

# House Bill 3176

Sponsored by Representative NOSSE; Representatives GAMBA, GRAYBER, Senators PATTERSON, PHAM K (Presession filed.)

## SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act requires certain home health care entities to adopt staffing plans. (Flesch Readability Score: 67.7).

Requires home health agencies and home hospice programs to establish home health and home hospice staffing committees to develop staffing plans. Imposes penalties for certain violations. Requires the Oregon Health Authority to post the staffing plans to the authority's website and establish an online portal for filing complaints regarding violations. Prescribes a complaint process. Adds enforcement tools for the authority to enforce the home health and home hospice staffing requirements. Permits employees or exclusive representatives of employees of home health agencies and home hospice programs to seek enforcement by the Bureau of Labor and Industries of rules adopted by the bureau regarding meal periods and rest periods.

Takes effect on the 91st day following adjournment sine die.

## A BILL FOR AN ACT

Relating to staffing plans for home health care entities; creating new provisions; amending ORS 653.258; and prescribing an effective date.

**Be It Enacted by the People of the State of Oregon:**

## HOME HEALTH STAFFING PLANS

### (Definitions)

#### **SECTION 1. As used in sections 1 to 12 of this 2025 Act:**

(1) **"Exclusive representative" has the meaning given that term in ORS 441.760.**

(2) **"Home health agency" has the meaning given that term in ORS 443.014.**

(3) **"Home health care staff" means individuals who provide home health services. "Home health care staff" does not include:**

(a) **Home care workers, as defined in ORS 410.600;**

(b) **Direct caregivers employed by an in-home care agency as defined in ORS 443.305;**

(c) **Physicians;**

(d) **Nurse practitioners;**

(e) **Psychiatrists;**

(f) **Psychologists;**

(g) **Volunteers; or**

(h) **Individuals classified as a supervisor under an applicable collective bargaining agreement or certified as a supervisor by the National Labor Relations Board or the Employment Relations Board.**

(4) **"Home health services" has the meaning given that term in ORS 443.014.**

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

(Staffing Committees)

**SECTION 2.** (1)(a) For each home health agency licensed under ORS 443.015 there shall be established a home health staffing committee. Each home health staffing committee shall consist of an equal number of home health agency managers and home health care staff.

(b) If any of the home health care staff have an exclusive representative, the exclusive representative shall select the home health care staff members of the committee.

(c) If more than one exclusive representative represents any of the home health care staff, each exclusive representative shall select from among the home health care staff that it represents an equal number of the home health care staff members of the committee. The remaining home health care staff members of the committee shall be selected by mutual agreement of the exclusive representatives.

(d) If none of the home health care staff are represented by an exclusive representative, the home health care staff shall select by majority vote the home health care staff members of the committee.

(2) A home health staffing committee shall develop a written staffing plan in accordance with this section and sections 3 and 4 of this 2025 Act. The committee's primary goals in developing the staffing plan shall be to ensure that the home health agency is staffed to meet the health care needs of patients. The committee shall review and modify the staffing plan in accordance with section 4 of this 2025 Act.

(3) A majority of the members of a home health staffing committee constitutes a quorum for the transaction of business.

(4) A home health staffing committee shall have two cochairs. One cochair shall be a home health agency manager elected by the members of the committee who are home health agency managers, and one cochair shall be a home health care staff person elected by the members of the committee who are home health care staff.

(5) A decision made by a home health staffing committee must be made by a vote of a majority of the members of the committee. If a quorum of members present at a meeting comprises an unequal number of home health agency managers and home health care staff, only an equal number of home health agency managers and home health care staff may vote.

(6) A home health staffing committee shall meet:

(a) At least once every calendar quarter; and

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

(7)(a) Subject to paragraph (b) of this subsection, a home health staffing committee meeting must be open to:

(A) The home health agency's staff and any exclusive representative that represents home health care staff as observers; and

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

(b) At any time, either cochair may exclude persons described in paragraph (a) of this subsection from a committee meeting for purposes related to deliberation or voting.

(8) Minutes of home health staffing committee meetings must:

(a) Include motions made and outcomes of votes taken;

(b) Summarize discussions; and

(c) Be made available in a timely manner to home health care staff, other home health agency staff and any exclusive representative that represents home health care staff upon

1 request.

2 (9) A home health agency shall release a member of a home health staffing committee  
3 from the member's assignment, and provide the member with paid time, to attend committee  
4 meetings.

5  
6 (Staffing Plans)  
7

8 **SECTION 3.** (1) Each home health agency shall implement a written staffing plan for  
9 home health services that:

10 (a) Meets the requirements of this section and sections 2 and 4 of this 2025 Act;

11 (b) Has been developed and approved by the home health staffing committee established  
12 under section 2 of this 2025 Act;

13 (c) Includes any staffing-related terms and conditions that were adopted through any  
14 applicable collective bargaining agreement, including meal periods and rest periods, unless a  
15 term or condition is in direct conflict with an applicable statute or administrative rule;

16 (d) Incorporates feedback from home health care staff in each of the home health  
17 agency's practice specialities;

18 (e) Is based on the specialized qualifications and competencies of the home health care  
19 staff and the skill mix and level of competency needed to ensure that the home health agency  
20 is staffed to meet the health care needs of patients; and

21 (f) As applicable to the patient population served by the home health care staff, is con-  
22 sistent with nationally recognized evidence-based standards and guidelines established by  
23 professional home health organizations, if any.

24 (2) The home health staffing committee shall include the following factors in a home  
25 health staffing plan:

26 (a) Patient acuity;

27 (b) Safety of the patient's home environment;

28 (c) Type of patient visit;

29 (d) Travel time to and from the patient's home;

30 (e) Staff time spent on:

31 (A) Case management and patient care coordination;

32 (B) Clinical and administrative documentation, including any additional time spent as a  
33 result of technological barriers;

34 (C) Continuing education and training requirements;

35 (D) Duties as a clinical preceptor; and

36 (E) Any other required tasks not related to providing direct patient care;

37 (f) On-call shifts;

38 (g) Meal and rest periods;

39 (h) Sick leave, vacation leave or other approved leave; and

40 (i) Any other factors relevant to ensuring that the home health agency is staffed to meet  
41 the health care needs of patients.

42 (3)(a)(A) If the home health staffing committee does not adopt a home health staffing  
43 plan, either cochair of the committee may invoke the commencement of a 60-day period  
44 during which the committee shall continue to develop the staffing plan.

45 (B) If by the end of the 60-day period, the home health staffing committee does not adopt

1 a home health staffing plan, the members of the committee may extend deliberations for one  
 2 additional 60-day period only by a majority vote of the members of the committee.

3 (b) If by the end of the initial 60-day period of deliberations or by the end of the second  
 4 60-day period of deliberations, if deliberations are extended under paragraph (a)(B) of this  
 5 subsection, the home health staffing committee does not adopt a home health staffing plan,  
 6 the cochairs of the committee shall submit the disputed plan or parts of the plan, as appli-  
 7 cable, to the Oregon Health Authority, and the authority shall initiate expedited binding ar-  
 8 bitration.

9 (c) The arbitrator shall be selected using alternating strikes by the cochairs or their  
 10 designees from a list of seven drawn from the interest arbitrator panel maintained by the  
 11 State Conciliation Service.

12 (d) Arbitration must be scheduled by mutual agreement no later than 30 calendar days  
 13 after the cochairs submit the disputed home health staffing plan or the disputed parts of the  
 14 plan to the authority except as, by mutual agreement, the time may be extended.

15 (e) The arbitrator shall issue a decision on the home health staffing plan or the disputed  
 16 parts of the plan, as applicable, based on the written submissions of evidence and arguments  
 17 and may not conduct an evidentiary hearing or allow discovery. The arbitrator's decision  
 18 must be based on and within the parameters of the versions of the plan or the disputed parts  
 19 of the plan submitted by the cochairs and must be within the staffing parameters.

20 (f) The arbitrator shall issue a decision no later than 60 days after the submission of  
 21 evidence and written arguments.

22 (g) The home health agency shall pay for the cost of the arbitrator.

23 (4) A home health agency shall submit the home health staffing plan adopted under this  
 24 section to the authority no later than 30 days after adoption of the staffing plan and shall  
 25 submit any subsequent changes to the authority no later than 30 days after the changes are  
 26 adopted.

27 (5) A home health agency shall make readily available to all home health agency staff the  
 28 home health staffing plan adopted under this section and any subsequent changes to the  
 29 plan.

30 (6) A home health agency must maintain and post, in a physical location or online, a list  
 31 of on-call and per diem home health care staff or staffing agencies to provide replacement  
 32 home health care staff in the event of a vacancy. The list of on-call and per diem home  
 33 health care staff or staffing agencies must be sufficient to provide for replacement home  
 34 health care staff.

35 **SECTION 4.** (1) A home health staffing committee established pursuant to section 2 of  
 36 this 2025 Act shall review the home health staffing plan:

37 (a) At least once every calendar quarter; and

38 (b) At any other date and time specified by either cochair of the committee.

39 (2) In reviewing a home health staffing plan, a home health staffing committee shall  
 40 consider:

41 (a) Patient outcomes, including consideration of:

42 (A) Quality assurance and performance improvement data; and

43 (B) The number of patient hospitalizations and emergency department visits that re-  
 44 sulted from inadequate home health agency staffing;

45 (b) The number of missed patient visits;

1 (c) Delays in patient care, including secondary evaluations and follow-up care;

2 (d) Patient complaints regarding staffing, including complaints about a delay or absence  
3 of home health services;

4 (e) The aggregate hours of mandatory overtime worked by the home health care staff;

5 (f) The aggregate hours of voluntary overtime worked by the home health care staff;

6 (g) The aggregate hours worked by any home health care staff who are exempt from  
7 overtime compensation as established by local, state or federal law; and

8 (h) Any other matter determined by the committee to be necessary to ensure that the  
9 home health agency is staffed to meet the health care needs of patients.

10 (3) After reviewing a home health staffing plan, a home health staffing committee shall  
11 modify the staffing plan as needed to ensure that the home health agency is staffed to meet  
12 the health care needs of patients.

13 (4) If a home health staffing committee cannot reach an agreement on the modifications  
14 to a home health staffing plan under subsection (3) of this section, the cochairs of the com-  
15 mittee shall submit the disputed modifications to the Oregon Health Authority, and the au-  
16 thority shall initiate expedited binding arbitration according to the procedures described in  
17 section 3 (3) of this 2025 Act.

18  
19 (Modification in Case of Emergency or Epidemic)  
20

21 **SECTION 5.** (1) For purposes of this section, “epidemic” means the occurrence of a group  
22 of similar conditions of public health importance in a community or region that are in excess  
23 of normal expectancy and that are from a common or propagated source.

24 (2) Notwithstanding sections 1 to 12 of this 2025 Act, a home health agency is not re-  
25 quired to follow a written home health staffing plan developed and approved by the home  
26 health staffing committee established under section 2 of this 2025 Act upon the occurrence  
27 of:

28 (a) A national emergency or state emergency declared under ORS 401.165 to 401.236 or  
29 433.441 to 433.452 requiring the implementation of a disaster plan and crisis standards of  
30 care;

31 (b) Sudden unforeseen adverse weather conditions; or

32 (c) An infectious disease epidemic suffered by home health agency staff.

33 (3)(a) No later than 30 days after a home health agency deviates from a written home  
34 health staffing plan under subsection (2)(a) of this section, the home health agency shall re-  
35 port to the cochairs of the home health staffing committee established under section 2 of  
36 this 2025 Act an assessment of the home health staffing needs arising from the national or  
37 state emergency declaration.

38 (b) Upon receipt of the report described in this subsection, the home health staffing  
39 committee shall convene to develop a contingency home health staffing plan to address the  
40 needs arising from the national or state emergency declaration. The contingency home  
41 health staffing plan must include crisis standards of care.

42 (c) The home health agency’s deviation from the written home health staffing plan may  
43 not be in effect for more than 90 days without the approval of the home health staffing  
44 committee.

45 (4) Upon the occurrence of a national or state emergency declaration or circumstances

1 not described in subsection (2) of this section, either cochair of the home health staffing  
2 committee may require the committee to meet to review and potentially modify the home  
3 health staffing plan in response to the emergency declaration or circumstances.

4  
5 (Records)

6  
7 **SECTION 6.** A home health agency shall keep and maintain records necessary to dem-  
8 onstrate compliance with sections 1 to 12 of this 2025 Act. A home health agency must pro-  
9 vide records kept and maintained under this section to the Oregon Health Authority upon  
10 request.

11 **SECTION 7.** The Oregon Health Authority shall post on a website maintained by the au-  
12 thority:

13 (1) The home health staffing plans received by the authority under sections 1 to 12 of this  
14 2025 Act;

15 (2) Any report, described in section 9 (2) of this 2025 Act, made pursuant to an investi-  
16 gation of a complaint for which the authority issued a warning or imposed a civil penalty  
17 under section 10 of this 2025 Act; and

18 (3) Any order suspending or revoking the license of a home health agency pursuant to  
19 section 11 of this 2025 Act.

20  
21 (Enforcement)

22  
23 **SECTION 8.** (1) As used in this section, “employee” has the meaning given that term in  
24 ORS 653.258.

25 (2) The Oregon Health Authority shall implement a process for an employee or an  
26 employee’s exclusive representative to file a complaint under ORS 653.258 (2)(a) against a  
27 home health agency for missed meal periods and rest periods.

28 (3) The authority shall forward to the Commissioner of the Bureau of Labor and Indus-  
29 tries any complaint filed under this section no later than 14 days after the complaint is filed.

30 (4) No later than 30 days after receiving a complaint under this section, the authority  
31 shall provide notice of the filing of the complaint to the following:

32 (a) The home health agency;

33 (b) The cochairs of the relevant home health staffing committee established pursuant to  
34 section 2 of this 2025 Act; and

35 (c) The exclusive representative, if any, of the employee filing the complaint.

36 **SECTION 9.** (1) As used in this section, “valid complaint” means a complaint containing  
37 an allegation that, if assumed to be true, is a violation listed in section 10 of this 2025 Act.

38 (2) To ensure compliance with sections 1 to 12 of this 2025 Act, the Oregon Health Au-  
39 thority shall:

40 (a) Establish a method by which a home health care staff person or an exclusive repre-  
41 sentative of a home health care staff person may submit a complaint through the authority’s  
42 website regarding any violation listed in section 10 of this 2025 Act;

43 (b) No later than 14 days after receiving a complaint, send a copy of the complaint to the  
44 complainant and to the exclusive representative, if any, of the complainant, with a request  
45 to provide any additional information;

1 (c) No later than 30 days after receiving a complaint:

2 (A) Provide notice to the complainant and the exclusive representative, if any, of the  
3 complainant that the authority has determined that the complaint is not a valid complaint;  
4 or

5 (B)(i) Open an investigation of the home health agency; and

6 (ii) Provide notice of the investigation to the complainant, the home health agency, the  
7 cochaIRS of the relevant home health staffing committee established pursuant to section 2  
8 of this 2025 Act and the exclusive representative, if any, of the complainant. The notice must  
9 include a summary of the complaint that does not include the complainant's name or the  
10 specific date, shift or unit but does include the calendar week in which the complaint arose;

11 (d) Not later than 80 days after opening the investigation, conclude the investigation and  
12 provide a written report on the complaint to the complainant, the home health agency, the  
13 cochaIRS of the staffing committee and the exclusive representative, if any, of the  
14 complainant. The report:

15 (A) Shall include a summary of the complaint;

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

17 (C) Shall include the authority's findings and factual bases for the findings;

18 (D) Shall include other information the authority determines is appropriate to include in  
19 the report; and

20 (E) May not include the name of any complainant, the name of any patient or the names  
21 of any individuals that the authority interviewed in investigating the complaint;

22 (e) In determining whether a violation has occurred, consider all relevant evidence, in-  
23 cluding but not limited to witness testimony, written documents and the observations of the  
24 investigator; and

25 (f) If the authority issues a warning or imposes one or more civil penalties based on the  
26 report described in this subsection, provide a notice of the civil penalty that complies with  
27 ORS 183.415 and 183.745 and section 11 of this 2025 Act to the home health agency, the  
28 cochaIRS of the applicable home health staffing committee, the complainant and the exclusive  
29 representative, if any, of the complainant.

30 (3) A home health agency subject to a valid complaint shall provide to the authority, no  
31 later than 20 days after receiving a notice of investigation under subsection (2) of this sec-  
32 tion:

33 (a) The home health staffing plan that is the subject of the complaint;

34 (b) If relevant to the complaint, documents that show the scheduled staffing and the  
35 actual staffing on the unit that is the subject of the complaint during the period of time  
36 specified in the complaint; and

37 (c) Documents that show the actions described in section 11 (4) of this 2025 Act, if any,  
38 that the home health agency took to comply with the staffing plan or to address the issue  
39 raised by the complaint.

40 (4) In conducting an investigation, the authority shall review any document:

41 (a) Related to the complaint that is provided by the exclusive representative that filed  
42 the complaint or by the home health care staff person who filed the complaint and the  
43 person's exclusive representative, if any; and

44 (b) Provided by the home health agency in response to the complaint.

45 (5) In conducting an investigation, the authority:

1 (a) Shall interview the home health care staff person or staff persons who filed the  
 2 complaint unless the individual declines to be interviewed;

3 (b) May interview the manager and any other staff persons with information relevant to  
 4 the complaint;

5 (c) May interview the cochairs of the relevant home health staffing committee; and

6 (d) May compel the production of books, papers, accounts, documents and testimony  
 7 pertaining to the complaint, other than documents that are privileged or not otherwise sub-  
 8 ject to disclosure.

9 (6) A complaint by a home health care staff person or the staff person's exclusive rep-  
 10 resentative must be filed no later than 60 days after the date of the violation alleged in the  
 11 complaint. The authority may not investigate a complaint or take any enforcement action  
 12 with respect to a complaint that has not been timely filed.

13 **SECTION 10.** (1) Following the receipt of a complaint and completion of an investigation  
 14 described in section 9 of this 2025 Act, for a violation described in subsection (2) of this  
 15 section, the Oregon Health Authority shall:

16 (a) Issue a warning for the first violation in a four-year period;

17 (b) Impose a civil penalty of \$1,750 for the second violation of the same provision in a  
 18 four-year period;

19 (c) Impose a civil penalty of \$2,500 for the third violation of the same provision in a  
 20 four-year period; and

21 (d) Impose a civil penalty of \$5,000 for the fourth and subsequent violations of the same  
 22 provision in a four-year period.

23 (2) The authority shall take the actions described in subsection (1) of this section for the  
 24 following violations by a home health agency of sections 1 to 12 of this 2025 Act:

25 (a) Failure to establish a home health staffing committee under section 2 of this 2025 Act;

26 (b) Failure to create, by agreement or after binding arbitration, a home health staffing  
 27 plan that complies with the requirements of section 3 of this 2025 Act;

28 (c) Failure to comply with the staffing level in the home health staffing plan implemented  
 29 under section 3 of this 2025 Act;

30 (d) Failure to review the home health staffing plan in accordance with section 4 of this  
 31 2025 Act;

32 (e) Failure to maintain or post a list of on-call and per diem home health care staff in  
 33 accordance with section 3 of this 2025 Act;

34 (f) Failure to report to the cochairs of a home health staffing committee after deviating  
 35 from a home health staffing plan under section 5 of this 2025 Act; or

36 (g) Continuing to deviate from a home health staffing plan under section 5 of this 2025  
 37 Act for more than 90 days without the approval of the home health staffing committee.

38 (3) If a staff person at a home health agency is unable to attend a home health staffing  
 39 committee meeting because the home health agency did not release the staff person from  
 40 other duties to attend the meeting, in violation of section 2 (9) of this 2025 Act, the authority  
 41 shall:

42 (a) Issue a warning for the first violation; and

43 (b) Impose a civil penalty of \$500 for a second and each subsequent violation.

44 (4) A home health care staff person, or an exclusive representative of a home health care  
 45 staff person, may elect to enforce meal period and rest period violations under ORS 653.261



1 by filing a complaint with the authority in accordance with section 9 of this 2025 Act.

2 **SECTION 11.** (1) Civil penalties imposed by the Oregon Health Authority for a violation  
3 listed in section 10 of this 2025 Act shall be imposed in the manner provided in ORS 183.745.

4 (2) The authority may suspend or revoke the license of a home health agency, in the  
5 manner provided in ORS 443.045, for a violation listed in section 10 of this 2025 Act.

6 (3) Each violation of a written home health staffing plan shall be considered a separate  
7 violation and there is no cap on the number of times that a penalty may be imposed for a  
8 repeat of a violation.

9 (4) The authority may not impose a civil penalty for a violation of a home health staffing  
10 plan, if the home health agency took the following actions:

11 (a) Scheduled staff in accordance with the staffing plan;

12 (b) Sought volunteers from all available qualified employees to work extra time;

13 (c) Contacted qualified employees who made themselves available to work extra time;

14 (d) Solicited per diem staff to work; and

15 (e) Contacted contracted temporary agencies, that the home health agency regularly  
16 uses, if temporary staff from such agencies are permitted to work for the home health  
17 agency by law or any applicable collective bargaining agreement.

18 (5) The authority shall maintain for public inspection records of any civil penalties or li-  
19 cense suspensions or revocations imposed on home health agencies penalized under sub-  
20 section (1) or (2) of this section.

21 **SECTION 12.** The Oregon Health Authority may adopt rules necessary to carry out  
22 sections 1 to 12 of this 2025 Act.

23  
24 **HOME HOSPICE STAFFING COMMITTEES**  
25 **(Definitions)**

26  
27 **SECTION 13.** As used in sections 13 to 24 of this 2025 Act:

28 (1) “Exclusive representative” has the meaning given that term in ORS 441.760.

29 (2) “Home hospice care staff” means individuals who provide home hospice services.  
30 “Home hospice care staff” does not include:

31 (a) Home care workers, as defined in ORS 410.600;

32 (b) Direct caregivers employed by an in-home care agency as defined in ORS 443.305;

33 (c) Physicians;

34 (d) Nurse practitioners;

35 (e) Psychiatrists;

36 (f) Psychologists;

37 (g) Volunteers; or

38 (h) Individuals classified as a supervisor under an applicable collective bargaining agree-  
39 ment or certified as a supervisor by the National Labor Relations Board or the Employment  
40 Relations Board.

41 (3) “Home hospice program” means a coordinated program of home care, available 24  
42 hours a day, that utilizes an interdisciplinary team of personnel trained to provide palliative  
43 and supportive services to a patient-family unit experiencing a life threatening disease with  
44 a limited prognosis.

45 (4) “Home hospice services” includes items and services provided to a patient-family unit

1 by a home hospice program or by other individuals or community agencies under a consult-  
 2 ing or contractual arrangement with a home hospice program, such as acute care, respite,  
 3 home care and bereavement services provided to meet the physical, psychosocial, spiritual  
 4 and other special needs of a patient-family unit during the final states of illness, dying and  
 5 the bereavement period.

6  
 7 (Staffing Committees)  
 8

9 **SECTION 14.** (1)(a) For each home hospice program licensed under ORS 443.860 there  
 10 shall be established a home hospice staffing committee. Each home hospice staffing com-  
 11 mittee shall consist of an equal number of home hospice program managers and home  
 12 hospice care staff.

13 (b) If any of the home hospice care staff have an exclusive representative, the exclusive  
 14 representative shall select the home hospice care staff members of the committee.

15 (c) If more than one exclusive representative represents any of the home hospice care  
 16 staff, each exclusive representative shall select from among the home hospice care staff that  
 17 it represents an equal number of the home hospice care staff members of the committee.  
 18 The remaining home hospice care staff members of the committee shall be selected by mu-  
 19 tual agreement of the exclusive representatives.

20 (d) If none of the home hospice care staff are represented by an exclusive representative,  
 21 the home hospice care staff shall select by majority vote the home hospice care staff mem-  
 22 bers of the committee.

23 (2) A home hospice staffing committee shall develop a written staffing plan in accordance  
 24 with this section and sections 15 and 16 of this 2025 Act. The committee's primary goals in  
 25 developing the staffing plan shall be to ensure that the home hospice program is staffed to  
 26 meet the health care needs of patients. The committee shall review and modify the staffing  
 27 plan in accordance with section 16 of this 2025 Act.

28 (3) A majority of the members of a home hospice staffing committee constitutes a quo-  
 29 rum for the transaction of business.

30 (4) A home hospice staffing committee shall have two cochair. One cochair shall be a  
 31 home hospice program manager elected by the members of the committee who are home  
 32 hospice program managers, and one cochair shall be a home hospice care staff person elected  
 33 by the members of the committee who are home hospice care staff.

34 (5) A decision made by a home hospice staffing committee must be made by a vote of a  
 35 majority of the members of the committee. If a quorum of members present at a meeting  
 36 comprises an unequal number of home hospice program managers and home hospice care  
 37 staff, only an equal number of home hospice program managers and home hospice care staff  
 38 may vote.

39 (6) A home hospice staffing committee shall meet:

40 (a) At least once every calendar quarter; and

41 (b) At any time and place specified by either cochair.

42 (7)(a) Subject to paragraph (b) of this subsection, a home hospice staffing committee  
 43 meeting must be open to:

44 (A) The home hospice program's staff and any exclusive representative that represents  
 45 home hospice care staff as observers; and

1 (B) Upon invitation by either cochair, other observers or presenters.

2 (b) At any time, either cochair may exclude persons described in paragraph (a) of this  
3 subsection from a committee meeting for purposes related to deliberation or voting.

4 (8) Minutes of home hospice staffing committee meetings must:

5 (a) Include motions made and outcomes of votes taken;

6 (b) Summarize discussions; and

7 (c) Be made available in a timely manner to home hospice care staff, other home hospice  
8 program staff and any exclusive representative that represents home hospice care staff upon  
9 request.

10 (9) A home hospice program shall release a member of a home hospice staffing commit-  
11 tee from the member's assignment, and provide the member with paid time, to attend com-  
12 mittee meetings.

13  
14 (Staffing Plans)  
15

16 **SECTION 15.** (1) Each home hospice program shall implement a written staffing plan for  
17 home hospice services that:

18 (a) Meets the requirements of this section and sections 14 and 16 of this 2025 Act;

19 (b) Has been developed and approved by the home hospice staffing committee established  
20 under section 14 of this 2025 Act;

21 (c) Includes any staffing-related terms and conditions that were adopted through any  
22 applicable collective bargaining agreement, including meal periods and rest periods, unless a  
23 term or condition is in direct conflict with an applicable statute or administrative rule;

24 (d) Incorporates feedback from home hospice care staff in each of the home hospice  
25 program's practice specialties;

26 (e) Is based on the specialized qualifications and competencies of the home hospice care  
27 staff and the skill mix and level of competency needed to ensure that the home hospice  
28 program is staffed to meet the health care needs of patients; and

29 (f) As applicable to the patient population served by the home hospice care staff, is con-  
30 sistent with nationally recognized evidence-based standards and guidelines established by  
31 professional home hospice organizations, if any.

32 (2) The home hospice staffing committee shall include the following factors in a home  
33 hospice staffing plan:

34 (a) Patient acuity;

35 (b) Safety of the patient's home environment;

36 (c) Type of patient visit;

37 (d) Travel time to and from the patient's home;

38 (e) Staff time spent on:

39 (A) Case management and patient care coordination;

40 (B) Clinical and administrative documentation, including any additional time spent as a  
41 result of technological barriers;

42 (C) Continuing education and training requirements;

43 (D) Duties as a clinical preceptor; and

44 (E) Any other required tasks not related to providing direct patient care;

45 (f) On-call shifts;

1 (g) Meal and rest periods;

2 (h) Sick leave, vacation leave or other approved leave; and

3 (i) Any other factors relevant to ensuring that the home hospice program is staffed to  
4 meet the health care needs of patients.

5 (3)(a)(A) If the home hospice staffing committee does not adopt a home hospice staffing  
6 plan, either cochair of the committee may invoke the commencement of a 60-day period  
7 during which the committee shall continue to develop the staffing plan.

8 (B) If by the end of the 60-day period, the home hospice staffing committee does not  
9 adopt a home hospice staffing plan, the members of the committee may extend deliberations  
10 for one additional 60-day period only by a majority vote of the members of the committee.

11 (b) If by the end of the initial 60-day period of deliberations or by the end of the second  
12 60-day period of deliberations, if deliberations are extended under paragraph (a)(B) of this  
13 subsection, the home hospice staffing committee does not adopt a home hospice staffing plan,  
14 the cochairs of the committee shall submit the disputed plan or parts of the plan, as appli-  
15 cable, to the Oregon Health Authority, and the authority shall initiate expedited binding ar-  
16 bitration.

17 (c) The arbitrator shall be selected using alternating strikes by the cochairs or their  
18 designees from a list of seven drawn from the interest arbitrator panel maintained by the  
19 State Conciliation Service.

20 (d) Arbitration must be scheduled by mutual agreement no later than 30 calendar days  
21 after the cochairs submit the disputed home hospice staffing plan or the disputed parts of  
22 the plan to the authority except as, by mutual agreement, the time may be extended.

23 (e) The arbitrator shall issue a decision on the home hospice staffing plan or the disputed  
24 parts of the plan, as applicable, based on the written submissions of evidence and arguments  
25 and may not conduct an evidentiary hearing or allow discovery. The arbitrator's decision  
26 must be based on and within the parameters of the versions of the plan or the disputed parts  
27 of the plan submitted by the cochairs and must be within the staffing parameters.

28 (f) The arbitrator shall issue a decision no later than 60 days after the submission of  
29 evidence and written arguments.

30 (g) The home hospice program shall pay for the cost of the arbitrator.

31 (4) A home hospice program shall submit the home hospice staffing plan adopted under  
32 this section to the authority no later than 30 days after adoption of the staffing plan and  
33 shall submit any subsequent changes to the authority no later than 30 days after the changes  
34 are adopted.

35 (5) A home hospice program shall make readily available to all home hospice program  
36 staff the home hospice staffing plan adopted under this section and any subsequent changes  
37 to the plan.

38 (6) A home hospice program must maintain and post, in a physical location or online, a  
39 list of on-call and per diem home hospice care staff or staffing agencies to provide replace-  
40 ment home hospice care staff in the event of a vacancy. The list of on-call and per diem  
41 home hospice care staff or staffing agencies must be sufficient to provide for replacement  
42 home hospice care staff.

43 **SECTION 16.** (1) A home hospice staffing committee established pursuant to section 14  
44 of this 2025 Act shall review the home hospice staffing plan:

45 (a) At least once every calendar quarter; and

1 (b) At any other date and time specified by either cochair of the committee.

2 (2) In reviewing a home hospice staffing plan, a home hospice staffing committee shall  
3 consider:

4 (a) Patient outcomes, including consideration of:

5 (A) Quality assurance and performance improvement data; and

6 (B) The number of patient hospitalizations and emergency department visits that re-  
7 sulted from inadequate home hospice program staffing;

8 (b) The number of missed patient visits;

9 (c) Delays in patient care, including secondary evaluations and follow-up care;

10 (d) Patient complaints regarding staffing, including complaints about a delay or absence  
11 of home hospice services;

12 (e) The aggregate hours of mandatory overtime worked by the home hospice care staff;

13 (f) The aggregate hours of voluntary overtime worked by the home hospice care staff;

14 (g) The aggregate hours worked by any home hospice care staff who are exempt from  
15 overtime compensation as established by local, state or federal law; and

16 (h) Any other matter determined by the committee to be necessary to ensure that the  
17 home hospice program is staffed to meet the health care needs of patients.

18 (3) After reviewing a home hospice staffing plan, a home hospice staffing committee shall  
19 modify the staffing plan as needed to ensure that the home hospice program is staffed to  
20 meet the health care needs of patients.

21 (4) If a home hospice staffing committee cannot reach an agreement on the modifications  
22 to a home hospice staffing plan under subsection (3) of this section, the cochairs of the  
23 committee shall submit the disputed modifications to the Oregon Health Authority, and the  
24 authority shall initiate expedited binding arbitration according to the procedures described  
25 in section 15 (3) of this 2025 Act.

26  
27 (Modification in Case of Emergency or Epidemic)

28  
29 **SECTION 17.** (1) For purposes of this section, “epidemic” means the occurrence of a  
30 group of similar conditions of public health importance in a community or region that are  
31 in excess of normal expectancy and that are from a common or propagated source.

32 (2) Notwithstanding sections 13 to 24 of this 2025 Act, a home hospice program is not  
33 required to follow a written home hospice staffing plan developed and approved by the home  
34 hospice staffing committee established under section 14 of this 2025 Act upon the occurrence  
35 of:

36 (a) A national emergency or state emergency declared under ORS 401.165 to 401.236 or  
37 433.441 to 433.452 requiring the implementation of a disaster plan and crisis standards of  
38 care;

39 (b) Sudden unforeseen adverse weather conditions; or

40 (c) An infectious disease epidemic suffered by home hospice program staff.

41 (3)(a) No later than 30 days after a home hospice program deviates from a written home  
42 hospice staffing plan under subsection (2)(a) of this section, the home hospice program shall  
43 report to the cochairs of the home hospice staffing committee established under section 14  
44 of this 2025 Act an assessment of the home hospice staffing needs arising from the national  
45 or state emergency declaration.

1 (b) Upon receipt of the report described in this subsection, the home hospice staffing  
2 committee shall convene to develop a contingency home hospice staffing plan to address the  
3 needs arising from the national or state emergency declaration. The contingency home  
4 hospice staffing plan must include crisis standards of care.

5 (c) The home hospice program’s deviation from the written home hospice staffing plan  
6 may not be in effect for more than 90 days without the approval of the home hospice staffing  
7 committee.

8 (4) Upon the occurrence of a national or state emergency declaration or circumstances  
9 not described in subsection (2) of this section, either cochair of the committee may require  
10 the home hospice staffing committee to meet to review and potentially modify the home  
11 hospice staffing plan in response to the emergency declaration or circumstances.

12  
13 (Records)  
14

15 SECTION 18. A home hospice program shall keep and maintain records necessary to  
16 demonstrate compliance with sections 13 to 24 of this 2025 Act. A home hospice program  
17 must provide records kept and maintained under this section to the Oregon Health Authority  
18 upon request.

19 SECTION 19. The Oregon Health Authority shall post on a website maintained by the  
20 authority:

21 (1) The home hospice staffing plans received by the authority under sections 13 to 24 of  
22 this 2025 Act;

23 (2) Any report, described in section 21 (2) of this 2025 Act, made pursuant to an investi-  
24 gation of a complaint for which the authority issued a warning or imposed a civil penalty  
25 under section 22 of this 2025 Act; and

26 (3) Any order suspending or revoking the license of a home hospice program pursuant  
27 to section 23 of this 2025 Act.

28  
29 (Enforcement)  
30

31 SECTION 20. (1) As used in this section, “employee” has the meaning given that term in  
32 ORS 653.258.

33 (2) The Oregon Health Authority shall implement a process for an employee or an  
34 employee’s exclusive representative to file a complaint under ORS 653.258 (2)(a) against a  
35 home hospice program for missed meal periods and rest periods.

36 (3) The authority shall forward to the Commissioner of the Bureau of Labor and Indus-  
37 tries any complaint filed under this section no later than 14 days after the complaint is filed.

38 (4) No later than 30 days after receiving a complaint under this section, the authority  
39 shall provide notice of the filing of the complaint to the following:

40 (a) The home hospice program;

41 (b) The cochairs of the relevant home hospice staffing committee established pursuant  
42 to section 14 of this 2025 Act; and

43 (c) The exclusive representative, if any, of the employee filing the complaint.

44 SECTION 21. (1) As used in this section, “valid complaint” means a complaint containing  
45 an allegation that, if assumed to be true, is a violation listed in section 22 of this 2025 Act.

1           **(2) To ensure compliance with sections 13 to 24 of this 2025 Act, the Oregon Health Au-**  
 2 **thority shall:**

3           **(a) Establish a method by which a home hospice care staff person or an exclusive rep-**  
 4 **resentative of a home hospice care staff person may submit a complaint through the**  
 5 **authority’s website regarding any violation listed in section 22 of this 2025 Act;**

6           **(b) No later than 14 days after receiving a complaint, send a copy of the complaint to the**  
 7 **complainant and to the exclusive representative, if any, of the complainant, with a request**  
 8 **to provide any additional information;**

9           **(c) No later than 30 days after receiving a complaint:**

10           **(A) Provide notice to the complainant and the exclusive representative, if any, of the**  
 11 **complainant that the authority has determined that the complaint is not a valid complaint;**  
 12 **or**

13           **(B)(i) Open an investigation of the home hospice program; and**

14           **(ii) Provide notice of the investigation to the complainant, the home hospice program, the**  
 15 **cochairs of the relevant home hospice staffing committee established pursuant to section 14**  
 16 **of this 2025 Act and the exclusive representative, if any, of the complainant. The notice must**  
 17 **include a summary of the complaint that does not include the complainant’s name or the**  
 18 **specific date, shift or unit but does include the calendar week in which the complaint arose;**

19           **(d) Not later than 80 days after opening the investigation, conclude the investigation and**  
 20 **provide a written report on the complaint to the complainant, the home hospice program,**  
 21 **the cochairs of the staffing committee and the exclusive representative, if any, of the**  
 22 **complainant. The report:**

23           **(A) Shall include a summary of the complaint;**

24           **(B) Shall include the nature of the alleged violation or violations;**

25           **(C) Shall include the authority’s findings and factual bases for the findings;**

26           **(D) Shall include other information the authority determines is appropriate to include in**  
 27 **the report; and**

28           **(E) May not include the name of any complainant, the name of any patient or the names**  
 29 **of any individuals that the authority interviewed in investigating the complaint;**

30           **(e) In determining whether a violation has occurred, consider all relevant evidence, in-**  
 31 **cluding but not limited to witness testimony, written documents and the observations of the**  
 32 **investigator; and**

33           **(f) If the authority issues a warning or imposes one or more civil penalties based on the**  
 34 **report described in this subsection, provide a notice of the civil penalty that complies with**  
 35 **ORS 183.415 and 183.745 and section 23 of this 2025 Act to the home hospice program, the**  
 36 **cochairs of the applicable home hospice staffing committee, the complainant and the exclu-**  
 37 **sive representative, if any, of the complainant.**

38           **(3) A home hospice program subject to a valid complaint shall provide to the authority,**  
 39 **no later than 20 days after receiving a notice of investigation under subsection (2) of this**  
 40 **section:**

41           **(a) The home hospice staffing plan that is the subject of the complaint;**

42           **(b) If relevant to the complaint, documents that show the scheduled staffing and the**  
 43 **actual staffing on the unit that is the subject of the complaint during the period of time**  
 44 **specified in the complaint; and**

45           **(c) Documents that show the actions described in section 23 (4) of this 2025 Act, if any,**

1 that the home hospice program took to comply with the staffing plan or to address the issue  
 2 raised by the complaint.

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

4 (a) Related to the complaint that is provided by the exclusive representative that filed  
 5 the complaint or by the home hospice care staff person who filed the complaint and the  
 6 person's exclusive representative, if any; and

7 (b) Provided by the home hospice program in response to the complaint.

8 (5) In conducting an investigation, the authority:

9 (a) Shall interview the home hospice care staff person or staff persons who filed the  
 10 complaint unless the individual declines to be interviewed;

11 (b) May interview the manager and any other staff persons with information relevant to  
 12 the complaint;

13 (c) May interview the cochairs of the relevant home hospice staffing committee; and

14 (d) May compel the production of books, papers, accounts, documents and testimony  
 15 pertaining to the complaint, other than documents that are privileged or not otherwise sub-  
 16 ject to disclosure.

17 (6) A complaint by a home hospice care staff person or the staff person's exclusive rep-  
 18 resentative must be filed no later than 60 days after the date of the violation alleged in the  
 19 complaint. The authority may not investigate a complaint or take any enforcement action  
 20 with respect to a complaint that has not been timely filed.

21 **SECTION 22.** (1) Following the receipt of a complaint and completion of an investigation  
 22 described in section 21 of this 2025 Act, for a violation described in subsection (2) of this  
 23 section, the Oregon Health Authority shall:

24 (a) Issue a warning for the first violation in a four-year period;

25 (b) Impose a civil penalty of \$1,750 for the second violation of the same provision in a  
 26 four-year period;

27 (c) Impose a civil penalty of \$2,500 for the third violation of the same provision in a  
 28 four-year period; and

29 (d) Impose a civil penalty of \$5,000 for the fourth and subsequent violations of the same  
 30 provision in a four-year period.

31 (2) The authority shall take the actions described in subsection (1) of this section for the  
 32 following violations by a home hospice program of sections 13 to 24 of this 2025 Act:

33 (a) Failure to establish a home hospice staffing committee under section 14 of this 2025  
 34 Act;

35 (b) Failure to create, by agreement or after binding arbitration, a home hospice staffing  
 36 plan that complies with the requirements of section 15 of this 2025 Act;

37 (c) Failure to comply with the staffing level in the home hospice staffing plan imple-  
 38 mented under section 15 of this 2025 Act;

39 (d) Failure to review the home hospice staffing plan in accordance with section 16 of this  
 40 2025 Act;

41 (e) Failure to maintain or post a list of on-call and per diem home hospice care staff in  
 42 accordance with section 15 of this 2025 Act;

43 (f) Failure to report to the cochairs of a home hospice staffing committee after deviating  
 44 from a home hospice staffing plan under section 17 of this 2025 Act; or

45 (g) Continuing to deviate from a home hospice staffing plan under section 17 of this 2025



1 Act for more than 90 days without the approval of the home hospice staffing committee.

2 (3) If a staff person at a home hospice program is unable to attend a home hospice  
3 staffing committee meeting because the home hospice program did not release the staff  
4 person from other duties to attend the meeting, in violation of section 14 (9) of this 2025 Act,  
5 the authority shall:

6 (a) Issue a warning for the first violation; and

7 (b) Impose a civil penalty of \$500 for a second and each subsequent violation.

8 (4) A home hospice care staff person, or an exclusive representative of a home hospice  
9 care staff person, may elect to enforce meal period and rest period violations under ORS  
10 653.261 by filing a complaint with the authority in accordance with section 21 of this 2025  
11 Act.

12 **SECTION 23.** (1) Civil penalties imposed by the Oregon Health Authority for a violation  
13 listed in section 22 of this 2025 Act shall be imposed in the manner provided in ORS 183.745.

14 (2) The authority may suspend or revoke the license of a home hospice program, in the  
15 manner provided in ORS 443.045, for a violation listed in section 22 of this 2025 Act.

16 (3) Each violation of a written home hospice staffing plan shall be considered a separate  
17 violation and there is no cap on the number of times that a penalty may be imposed for a  
18 repeat of a violation.

19 (4) The authority may not impose a civil penalty for a violation of a home hospice staffing  
20 plan, if the home hospice program took the following actions:

21 (a) Scheduled staff in accordance with the staffing plan;

22 (b) Sought volunteers from all available qualified employees to work extra time;

23 (c) Contacted qualified employees who made themselves available to work extra time;

24 (d) Solicited per diem staff to work; and

25 (e) Contacted contracted temporary agencies, that the home hospice program regularly  
26 uses, if temporary staff from such agencies are permitted to work for the home hospice  
27 program by law or any applicable collective bargaining agreement.

28 (5) The authority shall maintain for public inspection records of any civil penalties or li-  
29 cense suspensions or revocations imposed on home hospice programs penalized under sub-  
30 section (1) or (2) of this section.

31 **SECTION 24.** The Oregon Health Authority may adopt rules necessary to carry out  
32 sections 13 to 24 of this 2025 Act.

33  
34 **COMBINING STAFFING COMMITTEES**  
35

36 **SECTION 25.** (1) A home health staffing committee established under section 2 of this  
37 2025 Act and a home hospice staffing committee established under section 14 of this 2025 Act  
38 may, by mutual agreement, combine into one staffing committee if:

39 (a) The structures of the committees to be combined meet the requirements of section  
40 2 or 14 of this 2025 Act, as applicable;

41 (b) All members of the committee who are home health care staff, as defined in section  
42 1 of this 2025 Act, or home hospice care staff, as defined in section 13 of this 2025 Act, are  
43 represented by a single exclusive representative as defined in ORS 441.760; and

44 (c) The members of the committee who are home health care staff or home hospice care  
45 staff are selected from each committee by the exclusive representative.

1 (2) A majority of the members of a combined staffing committee constitutes a quorum  
 2 for the transaction of business. If there is an unequal number of staff and managers present  
 3 at a meeting of the combined staffing committee, only an equal number of staff and manag-  
 4 ers may vote.

5 (3) The members of a combined staffing committee shall decide by a majority vote  
 6 whether the combined staffing committee shall be governed by the home health staffing  
 7 committee provisions in sections 1 to 12 of this 2025 Act or the home hospice staffing com-  
 8 mittee provisions in sections 13 to 24 of this 2025 Act.

9 (4) Disputes arising in combined staffing committees shall be resolved using the dispute  
 10 resolution process under section 3 or section 15 of this 2025 Act, as applicable.

11 (5) The Oregon Health Authority may adopt rules necessary to carry out this section.

12  
 13 **MEAL AND REST PERIODS**

14  
 15 **SECTION 26.** ORS 653.258 is amended to read:

16 653.258. (1) As used in this section:

17 (a)(A) “Employee” includes the following:

18 (i) Registered nurses who provide direct care as defined in ORS 441.760;

19 (ii) Professional staff as defined in ORS 441.760;

20 (iii) Technical staff, as defined in ORS 441.760; [and]

21 (iv) Service staff, as defined in ORS 441.760;

22 (v) **Home health care staff, as defined in section 1 of this 2025 Act; and**

23 (vi) **Home hospice care staff, as defined in section 13 of this 2025 Act.**

24 (B) “Employee” does not include an individual described in subparagraph (A) of this paragraph  
 25 if the individual is covered by a collective bargaining agreement that includes a monetary remedy  
 26 for missed meal periods and missed rest periods.

27 (b) “Employer” includes the following:

28 (A) A “hospital,” as defined in ORS 441.760;

29 (B) A “home health agency,” as defined in section 1 of this 2025 Act; and

30 (C) A “home hospice program,” as defined in section 13 of this 2025 Act.

31 [(b)] (c) “Exclusive representative” has the meaning given that term in ORS 441.760.

32 (2) An employee or an exclusive representative of an employee may enforce requirements for  
 33 meal periods and rest periods adopted by rule by the Commissioner of the Bureau of Labor and In-  
 34 dustries under ORS 653.261 by electing to file a complaint in one of the following ways:

35 (a) With the Oregon Health Authority in accordance with ORS 441.790 **or section 8 or 20 of**  
 36 **this 2025 Act;** or

37 (b) With the commissioner [of the Bureau of Labor and Industries] in accordance with rules  
 38 adopted pursuant to ORS 653.261.

39 (3) Upon the receipt of a complaint forwarded by the authority to the commissioner under ORS  
 40 441.790 **or section 8 or 20 of this 2025 Act,** the commissioner shall proceed on the complaint in  
 41 accordance with this section.

42 (4) The commissioner shall deem a complaint filed under subsection (2) of this section to be  
 43 withdrawn if notified by an employer that:

44 (a) The employer received a grievance filed by the employee or an exclusive representative of  
 45 the employee alleging the same violation as the violation alleged in a complaint filed under sub-

1 section (2) of this section; or

2 (b) The employee or the exclusive representative of the employee has filed a civil complaint  
 3 against the employer alleging the same violation as the violation alleged in a complaint filed under  
 4 subsection (2) of this section.

5 (5) If the commissioner receives a complaint under subsection (2)(a) of this section that was filed  
 6 with the authority more than 60 days after the date of the missed meal period or missed rest period  
 7 alleged in the complaint, the commissioner:

8 (a) Shall dismiss the complaint; and

9 (b) May not investigate the complaint or take any enforcement action with respect to the com-  
 10 plaint.

11 (6)(a) Following an investigation of a complaint filed under subsection (2)(a) of this section, if  
 12 the commissioner determines that a civil penalty is appropriate, the commissioner shall provide to  
 13 the [hospital] **employer**, to the cochairs of the relevant staffing committee and to the exclusive  
 14 representative, if any, of the complainant a notice, in accordance with ORS 183.415, 183.417 and  
 15 183.745, of the commissioner’s intent to assess a civil penalty of \$200.

16 (b) A civil penalty imposed under this section:

17 (A) Constitutes the liquidated damages of the complainant for the missed meal period or rest  
 18 period;

19 (B) May not be combined with a penalty assessed under ORS 653.256;

20 (C) Precludes any other penalty or remedy provided by law for the violation found by the com-  
 21 missioner; and

22 (D) Becomes final if an application for hearing is not requested in a timely manner.

23 (7)(a) The liquidated damages imposed under this section shall be paid to the complainant no  
 24 later than 15 business days after the date on which the order becomes final by operation of law or  
 25 15 days after the issuance of a decision on appeal.

26 (b) [A hospital] **An employer** shall provide to the commissioner proof of the payment of liqui-  
 27 dated damages under paragraph (a) of this subsection no later than 30 days after making the pay-  
 28 ment.

29 (8) An employee’s failure to file a complaint under subsection (2) of this section does not pre-  
 30 clude the employee from pursuing any other remedy otherwise available to the employee under any  
 31 provision of law.

32 (9) Nothing in this section creates a private cause of action.

33  
 34 **APPLICABILITY**  
 35

36 **SECTION 27. (1)(a) A home health staffing committee established under section 2 of this**  
 37 **2025 Act shall develop a home health staffing plan that complies with sections 1 to 12 of this**  
 38 **2025 Act no later than January 1, 2027.**

39 **(b) A home health staffing plan that is in effect on the effective date of this 2025 Act that**  
 40 **does not comply with sections 1 to 12 of this 2025 Act continues in force until a home health**  
 41 **staffing committee revises the plan or develops a new plan. The committee shall revise the**  
 42 **plan, or develop a new plan, to comply with sections 1 to 12 of this 2025 Act no later than**  
 43 **January 1, 2027.**

44 **(c) A home health staffing plan that is in effect on the effective date of this 2025 Act and**  
 45 **that complies with sections 1 to 12 of this 2025 Act remains in effect until revised in ac-**

1 cordance with sections 1 to 12 of this 2025 Act.

2 (2)(a) A home hospice staffing committee established under section 14 of this 2025 Act  
3 shall develop a home hospice staffing plan that complies with sections 13 to 24 of this 2025  
4 Act no later than January 1, 2027.

5 (b) A home hospice staffing plan that is in effect on the effective date of this 2025 Act  
6 that does not comply with sections 13 to 24 of this 2025 Act continues in force until a home  
7 hospice staffing committee revises the plan or develops a new plan. The committee shall re-  
8 vise the plan, or develop a new plan, to comply with sections 13 to 24 of this 2025 Act no later  
9 than January 1, 2027.

10 (c) A home hospice staffing plan that is in effect on the effective date of this 2025 Act  
11 and that complies with section 13 to 24 of this 2025 Act remains in effect until revised in  
12 accordance with sections 13 to 24 of this 2025 Act.

13  
14 **CAPTIONS**

15  
16 **SECTION 28.** The unit captions used in this 2025 Act are provided only for the conven-  
17 ience of the reader and do not become part of the statutory law of this state or express any  
18 legislative intent in the enactment of this 2025 Act.

19  
20 **OPERATIVE DATE**

21  
22 **SECTION 29.** (1) Sections 1 to 25 of this 2025 Act and the amendments to ORS 653.258  
23 by section 26 of this 2025 Act become operative on January 1, 2026.

24 (2) The Oregon Health Authority and the Bureau of Labor and Industries may take any  
25 action before the operative date specified in subsection (1) of this section that is necessary  
26 to enable the authority and the bureau to exercise, on and after the operative date specified  
27 in subsection (1) of this section, all of the duties, functions and powers conferred on the  
28 authority and the bureau by sections 1 to 25 of this 2025 Act and the amendments to ORS  
29 653.258 by section 26 of this 2025 Act.

30  
31 **EFFECTIVE DATE**

32  
33 **SECTION 30.** This 2025 Act takes effect on the 91st day after the date on which the 2025  
34 regular session of the Eighty-third Legislative Assembly adjourns sine die.