

HB 4074 -1, -2 STAFF MEASURE SUMMARY

House Committee On Health Care

Prepared By: Alexandra Kihn-Stang, LPRO Analyst

Meeting Dates: 2/10, 2/12

WHAT THE MEASURE DOES:

The measure makes changes to hospital nurse staffing committees and plans, increases direct care nurse staffing ratios to 1:5, and makes changes to complaint processes and civil penalties for violations.

Detailed Summary:

- Makes changes to **hospital nurse staffing committees**. Permits the plan to be hospital wide or for a specific unit
- Makes changes to **written nurse staffing plans**. Specifies that a hospital shall adopt a hospital-wide nurse staffing plan adopted by the nurse staffing committee or an alternate hospital-wide nurse staffing plan that has not been adopted by a nurse staffing committee. Modifies what must be included in a nurse staffing plan not adopted by a staffing committee to add type C hospitals.
- Makes changes to **staffing ratios for direct care registered nurses**. Increases the nurse staffing ratio in medical-surgical units to 1:5 (from 1:4). Specifies that hospitals may not deviate from a nurse staffing plan for direct care nurses. Specifies that where a hospital nurse staffing committee has not adopted a nurse staffing plan the direct care staffing ratio specified in the measure (1:5) shall constitute as the unit staffing plan.
- Makes changes to **process for investigating and resolving complaints**. Adds an attestation from a hospital that the hospital took action as permissible documentation for when the Oregon Health Authority (OHA) investigates a complaint.
- Makes changes to **disposition of complaints**. Removes the requirement that OHA take action in response to hospital violations for failure to adopt a hospital-wide nurse staffing plan.
- Modifies **penalties**. Prohibits OHA from suspending or revoking a hospital license for a violation. Specifies maximum civil penalties and that civil penalties shall be paid into the Hospital Quality Assurance Fund. Directs OHA to submit an annual report on violations to the interim committees of the Legislative Assembly related to health care.
- Prohibits OHA from imposing civil penalties for violations that take place before July 1, 2023.
- Amends the definition of a type C hospital to remove the stipulation that the hospital not be a referral center.

Fiscal impact: May have fiscal impact, but statement not yet issued.

Revenue impact: May have revenue impact, but statement not yet issued.

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

-1 Replaces the measure.

- Makes changes to **written nurse staffing plans**. Adds type C hospitals to those that may vary from nurse staffing requirements.
- Amends the definition of a type C hospital to remove the stipulation that the hospital not be a referral center.

-2 The amendment restores the nurse staffing ratio of 1:4 on a medical-surgical unit and changes the effective date for staffing ratio requirements for direct care registered nurses to July 1, 2027. Takes effect on the 91st day following adjournment sine die.

BACKGROUND:

HB 4074 -1, -2 STAFF MEASURE SUMMARY

In 2015, the Legislative Assembly passed Senate Bill 469, updating Oregon's nurse staffing laws, including requiring hospitals to establish hospital nurse staffing committees to develop and approve hospital nurse staffing plans. The measure provided factors for hospital nurse staffing committees to consider when developing nurse staffing plans and required the Oregon Health Authority (OHA) to audit hospitals to determine compliance with the staffing plan requirement. House Bill 2697 (2023) modified the hospital nurse staffing committee and plan requirements and imposed civil penalties for staffing plan violations beginning June 1, 2025.

There are [37](#) rural and remote hospitals in Oregon. Rural hospitals are classified based their number of beds, their proximity from another acute inpatient care facility, and their status as a referral center. Type A hospitals are those defined as small and remote with 50 or fewer beds and are more than 30 miles from another acute inpatient care facility. Type B hospital are small and rural with 50 or fewer beds and are 30 miles or less from another acute inpatient care facility. Type C hospitals are rural with more than 50 beds.

House Bill 4074 makes changes to hospital nurse staffing committees and plans, increases direct care nurse staffing ratios to 1:5, and makes changes to complaint processes and civil penalties.