House Bill 2945

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 as introduced.

Requires Oregon Health Authority to increase staff resources dedicated to enforcement of staffing requirements for hospital nurses and appropriates moneys to do so.

Requires three certified nursing assistants to be appointed to hospital nurse staffing committee. Increases to \$10,000 civil penalty that may be imposed for violation of requirements concerning nurse staffing in hospitals.

Declares emergency, effective July 1, 2019.

A BILL FOR AN ACT

2 Relating to hospital nurse staffing; creating new provisions; amending ORS 441.154 and 441.175; and

3 declaring an emergency.

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

5 SECTION 1. (1) The Legislative Assembly finds that there is a compelling need to in-6 crease the staff resources of the Oregon Health Authority that are dedicated to enforcing 7 the nurse staffing requirements of ORS 441.152 to 441.177.

- 8 (2) The Oregon Health Authority shall increase the number of full-time employees who
- are responsible for investigating complaints under ORS 441.171 as necessary to ensure the 9 10

safety of patients in hospitals licensed in this state.

SECTION 2. ORS 441.154 is amended to read: 11

12 441.154. (1)(a) For each hospital there shall be established a hospital nurse staffing committee. Each committee shall: 13

(A) Consist of an equal number of hospital nurse managers and direct care staff; 14

15(B) For that portion of the committee composed of direct care staff, consist entirely of direct care registered nurses, except for [one position] three positions to be filled by [a direct care staff 16 member who is not a registered nurse and whose services are covered by a written hospital-wide 17staffing plan that meets the requirements of ORS 441.155] certified nursing assistants; and 18

19 (C) Include at least one direct care registered nurse from each hospital nurse specialty or unit. (b) If the direct care registered nurses who work at a hospital are represented under a collective 20 21bargaining agreement, the bargaining unit shall conduct a selection process by which the direct care 22registered nurses who work at the hospital select the members of the committee who are direct care 23registered nurses.

24 (c) If the direct care staff member who is not a registered nurse who works at a hospital is represented under a collective bargaining agreement, the bargaining unit shall use the selection pro-2526 cess conducted pursuant to paragraph (b) of this subsection to select that member of the committee. 27(d) If the direct care registered nurses who work at a hospital are not represented under a

28 collective bargaining agreement, the direct care registered nurses belonging to a hospital nurse 29 specialty or unit shall select each member of the committee who is a direct care registered nurse 1 from that specialty or unit.

2 (2) A hospital nurse staffing committee shall develop a written hospital-wide staffing plan in 3 accordance with ORS 441.155. The committee's primary goals in developing the staffing plan shall 4 be to ensure that the hospital is staffed to meet the health care needs of patients. The committee 5 shall review and modify the staffing plan in accordance with ORS 441.156.

6 (3) A majority of the members of a hospital nurse staffing committee constitutes a quorum for 7 the transaction of business.

8 (4) A hospital nurse staffing committee shall have two cochairs. One cochair shall be a hospital 9 nurse manager elected by the members of the committee who are hospital nurse managers and one 10 cochair shall be a direct care registered nurse elected by the members of the committee who are 11 direct care staff.

(5)(a) 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 comprises an unequal number of hospital nurse managers and direct care staff, only an equal number of hospital nurse managers and direct care staff, only an equal number of hospital nurse managers and direct care staff may vote.

(b) If the committee is unable to reach an agreement on the staffing plan, either cochair of the committee may invoke a 30-day period during which the committee shall continue to develop the staffing plan. During the 30-day period, the hospital shall respond in a timely manner to reasonable requests from members of the committee for data that will enable the committee to reach a resolution. If at the end of the 30-day period, the committee remains unable to reach an agreement on the staffing plan, one of the cochairs shall notify the Oregon Health Authority of the impasse.

(c) Upon receiving notification under paragraph (b) of this subsection, the authority shall provide the committee with a mediator to assist the committee in reaching an agreement on the staffing
plan. Mediation conducted under this paragraph must be consistent with the requirements for implementing and reviewing staffing plans under ORS 441.155 and 441.156.

(d) If the committee is unable to reach an agreement on the staffing plan after 90 days of me diation, the authority may impose a penalty against the hospital as described in ORS 441.175.

28 (6) A hospital nurse staffing committee shall meet:

29 (a) At least once every three months; and

30 (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:

33 (A) The hospital nursing staff as observers; and

34 (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.

37 (8) Minutes of hospital nurse staffing committee meetings must:

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

39 (b) Summarize discussions; and

40 (c) Be made available in a timely manner to hospital nursing staff and other hospital staff upon 41 request.

42 (9) A hospital shall release a member of a hospital nurse staffing committee described in sub-43 section (1)(a) of this section from the member's assignment, and provide the member with paid time,

to attend committee meetings.

45 **SECTION 3.** ORS 441.175 is amended to read:

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441.175. (1) The Oregon Health Authority may impose civil penalties in the manner provided in 1 $\mathbf{2}$ ORS 183.745 or suspend or revoke a license of a hospital for a violation of any provision of ORS 3 441.152 to 441.177. The authority shall adopt by rule a schedule establishing the amount of civil penalty that may be imposed for a violation of ORS 441.152 to 441.177 when there is a reasonable 4 belief that safe patient care has been or may be negatively impacted, except that a civil penalty 5 may not exceed [\$5,000] \$10,000. Each violation of a written hospital-wide staffing plan shall be 6 considered a separate violation. Any license that is suspended or revoked under this subsection shall 7 be suspended or revoked as provided in ORS 441.030. 8

9 (2) The authority shall maintain for public inspection records of any civil penalties or license 10 suspensions or revocations imposed on hospitals penalized under subsection (1) of this section.

SECTION 4. In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2019, out of the General Fund, the amount of \$_____, which may be expended for carrying out section 1 of this 2019 Act.

15 <u>SECTION 5.</u> This 2019 Act being necessary for the immediate preservation of the public
16 peace, health and safety, an emergency is declared to exist, and this 2019 Act takes effect
17 July 1, 2019.

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