

# House Bill 3985

Sponsored by Representative SKARLATOS

## 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: Changes the standards for staffing plans for direct care registered nurses in an ED. (Flesch Readability Score: 65.7).

Modifies the minimum standards for staffing plans for direct care registered nurses in an emergency department.

## A BILL FOR AN ACT

Relating to staffing plans for health care provider entities; amending ORS 441.765.

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

**SECTION 1.** 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) **Except as provided in subparagraph (C) of this paragraph**, 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 **under this subparagraph or subparagraph (C) of this paragraph**.

(C) **The ratio of direct care registered nurses to patients averages no more than one to six over a 12-hour shift and a single direct care registered nurse may not be assigned more than six patients at one time, for patients that:**

(i) **Are directed to an area within the emergency department designated to provide faster care to patients with less serious conditions; or**

(ii) **Are assigned a level four or five on a five-level triage acuity scale using the Emergency Severity Index.**

(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.

**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.

(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 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 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 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 registered nurse-to-patient 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 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 hospital may not require a direct care registered nurse to be assigned to more patients than as specified in this section or in the nurse staffing plan approved by the hospital nurse staffing committee, as applicable.

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

441.765. (1) As used in this section, "unit" means a hospital unit as defined by the chief execu-

1 tive officer of the hospital or the chief executive officer's designee.

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

4 (a) In an emergency department:

5 (A) A direct care registered nurse is assigned to not more than one trauma patient[; *and*].

6 (B) **Except as provided in subparagraph (C) of this paragraph**, the ratio of direct care reg-  
7 istered nurses to patients averages no more than one to four over a 12-hour shift and a single direct  
8 care registered nurse may not be assigned more than five patients at one time. Direct care regis-  
9 tered nurses assigned to trauma patients may not be taken into account in determining the average  
10 ratio **under this subparagraph or subparagraph (C) of this paragraph**.

11 (C) **The ratio of direct care registered nurses to patients averages no more than one to**  
12 **six over a 12-hour shift and a single direct care registered nurse may not be assigned more**  
13 **than six patients at one time, for patients that:**

14 (i) **Are directed to an area within the emergency department designated to provide faster**  
15 **care to patients with less serious conditions; or**

16 (ii) **Are assigned a level four or five on a five-level triage acuity scale using the Emer-**  
17 **gency Severity Index.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

43 (4) With the approval of a majority of the members of the hospital nurse staffing committee, a  
44 unit can deviate from the direct care registered nurse-to-patient ratios in subsection (2) of this sec-  
45 tion, in pursuit of innovative care models that were considered by the committee, by allowing other

1 clinical care staff to constitute up to 50 percent of the registered nurses needed to comply with the  
2 applicable nurse-to-patient ratio. The staffing in an innovative care model must be reapproved by the  
3 committee every two years.

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

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

12 (7) A hospital may not require a direct care registered nurse to be assigned to more patients  
13 than as specified in this section or in the nurse staffing plan approved by the hospital nurse staffing  
14 committee, as applicable.

15 (8) A charge nurse may:

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

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

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