

April 23, 2025

Oregon State Legislature  
Senate Committee on Rules  
900 Court Street NE  
Salem, OR 97301  
*Submitted electronically via OLIS*

**RE: SB 537, relating to violence in health care settings**

Chair Jama and Members of the Committee:

The Hospital Association of Oregon and the 61 community hospitals we represent are committed to workplace violence prevention policies that support workers, patients, their family and friends, and help victims seek justice. Although we support workplace violence prevention policies, we are opposed to the unfunded mandates in SB 537 and the proposed -3 amendment. The bill comes at a moment when Oregon hospitals—nearly half of which are operating at a loss—are stretching limited health care dollars to care for communities and navigate the implementation of a landmark hospital staffing law.

Oregon already has a robust “Safety of Health Care Employees” law that applies to hospitals. One proposal in SB 537 would dramatically increase the scope of that law, expanding requirements that currently apply to assaults to a much wider range of circumstances under a broad definition of workplace violence. As a result, many actions that hospitals take under current law related to assaults will need to be taken when a much wider range of actions occur or are threatened to occur. SB 537 also adds new requirements, such as specifications for flagging patients, increased training elements and frequency, and employee leave. The increased staffing and resources needed for training, data processing and reporting, security upgrades, signage, and support services, and ongoing costs for continued compliance with the law will be costly. This bill will take substantial resources to implement, in a time of limited resources.

These unfunded mandates should be a concern for policymakers, as hospitals are facing a perfect storm of rising expenses, costly and complex state and federal regulations, payments from insurers that do not cover the cost of care, and disruptions tied to federal actions. Hospitals are at risk of tipping over



the financial edge. The new costly requirements in this bill could force trade-offs and jeopardize the services communities rely on.

Like other hospitals, we anticipate the financial impact of SB 537 on the Oregon State Hospital (OSH) would be substantial. The Safety of Health Care Employees law in place today includes the OSH. However, the -3 amendment will exempt OSH from that law, and from the changes that SB 537 would make to it. We are concerned that the Safety of Health Care Employees law, which has set assault prevention and protection requirements since 2008, would no longer apply to the OSH and its employees. If the legislature views any provisions in SB 537 as important for community hospitals to protect the safety of their workers, the same should be true for the OSH.

At this time, hospitals are also navigating the implementation of HB 2697, the hospital staffing law passed in 2023 that was supported by a coalition of hospitals and labor. This law supports the hospital workforce and patients, and its implementation demands hospitals' resources.

Oregon's hospitals are committed to protecting their staff from workplace violence. SB 537 and the -3 amendment are not the right approach at this time. We welcome discussions on solutions to support workers.

Sincerely,



Sean Kolmer  
Executive Vice President of External Affairs  
Hospital Association of Oregon

#### **About the Hospital Association of Oregon**

Founded in 1934, the Hospital Association of Oregon (HAO) is a mission-driven, nonprofit trade association representing Oregon's 61 hospitals. Together, hospitals are the sixth largest private employer statewide, employing more than 70,000 employees. Committed to fostering a stronger, safer, more equitable Oregon where all people have access to the high-quality care they need, the hospital association supports Oregon's hospitals so they can support their communities; educates government officials and the public on the state's health landscape and works collaboratively with policymakers, community based organizations and the health care community to build consensus on and advance health care policy benefiting the state's four million residents.



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