

# Senate Bill 1558

Sponsored by Senator LINTHICUM (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).

Requires a vote to adopt a nurse staffing plan by a hospital nurse staffing committee to be documented in the staffing plan.

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.

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

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 distributed to the local public health authorities. Prohibits the impositions of civil penalties for violations that occur before July 1, 2027. Modifies what constitutes a single violation for purposes of failure to comply with certain staffing ratios.

## A BILL FOR AN ACT

Relating to hospital staffing; creating new provisions; and amending ORS 441.762, 441.763, 441.764, 441.765, 441.792 and 441.793.

**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 exclusive representative, the direct care registered nurses belonging to a hospital nurse specialty

**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.

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 cochair. 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 vote to adopt a hospital-wide nurse staffing plan or a nurse staffing plan for a unit must be documented in the staffing plan.**

*[(9)]* (10) 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 hos-**

1 **pital nurse staffing committee under ORS 441.762; or**

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

4 [(a)] (A) Meets the requirements of this section and ORS 441.762, 441.764, 441.765, 441.766,  
 5 441.767 and 441.768; **and**

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

9 [(c) *Has been developed and approved by the hospital nurse staffing committee under ORS*  
 10 *441.762*].

11 (2) If the nurse-to-patient **staffing** ratios in ORS 441.765 apply, the hospital nurse staffing com-  
 12 mittee:

13 (a) May consider:

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

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

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

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

26 (E) Differences in patient acuity; and

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

28 (b) Must comply with ORS 441.765.

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

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

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

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

43 (6) A type A, [or a] type B **or type C** hospital may vary from the requirements of ORS 441.765  
 44 if the hospital nurse staffing committee of the hospital has voted to approve the variance. A type  
 45 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 cochair 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 441.764 is amended to read:

441.764. (1) A hospital nurse staffing committee established pursuant to ORS 441.762 shall review the nurse staffing plan:

(a) At least once every year; and

(b) At any other date and time specified by [either cochair] **both cochairs** of the committee.

(2) In reviewing a staffing plan, a hospital nurse staffing committee [shall] **may** consider:

(a) Patient outcomes;

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

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

(d) The aggregate hours of mandatory overtime worked by the nursing staff;

(e) The aggregate hours of voluntary overtime worked by the nursing staff;

(f) The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;

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

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

(3) Upon reviewing a staffing plan, a hospital nurse staffing committee may modify the staffing plan.

**SECTION 4.** 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] **the statutory unit staffing ratios are the following:**

(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 pa-

tients, 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

1 staff who are on meal breaks or rest breaks, in units with 11 or more beds with the approval of the  
2 hospital nurse staffing committee; and

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

5 **SECTION 5.** ORS 441.765, as operative until July 1, 2026, 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*] **the statutory unit staffing ratios are the following:**

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  
17 patients.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 be reapproved by the committee every two years.

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

4 (6) Each hospital unit may deviate from a nurse staffing plan, except with respect to meal breaks  
5 and rest breaks, including the applicable **direct care** registered nurse-to-patient **staffing** ratios un-  
6 der this section, within a period of 12 consecutive hours, no more than six times during a rolling  
7 30-day period, without being in violation of the nurse staffing plan. The unit manager must notify  
8 the **cochairs of the** hospital nurse staffing committee no later than 10 days after each deviation.  
9 Each subsequent deviation during the 30-day period constitutes a separate violation under ORS  
10 441.792.

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

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

21 (8) A charge nurse may:

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

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

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

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

30 441.792. (1) Following the receipt of a complaint and completion of an investigation described  
31 in ORS 441.791, for a violation described in subsection (2) of this section, the Oregon Health Au-  
32 thority shall:

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

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

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

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

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

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

44 (b) Failure to create a professional and technical staffing plan or a hospital service staffing  
45 plan[;].

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

3       [(d)] (c) Failure to comply with the staffing level in a nurse staffing plan for a unit that has been  
4 adopted under ORS 441.762 **or implemented under ORS 441.763**, including the nurse-to-patient  
5 staffing ratios prescribed in ORS 441.765, if applicable, if the failure to comply is not an allowed  
6 deviation described in ORS 441.765 (6)[;].

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

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

16       [(g)] (f) Failure to comply with the staffing requirements for certified nursing assistants in ORS  
17 441.768, if the failure is not an allowed deviation under ORS 441.776 (12). **For purposes of this**  
18 **paragraph, failure of a unit to comply with a certified nursing assistant-to-patient staffing**  
19 **ratio under ORS 441.768 during a single shift shall be considered a single violation[; or].**

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

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

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

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

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

26       (3) If a staff person at a hospital is unable to attend a staffing committee meeting because the  
27 staff person was not released from other hospital duties to attend the meeting, in violation of ORS  
28 441.762 [(9)] (10), 441.775 (10) or 441.776 (10), the authority shall:

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

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

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

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

37       441.793. (1) The Oregon Health Authority shall impose civil penalties in the manner provided in  
38 ORS 183.745 for a violation listed in ORS 441.792.

39       [(2) *The authority may suspend or revoke the license of a hospital, in the manner provided in ORS*  
40 *441.030, for a violation described in ORS 441.792.*]

41       [(3)] (2) Each violation of a [written] hospital-wide staffing plan shall be considered a separate  
42 violation and there is no cap on the times that a penalty may be imposed for a repeat of a violation.

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

45       (a) **An amount equal to \$2,000 times the number of licensed inpatient beds that the hos-**



**pital 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 from a hospital under ORS 441.792 shall be distributed to the local public health authority, as defined in ORS 431.003, within whose jurisdiction the hospital is located.**

[(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.

**SECTION 8. (1) The Oregon Health Authority may not impose civil penalties under ORS 441.792 for violations that occur before July 1, 2027.**

**(2) The authority shall issue a warning and require a corrective action plan for a violation described under ORS 441.792.**