

**A-Engrossed**  
**House Bill 3294**

Ordered by the House June 16  
Including House Amendments dated June 16

Sponsored by Representative NOSSE

**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. The statement includes a measure digest written in compliance with applicable readability standards.

**Digest: Makes changes to the laws regarding hospital nurse staffing plans. (Flesch Readability Score: 61.3).**

*[Digest: Tells OHA to study the effects of House Bill 2697 and give a report on its findings. (Flesch Readability Score: 65.1).]*

*[Requires the Oregon Health Authority to study the effects of House Bill 2697 (2023). Directs the authority to submit findings to the interim committees of the Legislative Assembly related to health care not later than September 15, 2026.]*

*[Sunsets January 2, 2027.]*

**Directs that a hospital shall comply with either the nurse staffing plan for a unit if a nurse staffing plan for the unit has been adopted or, if a nurse staffing plan for the unit has not been adopted, the applicable statutory nurse-to-patient staffing ratio for the unit.**

**Allows the Oregon Health Authority to consolidate multiple complaints related to hospital staffing ratios that contain the same allegations or allegations based on the same set of facts into a single investigation or enforcement action. Directs the authority to give priority to the investigation and disposition of complaints related to hospital staffing ratios that contain allegations that occur on or after June 1, 2025.**

**Creates a violation for failure to adopt a hospital-wide nurse staffing plan, comply with a nurse staffing plan that has been adopted for a unit, or comply with a statutory nurse-to-patient staffing ratio for a unit if a nurse staffing plan has not been adopted for a unit. Prohibits the imposition of a civil penalty for a violation for failure to comply with a statutory nurse-to-patient staffing ratio for a unit if the hospital took certain actions in efforts to comply.**

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

**A BILL FOR AN ACT**

1  
2 Relating to staffing plans for health care provider entities; creating new provisions; amending ORS  
3 441.763, 441.765, 441.791, 441.792 and 441.793; and prescribing an effective date.

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

5 **SECTION 1.** ORS 441.765 is amended to read:

6 441.765. (1) As used in this section, "unit" means a hospital unit as defined by the chief execu-  
7 tive officer of the hospital or the chief executive officer's designee.

8 (2) With respect to direct care registered nurses, a nurse staffing plan must ensure that at all  
9 times:

10 (a) In an emergency department:

11 (A) A direct care registered nurse is assigned to not more than one trauma patient; and

12 (B) The ratio of direct care registered nurses to patients averages no more than one to four over  
13 a 12-hour shift and a single direct care registered nurse may not be assigned more than five patients  
14 at one time. Direct care registered nurses assigned to trauma patients may not be taken into ac-  
15 count in determining the average ratio.

16 (b) In an intensive care unit, a direct care registered nurse is assigned to no more than two

**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.

1 patients.

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

3 (A) Two patients if the patients are not in active labor or experiencing complications; or

4 (B) One patient if the patient is in active labor or if the patient is at any stage of labor and is  
5 experiencing complications.

6 (d) In a postpartum, antepartum and well-baby nursery, a direct care registered nurse is assigned  
7 to no more than six patients, counting mother and baby each as separate patients.

8 (e) In a mother-baby unit, a direct care registered nurse is assigned to no more than eight pa-  
9 tients, counting mother and baby each as separate patients.

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

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

12 (h) In a post-anesthesia care unit, a direct care registered nurse is assigned to no more than two  
13 patients.

14 (i) In an intermediate care unit, a direct care registered nurse is assigned to no more than three  
15 patients.

16 (j) In a medical-surgical unit, a direct care registered nurse is assigned to no more than five  
17 patients.

18 (k) In a cardiac telemetry unit, a direct care registered nurse is assigned to no more than four  
19 patients.

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

21 (3) Notwithstanding subsection (2) of this section, the direct care registered nurse-to-patient ra-  
22 tio for an individual patient shall be based on a licensed independent practitioner's classification  
23 of the patient, as indicated in the patient's medical record, regardless of the unit where the patient  
24 is being cared for.

25 (4) With the approval of a majority of the members of the hospital nurse staffing committee, a  
26 unit can deviate from the direct care registered nurse-to-patient ratios in subsection (2) of this sec-  
27 tion, in pursuit of innovative care models that were considered by the committee, by allowing other  
28 clinical care staff to constitute up to 50 percent of the registered nurses needed to comply with the  
29 applicable nurse-to-patient ratio. The staffing in an innovative care model must be reapproved by the  
30 committee every two years.

31 (5) A hospital shall provide for meal breaks and rest breaks in accordance with ORS 653.261,  
32 and rules implementing ORS 653.261, and any applicable collective bargaining agreement.

33 (6) Each hospital unit may deviate from a nurse staffing plan, except with respect to meal breaks  
34 and rest breaks, including the applicable registered nurse-to-patient ratios under this section, within  
35 a period of 12 consecutive hours, no more than six times during a rolling 30-day period, without  
36 being in violation of the nurse staffing plan. The unit manager must notify the hospital nurse staffing  
37 committee no later than 10 days after each deviation. Each subsequent deviation during the 30-day  
38 period constitutes a separate violation under ORS 441.792.

39 *[(7) A hospital may not require a direct care registered nurse to be assigned to more patients than  
40 as specified in this section or in the nurse staffing plan approved by the hospital nurse staffing com-  
41 mittee, as applicable.]*

42 **(7)(a) If a hospital nurse staffing committee has adopted a nurse staffing plan for a unit  
43 under ORS 441.762, the hospital shall comply with the nurse staffing plan for the unit and  
44 may not require a direct care registered nurse to be assigned to more patients than as  
45 specified in the nurse staffing plan for the unit.**

1       **(b) If a hospital nurse staffing committee has not adopted a nurse staffing plan for a unit**  
2 **under ORS 441.762, the hospital shall comply with the direct care registered nurse-to-patient**  
3 **staffing ratios applicable to the unit under this section and may not require a direct care**  
4 **registered nurse to be assigned to more patients than as specified for the unit in this section.**

5       (8) A charge nurse may:

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

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

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

13       **SECTION 2.** ORS 441.765, as amended by section 17, chapter 507, Oregon Laws 2023, is  
14 amended to read:

15       441.765. (1) As used in this section, “unit” means a hospital unit as defined by the chief execu-  
16 tive officer of the hospital or the chief executive officer’s designee.

17       (2) With respect to direct care registered nurses, a nurse staffing plan must ensure that at all  
18 times:

19       (a) In an emergency department:

20       (A) A direct care registered nurse is assigned to not more than one trauma patient; and

21       (B) The ratio of direct care registered nurses to patients averages no more than one to four over  
22 a 12-hour shift and a single direct care registered nurse may not be assigned more than five patients  
23 at one time. Direct care registered nurses assigned to trauma patients may not be taken into ac-  
24 count in determining the average ratio.

25       (b) In an intensive care unit, a direct care registered nurse is assigned to no more than two  
26 patients.

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

28       (A) Two patients if the patients are not in active labor or experiencing complications; or

29       (B) One patient if the patient is in active labor or if the patient is at any stage of labor and is  
30 experiencing complications.

31       (d) In a postpartum, antepartum and well-baby nursery, a direct care registered nurse is assigned  
32 to no more than six patients, counting mother and baby each as separate patients.

33       (e) In a mother-baby unit, a direct care registered nurse is assigned to no more than eight pa-  
34 tients, counting mother and baby each as separate patients.

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

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

37       (h) In a post-anesthesia care unit, a direct care registered nurse is assigned to no more than two  
38 patients.

39       (i) In an intermediate care unit, a direct care registered nurse is assigned to no more than three  
40 patients.

41       (j) In a medical-surgical unit, a direct care registered nurse is assigned to no more than four  
42 patients.

43       (k) In a cardiac telemetry unit, a direct care registered nurse is assigned to no more than four  
44 patients.

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

1 (3) Notwithstanding subsection (2) of this section, the direct care registered nurse-to-patient ra-  
2 tio for an individual patient shall be based on a licensed independent practitioner's classification  
3 of the patient, as indicated in the patient's medical record, regardless of the unit where the patient  
4 is being cared for.

5 (4) With the approval of a majority of the members of the hospital nurse staffing committee, a  
6 unit can deviate from the direct care registered nurse-to-patient ratios in subsection (2) of this sec-  
7 tion, in pursuit of innovative care models that were considered by the committee, by allowing other  
8 clinical care staff to constitute up to 50 percent of the registered nurses needed to comply with the  
9 applicable nurse-to-patient ratio. The staffing in an innovative care model must be reapproved by the  
10 committee every two years.

11 (5) A hospital shall provide for meal breaks and rest breaks in accordance with ORS 653.261,  
12 and rules implementing ORS 653.261, and any applicable collective bargaining agreement.

13 (6) Each hospital unit may deviate from a nurse staffing plan, except with respect to meal breaks  
14 and rest breaks, including the applicable registered nurse-to-patient ratios under this section, within  
15 a period of 12 consecutive hours, no more than six times during a rolling 30-day period, without  
16 being in violation of the nurse staffing plan. The unit manager must notify the hospital nurse staffing  
17 committee no later than 10 days after each deviation. Each subsequent deviation during the 30-day  
18 period constitutes a separate violation under ORS 441.792.

19 *[(7) A hospital may not require a direct care registered nurse to be assigned to more patients than*  
20 *as specified in this section or in the nurse staffing plan approved by the hospital nurse staffing com-*  
21 *mittee, as applicable.]*

22 **(7)(a) If a hospital nurse staffing committee has adopted a nurse staffing plan for a unit**  
23 **under ORS 441.762, the hospital shall comply with the nurse staffing plan for the unit and**  
24 **may not require a direct care registered nurse to be assigned to more patients than as**  
25 **specified in the nurse staffing plan for the unit.**

26 **(b) If a hospital nurse staffing committee has not adopted a nurse staffing plan for a unit**  
27 **under ORS 441.762, the hospital shall comply with the direct care registered nurse-to-patient**  
28 **staffing ratios applicable to the unit under this section and may not require a direct care**  
29 **registered nurse to be assigned to more patients than as specified for the unit in this section.**

30 (8) A charge nurse may:

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

33 (b) Take patient assignments, including patient assignments taken for the purpose of covering  
34 staff who are on meal breaks or rest breaks, in units with 11 or more beds with the approval of the  
35 hospital nurse staffing committee; and

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

38 **SECTION 3.** ORS 441.763 is amended to read:

39 441.763. (1) Each hospital shall implement a written hospital-wide **nurse** staffing plan [*for nurs-*  
40 *ing services*] that:

41 (a) Meets the requirements of this section and ORS 441.762, 441.764, 441.765, 441.766, 441.767 and  
42 441.768;

43 (b) Includes any staffing-related terms and conditions that were previously adopted through any  
44 applicable collective bargaining agreement, including meal breaks and rest breaks, unless a term or  
45 condition is in direct conflict with an applicable statute or administrative rule; and

1 (c) Has been developed and approved by the hospital nurse staffing committee under ORS  
2 441.762.

3 (2) If the nurse-to-patient ratios in ORS 441.765 apply, the hospital nurse staffing committee:

4 (a) May consider:

5 (A) The specialized qualifications and competencies of the nursing staff and the skill mix and  
6 level of competency needed to ensure that the hospital is staffed to meet the health care needs of  
7 patients;

8 (B) The size of the hospital and a measurement of hospital unit activity that quantifies the rate  
9 of admissions, discharges and transfers for each hospital unit and the time required for a direct care  
10 registered nurse belonging to a hospital unit to complete admissions, discharges and transfers for  
11 that hospital unit;

12 (C) The unit's general and predominant patient population as defined by the Medicare Severity  
13 Diagnosis-Related Groups adopted by the Centers for Medicare and Medicaid Services, or by other  
14 measures for patients who are not classified in the Medicare Severity Diagnosis-Related Groups;

15 (D) Nationally recognized evidence-based standards and guidelines established by professional  
16 nursing specialty organizations, if any;

17 (E) Differences in patient acuity; and

18 (F) Tasks not related to providing direct care; and

19 (b) Must comply with ORS 441.765.

20 (3) A hospital must maintain and post, in a physical location or online, a list of on-call nursing  
21 staff or staffing agencies to provide replacement nursing staff in the event of a vacancy. The list  
22 of on-call nursing staff or staffing agencies must be sufficient to provide for replacement nursing  
23 staff.

24 (4)(a) An employer may not impose upon unionized nursing staff any changes in wages, hours  
25 or other terms and conditions of employment pursuant to a staffing plan unless the employer first  
26 provides notice to and, upon request, bargains with the union as the exclusive collective bargaining  
27 representative of the nursing staff in the bargaining unit.

28 (b) A staffing plan does not create, preempt or modify a collective bargaining agreement or re-  
29 quire a union or employer to bargain over the staffing plan while a collective bargaining agreement  
30 is in effect.

31 (5) A hospital shall submit to the Oregon Health Authority a nurse staffing plan adopted in ac-  
32 cordance with this section and ORS 441.766 and submit any changes to the plan no later than 30  
33 days after approval of the changes by the hospital nurse staffing committee.

34 (6) A type A or a type B hospital may vary from the requirements of ORS 441.765 if the hospital  
35 nurse staffing committee of the hospital has voted to approve the variance. A type A hospital or  
36 type B hospital shall notify the authority of the variance through the authority's website. The no-  
37 tification to the authority shall include a statement signed by the cochairs of the committee, con-  
38 firming that the committee voted to approve the variance. The variance becomes effective upon the  
39 submission of the notification to the authority and remains in effect for two years. A type A or type  
40 B hospital may renew a variance or notify the authority of a new variance as provided in this sub-  
41 section.

42 **SECTION 4.** ORS 441.791 is amended to read:

43 441.791. (1) As used in this section, "valid complaint" means a complaint containing an  
44 allegation that, if assumed to be true, is a violation listed in ORS 441.792.

45 (2) To ensure compliance with ORS 441.761 to 441.795, the Oregon Health Authority shall:

1 (a) Establish a method by which a hospital staff person or an exclusive representative of a  
2 hospital staff person may submit a complaint through the authority's website regarding any violation  
3 listed in ORS 441.792;

4 (b) No later than 14 days after receiving a complaint, send a copy of the complaint to the ex-  
5 clusive representative, if any, of the staff person or staff persons who filed the complaint;

6 (c) No later than 30 days after receiving a valid complaint of a violation listed in ORS 441.792,  
7 open an investigation of the hospital and provide a notice of the investigation to the hospital and  
8 the cochairs of the relevant staffing committee established pursuant to ORS 441.762, 441.775 or  
9 441.776, and to the exclusive representative, if any, of the staff person or staff persons filing the  
10 complaint. The notice must include a summary of the complaint that does not include the  
11 complainant's name or the specific date, shift or unit but does include the calendar week in which  
12 the complaint arose;

13 (d) Not later than 80 days after opening the investigation, conclude the investigation and pro-  
14 vide a written report on the complaint to the hospital, the cochairs of the hospital staffing commit-  
15 tee and the exclusive representative, if any, of the staff person or staff persons filing the complaint.  
16 The report:

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

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

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

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

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

24 (e) If the authority issues a warning or imposes one or more civil penalties based on the report  
25 described in paragraph (d) of this subsection, provide a notice of the civil penalty that complies with  
26 ORS 183.415, 183.745 and 441.793 to the hospital, the cochairs of the applicable hospital staffing  
27 committee and the exclusive representative, if any, of the staff person or staff persons who filed the  
28 complaint; and

29 (f) In determining whether to impose a civil penalty, consider all relevant evidence, including  
30 but not limited to witness testimony, written documents and the observations of the investigator.

31 (3) A hospital subject to a valid complaint shall provide to the authority, no later than 20 days  
32 after receiving the notice under subsection (1)(c) of this section:

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

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

37 (c) Documents that show the actions described in ORS 441.793 (4), if any, that the hospital took  
38 to comply with the staffing plan or to address the issue raised by the complaint.

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

40 (a) Related to the complaint that is provided by the exclusive representative that filed the  
41 complaint or by the hospital staff person who filed the complaint and the person's exclusive repre-  
42 sentative, if any; and

43 (b) Provided by the hospital in response to the complaint.

44 (5) In conducting an investigation, the authority may:

45 (a) Make an on-site inspection of the unit that is the subject of the complaint;

1 (b) Interview a manager for the unit and any other staff persons with information relevant to  
2 the complaint;

3 (c) Interview the cochairs of the relevant staffing committee;

4 (d) Interview the staff person or staff persons who filed the complaint unless the individual de-  
5 clines to be interviewed; and

6 (e) Compel the production of books, papers, accounts, documents and testimony pertaining to the  
7 complaint, other than documents that are privileged or not otherwise subject to disclosure.

8 (6) A complaint by a hospital staff person or the staff person's exclusive representative must be  
9 filed no later than 60 days after the date of the violation alleged in the complaint. The authority  
10 may not investigate a complaint or take any enforcement action with respect to a complaint that  
11 has not been filed timely. **If multiple complaints contain the same allegations or contain**  
12 **allegations that are based on the same set of facts, the authority may consolidate the com-**  
13 **plaints into a single investigation or enforcement action, irrespective of whether the au-**  
14 **thority has already investigated one of complaints or taken an enforcement action with**  
15 **respect to one of the complaints.**

16 **SECTION 5. Under ORS 441.791 and 441.792, the Oregon Health Authority shall prioritize**  
17 **the investigation and disposition of complaints that contain allegations that occur on or after**  
18 **June 1, 2025, over complaints that contain allegations that occurred before June 1, 2025.**

19 **SECTION 6.** ORS 441.792 is amended to read:

20 441.792. (1) Following the receipt of a complaint and completion of an investigation described  
21 in ORS 441.791, for a violation described in subsection (2) of this section, the Oregon Health Au-  
22 thority shall:

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

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

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

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

30 (2) The authority shall take the actions described in subsection (1) of this section for the fol-  
31 lowing violations by a hospital of ORS 441.761 to 441.795:

32 (a) Failure to establish a hospital professional and technical staffing committee or a hospital  
33 service staffing committee;

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

35 (c) Failure to adopt a **hospital-wide** nurse staffing plan. *[by agreement or after binding arbi-*  
36 *tration]* **Each day in which there is a failure to adopt a hospital-wide nurse staffing plan shall**  
37 **be considered a single violation;**

38 (d) Failure to comply with the staffing level in *[the]* a nurse staffing plan **for a unit that has**  
39 **been adopted under ORS 441.762**, including the nurse-to-patient staffing ratios prescribed in ORS  
40 441.765, if applicable, *[and]* if the failure to comply is not an allowed deviation described in ORS  
41 441.765 (6);

42 (e) **If a hospital nurse staffing committee has not adopted a nurse staffing plan for a unit**  
43 **under ORS 441.762, failure to comply with the direct care registered nurse-to-patient staffing**  
44 **ratios applicable to the unit under ORS 441.765, if the failure to comply is not an allowed**  
45 **deviation described in ORS 441.765 (6). Under this paragraph, failure to comply with the di-**

1 **rect care registered nurse-to-patient staffing ratios under ORS 441.765 for a single direct**  
2 **care registered nurse during the nurse's shift shall be considered a single violation;**

3 [(e)] (f) Failure to comply with the staffing level in the professional and technical staffing plan  
4 or the hospital service staffing plan [and], if the failure to comply is not an allowed deviation as  
5 described in ORS 441.775 (12) or 441.776 (12);

6 [(f)] (g) Failure to comply with the staffing requirements for certified nursing assistants in ORS  
7 441.768 [and], if the failure is not an allowed deviation under ORS 441.776 (12); or

8 [(g)] (h) Requiring a nursing staff, except as allowed by ORS 441.770, to work:

9 (A) Beyond an agreed-upon prearranged shift regardless of the length of the shift;

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

11 (C) More than 12 hours in a 24-hour period; or

12 (D) During the 10-hour period immediately following the 12th hour worked during a 24-hour pe-  
13 riod.

14 (3) If a staff person at a hospital is unable to attend a staffing committee meeting because the  
15 staff person was not released from other hospital duties to attend the meeting, in violation of ORS  
16 441.762 (9), 441.775 (10) or 441.776 (10), the authority shall:

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

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

19 (4) A direct care staff person, a hospital professional or technical staff person or a hospital  
20 service staff person, or an exclusive representative of a direct care staff person, a hospital profes-  
21 sional or technical staff person or a hospital service staff person, may elect to enforce meal break  
22 and rest break violations under ORS 653.261 by filing a complaint with the authority in accordance  
23 with ORS 441.791.

24 **SECTION 7.** ORS 441.793 is amended to read:

25 441.793. (1) The Oregon Health Authority shall impose civil penalties in the manner provided in  
26 ORS 183.745 for a violation listed in ORS 441.792.

27 (2) The authority may suspend or revoke the license of a hospital, in the manner provided in  
28 ORS 441.030, for a violation described in ORS 441.792.

29 (3) Each violation of a written hospital-wide staffing plan shall be considered a separate vio-  
30 lation and there is no cap on the times that a penalty may be imposed for a repeat of a violation.

31 (4) The authority may not impose a civil penalty for a violation of a nurse staffing plan, a hos-  
32 pital professional and technical staffing plan or a hospital service staffing plan if the hospital took  
33 the following actions:

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

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

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

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

38 (e) Contacted contracted temporary agencies, that the hospital regularly uses, if temporary staff  
39 from such agencies are permitted to work in the hospital by law or any applicable collective bar-  
40 gaining agreement.

41 **(5) If a hospital nurse staffing committee has not adopted a nurse staffing plan for a unit**  
42 **under ORS 441.762, the authority may not impose a civil penalty for a violation of a direct**  
43 **care registered nurse-to-patient staffing ratio applicable to the unit under ORS 441.765 if the**  
44 **hospital took the following actions:**

45 (a) **Scheduled staff in accordance with the direct care registered nurse-to-patient staffing**



1 **ratio applicable to the unit under ORS 441.765;**

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

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

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

5 **(e) Contacted contracted temporary agencies that the hospital regularly uses if tempo-**  
6 **rary staff from such agencies are permitted to work in the hospital by law or any applicable**  
7 **collective bargaining agreement.**

8 ~~[(5)]~~ **(6)** The authority shall maintain for public inspection records of any civil penalties or li-  
9 cense suspensions or revocations imposed on hospitals penalized under subsection (1) or (2) of this  
10 section.

11 **SECTION 8. (1) The amendments to ORS 441.791 by section 4 of this 2025 Act apply to**  
12 **complaints that contain allegations that occur on or after June 1, 2025.**

13 **(2) The amendments to ORS 441.792 and 441.793 by sections 6 and 7 this 2025 Act apply**  
14 **to violations that occur on or after June 1, 2025.**

15 **SECTION 9. This 2025 Act takes effect on the 91st day after the date on which the 2025**  
16 **regular session of the Eighty-third Legislative Assembly adjourns sine die.**

17