

HB 4074-1  
(LC 93)  
2/2/26 (CPA/ps)

Requested by Representative MCINTIRE

**PROPOSED AMENDMENTS TO  
HOUSE BILL 4074**

1 On page 1 of the printed bill, line 2, after the first semicolon delete the  
2 rest of the line and line 3 and insert “amending ORS 441.763 and 442.470.”.

3 Delete lines 5 through 19 and delete pages 2 through 11 and insert:

4 **“SECTION 1.** ORS 441.763 is amended to read:

5 “441.763. (1) Each hospital shall implement a written hospital-wide nurse  
6 staffing plan that:

7 “(a) Meets the requirements of this section and ORS 441.762, 441.764,  
8 441.765, 441.766, 441.767 and 441.768;

9 “(b) Includes any staffing-related terms and conditions that were previ-  
10 ously adopted through any applicable collective bargaining agreement, in-  
11 cluding meal breaks and rest breaks, unless a term or condition is in direct  
12 conflict with an applicable statute or administrative rule; and

13 “(c) Has been developed and approved by the hospital nurse staffing  
14 committee under ORS 441.762.

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

17 “(a) May consider:

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

21 “(B) The size of the hospital and a measurement of hospital unit activity

1 that quantifies the rate of admissions, discharges and transfers for each  
2 hospital unit and the time required for a direct care registered nurse be-  
3 longing to a hospital unit to complete admissions, discharges and transfers  
4 for that hospital unit;

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

9 “(D) Nationally recognized evidence-based standards and guidelines es-  
10 tablished by professional nursing specialty organizations, if any;

11 “(E) Differences in patient acuity; and

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

13 “(b) Must comply with ORS 441.765.

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

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

23 “(b) A staffing plan does not create, preempt or modify a collective bar-  
24 gaining agreement or require a union or employer to bargain over the staff-  
25 ing plan while a collective bargaining agreement is in effect.

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

30 “(6) A type A, [or a] type B **or type C** hospital may vary from the re-

quirements 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 2.** 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;

1       “(B) A type B hospital, which is a small and rural hospital that has 50  
2       or fewer beds and is 30 miles or less from another acute inpatient care fa-  
3       cility;

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

6       “(D) A rural critical access hospital.

7       “(b) ‘Rural hospital’ does not include a hospital of any class that was  
8       designated by the federal government as a rural referral hospital before  
9       January 1, 1989.”.

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