

HB 3294-3
(LC 632)
6/11/25 (CPA/ps)

Requested by Representative FAHEY

**PROPOSED AMENDMENTS TO
HOUSE BILL 3294**

1 On page 1 of the printed bill, line 2, after the semicolon insert “creating
2 new provisions; amending ORS 441.763, 441.765, 441.791, 441.792 and
3 441.793;”.

4 Delete lines 4 through 11 and insert:

5 **“SECTION 1.** ORS 441.765 is amended to read:

6 “441.765. (1) As used in this section, ‘unit’ means a hospital unit as de-
7 fined by the chief executive officer of the hospital or the chief executive
8 officer’s designee.

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

11 “(a) In an emergency department:

12 “(A) A direct care registered nurse is assigned to not more than one
13 trauma patient; and

14 “(B) The ratio of direct care registered nurses to patients averages no
15 more than one to four over a 12-hour shift and a single direct care registered
16 nurse may not be assigned more than five patients at one time. Direct care
17 registered nurses assigned to trauma patients may not be taken into account
18 in determining the average ratio.

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

21 “(c) In a labor and delivery unit, a direct care registered nurse is assigned

1 to no more than:

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

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

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

9 “(e) In a mother-baby unit, a direct care registered nurse is assigned to
10 no more than eight patients, counting mother and baby each as separate
11 patients.

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

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

16 “(h) In a post-anesthesia care unit, a direct care registered nurse is as-
17 signed to no more than two patients.

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

20 “(j) In a medical-surgical unit, a direct care registered nurse is assigned
21 to no more than five patients.

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

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

26 “(3) Notwithstanding subsection (2) of this section, the direct care regis-
27 tered nurse-to-patient ratio for an individual patient shall be based on a li-
28 censed independent practitioner’s classification of the patient, as indicated
29 in the patient’s medical record, regardless of the unit where the patient is
30 being cared for.

1 “(4) With the approval of a majority of the members of the hospital nurse
2 staffing committee, a unit can deviate from the direct care registered nurse-
3 to-patient ratios in subsection (2) of this section, in pursuit of innovative
4 care models that were considered by the committee, by allowing other clin-
5 ical care staff to constitute up to 50 percent of the registered nurses needed
6 to comply with the applicable nurse-to-patient ratio. The staffing in an in-
7 novative care model must be reapproved by the committee every two years.

8 “(5) A hospital shall provide for meal breaks and rest breaks in accord-
9 ance with ORS 653.261, and rules implementing ORS 653.261, and any appli-
10 cable collective bargaining agreement.

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

19 “[*(7) A hospital may not require a direct care registered nurse to be as-*
20 *signed to more patients than as specified in this section or in the nurse staffing*
21 *plan approved by the hospital nurse staffing committee, as applicable.*]

22 **“(7)(a) If a hospital nurse staffing committee has adopted a nurse**
23 **staffing plan for a unit under ORS 441.762, the hospital shall comply**
24 **with the nurse staffing plan for the unit and may not require a direct**
25 **care registered nurse to be assigned to more patients than as specified**
26 **in the nurse staffing plan for the unit.**

27 **“(b) If a hospital nurse staffing committee has not adopted a nurse**
28 **staffing plan for a unit under ORS 441.762, the hospital shall comply**
29 **with the direct care registered nurse-to-patient staffing ratios appli-**
30 **cable to the unit under this section and may not require a direct care**

1 **registered nurse to be assigned to more patients than as specified for**
2 **the unit in this section.**

3 “(8) A charge nurse may:

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

7 “(b) Take patient assignments, including patient assignments taken for
8 the purpose of covering staff who are on meal breaks or rest breaks, in units
9 with 11 or more beds with the approval of the hospital nurse staffing com-
10 mittee; and

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

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

16 “441.765. (1) As used in this section, ‘unit’ means a hospital unit as de-
17 fined by the chief executive officer of the hospital or the chief executive
18 officer’s designee.

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

21 “(a) In an emergency department:

22 “(A) A direct care registered nurse is assigned to not more than one
23 trauma patient; and

24 “(B) The ratio of direct care registered nurses to patients averages no
25 more than one to four over a 12-hour shift and a single direct care registered
26 nurse may not be assigned more than five patients at one time. Direct care
27 registered nurses assigned to trauma patients may not be taken into account
28 in determining the average ratio.

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

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

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

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

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

10 “(e) In a mother-baby unit, a direct care registered nurse is assigned to
11 no more than eight patients, counting mother and baby each as separate
12 patients.

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

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

17 “(h) In a post-anesthesia care unit, a direct care registered nurse is as-
18 signed to no more than two patients.

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

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

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

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

27 “(3) Notwithstanding subsection (2) of this section, the direct care regis-
28 tered nurse-to-patient ratio for an individual patient shall be based on a li-
29 censed independent practitioner’s classification of the patient, as indicated
30 in the patient’s medical record, regardless of the unit where the patient is

1 being cared for.

2 “(4) With the approval of a majority of the members of the hospital nurse
3 staffing committee, a unit can deviate from the direct care registered nurse-
4 to-patient ratios in subsection (2) of this section, in pursuit of innovative
5 care models that were considered by the committee, by allowing other clin-
6 ical care staff to constitute up to 50 percent of the registered nurses needed
7 to comply with the applicable nurse-to-patient ratio. The staffing in an in-
8 novative care model must be reapproved by the committee every two years.

9 “(5) A hospital shall provide for meal breaks and rest breaks in accord-
10 ance with ORS 653.261, and rules implementing ORS 653.261, and any appli-
11 cable collective bargaining agreement.

12 “(6) Each hospital unit may deviate from a nurse staffing plan, except
13 with respect to meal breaks and rest breaks, including the applicable regis-
14 tered nurse-to-patient ratios under this section, within a period of 12 con-
15 secutive hours, no more than six times during a rolling 30-day period,
16 without being in violation of the nurse staffing plan. The unit manager must
17 notify the hospital nurse staffing committee no later than 10 days after each
18 deviation. Each subsequent deviation during the 30-day period constitutes a
19 separate violation under ORS 441.792.

20 “[*(7) A hospital may not require a direct care registered nurse to be as-*
21 *signed to more patients than as specified in this section or in the nurse staffing*
22 *plan approved by the hospital nurse staffing committee, as applicable.*]

23 **“(7)(a) If a hospital nurse staffing committee has adopted a nurse**
24 **staffing plan for a unit under ORS 441.762, the hospital shall comply**
25 **with the nurse staffing plan for the unit and may not require a direct**
26 **care registered nurse to be assigned to more patients than as specified**
27 **in the nurse staffing plan for the unit.**

28 **“(b) If a hospital nurse staffing committee has not adopted a nurse**
29 **staffing plan for a unit under ORS 441.762, the hospital shall comply**
30 **with the direct care registered nurse-to-patient staffing ratios appli-**

1 **cable to the unit under this section and may not require a direct care**
2 **registered nurse to be assigned to more patients than as specified for**
3 **the unit in this section.**

4 “(8) A charge nurse may:

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

8 “(b) Take patient assignments, including patient assignments taken for
9 the purpose of covering staff who are on meal breaks or rest breaks, in units
10 with 11 or more beds with the approval of the hospital nurse staffing com-
11 mittee; and

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

15 **“SECTION 3.** ORS 441.763 is amended to read:

16 “441.763. (1) Each hospital shall implement a written hospital-wide **nurse**
17 staffing plan [*for nursing services*] that:

18 “(a) Meets the requirements of this section and ORS 441.762, 441.764,
19 441.765, 441.766, 441.767 and 441.768;

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

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

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

28 “(a) May consider:

29 “(A) The specialized qualifications and competencies of the nursing staff
30 and the skill mix and level of competency needed to ensure that the hospital

1 is staffed to meet the health care needs of patients;

2 “(B) The size of the hospital and a measurement of hospital unit activity
3 that quantifies the rate of admissions, discharges and transfers for each
4 hospital unit and the time required for a direct care registered nurse be-
5 longing to a hospital unit to complete admissions, discharges and transfers
6 for that hospital unit;

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

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

13 “(E) Differences in patient acuity; and

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

15 “(b) Must comply with ORS 441.765.

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

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

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

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

1 changes by the hospital nurse staffing committee.

2 “(6) A type A or a type B hospital may vary from the requirements of
3 ORS 441.765 if the hospital nurse staffing committee of the hospital has voted
4 to approve the variance. A type A hospital or type B hospital shall notify
5 the authority of the variance through the authority’s website. The notifica-
6 tion to the authority shall include a statement signed by the cochair of the
7 committee, confirming that the committee voted to approve the variance. The
8 variance becomes effective upon the submission of the notification to the
9 authority and remains in effect for two years. A type A or type B hospital
10 may renew a variance or notify the authority of a new variance as provided
11 in this subsection.

12 **“SECTION 4.** ORS 441.791 is amended to read:

13 “441.791. (1) As used in this section, ‘valid complaint’ means a complaint
14 containing an allegation that, if assumed to be true, is a violation listed in
15 ORS 441.792.

16 “(2) To ensure compliance with ORS 441.761 to 441.795, the Oregon Health
17 Authority shall:

18 “(a) Establish a method by which a hospital staff person or an exclusive
19 representative of a hospital staff person may submit a complaint through the
20 authority’s website regarding any violation listed in ORS 441.792;

21 “(b) No later than 14 days after receiving a complaint, send a copy of the
22 complaint to the exclusive representative, if any, of the staff person or staff
23 persons who filed the complaint;

24 “(c) No later than 30 days after receiving a valid complaint of a violation
25 listed in ORS 441.792, open an investigation of the hospital and provide a
26 notice of the investigation to the hospital and the cochair of the relevant
27 staffing committee established pursuant to ORS 441.762, 441.775 or 441.776,
28 and to the exclusive representative, if any, of the staff person or staff persons
29 filing the complaint. The notice must include a summary of the complaint
30 that does not include the complainant’s name or the specific date, shift or

unit but does include the calendar week in which the complaint arose;

“(d) Not later than 80 days after opening the investigation, conclude the investigation and provide a written report on the complaint to the hospital, the cochairs of the hospital staffing committee and the exclusive representative, if any, of the staff person or staff persons filing the complaint. The report:

“(A) Shall include a summary of the complaint;

“(B) Shall include the nature of the alleged violation or violations;

“(C) Shall include the authority’s findings and factual bases for the findings;

“(D) Shall include other information the authority determines is appropriate to include in the report; and

“(E) May not include the name of any complainant, the name of any patient or the names of any individuals that the authority interviewed in investigating the complaint;

“(e) If the authority issues a warning or imposes one or more civil penalties based on the report described in paragraph (d) of this subsection, provide a notice of the civil penalty that complies with ORS 183.415, 183.745 and 441.793 to the hospital, the cochairs of the applicable hospital staffing committee and the exclusive representative, if any, of the staff person or staff persons who filed the complaint; and

“(f) In determining whether to impose a civil penalty, consider all relevant evidence, including but not limited to witness testimony, written documents and the observations of the investigator.

“(3) A hospital subject to a valid complaint shall provide to the authority, no later than 20 days after receiving the notice under subsection (1)(c) of this section:

“(a) The staffing plan that is the subject of the complaint;

“(b) If relevant to the complaint, documents that show the scheduled staffing and the actual staffing on the unit that is the subject of the com-

1 plaint during the period of time specified in the complaint; and

2 “(c) Documents that show the actions described in ORS 441.793 (4), if any,
3 that the hospital took to comply with the staffing plan or to address the is-
4 sue raised by the complaint.

5 “(4) In conducting an investigation, the authority shall review any docu-
6 ment:

7 “(a) Related to the complaint that is provided by the exclusive represen-
8 tative that filed the complaint or by the hospital staff person who filed the
9 complaint and the person’s exclusive representative, if any; and

10 “(b) Provided by the hospital in response to the complaint.

11 “(5) In conducting an investigation, the authority may:

12 “(a) Make an on-site inspection of the unit that is the subject of the
13 complaint;

14 “(b) Interview a manager for the unit and any other staff persons with
15 information relevant to the complaint;

16 “(c) Interview the cochairs of the relevant staffing committee;

17 “(d) Interview the staff person or staff persons who filed the complaint
18 unless the individual declines to be interviewed; and

19 “(e) Compel the production of books, papers, accounts, documents and
20 testimony pertaining to the complaint, other than documents that are privi-
21 leged or not otherwise subject to disclosure.

22 “(6) A complaint by a hospital staff person or the staff person’s exclusive
23 representative must be filed no later than 60 days after the date of the vio-
24 lation alleged in the complaint. The authority may not investigate a com-
25 plaint or take any enforcement action with respect to a complaint that has
26 not been filed timely. **If multiple complaints contain the same**
27 **allegations or contain allegations that are based on the same set of**
28 **facts, the authority may consolidate the complaints into a single in-**
29 **vestigation or enforcement action, irrespective of whether the au-**
30 **thority has already investigated one of complaints or taken an**

1 enforcement action with respect to one of the complaints.

2 **“SECTION 5. Under ORS 441.791 and 441.792, the Oregon Health**
3 **Authority shall prioritize the investigation and disposition of com-**
4 **plaints that contain allegations that occur on or after June 1, 2025,**
5 **over complaints that contain allegations that occurred before June 1,**
6 **2025.**

7 **“SECTION 6. ORS 441.792 is amended to read:**

8 “441.792. (1) Following the receipt of a complaint and completion of an
9 investigation described in ORS 441.791, for a violation described in sub-
10 section (2) of this section, the Oregon Health Authority shall:

11 “(a) Issue a warning for the first violation in a four-year period;

12 “(b) Impose a civil penalty of \$1,750 for the second violation of the same
13 provision in a four-year period;

14 “(c) Impose a civil penalty of \$2,500 for the third violation of the same
15 provision in a four-year period; and

16 “(d) Impose a civil penalty of \$5,000 for the fourth and subsequent vio-
17 lations of the same provision in a four-year period.

18 “(2) The authority shall take the actions described in subsection (1) of
19 this section for the following violations by a hospital of ORS 441.761 to
20 441.795:

21 “(a) Failure to establish a hospital professional and technical staffing
22 committee or a hospital service staffing committee;

23 “(b) Failure to create a professional and technical staffing plan or a
24 hospital service staffing plan;

25 “(c) Failure to adopt a **hospital-wide** nurse staffing plan. [*by agreement*
26 *or after binding arbitration*] **Each day in which there is a failure to adopt**
27 **a hospital-wide nurse staffing plan shall be considered a single vio-**
28 **lation;**

29 “(d) Failure to comply with the staffing level in [*the*] a nurse staffing plan
30 **for a unit that has been adopted under ORS 441.762, including the**

nurse-to-patient staffing ratios prescribed in ORS 441.765, if applicable,
[and] if the failure to comply is not an allowed deviation described in ORS
441.765 (6);

**“(e) If a hospital nurse staffing committee has not adopted a nurse
staffing plan for a unit under ORS 441.762, failure to comply with the
direct care registered nurse-to-patient staffing ratios applicable to the
unit under ORS 441.765, if the failure to comply is not an allowed de-
viation described in ORS 441.765 (6). Under this paragraph, failure to
comply with the direct care registered nurse-to-patient staffing ratios
under ORS 441.765 for a single direct care registered nurse during the
nurse’s shift shall be considered a single violation;**

**“[(e)] (f) Failure to comply with the staffing level in the professional and
technical staffing plan or the hospital service staffing plan [and], if the
failure to comply is not an allowed deviation as described in ORS 441.775 (12)
or 441.776 (12);**

**“[(f)] (g) Failure to comply with the staffing requirements for certified
nursing assistants in ORS 441.768 [and], if the failure is not an allowed de-
viation under ORS 441.776 (12); or**

**“[(g)] (h) Requiring a nursing staff, except as allowed by ORS 441.770, to
work:**

**“(A) Beyond an agreed-upon prearranged shift regardless of the length of
the shift;**

“(B) More than 48 hours in any hospital-defined work week;

“(C) More than 12 hours in a 24-hour period; or

**“(D) During the 10-hour period immediately following the 12th hour
worked during a 24-hour period.**

**“(3) If a staff person at a hospital is unable to attend a staffing committee
meeting because the staff person was not released from other hospital duties
to attend the meeting, in violation of ORS 441.762 (9), 441.775 (10) or 441.776
(10), the authority shall:**

1 “(a) Issue a warning for the first violation; and

2 “(b) Impose a civil penalty of \$500 for a second and each subsequent vio-
3 lation.

4 “(4) A direct care staff person, a hospital professional or technical staff
5 person or a hospital service staff person, or an exclusive representative of
6 a direct care staff person, a hospital professional or technical staff person
7 or a hospital service staff person, may elect to enforce meal break and rest
8 break violations under ORS 653.261 by filing a complaint with the authority
9 in accordance with ORS 441.791.

10 “**SECTION 7.** ORS 441.793 is amended to read:

11 “441.793. (1) The Oregon Health Authority shall impose civil penalties in
12 the manner provided in ORS 183.745 for a violation listed in ORS 441.792.

13 “(2) The authority may suspend or revoke the license of a hospital, in the
14 manner provided in ORS 441.030, for a violation described in ORS 441.792.

15 “(3) Each violation of a written hospital-wide staffing plan shall be con-
16 sidered a separate violation and there is no cap on the times that a penalty
17 may be imposed for a repeat of a violation.

18 “(4) The authority may not impose a civil penalty for a violation of a
19 nurse staffing plan, a hospital professional and technical staffing plan or a
20 hospital service staffing plan if the hospital took the following actions:

21 “(a) Scheduled staff in accordance with the staffing plan;

22 “(b) Sought volunteers from all available qualified employees to work
23 extra time;

24 “(c) Contacted qualified employees who made themselves available to
25 work extra time;

26 “(d) Solicited per diem staff to work; and

27 “(e) Contacted contracted temporary agencies, that the hospital regularly
28 uses, if temporary staff from such agencies are permitted to work in the
29 hospital by law or any applicable collective bargaining agreement.

30 “**(5) If a hospital nurse staffing committee has not adopted a nurse**

1 staffing plan for a unit under ORS 441.762, the authority may not im-
2 pose a civil penalty for a violation of a direct care registered nurse-
3 to-patient staffing ratio applicable to the unit under ORS 441.765 if the
4 hospital took the following actions:

5 “(a) Scheduled staff in accordance with the direct care registered
6 nurse-to-patient staffing ratio applicable to the unit under ORS
7 441.765;

8 “(b) Sought volunteers from all available qualified employees to
9 work extra time;

10 “(c) Contacted qualified employees who made themselves available
11 to work extra time;

12 “(d) Solicited per diem staff to work; and

13 “(e) Contacted contracted temporary agencies that the hospital
14 regularly uses if temporary staff from such agencies are permitted to
15 work in the hospital by law or any applicable collective bargaining
16 agreement.

17 “[5] (6) The authority shall maintain for public inspection records of any
18 civil penalties or license suspensions or revocations imposed on hospitals
19 penalized under subsection (1) or (2) of this section.

20 “**SECTION 8. (1) The amendments to ORS 441.791 by section 4 of this**
21 **2025 Act apply to complaints that contain allegations that occur on or**
22 **after June 1, 2025.**

23 **(2) The amendments to ORS 441.792 and 441.793 by sections 6 and 7**
24 **this 2025 Act apply to violations that occur on or after June 1, 2025.**

25 “**SECTION 9. This 2025 Act takes effect on the 91st day after the**
26 **date on which the 2025 regular session of the Eighty-third Legislative**
27 **Assembly adjourns sine die.”.**