

SB 537-3
(LC 2664)
4/15/25 (JAS/ps)

Requested by Senator PATTERSON

**PROPOSED AMENDMENTS TO
SENATE BILL 537**

On page 1 of the printed bill, delete lines 6 through 25 and delete pages 2 through 15 and insert:

**“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 in-

clude, 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.

“(h) Requiring health care employers to permit a staff member of a labor union representing the employees of the health care employer to attend, as a nonvoting participant, the safety committee meetings of the health care employer that employs the represented employees.

“(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 committee 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.

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

3 “(3) ‘Health care employer’ means:

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

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

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

8 “(d) **A home hospice program.**

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

12 “(5) **‘Home hospice program’ means a coordinated program of home**
13 **care, available 24 hours a day, that utilizes an interdisciplinary team**
14 **of personnel trained to provide palliative and supportive services to a**
15 **patient-family unit experiencing a life threatening disease with a lim-**
16 **ited prognosis.**

17 “[5)] (6) ‘Smoke evacuation system’ means equipment that effectively
18 captures or neutralizes surgical smoke before the smoke makes contact with
19 the eyes or the respiratory tract of the occupants of a room.

20 “[6)] (7) ‘Surgical smoke’ means the by-product that results from contact
21 with tissue by an energy generating device.

22 “(8) **‘Workplace violence’ includes any act or threat of physical vi-**
23 **olence, harassment, intimidation, verbal abuse, assault, homicide or**
24 **any other threatening behavior that occurs in the workplace.**

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

26 **“654.414. (1) A health care employer, in consultation with the**
27 **employer’s workplace safety committee described in ORS 654.176, shall:**

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

1 “(b) Develop and implement [*an assault*] **a workplace violence** pre-
2 vention and protection program for employees based on assessments con-
3 ducted under paragraph (a) of this subsection; and

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

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

10 “(a) A measure of the frequency of [*assaults*] **workplace violence, in-**
11 **cluding attempts of workplace violence, that are** committed against em-
12 ployees [*that occur*] on the premises of a health care employer or in the home
13 of a patient receiving home health care services during the preceding five
14 years or for the years that records are available if fewer than five years of
15 records are available; [*and*]

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

19 “(c) **Findings on the extent to which the security considerations**
20 **described in subsection (3) of this section were implemented to miti-**
21 **gate risks of workplace violence.**

22 “(3) [*An assault*] **A workplace violence** prevention and protection pro-
23 gram developed and implemented by a health care employer under subsection
24 (1)(b) of this section shall **incorporate and implement a workplace vi-**
25 **olence prevention and response plan. The plan shall:**

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

28 “(b) Address security considerations related to the following:

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

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

1 “[*c*] (C) Personnel policies;

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

3 “[*e*] (E) Procedures for reporting [*assaults*] **incidents of workplace vi-**
4 **olence**; and

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

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

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

9 **“(B) Identifying employees involved in a workplace violence inci-**
10 **dent.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11 “(ii) The use of least restrictive procedures necessary under the circum-
12 stances, in accordance with an approved behavior management plan, and any
13 other methods of response approved by the health care employer;

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

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

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

19 “[(L)] **(M)** The health care employer’s workplace [*assault*] **violence** pre-
20 vention and protection program[.], **including the health care employer’s**
21 **internal investigation process for investigating incidents of workplace**
22 **violence**;

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

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

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

29 “**(A)** A new employee, **other than a temporary employee**, within 90
30 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.

“(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)”

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

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

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

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

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

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

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

18 **“(2) The department shall submit the report, in the manner pro-**
19 **vided in ORS 192.245, including recommendations for legislation, if**
20 **any, to the interim committees of the Legislative Assembly related to**
21 **business and labor.**

22
23 **“(Conforming Amendments)”**
24

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

26 **“654.062. (1) Every employee should notify the employer of any violation**
27 **of law, regulation or standard pertaining to safety and health in the place**
28 **of employment when the violation comes to the knowledge of the employee.**

29 **“(2) However, any employee or representative of the employee may com-**
30 **plain to the Director of the Department of Consumer and Business Services**

1 or any authorized representatives of the director of any violation of law,
2 regulation or standard pertaining to safety and health in the place of em-
3 ployment, whether or not the employee also notifies the employer.

4 “(3) Upon receiving any employee complaint, the director shall make in-
5 quiries, inspections and investigations that the director considers reasonable
6 and appropriate. When an employee or representative of the employee has
7 complained in writing of an alleged violation and no resulting citation is
8 issued to the employer, the director shall furnish to the employee or repre-
9 sentative of the employee, upon written request, a statement of reasons for
10 the decision.

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

16 “(5) It is an unlawful employment practice for any person to bar or dis-
17 charge from employment or otherwise discriminate against any employee or
18 prospective employee because the employee or prospective employee has:

19 “(a) Opposed any practice forbidden by ORS 654.001 to 654.295, 654.412 to
20 654.423 and 654.750 to 654.780;

21 “(b) Made any complaint or instituted or caused to be instituted any
22 proceeding under or related to ORS 654.001 to 654.295, 654.412 to 654.423 and
23 654.750 to 654.780, or has testified or is about to testify in any such pro-
24 ceeding;

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

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

1 vices; or

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

5 “(6)(a) Any employee or prospective employee alleging to have been
6 barred or discharged from employment or otherwise discriminated against in
7 compensation, or in terms, conditions or privileges of employment, in vio-
8 lation of subsection (5) of this section may, within one year after the em-
9 ployee or prospective employee has reasonable cause to believe that the
10 violation has occurred, file a complaint with the Commissioner of the Bureau
11 of Labor and Industries alleging discrimination under the provisions of ORS
12 659A.820. Upon receipt of the complaint the commissioner shall process the
13 complaint under the procedures, policies and remedies established by ORS
14 chapter 659A and the policies established by ORS 654.001 to 654.295, 654.412
15 to 654.423 and 654.750 to 654.780 in the same way and to the same extent that
16 the complaint would be processed if the complaint involved allegations of
17 unlawful employment practices under ORS 659A.030 (1)(f).

18 “(b) Within 90 days after receipt of a complaint filed under this sub-
19 section, the commissioner shall notify the complainant of the commissioner’s
20 determination.

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

27 “(d) The commissioner or the circuit court may order all appropriate re-
28 lief including rehiring or reinstatement to the employee’s former position
29 with back pay.

30 “(7)(a) In any action brought under subsection (6) of this section, there

1 is a rebuttable presumption that a violation of subsection (5) of this section
2 has occurred if a person bars or discharges an employee or prospective em-
3 ployee from employment or otherwise discriminates against an employee or
4 prospective employee within 60 days after the employee or prospective em-
5 ployee has engaged in any of the protected activities described in subsection
6 (5)(a) to (e) of this section. The person may rebut the presumption that a
7 violation of subsection (5) of this section has occurred by a demonstration
8 of a preponderance of the evidence.

9 “(b) If a person bars or discharges an employee or prospective employee
10 from employment or otherwise discriminates against the employee or pro-
11 spective employee more than 60 days after the employee or prospective em-
12 ployee has engaged in any of the protected activities described under
13 subsection (5)(a) to (e) of this section, such action does not create a
14 presumption in favor of or against finding that a violation of subsection (5)
15 of this section has occurred. Where such action has occurred more than 60
16 days after the protected activity, this subsection does not modify any existing
17 rule of case law relating to the proximity of time between a protected ac-
18 tivity and an adverse employment action. The burden of proof shall be on the
19 employee or prospective employee to demonstrate by a preponderance of the
20 evidence that a violation occurred.

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

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

25 “654.416. (1) A health care employer shall maintain a record of assaults
26 committed against employees that occur on the premises of the health care
27 employer or in the home of a patient receiving home health care services.
28 The record shall include, but need not be limited to, the following:

29 “(a) The name and address of the premises on which each assault oc-
30 curred;

1 “(b) The date, time and specific location where the assault occurred;
2 “(c) The name, job title and department or ward assignment of the em-
3 ployee who was assaulted;
4 “(d) A description of the person who committed the assault as a patient,
5 visitor, employee or other category;
6 “(e) A description of the assaultive behavior as:
7 “(A) An assault with mild soreness, surface abrasions, scratches or small
8 bruises;
9 “(B) An assault with major soreness, cuts or large bruises;
10 “(C) An assault with severe lacerations, a bone fracture or a head injury;
11 or
12 “(D) An assault with loss of limb or death;
13 “(f) An identification of the physical injury;
14 “(g) A description of any weapon used;
15 “(h) The number of employees, including nursing staff as defined in ORS
16 441.179, in the immediate area of the assault when it occurred; and
17 “(i) A description of actions taken by the employees and the health care
18 employer in response to the assault.
19 “(2) A health care employer shall maintain the record of assaults de-
20 scribed in subsection (1) of this section for no fewer than five years following
21 a reported assault.
22 “(3)(a) Upon the request of an employee or of a workplace safety com-
23 mittee conducting a review pursuant to ORS 654.414, the health care em-
24 ployer shall generate and make available to the requesting party a report
25 summarizing:
26 “(A) The information in the record required under subsection (1) of this
27 section; and
28 “(B) Information regarding work-related injuries and illnesses recorded
29 by the health care employer to comply with applicable federal health and
30 safety recordkeeping requirements.

1 “(b) A report made available under this subsection:

2 “(A) May not include any personally identifiable information; and

3 “(B) May be used only for the purposes of conducting a review of the
4 [assault] **workplace violence** prevention and protection program under ORS
5 654.414 or for other purposes that are related to improving the program.

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

8
9 **“SAFETY REQUIREMENTS FOR HEALTH CARE SETTINGS**

10 **“(Signage)**

11
12 **“SECTION 8. Section 9 of this 2025 Act is added to and made a part**
13 **of ORS chapter 654.**

14 **“SECTION 9. (1)(a) Every employer that is a health care facility**
15 **shall post signage that informs the public of the circumstances under**
16 **which causing physical injury to another person constitutes a crime**
17 **under ORS 163.165.**

18 **“(b) Each health care facility shall post the signage within 15 feet**
19 **of all public entrances in areas that are clearly visible to the public.**

20 **“(c) Each health care facility shall post the signage in English, and**
21 **may additionally post the signage in other languages based on the**
22 **most commonly spoken languages in the county where the health care**
23 **facility is located.**

24 **“(2) As used in this section, ‘health care employer’ has the meaning**
25 **given that term in ORS 654.412.**

26
27 **“(Identification Badges)**

28
29 **“SECTION 10. ORS 441.096 is amended to read:**

30 **“441.096. (1) Except as provided in subsection (2)(b) of this section,**

1 a health care practitioner working at a health care facility and providing
2 direct care to a patient shall wear an identification badge indicating the
3 practitioner's name and professional title.

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

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

13 “(3) As used in this section[,]:

14 “(a) ‘Health care facility’ means:

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

17 “(B) A mental health facility, alcohol treatment facility or drug treat-
18 ment facility licensed or operated under ORS chapter 426 or 430.

19 “(b) ‘Home health agency’ has the meaning given that term in ORS
20 **443.014.**

21 “(c) ‘Home hospice program’ has the meaning given that term in
22 **ORS 654.412.**

23 “(d) ‘Hospital’ has the meaning given that term in ORS 441.760, ex-
24 **cept for the Oregon State Hospital.**

25
26 “(Flagging Systems)
27

28 “SECTION 11. (1) As used in this section:

29 “(a) ‘Authorized staff’ means the staff of a covered entity who are
30 **responsible for creating and tracking electronic health record flags.**

1 “(b) ‘Covered entity’ means:

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

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

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

6 “(c) ‘Disruptive behavior’ includes physically aggressive, abusive or
7 destructive behavior.

8 “(d) ‘Electronic health record’ has the meaning given that term in
9 ORS 413.300.

10 “(e) ‘Electronic health record flag’ means an alert generated within
11 the electronic health record of a patient that notifies providers that a
12 patient may pose a potential safety risk to themselves or to others due
13 to the patient’s history of violent or disruptive behavior.

14 “(f) ‘Flagging system’ means a system used to identify, communi-
15 cate, monitor and manage potential threats of violence or disruptive
16 behavior by patients or other individuals who may encounter health
17 care providers and staff.

18 “(g) ‘Health care provider’ or ‘provider’ has the meaning given
19 those terms in ORS 413.300.

20 “(h) ‘Visual flags’ means paper-based physical cues, including
21 wristbands, signage, color-coded indicators, symbols and other visible
22 cues built within the care environment to facilitate immediate recog-
23 nition of potential threats of violence or disruptive behavior without
24 having to access an electronic health record.

25 “(2) A covered entity shall implement flagging systems with the
26 capabilities and functions to communicate potential threats of vi-
27 olence or disruptive behavior to providers and staff of the covered
28 entity using electronic health record flags and visual flags.

29 “(3) Each covered entity shall establish protocols and procedures
30 regarding implementation of the following flagging systems:

1 “(a) For electronic health record flags, the protocols and procedures
2 must address, at a minimum:

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

5 “(B) Training and education requirements for persons authorized
6 to initiate an electronic health record flag.

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

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

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

13 “(F) Reviewing and updating electronic health record flags, as nec-
14 essary, for purposes of determining whether to remove or maintain a
15 flag.

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

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

20 “(I) Patient privacy in relation to worker safety, including compli-
21 ance with patient privacy requirements under the federal Health In-
22 surance Portability and Accountability Act privacy regulations, 45
23 C.F.R. parts 160 and 164 when communicating information through the
24 electronic health record regarding an electronic health record flag.

25 “(b) For visual flags, the protocols and procedures must address,
26 at a minimum, education and training for authorized staff of a covered
27 entity on:

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

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

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

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

7 “(a) Deny admission to a program or service provided by the cov-
8 ered entity to which the patient would otherwise be eligible.

9 “(b) Make decisions regarding the patient’s access to care.

10 “(c) Prevent or restrict the right of the patient to file a complaint
11 with the appropriate federal or state agency concerning the patient’s
12 right to privacy.

13 “(d) Deny or restrict the patient’s right to access or obtain the
14 patient’s protected health information.

15 “(e) Contact, report or disclose information to law enforcement.

16 “(f) Deny, restrict or withhold medical or nonmedical care that is
17 appropriate for the patient.

18 “(g) Punish or penalize the patient.

19
20 “(Leave for Injury or Trauma Due to Workplace Violence)
21

22 “SECTION 12. (1) Except as otherwise provided in this section,
23 whenever an employee of a health care employer is involved in or di-
24 rectly affected by an incident of workplace violence that occurred
25 during the employee’s work shift and the employee is unable to con-
26 tinue working due to physical injury or psychological trauma or dis-
27 tress resulting from the incident, the health care employer shall
28 permit the employee to leave work without completing the remainder
29 of the employee’s work shift without loss of pay. The health care em-
30 ployer may not require the employee to use any accrued leave to cover

1 the remainder of the work shift.

2 “(2) An employee who elects to take leave under this section for the
3 remainder of the employee’s work shift due to the incident of
4 workplace violence may not file a workers’ compensation claim under
5 ORS chapter 657 for the same shift.

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

8
9 “(Bulletproof Glass Requirements for Emergency Rooms)

10
11 “SECTION 13. (1) As used in this section:

12 “(a) ‘Bulletproof glass’ means glass that is specifically designed and
13 constructed to resist penetration by bullets and other projectiles.

14 “(b) ‘Emergency room intake window’ means the designated area
15 within an emergency department of a hospital where patients are
16 registered.

17 “(c) ‘Hospital’ has the meaning given that term in ORS 441.760, ex-
18 cept for the Oregon State Hospital.

19 “(2) Every hospital in this state shall be required to install
20 bulletproof glass at each emergency room intake window to provide a
21 protective barrier between hospital employees and potential threats
22 of violence.

23 “SECTION 14. Section 13 of this 2025 Act applies to any hospital
24 that is newly constructed or that undergoes renovations or remodeling
25 to the emergency department of the hospital, on or after the effective
26 date of this 2025 Act.

27
28 “WORKER SAFETY IN HOME HEALTH CARE SETTINGS

29 “(Client Intake Requirements)

1 **“SECTION 15. (1) As used in this section and section 16 of this 2025**

2 **Act:**

3 **“(a) ‘Client’ means a person who receives home health care ser-**
4 **vices.**

5 **“(b) ‘Client intake’ means the process of gathering information**
6 **from new clients to facilitate the provision of home health care ser-**
7 **vices.**

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

13 **“(d) ‘Home health care services entity’ means any of the following**
14 **entities that provide for the delivery of home health care services in**
15 **a home health care setting:**

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

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

18 **“(e) ‘Home health care setting’ means a place of temporary or per-**
19 **manent residence of an individual where home health care services are**
20 **furnished to the individual.**

21 **“(f) ‘Home health care staff’ means individuals who provide home**
22 **health care services.**

23 **“(g) ‘Hospital’ has the meaning given that term in ORS 441.760.**

24 **“(h) ‘Household individual’ means an individual, other than a client**
25 **receiving home health care services, who is present or reasonably an-**
26 **ticipated to be present in the home health care setting within a spec-**
27 **ified time.**

28 **“(2) As part of any client intake process, a home health care ser-**
29 **vices entity shall:**

30 **“(a) Collect information necessary to identify and assess potential**

1 health and safety-related risks, including workplace violence as de-
2 fined in ORS 654.412, that home health care staff may encounter while
3 providing home health care services in home health care settings.

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

7 “(c) With respect to patients who are discharged from a hospital
8 and referred to the home health care services entity, provide to each
9 home health care staff who will be responsible for providing the home
10 health care services to a client, any client history of violence that was
11 made known to the home health care services entity as part of the
12 continuity of care process.

13 “(3) Information collected by a home health care services entity
14 under subsection (2) of this section may be gathered using a client
15 intake questionnaire and must, at a minimum, inquire about the fol-
16 lowing:

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

20 “(b) Suspected pest infestations.

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

24
25 “(Training)
26

27 **“SECTION 16.** To support the safety of home health care staff while
28 working in a home health care setting, each home health care services
29 entity shall:

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

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

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

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

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

13 “(4) Provide mechanisms by which home health care staff can per-
14 form safety checks, including but not limited to the use of a mobile
15 application to access the relevant safety-related information collected
16 by the home health care services entity under section 15 of this 2025
17 Act.

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

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

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

26
27 **“CAPTIONS**

28
29 **“SECTION 17. The unit captions used in this 2025 Act are provided**
30 **only for the convenience of the reader and do not become part of the**

1 statutory law of this state or express any legislative intent in the
2 enactment of this 2025 Act.

3
4 **“OPERATIVE DATE**

5
6 **“SECTION 18. (1) Sections 5, 9, 11, 12, 15 and 16 of this 2025 Act and**
7 **the amendments to ORS 441.096, 654.062, 654.182, 654.412, 654.414 and**
8 **654.416 by sections 1, 2, 3, 6, 7 and 10 of this 2025 Act become operative**
9 **on January 1, 2026.**

10 **“(2) The Department of Consumer and Business Services may take**
11 **any action before the operative date specified in subsection (1) of this**
12 **section that is necessary to enable the department to exercise, on and**
13 **after the operative date specified in subsection (1) of this section, all**
14 **of the duties, functions and powers conferred on the department by**
15 **section 5 of this 2025 Act and the amendments to ORS 654.182 by sec-**
16 **tion 1 of this 2025 Act.**

17
18 **“EFFECTIVE DATE**

19
20 **“SECTION 19. This 2025 Act takes effect on the 91st day after the**
21 **date on which the 2025 regular session of the Eighty-third Legislative**
22 **Assembly adjourns sine die.”.**