

SB 1594 -1, -3 STAFF MEASURE SUMMARY

Senate Committee On Health Care

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Sub-Referral To: Joint Committee On Ways and Means

Meeting Dates: 2/14

WHAT THE MEASURE DOES:

The measure requires behavioral health care facilities to have in place a safety plan to ensure the safety of employees from harm caused by clients from the facility.

Detailed summary:

Defines “behavioral health care facility.” Directs behavioral health care facilities to submit a safety plan every two years to the Oregon Health Authority (OHA). Requires the plan to account for client acuity and to include staffing ratios. Requires facilities with employees represented by a collective bargaining unit to solicit feedback, on specified timeframes, from labor representatives. Directs OHA to receive and investigate complaints that the facility has violated the safety plan and to issue civil penalties upon a finding that the plan has been violated, or when facility has not timely submitted a safety plan.

Establishes the United We Heal Medicaid Payment Program within OHA to provide payments to behavioral health care providers and employers to offer apprenticeship and training programs. Appropriates \$4,700,000 to OHA for apprenticeship and training programs.

FISCAL: Fiscal impact issued

REVENUE: No revenue impact

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

-1 As amended, the measure establishes the Task Force on Improving the Safety of Behavioral Health Workers and appropriates \$4,700,000 to OHA for an apprenticeship and training program, and \$1,000,000 to the United We Heal fund.

Detailed summary:

The -1 amendment establishes a Task Force, replacing provisions that require facilities to maintain safety plans. Appropriates to \$4,700,000 OHA, as in the introduced version, and an additional \$1,000,000 to the United We Heal fund.

-3 As amended, the measure establishes the Task Force ("Task Force") on Improving the Safety of Behavioral Health Workers, replacing provisions of the introduced measure that would require facilities to maintain safety plans, and appropriates an additional \$1,000,000 to the United We Heal fund.

Detailed summary:

Specifies that one employer representatives on the Task Force must be from a county government. Directs the Task Force to produce a set of recommendations for improving the safety of behavioral health workers. Specifies legislative and non-legislative membership of the Task Force. Directs the Task Force to develop recommendations including staffing levels, standards for reporting assaults, training, and funding mechanisms to pay for safety requirements. Directs the Task Force to make a preliminary report to the Legislative Assembly by September 1,

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2024, and a final report with recommendations by December 1, 2024.

Establishes the United We Heal Medicaid Payment Program. Appropriates \$4,700,000 to OHA to provide payments to behavioral health care providers and employers to offer apprenticeship and training programs. Appropriates an additional \$1,000,000 directly to the United We Heal fund.

BACKGROUND:

[House Bill 2086](#) (2021) directed the Oregon Health Authority (OHA) to study conditions experienced by Oregon's behavioral health workforce. Among behavioral health workers, the most frequently cited reasons for burnout included work environment stressors and higher client acuity ([link](#) to Behavioral Health Workforce Report (2022)). Since the report was submitted to the Legislative Assembly, the Lund Report has reported on two separate incidents in which behavioral health workers have been stabbed ([link](#) to article dated November 29, 2023).

Workplace violence can range from threats and verbal abuse to physical assault. Oregon's Occupational Health and Safety Administration (Oregon OSHA) reported, between 2016 and 2018, 299 accepted disability claims from assault in nursing and residential care, 196 in hospitals, and 92 in social assistance settings ([link](#) to Oregon OSHA Workplace Violence report). The federal Occupational Health and Safety Administration found an increased risk for workers in behavioral health settings including inpatient and acute psychiatric services and residential care settings ([link](#) to Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers).