complaint. The authority may not**  
23 **investigate a complaint or take any enforcement action with respect**  
24 **to a complaint that has not been filed timely.**

25 **“SECTION 17. ORS 441.175 is amended to read:**

26 **“441.175. (1) The Oregon Health Authority [*may*] shall impose civil pen-**  
27 **alties in the manner provided in ORS 183.745 [*or suspend or revoke a license***  
28 ***of a hospital*] for a violation [*of any provision of ORS 441.152 to 441.177*]**  
29 **listed in section 18 of this 2023 Act. [*The authority shall adopt by rule a***  
30 ***schedule establishing the amount of civil penalty that may be imposed for a***

1 violation of ORS 441.152 to 441.177 when there is a reasonable belief that safe  
2 patient care has been or may be negatively impacted, except that a civil penalty  
3 may not exceed \$5,000.]

4 **“(2) The authority may suspend or revoke the license of a hospital,**  
5 **in the manner provided in ORS 441.030, for a violation described in**  
6 **section 18 of this 2023 Act.**

7 **“(3) Each violation of a written hospital-wide staffing plan shall be con-**  
8 **sidered a separate violation and there is no cap on the times that a**  
9 **penalty may be imposed for a repeat of a violation.** [Any license that is  
10 suspended or revoked under this subsection shall be suspended or revoked as  
11 provided in ORS 441.030.]

12 **“(4) The authority may not impose a civil penalty for a violation**  
13 **of a hospital nurse staffing plan, a hospital professional and technical**  
14 **staffing plan or a hospital service staffing plan if the hospital took the**  
15 **following actions:**

16 **“(a) Scheduled staff in accordance with the staffing plan;**

17 **“(b) Sought volunteers from all available qualified staff to work**  
18 **extra time;**

19 **“(c) Contacted qualified employees who made themselves available**  
20 **to work extra time;**

21 **“(d) Solicited per diem staff to work; and**

22 **“(e) Contacted contracted temporary agencies, that the hospital**  
23 **regularly uses, if temporary staff from such agencies are permitted to**  
24 **work in the hospital by law or any applicable collective bargaining**  
25 **agreement.**

26 **“[(2)] (4) The authority shall maintain for public inspection records of any**  
27 **civil penalties or license suspensions or revocations imposed on hospitals**  
28 **penalized under subsection (1) or (2) of this section.**

29 **“SECTION 18. (1) Following the receipt of a complaint and com-**  
30 **pletion of an investigation described in section 16 of this 2023 Act, for**

1 a violation described in subsection (2) of this section, the Oregon  
2 Health Authority shall:

3 “(a) Issue a warning for the first violation;

4 “(b) Impose a civil penalty of \$1,750 for a second violation of the  
5 same provision; and

6 “(c) Impose a civil penalty of \$2,500 for each third and subsequent  
7 violation of the same provision.

8 “(2) The authority shall take the actions described in subsection (1)  
9 of this section for the following violations by a hospital of ORS 441.152  
10 to 441.177:

11 “(a) Failure to establish a hospital professional and technical staff-  
12 ing committee or a hospital service staffing committee;

13 “(b) Failure to create a professional and technical staffing plan or  
14 a hospital service staffing plan;

15 “(c) Failure to adopt a nurse staffing plan by agreement or after  
16 binding arbitration;

17 “(d) Failure to comply with the staffing level in the nurse staffing  
18 plan, including the nurse-to-patient staffing ratios prescribed in sec-  
19 tion 6 of this 2023 Act, if applicable, and the failure to comply is not  
20 an allowed deviation described in section 6 (6) of this 2023 Act;

21 “(e) Failure to comply with the staffing level in the professional and  
22 technical staffing plan or the hospital service staffing plan and the  
23 failure to comply is not an allowed deviation as described in section 3  
24 (12) or 4 (12) of this 2023 Act; or

25 “(f) Requiring a nursing staff, as provided in ORS 441.166, to work:

26 “(A) Beyond an agreed-upon prearranged shift regardless of the  
27 length of the shift;

28 “(B) More than 48 hours in any hospital-defined work week;

29 “(C) More than 12 consecutive hours in a 24-hour period resulting  
30 in a negative impact on safe patient care or putting safe patient care

1 at risk; or

2 “(D) During the 10-hour period immediately following the 12th hour  
3 worked during a 24-hour period.

4 “(3) If a staff person at a hospital is unable to attend a staffing  
5 committee meeting because the staff person was not released from  
6 other hospital duties to attend the committee, in violation of ORS  
7 441.154 (9) or section 3 (10) or 4 (10) of this 2023 Act, the authority shall:

8 “(a) Issue a warning for the first violation; and

9 “(b) Impose a civil penalty of up to \$500 for a second and each  
10 subsequent violation.

11 “(4)(a) A direct care staff person, a hospital professional or techni-  
12 cal staff person or a hospital service staff person, or an exclusive  
13 representative of a direct care staff person, a hospital professional or  
14 technical staff person or a hospital service staff person, may elect to  
15 enforce meal break and rest break violations under ORS 653.261 by:

16 “(A) Filing a complaint with the Oregon Health Authority in ac-  
17 cordance with section 16 of this 2023 Act;

18 “(B) Filing a complaint with the Bureau of Labor and Industries;  
19 or

20 “(C) Pursuing remedies available under a collective bargaining  
21 agreement.

22 “(b) Paragraph (a) of this subsection does not require a staff person  
23 to choose between filing a grievance under a collective bargaining  
24 agreement and filing a complaint with the Bureau of Labor and In-  
25 dustries. However, if a staff person or the exclusive representative of  
26 a staff person files a complaint with the authority in accordance with  
27 section 16 of this 2023 Act for a meal break or rest break violation, the  
28 staff person or exclusive representative may not file a complaint with  
29 the bureau or pursue a grievance under a collective bargaining agree-  
30 ment for that violation.

1       “(c) In response to a complaint made under section 16 for a vio-  
2 lation of a meal break or violation of a rest break requirement, the  
3 authority shall enforce:

4       “(A) The meal break and rest break standards established in an  
5 applicable collective bargaining agreement and incorporated into the  
6 staffing plan without changing, interpreting or adding to the stan-  
7 dards.

8       “(B) The specific meal break and rest break requirements adopted  
9 by the bureau without changing, interpreting or adding to the re-  
10 quirements if the requirements are consistent with an applicable col-  
11 lective bargaining agreement.

12       “(d) The authority shall impose a civil penalty of \$200 for each  
13 missed meal break or missed rest break violation determined as a re-  
14 sult of a complaint filed under this subsection. Except as provided in  
15 ORS 183.745, the hospital shall pay the penalty to the staff person who  
16 missed the meal break or rest break on the next regular pay day fol-  
17 lowing the day the authority provides a report on the complaint in  
18 accordance with section 16 of this 2023 Act.

19       “(5) The authority may enter into an interagency agreement with  
20 the bureau for the bureau to investigate a complaint made under sec-  
21 tion 16 of this 2023 Act regarding meal breaks or rest breaks and issue  
22 a report described in section 16 (1)(d) of this 2023 Act. The bureau may  
23 have up to an additional 60 days to complete the bureau’s investigation  
24 and issue the report.

25       “**SECTION 19.** ORS 441.177 is amended to read:

26       “441.177. The Oregon Health Authority shall post on a website maintained  
27 by the authority:

28       “(1) [*Reports of audits described in ORS 441.157*] **The hospital staffing**  
29 **plans received by the authority under ORS 441.152 to 441.177;**

30       “(2) Any report, **described in section 16 (1)(d) of this 2023 Act,** made

1 pursuant to an investigation of [*whether a hospital is in compliance with ORS*  
2 *441.152 to 441.177*] **a complaint for which the authority issued a warning**  
3 **or imposed a civil penalty under section 18 of this 2023 Act;**

4 “[*(3) Any order requiring a hospital to implement a plan to correct a vio-*  
5 *lation of ORS 441.152 to 441.177;*]

6 “[*(4)*] **(3)** Any order [*imposing a civil penalty against a hospital or*] sus-  
7 pending or revoking the license of a hospital pursuant to ORS 441.175; and

8 “[*(5)*] **(4)** Any other matter recommended by the Nurse Staffing Advisory  
9 Board established under ORS 441.152.

10 **“SECTION 20.** ORS 441.020 is amended to read:

11 “441.020. (1) Licenses for health care facilities, except long term care fa-  
12 cilities as defined in ORS 442.015, must be obtained from the Oregon Health  
13 Authority.

14 “(2) Licenses for long term care facilities must be obtained from the De-  
15 partment of Human Services.

16 “(3) Applications shall be upon such forms and shall contain such infor-  
17 mation as the authority or the department may reasonably require, which  
18 may include affirmative evidence of ability to comply with such reasonable  
19 standards and rules as may lawfully be prescribed under ORS 441.025.

20 “(4)(a) Each application submitted to the Oregon Health Authority must  
21 be accompanied by the license fee. If the license is denied, the fee shall be  
22 refunded to the applicant. If the license is issued, the fee shall be paid into  
23 the State Treasury to the credit of the Oregon Health Authority Fund for  
24 the purpose of carrying out the functions of the Oregon Health Authority  
25 under and enforcing ORS 441.015 to 441.087 **and 441.152 to 441.177**; or

26 “(b) Each application submitted to the Department of Human Services  
27 must be accompanied by the application fee or the annual renewal fee, as  
28 applicable. If the license is denied, the fee shall be refunded to the applicant.  
29 If the license is issued, the fee shall be paid into the State Treasury to the  
30 credit of the Department of Human Services Account for the purpose of

1 carrying out the functions of the Department of Human Services under and  
2 enforcing ORS 431A.050 to 431A.080 and 441.015 to 441.087.

3 “(5) Except as otherwise provided in subsection (8) of this section, for  
4 hospitals with:

5 “(a) Fewer than 26 beds, the annual license fee shall be \$1,250.

6 “(b) Twenty-six beds or more but fewer than 50 beds, the annual license  
7 fee shall be \$1,850.

8 “(c) Fifty or more beds but fewer than 100 beds, the annual license fee  
9 shall be \$3,800.

10 “(d) One hundred beds or more but fewer than 200 beds, the annual license  
11 fee shall be \$6,525.

12 “(e) Two hundred or more beds, but fewer than 500 beds, the annual li-  
13 cense fee shall be \$8,500.

14 “(f) Five hundred or more beds, the annual license fee shall be \$12,070.

15 “(6) A hospital shall pay an annual fee of \$750 for each hospital satellite  
16 indorsed under the hospital’s license.

17 “(7) The authority may charge a reduced hospital fee or hospital satellite  
18 fee if the authority determines that charging the standard fee constitutes a  
19 significant financial burden to the facility.

20 “(8) For long term care facilities with:

21 “(a) One to 15 beds, the application fee shall be \$2,000 and the annual  
22 renewal fee shall be \$1,000.

23 “(b) Sixteen to 49 beds, the application fee shall be \$3,000 and the annual  
24 renewal fee shall be \$1,500.

25 “(c) Fifty to 99 beds, the application fee shall be \$4,000 and the annual  
26 renewal fee shall be \$2,000.

27 “(d) One hundred to 150 beds, the application fee shall be \$5,000 and the  
28 annual renewal fee shall be \$2,500.

29 “(e) More than 150 beds, the application fee shall be \$6,000 and the annual  
30 renewal fee shall be \$3,000.



1 “(9) For ambulatory surgical centers, the annual license fee shall be:  
2 “(a) \$1,750 for certified and high complexity noncertified ambulatory sur-  
3 gical centers with more than two procedure rooms.  
4 “(b) \$1,250 for certified and high complexity noncertified ambulatory sur-  
5 gical centers with no more than two procedure rooms.  
6 “(c) \$1,000 for moderate complexity noncertified ambulatory surgical cen-  
7 ters.  
8 “(10) For birthing centers, the annual license fee shall be \$750.  
9 “(11) For outpatient renal dialysis facilities, the annual license fee shall  
10 be \$2,000.  
11 “(12) The authority shall prescribe by rule the fee for licensing an ex-  
12 tended stay center, not to exceed:  
13 “(a) An application fee of \$25,000; and  
14 “(b) An annual renewal fee of \$5,000.  
15 “(13) During the time the licenses remain in force, holders are not re-  
16 quired to pay inspection fees to any county, city or other municipality.  
17 “(14) Any health care facility license may be indorsed to permit operation  
18 at more than one location. If so, the applicable license fee shall be the sum  
19 of the license fees that would be applicable if each location were separately  
20 licensed. The authority may include hospital satellites on a hospital’s license  
21 in accordance with rules adopted by the authority.  
22 “(15) Licenses for health maintenance organizations shall be obtained  
23 from the Director of the Department of Consumer and Business Services  
24 pursuant to ORS 731.072.  
25 “(16) Notwithstanding subsection (4) of this section, all moneys received  
26 for approved applications pursuant to subsection (8) of this section shall be  
27 deposited in the Quality Care Fund established in ORS 443.001.  
28 “(17) As used in this section:  
29 “(a) ‘Hospital satellite’ has the meaning prescribed by the authority by  
30 rule.

1 “(b) ‘Procedure room’ means a room where surgery or invasive procedures  
2 are performed.

3 **“SECTION 21.** ORS 441.164 is amended to read:

4 “441.164. Upon request of a hospital, the Oregon Health Authority may  
5 grant a variance to the written hospital-wide staffing plan requirements de-  
6 scribed in ORS [441.155] **441.152 to 441.177** if the variance is necessary to  
7 ensure that the hospital is staffed to meet the health care needs of patients.

8 **“SECTION 22.** ORS 441.165 is amended to read:

9 “441.165. (1) For purposes of this section, ‘epidemic’ means the occurrence  
10 of a group of similar conditions of public health importance in a community  
11 or region that are in excess of normal expectancy and that are from a com-  
12 mon or propagated source.

13 “(2) Notwithstanding ORS [441.155 and 441.156] **441.152 to 441.177**, a hos-  
14 pital is not required to follow a written hospital-wide staffing plan developed  
15 and approved by the hospital nurse staffing committee under ORS 441.154  
16 upon the occurrence of:

17 “(a) A national emergency or state emergency declared under ORS 401.165  
18 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility  
19 disaster plan and crisis standards of care;

20 “(b) Sudden unforeseen adverse weather conditions; or

21 “(c) An infectious disease epidemic suffered by hospital staff.

22 “(3)(a) No later than 30 days after a hospital deviates from a written  
23 hospital-wide staffing plan under subsection (2)(a) of this section, the hospi-  
24 tal incident command shall report to the cochairs of the hospital nurse  
25 staffing committee established under ORS 441.154 an assessment of the nurse  
26 staffing needs arising from the national or state emergency declaration.

27 “(b) Upon receipt of the report described in paragraph (a) of this sub-  
28 section, the hospital nurse staffing committee shall convene to develop a  
29 contingency nurse staffing plan to address the needs arising from the na-  
30 tional or state emergency declaration. The contingency nurse staffing plan

1 must include crisis standards of care.

2 “(c) The hospital’s deviation from the written hospital-wide staffing plan  
3 may not be in effect for more than 90 days without the approval of the hos-  
4 pital nurse staffing committee.

5 “(4) Upon the occurrence of a national or state emergency declaration or  
6 circumstances not described in subsection (2) of this section, either cochair  
7 of the hospital nurse staffing committee may require the hospital nurse  
8 staffing committee to meet to review and potentially modify the staffing plan  
9 in response to the emergency declaration or circumstances.

10 **“SECTION 23.** ORS 441.152 is amended to read:

11 “441.152. (1)(a) The Nurse Staffing Advisory Board is established within  
12 the Oregon Health Authority, consisting of 12 members appointed by the  
13 Governor.

14 “(b) Of the 12 members of the board:

15 “(A) Six must be hospital nurse managers;

16 “(B) Five must be direct care registered nurses who work in hospitals;  
17 and

18 “(C) One must be either a direct care registered nurse who works in a  
19 hospital or a direct care staff member who is not a registered nurse and  
20 whose services are covered by a written hospital-wide staffing plan that  
21 meets the requirements of ORS 441.155.

22 “(c) To the extent practicable, board members shall be appointed to ensure  
23 that the board is represented by members from hospitals where direct care  
24 staff are represented under a collective bargaining agreement and hospitals  
25 where direct care staff are not represented by a collective bargaining agree-  
26 ment and by hospitals of different sizes, types and geographic location.

27 “(d) The term of office of each board member is three years, but a member  
28 serves at the pleasure of the Governor. Before the expiration of the term of  
29 a member, the Governor shall appoint a successor whose term begins January  
30 1 next following. A member is eligible for reappointment, but may not serve

1 more than two consecutive terms. If there is a vacancy for any cause, the  
2 Governor shall make an appointment to become immediately effective for the  
3 unexpired term.

4 “(2) The board shall:

5 “(a) Provide advice to the authority on the administration of ORS 441.152  
6 to 441.177;

7 “(b) Identify trends, opportunities and concerns related to nurse staffing;

8 “(c) Make recommendations to the authority on the basis of those trends,  
9 opportunities and concerns; and

10 “(d) Review the authority’s enforcement powers and processes under ORS  
11 [~~441.157,~~] 441.171 and 441.177 **and section 16 of this 2023 Act.**

12 “(3)(a) Upon request, the authority shall provide the board with written  
13 hospital-wide staffing plans implemented under ORS 441.155, reviews con-  
14 ducted under ORS 441.156[, *information obtained during an audit under ORS*  
15 *441.157*] and complaints filed and investigations conducted as described in  
16 ORS 441.171 **and section 16 of this 2023 Act.**

17 “(b) The authority may not provide the board with any information under  
18 paragraph (a) of this subsection that is identifiable with a specific hospital  
19 unless the information is publicly available.

20 “(c) Hospital-wide staffing plans provided to the board under this section  
21 are confidential and not subject to public disclosure.

22 “(4) A majority of the members of the board constitutes a quorum for the  
23 transaction of business.

24 “(5) The board shall have two cochairs selected by the Governor. One  
25 cochair shall be a hospital nurse manager and one cochair shall be a direct  
26 care registered nurse.

27 “(6) Official action by the board requires the approval of a majority of the  
28 members of the board.

29 “(7) The board shall meet:

30 “(a) At least once every three months; and

1 “(b) At any time and place specified by the call of both cochairs.

2 “(8) The board may adopt rules necessary for the operation of the board.

3 “(9) The board shall submit a report on the administration of ORS 441.152  
4 to 441.177 in the manner provided in ORS 192.245 to an interim committee  
5 of the Legislative Assembly related to health no later than September 15 of  
6 each year. The board may include in its report recommendations for legis-  
7 lation.

8 “(10) Members of the board are not entitled to compensation, but may be  
9 reimbursed for actual and necessary travel and other expenses incurred by  
10 them in the performance of their official duties in the manner and amounts  
11 provided for in ORS 292.495. Claims for expenses shall be paid out of funds  
12 appropriated to the authority for purposes of the board.

13

14

#### “IMPLEMENTATION

15

16 **“SECTION 24. (1) The Oregon Health Authority may adopt rules**  
17 **necessary to carry out:**

18 **“(a) The provisions for accepting and investigating complaints un-**  
19 **der section 16 of this 2023 Act;**

20 **“(b) The enforcement of meal breaks and rest breaks; and**

21 **“(c) Nurse-to-patient ratios in emergency departments under sec-**  
22 **tion 6 (2)(a) of this 2023 Act.**

23 **“(2) The authority shall convene a subcommittee of the Nurse**  
24 **Staffing Advisory Board, established in ORS 441.152, to advise the au-**  
25 **thority in the adoption of rules under this subsection. The subcom-**  
26 **mittee must have equal representation of hospital employees and**  
27 **hospital managers and shall include representatives of:**

28 **“(a) The Service Employees International Union;**

29 **“(b) The Oregon Nurses Association; and**

30 **“(c) The Oregon Association of Hospitals and Health Systems.**

1       **SECTION 25.** (1) A nurse staffing plan that is in effect on the ef-  
2       fective date of this 2023 Act continues in force until a hospital nurse  
3       staffing committee revises the staffing plan or develops a new nurse  
4       staffing plan. Each hospital nurse staffing committee shall revise the  
5       nurse staffing plan that is in effect on the effective date of this 2023  
6       Act, or develop a new nurse staffing plan, to comply with ORS 441.152  
7       to 441.177 no later than June 1, 2024.

8       “(2) A hospital must begin to comply with sections 6 and 7 of this  
9       2023 Act no later than June 1, 2024.

10      “(3) A hospital must establish a hospital professional and technical  
11      staffing committee and a hospital service staffing committee in ac-  
12      cordance with sections 3 and 4 of this 2023 Act, no later than December  
13      31, 2024.

14      “(4) Except as provided in subsection (5) of this section, the au-  
15      thority may begin the enforcement of:

16      “(a) Sections 3 and 4 of this 2023 Act on the date specified in sub-  
17      section (3) of this section;

18      “(b) Section 6 of this 2023 Act on the date specified in subsection (2)  
19      of this section; and

20      “(c) The amendments to ORS 441.020, 441.151, 441.152, 441.154, 441.155,  
21      441.156, 441.164, 441.165, 441.175 and 441.177 by sections 1, 12, 13, 15, 17  
22      and 19 to 23 of this 2023 Act on the effective date of this 2023 Act.

23      “(5) The authority may not impose civil penalties under section 18  
24      of this 2023 Act for violations that occur before June 1, 2025.

25      **SECTION 26.** (1) ORS 441.157 is repealed.

26      “(2) Section 14 of this 2023 Act is repealed on June 2, 2024.

27

28

## “CAPTIONS

29

30      **SECTION 27.** The unit captions used in this 2023 Act are provided

1 only for the convenience of the reader and do not become part of the  
2 statutory law of this state or express any legislative intent in the  
3 enactment of this 2023 Act.

4

5

**“EFFECTIVE DATE**

6

7 **“SECTION 28. This 2023 Act being necessary for the immediate**  
8 **preservation of the public peace, health and safety, an emergency is**  
9 **declared to exist, and this 2023 Act takes effect September 1, 2023.”.**

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