

**Enrolled**  
**Senate Bill 469**

Sponsored by Senator MONNES ANDERSON, Representative GREENLICK, Senator KNOPP, Representative HAYDEN; Senators DEVLIN, ROSENBAUM, STEINER HAYWARD, Representatives KENNEMER, KENY-GUYER, NOSSE, WHISNANT (Presession filed.)

CHAPTER .....

AN ACT

Relating to staffing of hospitals; creating new provisions; amending ORS 441.030, 441.162, 441.164, 441.166, 441.170 and 441.180; and declaring an emergency.

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

**HOSPITAL NURSE STAFFING COMMITTEES**

**SECTION 1.** (1)(a) For each hospital there shall be established a hospital nurse staffing committee. Each committee shall:

- (A) Consist of an equal number of hospital nurse managers and direct care staff;
- (B) For that portion of the committee composed of direct care staff, consist entirely of direct care registered nurses, except for one position to be filled by a direct care staff member who is not a registered nurse and whose services are covered by a written hospital-wide staffing plan that meets the requirements of ORS 441.162; and
- (C) Include at least one direct care registered nurse from each hospital nurse specialty or unit.

(b) If the direct care registered nurses who work at a hospital are represented under a collective bargaining agreement, the bargaining unit shall conduct a selection process by which the direct care registered nurses who work at the hospital select the members of the committee who are direct care registered nurses.

(c) If the direct care staff member who is not a registered nurse who works at a hospital is represented under a collective bargaining agreement, the bargaining unit shall use the selection process conducted pursuant to paragraph (b) of this subsection to select that member of the committee.

(d) If the direct care registered nurses who work at a hospital are not represented under a collective bargaining agreement, the direct care registered nurses belonging to a hospital nurse specialty or unit shall select each member of the committee who is a direct care registered nurse from that specialty or unit.

(2) A hospital nurse staffing committee shall develop a written hospital-wide staffing plan in accordance with ORS 441.162. The committee's primary goals in developing the staffing plan shall be to ensure that the hospital is staffed to meet the health care needs of patients. The committee shall review and modify the staffing plan in accordance with section 5 of this 2015 Act.

(3) A majority of the members of a hospital nurse staffing committee constitutes a quorum for the transaction of business.

(4) A hospital nurse staffing committee shall have two cochair. One cochair shall be a hospital nurse manager elected by the members of the committee who are hospital nurse managers and one cochair shall be a direct care registered nurse elected by the members of the committee who are direct care staff.

(5)(a) A decision made by a hospital nurse staffing committee must be made by a vote of a majority of the members of the committee. If a quorum of members comprises an unequal number of hospital nurse managers and direct care staff, only an equal number of hospital nurse managers and direct care staff may vote.

(b) If the committee is unable to reach an agreement on the staffing plan, either cochair of the committee may invoke a 30-day period during which the committee shall continue to develop the staffing plan. During the 30-day period, the hospital shall respond in a timely manner to reasonable requests from members of the committee for data that will enable the committee to reach a resolution. If at the end of the 30-day period, the committee remains unable to reach an agreement on the staffing plan, one of the cochairs shall notify the Oregon Health Authority of the impasse.

(c) Upon receiving notification under paragraph (b) of this subsection, the authority shall provide the committee with a mediator to assist the committee in reaching an agreement on the staffing plan. Mediation conducted under this paragraph must be consistent with the requirements for implementing and reviewing staffing plans under section 5 of this 2015 Act and ORS 441.162.

(d) If the committee is unable to reach an agreement on the staffing plan after 90 days of mediation, the authority may impose a penalty against the hospital as described in ORS 441.170.

(6) A hospital nurse staffing committee shall meet:

(a) At least once every three months; and

(b) At any time and place specified by either cochair.

(7)(a) Subject to paragraph (b) of this subsection, a hospital nurse staffing committee meeting must be open to:

(A) The hospital nursing staff as observers; and

(B) Upon invitation by either cochair, other observers or presenters.

(b) At any time, either cochair may exclude persons described in paragraph (a) of this subsection from a committee meeting for purposes related to deliberation and voting.

(8) Minutes of hospital nurse staffing committee meetings must:

(a) Include motions made and outcomes of votes taken;

(b) Summarize discussions; and

(c) Be made available in a timely manner to hospital nursing staff and other hospital staff upon request.

(9) A hospital shall release a member of a hospital nurse staffing committee described in subsection (1)(a) of this section from the member's assignment, and provide the member with paid time, to attend committee meetings.

## **NURSE STAFFING ADVISORY BOARD**

**SECTION 2.** (1)(a) The Nurse Staffing Advisory Board is established within the Oregon Health Authority, consisting of 12 members appointed by the Governor.

(b) Of the 12 members of the board:

(A) Six must be hospital nurse managers;

(B) Five must be direct care registered nurses who work in hospitals; and

(C) One must be either a direct care registered nurse who works in a hospital or a direct care staff member who is not a registered nurse and whose services are covered by a written hospital-wide staffing plan that meets the requirements of ORS 441.162.

(c) To the extent practicable, board members shall be appointed to ensure that the board is represented by members from hospitals where direct care staff are represented under a collective bargaining agreement and hospitals where direct care staff are not represented by a collective bargaining agreement and by hospitals of different sizes, types and geographic location.

(d) The term of office of each board member is three years, but a member serves at the pleasure of the Governor. Before the expiration of the term of a member, the Governor shall appoint a successor whose term begins January 1 next following. A member is eligible for reappointment, but may not serve more than two consecutive terms. If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective for the unexpired term.

(2) The board shall:

(a) Provide advice to the authority on the administration of ORS 441.162 to 441.170;

(b) Identify trends, opportunities and concerns related to nurse staffing;

(c) Make recommendations to the authority on the basis of those trends, opportunities and concerns; and

(d) Review the authority's enforcement powers and processes under sections 9, 10 and 11 of this 2015 Act.

(3)(a) Upon request, the authority shall provide the board with written hospital-wide staffing plans implemented under ORS 441.162, reviews conducted under section 5 of this 2015 Act, information obtained during an audit under section 9 of this 2015 Act and complaints filed and investigations conducted as described in section 10 of this 2015 Act.

(b) The authority may not provide the board with any information under paragraph (a) of this subsection that is identifiable with a specific hospital unless the information is publicly available.

(c) Hospital-wide staffing plans provided to the board under this section are confidential and not subject to public disclosure.

(4) A majority of the members of the board constitutes a quorum for the transaction of business.

(5) The board shall have two cochair selected by the Governor. One cochair shall be a hospital nurse manager and one cochair shall be a direct care registered nurse.

(6) Official action by the board requires the approval of a majority of the members of the board.

(7) The board shall meet:

(a) At least once every three months; and

(b) At any time and place specified by the call of both cochair.

(8) The board may adopt rules necessary to for the operation of the board.

(9) The board shall submit a report on the administration of ORS 441.162 to 441.170 in the manner provided in ORS 192.245 to an interim committee of the Legislative Assembly related to health no later than September 15 of each year. The board may include in its report recommendations for legislation.

(10) Members of the board are not entitled to compensation, but may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties in the manner and amounts provided for in ORS 292.495. Claims for expenses shall be paid out of funds appropriated to the authority for purposes of the board.

**SECTION 3.** Notwithstanding the term of office specified by section 2 of this 2015 Act, of the members first appointed to the Nurse Staffing Advisory Board:

(1) Four shall serve for a term ending January 1, 2017;

(2) Four shall serve for a term ending January 1, 2018; and

(3) Four shall serve for a term ending January 1, 2019.

## STAFFING PLANS

**SECTION 4.** ORS 441.162 is amended to read:

441.162. (1) [A] **Each** hospital shall *[be responsible for the implementation of a]* **implement the** written hospital-wide staffing plan for nursing services **that has been developed and approved by the hospital nurse staffing committee under section 1 of this 2015 Act.** *[The staffing plan shall be developed, monitored, evaluated and modified by a hospital staffing plan committee. To the extent possible, the committee shall:]*

*[(a) Include equal numbers of hospital nurse managers and direct care registered nurses;]*

*[(b) Include at least one direct care registered nurse from each hospital nurse specialty or unit, to be selected by direct care registered nurses from the particular specialty or unit. The hospital shall define its own specialties or units; and]*

*[(c) Have as its primary consideration the provision of safe patient care and an adequate nursing staff pursuant to ORS chapter 441.]*

*[(2) The hospital shall evaluate and monitor the staffing plan for effectiveness and revise the staffing plan as necessary as part of the hospital's quality assurance process. The hospital shall maintain written documentation of these quality assurance activities.]*

*[(3)] (2) The [written] staffing plan [shall]:*

*[(a) Be based on an accurate description of individual and aggregate patient needs and requirements for nursing care and include a periodic quality evaluation process to determine whether the staffing plan is appropriately and accurately reflecting patient needs over time.]*

*[(b)] (a) **Must** be based on the specialized qualifications and competencies of the nursing staff. The skill mix and the competency of the staff shall ensure that the nursing care needs of the patients are met and shall ensure patient safety.] and provide for the skill mix and level of competency necessary to ensure that the hospital is staffed to meet the health care needs of patients;*

*(b) **Must** be based on a measurement of hospital unit activity that quantifies the rate of admissions, discharges and transfers for each hospital unit and the time required for a direct care registered nurse belonging to a hospital unit to complete admissions, discharges and transfers for that hospital unit;*

*(c) **Must** be based on total diagnoses for each hospital unit and the nursing staff required to manage that set of diagnoses;*

*[(c)] (d) **Must** be consistent with nationally recognized evidence-based standards and guidelines established by professional nursing specialty organizations [and];*

*(e) **Must** recognize differences in patient [acuteness.] acuity;*

*[(d)] (f) **Must** establish minimum numbers of nursing staff, including licensed practical nurses and certified nursing assistants, required on specified shifts[.], **provided that** at least one registered nurse and one other nursing staff member [must be] is on duty in a unit when a patient is present[.];*

*[(e)] (g) **Must** include a formal process for evaluating and initiating limitations on admission or diversion of patients to another [acute care facility] **hospital** when, in the judgment of [the] a direct care registered nurse **or a nurse manager**, there is an inability to meet patient care needs or a risk of harm to [existing and new] patients[.];*

*(h) **Must consider tasks not related to providing direct care, including meal breaks and rest breaks; and***

*(i) **May not base nursing staff requirements solely on external benchmarking data.***

**(3) A hospital must maintain and post a list of on-call nursing staff or staffing agencies to provide replacement nursing staff in the event of a vacancy. The list of on-call nursing staff or staffing agencies must be sufficient to provide for replacement nursing staff.**

[4) *The hospital shall maintain and post a list of on-call nursing staff or staffing agencies to provide replacement for nursing staff in the event of vacancies. The list of on-call nurses or agencies must be sufficient to provide replacement staff.*]

[5(a)] **(4)(a)** An employer may not impose upon unionized nursing staff any changes in wages, hours or other terms and conditions of employment pursuant to a staffing plan [*developed or modified under subsection (1) of this section*] unless the employer first provides notice to and, [*on*] **upon** request, bargains with the union as the exclusive collective bargaining representative of the nursing staff in the bargaining unit.

(b) A staffing plan [*developed or modified under subsection (1) of this section*] does not create, preempt or modify a collective bargaining agreement or require a union or employer to bargain over the staffing plan while a collective bargaining agreement is in effect.

**SECTION 5. (1) A hospital nurse staffing committee established pursuant to section 1 of this 2015 Act shall review the written hospital-wide staffing plan developed by the committee under ORS 441.162:**

(a) At least once every year; and

(b) At any other date and time specified by either cochair of the committee.

**(2) In reviewing a staffing plan, a hospital nurse staffing committee shall consider:**

(a) Patient outcomes;

(b) Complaints regarding staffing, including complaints about a delay in direct care nursing or an absence of direct care nursing;

(c) The number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;

(d) The aggregate hours of mandatory overtime worked by the nursing staff;

(e) The aggregate hours of voluntary overtime worked by the nursing staff;

(f) The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan; and

(g) Any other matter determined by the committee to be necessary to ensure that the hospital is staffed to meet the health care needs of patients.

**(3) Upon reviewing a staffing plan, a hospital nurse staffing committee shall:**

(a) Report whether the staffing plan ensures that the hospital is staffed to meet the health care needs of patients; and

(b) Modify the staffing plan as necessary to ensure that the hospital is staffed to meet the health care needs of patients.

**SECTION 5a. (1) For purposes of this subsection, “epidemic” means the occurrence of a group of similar conditions of public health importance in a community or region that are in excess of normal expectancy and that are from a common or propagated source.**

**(2) Notwithstanding ORS 441.162 and section 5 of this 2015 Act, a hospital is not required to follow a written hospital-wide staffing plan developed and approved by the hospital nurse staffing committee under section 1 of this 2015 Act upon the occurrence of a national or state emergency requiring the implementation of a facility disaster plan, or upon the occurrence of sudden unforeseen adverse weather conditions or an infectious disease epidemic suffered by hospital staff.**

**(3) Upon the occurrence of an emergency circumstance not described in subsection (2) of this section, either cochair of the hospital nurse staffing committee may require the hospital nurse staffing committee to meet to review and potentially modify the staffing plan in response to the emergency circumstance.**

## REPLACEMENT STAFF

**SECTION 6.** ORS 441.166 is amended to read:

441.166. (1) For purposes of this section, “nursing staff” includes registered nurses, licensed practical nurses, certified nursing assistants and other hospital nursing staff members as defined by the Oregon Health Authority by rule.

[(1)] (2) When a hospital learns about the need for replacement staff, the hospital shall make every reasonable effort to obtain [registered nurses, licensed practical nurses or certified nursing assistants] **nursing staff** for unfilled hours or shifts before requiring a [registered nurse, licensed practical nurse or certified nursing assistant] **nursing staff member** to work overtime.

[(2)] (3)(a) **Except as provided in subsection (4) of this section**, a hospital may not require a [registered nurse, licensed practical nurse or certified nursing assistant] **nursing staff member** to work:

[(a)] (A) Beyond the agreed-upon and prearranged shift, **regardless of the length of the shift**;

[(b)] (B) More than 48 hours in any hospital-defined work week; [or]

[(c)] (C) More than 12 [consecutive] hours in a 24-hour [time] period[, except that a hospital may require an additional hour of work beyond the 12 hours if:]; **or**

[(A) A staff vacancy for the next shift becomes known at the end of the current shift; or]

[(B) There is a potential harm to an assigned patient if the registered nurse, licensed practical nurse or certified nursing assistant leaves the assignment or transfers care to another.]

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

(b) **For purposes of paragraph (a)(D) of this subsection, a nursing staff member begins to work when the nursing staff member begins a shift.**

(4) **A hospital may require an additional hour of work beyond the work authorized under subsection (3) of this section if:**

(a) **A staff vacancy for the next shift becomes known at the end of the current shift; or**

(b) **There is a potential harm to an assigned patient if the nursing staff member leaves the assignment or transfers care to another nursing staff member.**

(5) **If a nursing staff member agrees to work overtime, the nursing staff member is accountable for the nursing staff member’s competency in practice and is responsible for notifying the nursing staff member’s supervisor when the nursing staff member’s ability to safely provide care is compromised.**

[(3)(a)] (6)(a) Time spent in required meetings or receiving education or training shall be included as hours worked for purposes of subsection [(2)] (3) of this section.

[(b) Time spent on call but away from the premises of the employer may not be included as hours worked for purposes of subsection (2) of this section.]

[(c)] (b) Time spent on call or on standby when the [registered nurse, licensed practical nurse or certified nursing assistant] **nursing staff member** is required to be at the premises of the employer shall be included as hours worked for purposes of subsection [(2)] (3) of this section.

(c) **Time spent on call but away from the premises of the employer may not be included as hours worked for purposes of subsection (3) of this section.**

(7) **If a nursing staff member believes that a hospital unit is engaging in a pattern of requiring direct care nursing staff to work overtime for nonemergency care, the nursing staff member may report that information to the hospital nurse staffing committee established for the hospital pursuant to section 1 of this 2015 Act. The hospital nurse staffing committee shall consider the information when reviewing the written hospital-wide staffing plan as required by section 5 of this 2015 Act.**

[(4)] (8) The provisions of this section do not apply to nursing staff needs:

(a) In the event of a national or state emergency or circumstances requiring the implementation of a facility disaster plan; **or**

(b) In emergency circumstances identified by the [Oregon Health] authority by rule.]; [or]

*[(c) If a hospital has made reasonable efforts to contact all of the on-call nursing staff or staffing agencies on the list described in ORS 441.162 and is unable to obtain replacement staff in a timely manner.]*

## **HOSPITAL POSTINGS**

**SECTION 7.** On each hospital unit, a hospital shall post a notice summarizing the provisions of ORS 441.162 to 441.170 in a place that is clearly visible to the public that includes a phone number for purposes of reporting a violation of the laws.

## **RECORDS**

**SECTION 8.** A hospital shall keep and maintain records necessary to demonstrate compliance with ORS 441.162 to 441.170. For purposes of this section, the Oregon Health Authority shall adopt rules specifying the content of the records and the form and manner of keeping, maintaining and disposing of the records. A hospital must provide records kept and maintained under this section to the authority upon request.

## **ENFORCEMENT**

**SECTION 9.** (1) For the sole purpose of verifying compliance with the requirements of ORS 441.162 to 441.170 and 441.192, the Oregon Health Authority shall audit each hospital in this state once every three years, at the time of conducting an on-site inspection of the hospital under ORS 441.025.

(2) When conducting an audit pursuant to this section, the authority shall:

(a) If the authority provides notice of the audit to the hospital, provide notice of the audit to the cochairs of the hospital nurse staffing committee established pursuant to section 1 of this 2015 Act;

(b) Interview both cochairs of the hospital nurse staffing committee;

(c) Review any other hospital record and conduct any other interview or site visit that is necessary to verify that the hospital is in compliance with the requirements of ORS 441.162 to 441.170 and 441.192; and

(d) Within 60 days after issuing an order requiring a hospital to implement a plan to correct a violation of ORS 441.162 to 441.170 or 441.192, conduct an investigation of the hospital to ensure compliance with the order.

(3) Following an investigation conducted pursuant to subsection (2) of this section, the authority shall provide in writing a report of the authority's findings to the hospital and the cochairs of the hospital nurse staffing committee.

(4) The authority shall compile and maintain for public inspection an annual report of audits and investigations conducted pursuant to this section.

(5) The costs of audits required by this section may be paid out of funds from licensing fees paid by hospitals under ORS 441.020.

**SECTION 10.** (1) For purposes of ensuring compliance with ORS 441.162 to 441.170, the Oregon Health Authority shall:

(a) Within 60 days after receiving a complaint against a hospital for violating a provision of ORS 441.162 to 441.170, conduct an on-site investigation of the hospital; and

(b) Within 60 days after issuing an order requiring a hospital to implement a plan to correct a violation of ORS 441.162 to 441.170, conduct an investigation of the hospital to ensure compliance with the plan.

(2) When conducting an investigation of a hospital to ensure compliance with ORS 441.162 to 441.170, the authority shall, if the authority provides notice of the investigation to the

hospital, provide notice of the investigation to the cochairs of the hospital nurse staffing committee established pursuant to section 1 of this 2015 Act.

(3) Following an investigation conducted pursuant to this section, the authority shall provide in writing a report of the authority's findings to the hospital and the cochairs of the hospital nurse staffing committee.

(4) When conducting an investigation of a hospital to ensure compliance with ORS 441.162 to 441.170, the authority may:

- (a) Take evidence;
- (b) Take the depositions of witnesses in the manner provided by law in civil cases;
- (c) Compel the appearance of witnesses in the manner provided by law in civil cases;
- (d) Require answers to interrogatories; and
- (e) Compel the production of books, papers, accounts, documents and testimony pertaining to the matter under investigation.

**SECTION 11.** The Oregon Health Authority shall post on a website maintained by the authority:

- (1) Reports of audits described in section 9 of this 2015 Act;
- (2) Any report made pursuant to an investigation of whether a hospital is in compliance with ORS 441.162 to 441.170;
- (3) Any order requiring a hospital to implement a plan to correct a violation of ORS 441.162 to 441.170;
- (4) Any order imposing a civil penalty against a hospital or suspending or revoking the license of a hospital pursuant to ORS 441.170; and
- (5) Any other matter recommended by the Nurse Staffing Advisory Board established under section 2 of this 2015 Act.

#### CONFORMING AMENDMENTS

**SECTION 12.** ORS 441.164 is amended to read:

441.164. Upon request of a hospital, the Oregon Health Authority may grant [*variances in*] a **variance** to the written **hospital-wide** staffing plan requirements [*based on patient care needs or the nursing practices of the hospital*] **described in ORS 441.162 if the variance is necessary to ensure that the hospital is staffed to meet the health care needs of patients.**

**SECTION 13.** ORS 441.170 is amended to read:

441.170. (1) The Oregon Health Authority may impose civil penalties in the manner provided in ORS 183.745 or suspend or revoke a license of a hospital for a violation of any provision of ORS 441.162 [*or 441.166*] **to 441.170.** The authority shall adopt by rule a schedule establishing the amount of civil penalty that may be imposed for [*any*] a violation of ORS 441.162 [*or 441.166*] **to 441.170** when there is a reasonable belief that safe patient care has been or may be negatively impacted[. A], **except that a** civil penalty [*imposed under this subsection*] may not exceed \$5,000. Each violation of a [*nursing staff*] **written hospital-wide staffing** plan shall be considered a separate violation. Any license that is suspended or revoked under this subsection shall be suspended or revoked as provided in ORS 441.030.

(2) The authority shall maintain for public inspection records of any civil penalties or license suspensions or revocations imposed on hospitals penalized under subsection (1) of this section.

[*(3) The authority shall conduct an annual random audit of not less than seven percent of all hospitals in this state solely to verify compliance with the requirements of ORS 441.162, 441.166 and 441.192. Surveys made by private accrediting organizations may not be used in lieu of the audit required under this subsection. The authority shall compile and maintain for public inspection an annual report of the audit conducted under this subsection.*]

[*(4) The costs of the audit required under subsection (3) of this section may be paid out of funds from licensing fees paid by hospitals under ORS 441.020.*]

**SECTION 14.** ORS 441.030 is amended to read:



441.030. (1) The Oregon Health Authority or the Department of Human Services may assess a civil penalty and, pursuant to ORS 479.215, shall deny, suspend or revoke a license, in any case where the State Fire Marshal, or the representative of the State Fire Marshal, certifies that there is a failure to comply with all applicable laws, lawful ordinances and rules relating to safety from fire.

(2) The authority may:

(a) Assess a civil penalty or deny, suspend or revoke a license of a health care facility other than a long term care facility in any case where it finds that there has been a substantial failure to comply with ORS 441.015 to 441.063 or the rules or minimum standards adopted under ORS 441.015 to 441.063.

(b) Assess a civil penalty or suspend or revoke a license issued under ORS 441.025 for failure to comply with an authority order arising from a health care facility's substantial lack of compliance with the provisions of ORS 441.015 to 441.063[,] **or** 441.162 [*or 441.166*] **to 441.170** or the rules adopted under ORS 441.015 to 441.063[,] **or** 441.162 [*or 441.166*] **to 441.170**.

(c) Suspend or revoke a license issued under ORS 441.025 for failure to pay a civil penalty imposed under ORS 441.170.

(3) The department may:

(a) Assess a civil penalty or deny, suspend or revoke a long term care facility's license in any case where it finds that there has been a substantial failure to comply with ORS 441.015 to 441.063 or 441.087 or the rules or minimum standards adopted under ORS 441.015 to 441.063 or 441.087.

(b) Assess a civil penalty or suspend or revoke a long term care facility's license issued under ORS 441.025 for failure to comply with a department order arising from a long term care facility's substantial lack of compliance with the provisions of ORS 441.015 to 441.063, 441.084 or 441.087 or the rules adopted under ORS 441.015 to 441.063, 441.084 or 441.087.

(c) Suspend or revoke a license issued under ORS 441.025 for failure to pay a civil penalty imposed under ORS 441.710.

(d) Order a long term care facility licensed under ORS 441.025 to restrict the admission of patients when the department finds an immediate threat to patient health and safety arising from failure of the long term care facility to be in compliance with ORS 441.015 to 441.063, 441.084 or 441.087 and the rules adopted under ORS 441.015 to 441.063, 441.084 or 441.087.

(4) Any long term care facility that has been ordered to restrict the admission of patients pursuant to subsection (3)(d) of this section shall post a notice of the restriction, provided by the department, on all doors providing ingress to and egress from the facility, for the duration of the restriction.

**SECTION 15.** ORS 441.180 is amended to read:

441.180. (1) A hospital shall post a notice summarizing the provisions of ORS [*441.162, 441.166, 441.168,*] 441.174, 441.176, 441.178 and 441.192 in a conspicuous place on the premises of the hospital. The notice must be posted where notices to employees and applicants for employment are customarily displayed.

(2) Any hospital that willfully violates this section is subject to a civil penalty not to exceed \$500. Civil penalties under this section shall be imposed by the Oregon Health Authority in the manner provided by ORS 183.745.

## **SERIES PLACEMENT**

**SECTION 16.** Sections 1, 2, 5, 5a and 7 to 11 of this 2015 Act are added to and made a part of ORS 441.162 to 441.170.

## **IMPLEMENTATION**

**SECTION 17.** (1) For purposes of this section, "hospital" has the meaning given that term in ORS 441.160.

(2) A hospital nurse staffing committee shall be established for each hospital in accordance with section 1 of this 2015 Act on or before January 1, 2016.

(3) Each hospital shall post material as described in section 7 of this 2015 Act on or before January 1, 2016.

(4) The Oregon Health Authority shall adopt rules required by section 8 of this 2015 Act on or before July 1, 2016.

(5) Each hospital nurse staffing committee established pursuant to section 1 of this 2015 Act shall develop a written hospital-wide staffing plan in accordance with ORS 441.162 as amended by section 4 of this 2015 Act on or before January 1, 2017.

#### APPLICABILITY

**SECTION 18.** Notwithstanding section 1 of this 2015 Act and the amendments to ORS 441.162 by section 4 of this 2015 Act:

(1) A hospital staffing plan committee established before the effective date of this 2015 Act shall continue to have the duties, functions and powers of a hospital staffing plan committee as described in ORS 441.162 immediately before the effective date of this 2015 Act until a hospital nurse staffing committee is established under section 1 of this 2015 Act; and

(2) A hospital-wide staffing plan for nursing services implemented under ORS 441.162 before the effective date of this 2015 Act shall continue to be in effect until a hospital nurse staffing committee established under section 1 of this 2015 Act implements a new written hospital-wide staffing plan for nursing services pursuant to ORS 441.162 as amended by section 4 of this 2015 Act.

#### APPROPRIATION

**SECTION 18a.** 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, 2015, out of the General Fund, the amount of \$552,592 for the purpose of carrying out sections 9 and 10 of this 2015 Act.

#### UNIT CAPTIONS

**SECTION 19.** The unit captions used in this 2015 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 2015 Act.

#### EMERGENCY CLAUSE

**SECTION 20.** This 2015 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect on its passage.

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**Passed by Senate June 17, 2015**

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Lori L. Brocker, Secretary of Senate

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Peter Courtney, President of Senate

**Passed by House June 25, 2015**

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Tina Kotek, Speaker of House

**Received by Governor:**

.....M,....., 2015

**Approved:**

.....M,....., 2015

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Kate Brown, Governor

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

.....M,....., 2015

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Jeanne P. Atkins, Secretary of State