House Bill 4074

Sponsored by Representative MCINTIRE (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: Makes changes to the laws regarding hospital nurse staffing plans. (Flesch Readability Score: 61.3).

Directs a hospital to implement a hospital-wide nurse staffing plan that has been developed and adopted by the hospital nurse staffing committee or, if the committee has not adopted a plan, a hospital-wide nurse staffing plan that meets the statutory requirements. Directs that the statutory direct care registered nurse-to-patient staffing ratios constitute the nurse staffing plan for a unit if the hospital nurse staffing committee has not adopted a nurse staffing plan for the unit.

Changes from four to five the number of patients that a direct care registered nurse may be assigned for a medical-surgical unit under the statutory staffing ratios.

Allows a type C hospital to vary from the statutory direct care registered nurse-to-patient staffing ratios. Modifies the definition of type C hospital.

Requires a unit manager to notify the cochairs of the hospital nurse staffing committee after each deviation from a nurse staffing plan.

Directs the Oregon Health Authority to determine whether a complaint is valid or not within 30 days after receiving the complaint. Requires the authority to accept an attestation from a hospital as sufficient documentation the hospital took certain actions.

Establishes a maximum amount in civil penalties that may be imposed for violations of the hospital staffing requirements. Directs that all civil penalties collected shall be paid into the Hospital Quality Assurance Fund. Requires the authority to submit an annual report on the number and types of violations to the committees or interim committees of the Legislative Assembly related to health care. Prohibits the impositions of civil penalties for violations that occur before July 1, 2030.

A BILL FOR AN ACT

Relating to hospital staffing; creating new provisions; and amending ORS 441.762, 441.763, 441.765, 441.791, 441.792, 441.793 and 442.470.

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

SECTION 1. ORS 441.762 is amended to read:

441.762. (1)(a) For each hospital there shall be established a hospital nurse staffing committee. Each hospital nurse staffing committee shall:

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

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

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

(b) If any of the direct care registered nurses who work at a hospital have an exclusive representative, the exclusive representative shall select the direct care registered nurse members of the committee.

(c) If the direct care staff member who is not a registered nurse who works at a hospital has an exclusive representative, the exclusive representative shall select the direct care staff member of the committee who is not a registered nurse.

(d) If none of the direct care registered nurses who work at a hospital are represented by an

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.

exclusive representative, the direct care registered nurses belonging to a hospital nurse specialty or unit shall select the members of the committee who are direct care registered nurses from the specialty or unit to serve on the committee.

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

(2) A hospital nurse staffing committee shall develop **and may adopt** a [*written*] hospital-wide nurse staffing plan **or nurse staffing plan for a unit** in accordance with this section and ORS 441.763, 441.764, 441.765, 441.766, 441.767 and 441.768. **A hospital-wide nurse staffing plan or nurse staffing plan for a unit that is developed and adopted under this section must be in writing.** The committee's primary goals in developing the staffing plan shall be to ensure that the hospital is staffed to meet the health care needs of patients. The committee shall review and modify the staffing plan in accordance with ORS 441.764.

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

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

(5) A decision made by a hospital nurse 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 hospital nurse managers and direct care staff, only an equal number of hospital nurse managers and direct care staff may vote.

(6) A hospital nurse staffing committee shall meet:

(a) At least once every four months; and

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

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

(A) The hospital nursing 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 and voting.

(8) Minutes of hospital nurse 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 hospital nursing staff and other hospital staff upon request.

(9) A hospital shall release a member of a hospital nurse staffing committee described in subsection (1)(a) of this section from the member's assignment, and provide the member with paid time, to attend committee meetings.

SECTION 2. ORS 441.763 is amended to read:

441.763. (1) Each hospital shall implement**:**

(a) A hospital-wide nurse staffing plan that has been developed and adopted by the hospital nurse staffing committee under ORS 441.762; or

(b) If the hospital nurse staffing committee has not adopted a nurse staffing plan under ORS 441.762, a [*written*] hospital-wide nurse staffing plan that:

[*(a)*] **(A)** Meets the requirements of this section and ORS 441.762, 441.764, 441.765, 441.766, 441.767 and 441.768; **and**

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

[*(c) Has been developed and approved by the hospital nurse staffing committee under ORS 441.762*].

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

(a) May consider:

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

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

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

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

(E) Differences in patient acuity; and

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

(b) Must comply with ORS 441.765.

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

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

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

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

(6) A type A**,** [*or a*] type B **or type C** hospital may vary from the requirements of ORS 441.765 if the hospital nurse staffing committee of the hospital has voted to approve the variance. A type A hospital**,** [*or*] type B hospital **or type C hospital** shall notify the authority of the variance through the authority's website. The notification to the authority shall include a statement signed by the

cochairs of the committee, confirming that the committee voted to approve the variance. The variance becomes effective upon the submission of the notification to the authority and remains in effect for two years. A type A**,** [*or*] type B **or type C** hospital may renew a variance or notify the authority of a new variance as provided in this subsection.

SECTION 3. ORS 441.765 is amended to read:

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

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

(a) In an emergency department:

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

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

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

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

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

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

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

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

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

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

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

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

(j) In a medical-surgical unit, a direct care registered nurse is assigned to no more than [*four*] **five** patients.

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

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

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

(4) With the approval of a majority of the members of the hospital nurse staffing committee, a unit can deviate from the direct care registered nurse-to-patient **staffing** ratios in subsection (2) of this section, in pursuit of innovative care models that were considered by the committee, by allowing other clinical care staff to constitute up to 50 percent of the registered nurses needed to comply with the applicable nurse-to-patient **staffing** ratio. The staffing in an innovative care model must

be reapproved by the committee every two years.

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

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

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

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

(8) A charge nurse may:

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

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

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

SECTION 4. ORS 441.765, as operative until July 1, 2026, is amended to read:

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

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

(a) In an emergency department:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(8) A charge nurse may:

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

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

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

SECTION 5. ORS 441.791 is amended to read:

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

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

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

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

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

(d) Not later than 80 days after opening the investigation, conclude the investigation and provide a written report on the complaint to the hospital, the cochairs of the hospital staffing committee and the exclusive representative, if any, of the staff person or staff persons filing the complaint. The report:

(A) Shall include a summary of the complaint;

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

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

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

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

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

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

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

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

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

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

(4) In conducting an investigation, the authority shall**:**

(a) Review any document:

[*(a)*] **(A)** Related to the complaint that is provided by the exclusive representative that filed the complaint or by the hospital staff person who filed the complaint and the person's exclusive representative, if any; and

[*(b)*] **(B)** Provided by the hospital in response to the complaint**; and**

(b) Accept an attestation from the hospital as sufficient documentation that the hospital took the actions listed under ORS 441.793 (4).

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

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

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

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

(d) Interview the staff person or staff persons who filed the complaint unless the individual declines to be interviewed; and

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

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

SECTION 6. ORS 441.792 is amended to read:

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

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

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

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

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

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

(a) Failure to establish a hospital professional and technical staffing committee or a hospital service staffing committee[*;*]**.**

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

plan[*;*]**.**

[*(c) Failure to adopt a hospital-wide nurse staffing plan. Each day in which there is a failure to adopt a hospital-wide nurse staffing plan shall be considered a single violation;*]

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

[*(e)*] **(d)** If a hospital nurse staffing committee has not adopted a nurse staffing plan for a unit under ORS 441.762, failure to comply with the direct care registered nurse-to-patient staffing ratios applicable to the unit under ORS 441.765, if the failure to comply is not an allowed deviation described in ORS 441.765 (6). [*Under*] **For purposes of** this paragraph, failure **of a unit** to comply with the direct care registered nurse-to-patient staffing ratios under ORS 441.765 [*for a single direct care registered nurse*] during [*the nurse's*] **a** shift shall be considered a single violation[*;*]**.**

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

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

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

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

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

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

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

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

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

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

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

SECTION 7. ORS 441.793 is amended to read:

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

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

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

(3) The maximum amount in civil penalties that may be imposed on a hospital in a four-year period for violations described in ORS 441.792 is the lesser of:

(a) An amount equal to $2,000 times the number of licensed inpatient beds that the hospital maintains; or

(b) $1 million.

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

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

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

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

(d) Solicited per diem staff to work; and

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

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

(a) Scheduled staff in accordance with the direct care registered nurse-to-patient staffing ratio applicable to the unit under ORS 441.765;

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

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

(d) Solicited per diem staff to work; and

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

(6) All civil penalties collected under ORS 441.792 shall be paid into the Hospital Quality Assurance Fund, established under ORS 414.869.

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

(8) The authority shall submit an annual report on the number and types of violations described under ORS 441.792 that have occurred, in the manner provided by ORS 192.245, to the committees or interim committees of the Legislative Assembly related to health care.

SECTION 8. The Oregon Health Authority may not impose civil penalties under ORS 441.792 for violations that occur before July 1, 2030.

SECTION 9. ORS 442.470 is amended to read:

442.470. As used in ORS 442.470 to 442.507:

(1) "Acute inpatient care facility" means a licensed hospital with an organized medical staff, with permanent facilities that include inpatient beds, and with comprehensive medical services, including physician services and continuous nursing services under the supervision of registered nurses, to provide diagnosis and medical or surgical treatment primarily for but not limited to acutely ill patients and accident victims.

(2) "Council" means the Rural Health Coordinating Council.

(3) "Office" means the Office of Rural Health.

(4) "Primary care physician" means a doctor licensed under ORS chapter 677 whose specialty is family practice, general practice, internal medicine, pediatrics or obstetrics and gynecology.

(5) "Rural critical access hospital" means a facility that meets the criteria set forth in 42 U.S.C. 1395i-4 (c)(2)(B) and that has been designated a critical access hospital by the Office of Rural Health.

(6)(a) "Rural hospital" means a hospital characterized as one of the following:

(A) A type A hospital, which is a small and remote hospital that has 50 or fewer beds and is more than 30 miles from another acute inpatient care facility;

(B) A type B hospital, which is a small and rural hospital that has 50 or fewer beds and is 30 miles or less from another acute inpatient care facility;

(C) A type C hospital, which is considered to be a rural hospital and has more than 50 beds[*, but is not a referral center*]; or

(D) A rural critical access hospital.

(b) "Rural hospital" does not include a hospital of any class that was designated by the federal government as a rural referral hospital before January 1, 1989.