

**Enrolled**  
**Senate Bill 537**

Sponsored by Senator PATTERSON, Representative NELSON, Senators TAYLOR, JAMA, MEEK, REYNOLDS, Representative NOSSE; Senators BROADMAN, FREDERICK, GELSER BLOUIN, MANNING JR, NERON, PROZANSKI, SOLLMAN, Representatives ANDERSEN, CHOTZEN, ISADORE, MCDONALD, PHAM H, WATANABE (Pre-session filed.)

CHAPTER .....

AN ACT

Relating to violence in health care settings; creating new provisions; and amending ORS 441.096, 654.062, 654.182, 654.412, 654.414 and 654.416.

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

**WORKPLACE VIOLENCE PREVENTION FOR  
HEALTH CARE EMPLOYERS  
(Safety Committees)**

**SECTION 1.** ORS 654.182 is amended to read:

654.182. (1) In carrying out ORS 654.176, the Director of the Department of Consumer and Business Services shall adopt rules that include, but are not limited to, provisions:

(a) Prescribing the membership of the committees to ensure equal numbers of employees, who are volunteers or are elected by their peers, and employer representatives and specifying the frequency of meetings.

(b) Requiring employers to make adequate written records of each meeting and to file and maintain the records subject to inspection by the director.

(c) Requiring employers to compensate employee representatives on safety committees at the regular hourly wage while the employees are engaged in safety committee training or are attending safety committee meetings.

(d) Prescribing the duties and functions of safety committees, which include, but are not limited to:

(A) Establishing procedures for workplace safety inspections by the committee.

(B) Establishing procedures for investigating all safety incidents, accidents, illnesses and deaths.

(C) Evaluating accident and illness prevention programs.

(e) Prescribing guidelines for the training of safety committee members.

(f) Prescribing alternate forms of safety committees and safety meetings to meet the special needs of small employers, agricultural employers and employers with mobile worksites.

**(g) Prescribing procedures for health care employers for investigating, collecting and reporting on incidents of workplace violence.**

(2) An employer that is a member of a multiemployer group operating under a collective bargaining agreement that contains provisions regulating the formation and operation of a safety com-

mittee that meets or exceeds the minimum requirements of this section and ORS 654.176 shall be considered to have met the requirements of this section and ORS 654.176.

**(3) As used in this section, “health care employer” and “workplace violence” have the meanings given those terms in ORS 654.412.**

**(Workplace Violence Prevention Program)**

**SECTION 2.** ORS 654.412 is amended to read:

654.412. As used in ORS 654.412 to 654.423:

(1) “Assault” means intentionally, knowingly or recklessly causing physical injury.

(2) “Energy generating device” means a tool that performs a surgical function using heat, laser, electricity or other form of energy.

(3) “Health care employer” means:

(a) An ambulatory surgical center as defined in ORS 442.015.

(b) A hospital as defined in ORS [442.015] **441.760, except for the Oregon State Hospital.**

**(c) A home health agency as defined in ORS 443.014.**

**(d) A home hospice program.**

(4) “Home health care services” means items or services furnished to a patient by an employee of a health care employer in a place of temporary or permanent residence used as the patient’s home.

**(5) “Home hospice program” means a coordinated program of home care, available 24 hours a day, that utilizes an interdisciplinary team of personnel trained to provide palliative and supportive services to a patient-family unit experiencing a life threatening disease with a limited prognosis.**

[5] (6) “Smoke evacuation system” means equipment that effectively captures or neutralizes surgical smoke before the smoke makes contact with the eyes or the respiratory tract of the occupants of a room.

[6] (7) “Surgical smoke” means the by-product that results from contact with tissue by an energy generating device.

**(8) “Workplace violence” includes any act or threat of physical violence, harassment, intimidation, assault, homicide or any other threatening behavior that occurs in the workplace.**

**SECTION 3.** ORS 654.414 is amended to read:

654.414. (1) A health care employer, **in consultation with the employer’s workplace safety committee described in ORS 654.176,** shall:

(a) Conduct periodic security and safety assessments to identify existing or potential [hazards for assaults committed against employees] **threats of workplace violence;**

(b) Develop and implement [an assault] **a workplace violence** prevention and protection program for employees based on assessments conducted under paragraph (a) of this subsection; and

(c) Provide [assault] **workplace violence** prevention and protection training on [a regular and ongoing] **an annual** basis for employees **and any contracted security personnel who work at the premises of the health care employer.**

(2) An assessment conducted under subsection (1)(a) of this section shall include, but need not be limited to:

(a) A measure of the frequency of [assaults] **workplace violence, including attempts of workplace violence, that are** committed against employees [that occur] on the premises of a health care employer or in the home of a patient receiving home health care services during the preceding five years or for the years that records are available if fewer than five years of records are available; [and]

(b) An [identification] **analysis** of the **root** causes and consequences of [assaults] **workplace violence committed** against employees[.], **including a plan for addressing the analyzed causes; and**

(c) **Findings on the extent to which the security considerations described in subsection (3) of this section were implemented to mitigate risks of workplace violence.**

(3) *[An assault]* **A workplace violence prevention and protection program developed and implemented by a health care employer under subsection (1)(b) of this section shall incorporate and implement a workplace violence prevention and response plan. The plan shall:**

(a) Be based on an assessment conducted under subsection (1)(a) of this section. *[and shall]*

(b) Address security considerations related to the following:

*[(a)]* (A) Physical attributes of the health care setting;

*[(b)]* (B) Staffing plans, including security staffing;

*[(c)]* (C) Personnel policies;

*[(d)]* (D) First aid and emergency procedures;

*[(e)]* (E) Procedures for reporting *[assaults]* **incidents of workplace violence**; and

*[(f)]* (F) Education and training for employees.

(c) **Include policies and procedures for:**

(A) **Conducting internal investigations of incidents of workplace violence that occur on the premises of the health care employer.**

(B) **Identifying employees involved in a workplace violence incident.**

(C) **Conducting post-incident employee interviews for the purpose of gathering factual details about an incident of workplace violence.**

(D) **Implementing post-incident response strategies that address the provision of:**

(i) **First aid or medical care to employees who have been injured in a workplace violence incident; and**

(ii) **Trauma counseling for employees affected by an incident of workplace violence.**

(4)(a) *[Assault]* **Workplace violence prevention and protection training required under subsection (1)(c) of this section shall address the following topics:**

(A) **General safety and personal safety procedures, including emergency response guidelines that may be used to notify employees and contracted security personnel who work at the premises of the health care employer of a threat or occurrence of workplace violence;**

(B) **The meaning of workplace violence;**

*[(B)]* (C) **Escalation cycles for assaultive behaviors and other violent or threatening behaviors;**

*[(C)]* (D) *[Factors that predict assaultive behaviors]* **Predictive factors of workplace violence;**

*[(D)]* (E) **Techniques for obtaining medical history from a patient with assaultive or other threatening or violent behavior;**

*[(E)]* (F) **Verbal and physical techniques to de-escalate and minimize assaultive behaviors and threats of workplace violence;**

*[(F)]* (G) **Strategies for avoiding physical harm and minimizing use of restraints;**

*[(G)]* (H) **Restraint techniques consistent with regulatory requirements;**

*[(H)]* (I) **Self-defense, including:**

(i) **The amount of physical force that is reasonably necessary to protect the employee or a third person from assault; and**

(ii) **The use of least restrictive procedures necessary under the circumstances, in accordance with an approved behavior management plan, and any other methods of response approved by the health care employer;**

*[(I)]* (J) **Procedures for documenting and reporting incidents involving assaultive behaviors and incidents of workplace violence;**

*[(J)]* (K) **Programs for post-incident counseling and follow-up;**

*[(K)]* (L) **Resources available to employees for coping with *[assaults]* workplace violence;**  
*[and]*

*[(L)]* (M) **The health care employer's workplace *[assault]* violence prevention and protection program[.], including the health care employer's internal investigation process for investigating incidents of workplace violence;**

**(N) Visual cues and other methods that may be used to identify or notify employees about individuals exhibiting behavioral indicators of workplace violence; and**

**(O) Responding to active shooter incidents.**

(b) A health care employer shall provide *[assault]* **workplace violence** prevention and protection training to:

**(A) A new employee, other than a temporary employee,** within 90 days of the employee's initial hiring date.

**(B) A temporary employee, within 14 days of the employee's initial hiring date.**

(c) A health care employer may use classes, video recordings, brochures, verbal or written training or other training that the employer determines to be appropriate, based on an employee's job duties, under the *[assault]* **workplace violence** prevention and protection program developed by the employer.

**(d) A health care employer shall ensure that a person with the appropriate knowledge and expertise is available to employees to answer questions and clarify any aspects of the workplace violence prevention and protection training through in-person interaction, phone, electronic mail or other reasonable means of communication.**

(5) *[At least once every two years]* **Once a year,** a health care employer shall establish, in coordination with the health care employer's workplace safety committee as described in ORS 654.176, a process by which the committee shall review the health care employer's *[assault]* **workplace violence** prevention and protection program developed and implemented under subsection (1)(b) of this section in order to evaluate the efficacy of the program and consider any changes to the program that are necessary to promote the prevention of workplace violence.

**(6)(a) A health care employer shall provide to each employee and, if applicable, to the employee's union representative, a written copy of the workplace violence prevention and response plan described under subsection (3) of this section, including a written statement explaining that an employee who reports an incident of workplace violence has a right to be protected from retaliation.**

**(b) For newly hired employees, the health care employer shall provide the copy of the plan and the accompanying statement within 30 calendar days from the date of hire.**

#### **(Reporting)**

**SECTION 4.** Section 5 of this 2025 Act is added to and made a part of ORS 654.412 to 654.423.

**SECTION 5.** (1) Not later than December 31 of each year, the Department of Consumer and Business Services shall prepare and submit a consolidated report that includes the assault records that are made available under ORS 654.416 and the following information regarding incidents of workplace violence occurring on the premises of a health care employer:

**(a) The location where each workplace violence incident occurred.**

**(b) The nature of the incident.**

**(c) The nature and severity of any employee injuries stemming from the workplace violence incident.**

**(d) The job titles of any employees who were injured as a result of workplace violence.**

**(e) Any increases or decreases in the number of incidents of workplace violence since the previous study conducted under this section.**

(2) The department shall submit the report, in the manner provided in ORS 192.245, including recommendations for legislation, if any, to the interim committees of the Legislative Assembly related to business and labor.

#### **(Conforming Amendments)**

**SECTION 6.** ORS 654.062 is amended to read:

654.062. (1) Every employee should notify the employer of any violation of law, regulation or standard pertaining to safety and health in the place of employment when the violation comes to the knowledge of the employee.

(2) However, any employee or representative of the employee may complain to the Director of the Department of Consumer and Business Services or any authorized representatives of the director of any violation of law, regulation or standard pertaining to safety and health in the place of employment, whether or not the employee also notifies the employer.

(3) Upon receiving any employee complaint, the director shall make inquiries, inspections and investigations that the director considers reasonable and appropriate. When an employee or representative of the employee has complained in writing of an alleged violation and no resulting citation is issued to the employer, the director shall furnish to the employee or representative of the employee, upon written request, a statement of reasons for the decision.

(4) The director shall establish procedures for keeping confidential the identity of any employee who requests protection in writing. When a request has been made, neither a written complaint from an employee, or representative of the employee, nor a memorandum containing the identity of a complainant may be disclosed under ORS 192.311 to 192.478.

(5) It is an unlawful employment practice for any person to bar or discharge from employment or otherwise discriminate against any employee or prospective employee because the employee or prospective employee has:

(a) Opposed any practice forbidden by ORS 654.001 to 654.295, 654.412 to 654.423 and 654.750 to 654.780;

(b) Made any complaint or instituted or caused to be instituted any proceeding under or related to ORS 654.001 to 654.295, 654.412 to 654.423 and 654.750 to 654.780, or has testified or is about to testify in any such proceeding;

(c) Exercised on behalf of the employee, prospective employee or others any right afforded by ORS 654.001 to 654.295, 654.412 to 654.423 and 654.750 to 654.780;

(d) In good faith reported an assault **or other incident of workplace violence** that occurred on the premises of a health care employer as defined in ORS 654.412 or in the home of a patient receiving home health care services; or

(e) With no reasonable alternative and in good faith, refused to expose the employee or prospective employee to serious injury or death arising from a hazardous condition at a place of employment.

(6)(a) Any employee or prospective employee alleging to have been barred or discharged from employment or otherwise discriminated against in compensation, or in terms, conditions or privileges of employment, in violation of subsection (5) of this section may, within one year after the employee or prospective employee has reasonable cause to believe that the violation has occurred, file a complaint with the Commissioner of the Bureau of Labor and Industries alleging discrimination under the provisions of ORS 659A.820. Upon receipt of the complaint the commissioner shall process the complaint under the procedures, policies and remedies established by ORS chapter 659A and the policies established by ORS 654.001 to 654.295, 654.412 to 654.423 and 654.750 to 654.780 in the same way and to the same extent that the complaint would be processed if the complaint involved allegations of unlawful employment practices under ORS 659A.030 (1)(f).

(b) Within 90 days after receipt of a complaint filed under this subsection, the commissioner shall notify the complainant of the commissioner's determination.

(c) The affected employee or prospective employee may bring a civil action in any circuit court of the State of Oregon against any person alleged to have violated subsection (5) of this section. The civil action must be commenced within one year after the employee or prospective employee has reasonable cause to believe a violation has occurred, unless a complaint has been timely filed under ORS 659A.820.

(d) The commissioner or the circuit court may order all appropriate relief including rehiring or reinstatement to the employee's former position with back pay.

(7)(a) In any action brought under subsection (6) of this section, there is a rebuttable presumption that a violation of subsection (5) of this section has occurred if a person bars or discharges an employee or prospective employee from employment or otherwise discriminates against an employee or prospective employee within 60 days after the employee or prospective employee has engaged in any of the protected activities described in subsection (5)(a) to (e) of this section. The person may rebut the presumption that a violation of subsection (5) of this section has occurred by a demonstration of a preponderance of the evidence.

(b) If a person bars or discharges an employee or prospective employee from employment or otherwise discriminates against the employee or prospective employee more than 60 days after the employee or prospective employee has engaged in any of the protected activities described under subsection (5)(a) to (e) of this section, such action does not create a presumption in favor of or against finding that a violation of subsection (5) of this section has occurred. Where such action has occurred more than 60 days after the protected activity, this subsection does not modify any existing rule of case law relating to the proximity of time between a protected activity and an adverse employment action. The burden of proof shall be on the employee or prospective employee to demonstrate by a preponderance of the evidence that a violation occurred.

(8) The director shall adopt rules necessary for the administration of subsection (5)(e) of this section that are in accordance with the federal Occupational Safety and Health Act of 1970 (29 U.S.C. 651 et seq.).

**SECTION 7.** ORS 654.416 is amended to read:

654.416. (1) A health care employer shall maintain a record of assaults committed against employees that occur on the premises of the health care employer or in the home of a patient receiving home health care services. The record shall include, but need not be limited to, the following:

- (a) The name and address of the premises on which each assault occurred;
- (b) The date, time and specific location where the assault occurred;
- (c) The name, job title and department or ward assignment of the employee who was assaulted;
- (d) A description of the person who committed the assault as a patient, visitor, employee or other category;
- (e) A description of the assaultive behavior as:
  - (A) An assault with mild soreness, surface abrasions, scratches or small bruises;
  - (B) An assault with major soreness, cuts or large bruises;
  - (C) An assault with severe lacerations, a bone fracture or a head injury; or
  - (D) An assault with loss of limb or death;
- (f) An identification of the physical injury;
- (g) A description of any weapon used;
- (h) The number of employees, including nursing staff as defined in ORS 441.179, in the immediate area of the assault when it occurred; and
- (i) A description of actions taken by the employees and the health care employer in response to the assault.

(2) A health care employer shall maintain the record of assaults described in subsection (1) of this section for no fewer than five years following a reported assault.

(3)(a) Upon the request of an employee or of a workplace safety committee conducting a review pursuant to ORS 654.414, the health care employer shall generate and make available to the requesting party a report summarizing:

- (A) The information in the record required under subsection (1) of this section; and
  - (B) Information regarding work-related injuries and illnesses recorded by the health care employer to comply with applicable federal health and safety recordkeeping requirements.
- (b) A report made available under this subsection:
- (A) May not include any personally identifiable information; and
  - (B) May be used only for the purposes of conducting a review of the [assault] **workplace violence** prevention and protection program under ORS 654.414 or for other purposes that are related to improving the program.

(4) The Director of the Department of Consumer and Business Services shall adopt by rule a common recording form for the purposes of this section.

**SAFETY REQUIREMENTS FOR HEALTH CARE SETTINGS  
(Identification Badges)**

**SECTION 8.** ORS 441.096 is amended to read:

441.096. (1) **Except as provided in subsection (2)(b) of this section**, a health care practitioner working at a health care facility and providing direct care to a patient shall wear an identification badge indicating the practitioner's name and professional title.

(2)(a) A health care facility shall develop policies that specify the size and content of the identification badge required by subsection (1) of this section.

(b) **Except where applicable federal law or rules and regulations require otherwise, no person working in a hospital, a home health agency or a home hospice program shall be required to wear an identification badge that includes the worker's last name unless the worker specifically requests that the badge include the worker's last name.**

(3) As used in this section[,]:

(a) "Health care facility" means:

(A) A health care facility as defined in ORS 442.015 [or], **except for a hospital.**

(B) A mental health facility, alcohol treatment facility or drug treatment facility licensed or operated under ORS chapter 426 or 430.

(b) **"Home health agency" has the meaning given that term in ORS 443.014.**

(c) **"Home hospice program" has the meaning given that term in ORS 654.412.**

(d) **"Hospital" has the meaning given that term in ORS 441.760, except for the Oregon State Hospital.**

**(Flagging Systems)**

**SECTION 9.** (1) As used in this section:

(a) **"Authorized staff" means the staff of a covered entity who are responsible for creating and tracking electronic health record flags.**

(b) "Covered entity" means:

(A) A hospital as defined in ORS 441.760, **except for the Oregon State Hospital.**

(B) A home health agency as defined in ORS 443.014.

(C) A home hospice program as defined in ORS 654.412.

(c) **"Disruptive behavior" includes physically aggressive, harassing or destructive behavior.**

(d) **"Electronic health record" has the meaning given that term in ORS 413.300.**

(e) **"Electronic health record flag" means an alert generated within the electronic health record of a patient that notifies providers that a patient may pose a potential safety risk to themselves or to others due to the patient's history of violent or disruptive behavior.**

(f) **"Flagging system" means a system used to identify, communicate, monitor and manage potential threats of violence or disruptive behavior by patients or other individuals who may encounter health care providers and staff.**

(g) **"Health care provider" or "provider" has the meaning given those terms in ORS 413.300.**

(h) **"Visual flags" means paper-based physical cues, including wristbands, signage, color-coded indicators, symbols and other visible cues built within the care environment to facilitate immediate recognition of potential threats of violence or disruptive behavior without having to access an electronic health record.**

(2) A covered entity shall implement flagging systems with the capabilities and functions to communicate potential threats of violence or disruptive behavior to providers and staff of the covered entity using electronic health record flags and visual flags.

(3) Each covered entity shall establish protocols and procedures regarding implementation and use of flagging systems. At a minimum, the protocols and procedures must address:

(a) For electronic health record flags and visual flags:

(A) Criteria and processes for initiation, continuation, inactivation and reactivation of such flags.

(B) Requirements for new and revised electronic health record flags and visual flags that include:

(i) The reasons for initiating or revising such flags; and

(ii) Specific recommended actions that providers and staff of the covered entity should take when interacting with a flagged individual.

(b) For electronic health record flags:

(A) Designating authorized staff to initiate an electronic health record flag.

(B) Training and education requirements for persons authorized to initiate an electronic health record flag, including training on identifying and preventing bias in the assignment of such flags.

(C) Provider and staff responsibilities when an electronic health record flag is present.

(D) Evaluating and identifying potential threats of violence or disruptive behavior.

(E) Consistent practices for assigning, tracking, monitoring and documenting information in the electronic health record flag.

(F) Reviewing and updating electronic health record flags, as necessary, for purposes of determining whether to remove or maintain a flag.

(G) Communication and collaboration about flagged conduct or behaviors recorded in an electronic health record flag.

(H) Safety protocols and precautions for engaging with patients with an electronic health record flag.

(I) Patient privacy in relation to worker safety, including compliance with patient privacy requirements under the federal Health Insurance Portability and Accountability Act privacy regulations, 45 C.F.R. parts 160 and 164 when communicating information through the electronic health record regarding an electronic health record flag.

(J) Requiring that every flag-related action, including but not limited to initiation, continuation, inactivation or reactivation, be supported by a linked clinical note that documents the justification for the action.

(K) Establishing a process by which a patient, or a person authorized to make health care decisions on behalf of the patient, may request review and removal of an electronic health record flag.

(c) For visual flags, education and training for authorized staff of a covered entity on:

(A) Identifying circumstances and assessing behaviors and actions of patients and other individuals that may increase risk for potential violence or disruptive behavior;

(B) Consistent approaches to initiating a visual flag; and

(C) Safety protocols and precautions to take when encountering patients or other individuals when a visual flag is present.

(4) Providers and staff of a covered entity may not take any of the following actions based solely on the presence of an electronic health record flag:

(a) Deny admission to a program or service provided by the covered entity to which the patient would otherwise be eligible.

(b) Make decisions regarding the patient's access to care.

(c) Prevent or restrict the right of the patient to file a complaint with the appropriate federal or state agency concerning the patient's right to privacy.



- (d) Deny or restrict the patient’s right to access or obtain the patient’s protected health information.
- (e) Contact, report or disclose information to law enforcement.
- (f) Deny, restrict or withhold medical or nonmedical care that is appropriate for the patient.
- (g) Punish or penalize the patient.

**(Bullet-Resistant Requirements for Emergency Rooms)**

**SECTION 10.** (1) As used in this section:

(a) “Emergency room intake window” means the designated area within an emergency department of a hospital where patients are registered.

(b) “Hospital” has the meaning given that term in ORS 441.760, except for the Oregon State Hospital.

(2) Every hospital in this state shall be required to install a bullet-resistant barrier or enclosure at each emergency room intake window to provide a protective barrier between hospital employees and potential threats of violence.

**SECTION 11.** Section 10 of this 2025 Act applies to any hospital that is newly constructed, or that undergoes renovations or remodeling to the emergency department of the hospital, on or after the effective date of this 2025 Act.

**WORKER SAFETY IN HOME HEALTH CARE SETTINGS  
(Client Intake Requirements)**

**SECTION 12.** (1) As used in this section and section 13 of this 2025 Act:

(a) “Client” means a person who receives home health care services.

(b) “Client intake” means the process of gathering information from new clients to facilitate the provision of home health care services.

(c) “Home health care services” means items and services furnished to an individual by a home health care services entity, or by others under arrangements with such entity, on a visiting basis, in a place of temporary or permanent residence used as the individual’s home for the purpose of maintaining that individual at home.

(d) “Home health care services entity” means any of the following entities that provide for the delivery of home health care services in a home health care setting:

(A) A home health agency as defined in ORS 443.014.

(B) A home hospice program as defined in ORS 654.412.

(e) “Home health care setting” means a place of temporary or permanent residence of an individual where home health care services are furnished to the individual.

(f) “Home health care staff” means individuals who provide home health care services.

(g) “Hospital” has the meaning given that term in ORS 441.760.

(h) “Household individual” means an individual, other than a client receiving home health care services, who is present or reasonably anticipated to be present in the home health care setting within a specified time.

(2) As part of any client intake process, a home health care services entity shall:

(a) Collect information necessary to identify and assess potential health and safety-related risks, including workplace violence as defined in ORS 654.412, that home health care staff may encounter while providing home health care services in home health care settings;

(b) Provide such information, to the extent known by the home health care services entity, to each home health care staff who will be responsible for providing the home health care services; and

(c) With respect to patients who are discharged from a hospital and referred to the home health care services entity, provide to each home health care staff who will be responsible

for providing the home health care services to a client, any client history of violence that was made known to the home health care services entity as part of the continuity of care process.

(3) Information collected by a home health care services entity under subsection (2) of this section may be gathered using a client intake questionnaire and must, at a minimum, inquire about the following:

(a) The presence of pets at the home health care setting and whether such pets, if any, can be secured away from the area in which care is given, if so requested by the home health care staff.

(b) Suspected pest infestations.

(c) The willingness of the client to agree to securely store any weapons that are present at the home health care setting prior to any visit by the home health care staff.

#### (Training)

**SECTION 13.** To support the safety of home health care staff while working in a home health care setting, each home health care services entity shall:

(1) Provide training to home health care staff that:

(a) Includes, but is not limited to, training on recognizing hazards that are commonly encountered by home health care staff in home health care settings and protocols for managing such hazards.

(b) Is consistent with training for home health care workers that is endorsed by the National Institute for Occupational Safety and Health and the Occupational Safety and Health Administration.

(2) Conduct quarterly safety assessments with home health care staff who have been assigned to provide home health care services in a home health care setting.

(3) Provide home health care staff with identifying information that may be used to verify the identity of a client before an initial visit to a home health care setting.

(4) Provide mechanisms by which home health care staff can perform safety checks, including but not limited to the use of a mobile application to access the relevant safety-related information collected by the home health care services entity under section 12 of this 2025 Act.

(5) Establish and implement policies and procedures that allow for home health care staff to:

(a) Perform data entry and chart updates at a time and place outside of the home health care setting.

(b) Be accompanied by an escort, including but not limited to another home health care staff, to a home health care setting when there are concerns about safety or security with respect to the home health care setting.

#### APPROPRIATIONS

**SECTION 14.** 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, 2025, out of the General Fund, the amount of \$394,554, for the Public Health Division, to ensure compliance with the building and safety requirements under sections 9, 10, 12 and 13 of this 2025 Act and the amendments to ORS 441.096 by section 8 of this 2025 Act.

#### CAPTIONS

**SECTION 15.** The unit captions used in this 2025 Act are provided only for the convenience of the reader and do not become part of the statutory law of this state or express any legislative intent in the enactment of this 2025 Act.

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**Passed by Senate June 23, 2025**

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Obadiah Rutledge, Secretary of Senate

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Rob Wagner, President of Senate

**Passed by House June 26, 2025**

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Julie Fahey, Speaker of House

**Received by Governor:**

.....M,....., 2025

**Approved:**

.....M,....., 2025

.....  
Tina Kotek, Governor

**Filed in Office of Secretary of State:**

.....M,....., 2025

.....  
Tobias Read, Secretary of State