Senate Bill 469
Sponsored by Senator MONNES ANDERSON, Representative GREENLICK; Senators DEVLIN, ROSENBAUM, STEINER HAYWARD, Representatives KENNEMER, NOSSE (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure as introduced.

Makes changes to laws governing hospital nursing staff, including laws setting forth composition of hospital nurse staffing committees and laws governing content of written hospital-wide staffing plans.

Establishes Nurse Staffing Advisory Board within Oregon Health Authority for purposes related to administration of laws governing hospital nursing staff.

 Declares emergency, effective on passage.

A BILL FOR 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 registered nurses;

(B) Include at least one direct care registered nurse from each hospital nurse specialty or unit; and

(C) Include as a nonvoting member at least one 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.

(b) If the direct care registered nurses who work at a hospital are represented by a union, the union shall select the members of the committee who are direct care registered nurses.

(c) If the direct care registered nurses who work at a hospital are not represented by a union, 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 with an adequate number of nurses to meet the health care needs of patients and patients' families. The committee shall review and modify the staffing plan in accordance with section 5 of this 2015 Act.

NOTE: Matter in boldfaced type in an amended section is new; matter [italic and bracketed] is existing law to be omitted. New sections are in boldfaced type.

LC 1035
(3) A majority of the voting members of a hospital nurse staffing committee constitutes a quorum for the transaction of business.

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

(b) If the voting members of a hospital nurse staffing committee cannot reach agreement on the staffing plan, the cochairs of the committee may notify the Oregon Health Authority of the impasse. If the authority is notified of an impasse under this paragraph, the authority shall require within 30 calendar days that the minimum number of nursing staff for the unit be adjusted in accordance with ratios prescribed by the Nurse Staffing Advisory Board established under section 2 of this 2015 Act.

(c) Ratios prescribed under paragraph (b) of this subsection:
   (A) Must be based on national specialty standards; and
   (B) Remain in effect until the hospital nurse staffing committee reaches agreement on the staffing plan.

(5) A hospital nurse staffing committee shall have two cochairs. 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 registered nurses.

(6) A hospital nurse staffing committee shall meet:
   (a) At least once every three months; and
   (b) At any time and place specified by a majority of the voting members of the committee.

(7) Hospital nurse staffing committee meetings shall be open to:
   (a) The hospital nursing staff;
   (b) Other hospital and direct care staff subject to the staffing plan developed by the committee; and
   (c) If the direct care staff who work at the hospital are represented by a union, union representatives.

(8) Minutes of hospital nurse staffing committee meetings must:
   (a) Include vote counts and specify how each voting member voted;
   (b) Summarize the evidence on which the committee relied in making a decision and the reasons given for making the decision; and
   (c) Be made immediately available 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)(A) and (B) of this section from the member's regular work duties, and provide the member with paid time and coverage for the member's work duties, to attend hospital nurse staffing committee meetings.

NURSE STAFFING ADVISORY BOARD

SECTION 2. (1)(a) The Nurse Staffing Advisory Board is established within the Oregon
Health Authority, consisting of 13 members appointed by the Governor.

(b) Of the 13 members of the board:

(A) Four must be direct care registered nurses;

(B) Four must be hospital nurse managers;

(C) One must be a direct care staff member whose services are covered by a written hospital-wide staffing plan that meets the requirements of ORS 441.162;

(D) One must represent hospitals;

(E) One must be a representative from a labor organization that represents registered nurses; and

(F) Two must be members of the public who are not health care practitioners and are not employed by a health care practitioner or health care facility.

(c) To the extent practicable, board members shall be appointed to ensure that:

(A) The board represents the cultural and geographic diversity of this state; and

(B) The members of the board who are direct care registered nurses represent a diverse range of nursing specialties.

(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 and problems related to hospital nursing staff levels;

(c) Make recommendations to the authority on the basis of those trends and problems; and

(d) Prescribe ratios pursuant to section 1 (4)(b) of this 2015 Act in the event that the voting members of a hospital nurse staffing committee established pursuant to section 1 of this 2015 Act cannot reach agreement on the staffing plan.

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

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

(5) The board shall elect one of its members to serve as chairperson.

(6) The board shall meet:

(a) At least once every two months; and

(b) At any time and place specified by the call of the chairperson or of a majority of the members of the board.

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

(8) 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.

(9) 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) Five 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] must:

(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) 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 with an adequate number of nurses to meet the health care needs of patients and patients’ families;

(c) Be consistent with nationally recognized evidence-based standards and guidelines established by professional nursing specialty organizations and the Nurse Staffing Advisory Board;

(d) Recognize differences in patient [acuteness.] acuity;

[(d)] (e) Establish minimum numbers of nursing staff, including licensed practical nurses and certified nursing assistants, required [on specified shifts. At least one registered nurse and one other nursing staff member must be on duty in a unit when a patient is present.] for each shift of each hospital nurse unit; and

[(e)] (f) 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, there is an inability to meet patient care needs or a risk of harm to [existing and new] patients.
(3) For purposes of establishing minimum numbers of nursing staff pursuant to subsection (2)(e) of this section, a staffing plan:

(a) Must require at least one registered nurse and one other nursing staff member to be on duty in a hospital nurse unit when a patient is present;

(b) Must provide adequate nursing staff for each shift to meet the health care needs of patients continuously present at a unit and admitted to, transferred to or discharged from a unit;

(c) Must require additional nursing staff if a nursing staff member is performing a duty not related to the nursing staff member's patient care assignment or is on a rest break or lunch break; and

(d) May not base nursing staff requirements on external benchmarking data.

(4) Each hospital shall submit its staffing plan to the Oregon Health Authority in a manner prescribed by the authority.

(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) 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, 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 a majority of the voting members 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 nurse unit compared to the number of patients served by the hospital nurse unit during a 24-hour time 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) Hours of mandatory and voluntary overtime worked by individual members of the nursing staff;

(g) The percentage of shifts for each hospital nurse unit staffed differently than required by the staffing plan; and

(h) Any other matter determined by the hospital nurse staffing committee to be necessary to ensure that the hospital is staffed with an adequate number of nurses to meet the health care needs of patients and patients' families.
(3) Upon reviewing a staffing plan, a hospital nurse staffing committee shall:
   (a) Report whether the staffing plan ensures that the hospital is staffed with an adequate
       number of nurses to meet the health care needs of patients and patients' families; and
   (b) Modify the staffing plan as necessary to ensure that the hospital is staffed with an
       adequate number of nurses to meet the health care needs of patients and patients' families.

   (4) Reports made and staffing plans modified pursuant to this section must be provided
       to the Oregon Health Authority in a manner prescribed by the authority.

REPLACEMENT STAFF

SECTION 6. ORS 441.166 is amended to read:

441.166. (1) 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 for unfilled hours or shifts before requiring a registered nurse, licensed practical nurse
   or certified nursing assistant to work overtime.

   (2) Except as provided in subsection (3) of this section, a hospital may not require a regist-
       ered nurse, licensed practical nurse or certified nursing assistant to work:

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

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

       (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:

           [(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 time period immediately following a 24-hour time period during
       which the registered nurse, licensed practical nurse or certified nursing assistant worked 12
       or more hours; or

   (e) Any portion of an assignment to work overtime if the registered nurse, licensed
       practical nurse or certified nursing assistant informs the hospital that continued work by
       the registered nurse, licensed practical nurse or certified nursing assistant will jeopardize
       patient or hospital staff safety.

   (3) A hospital may require an additional hour of work beyond the work authorized under
       subsection (2) 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 registered nurse, licensed
           practical nurse or certified nursing assistant leaves the assignment or transfers care to an-
           other registered nurse, licensed practical nurse or certified nursing assistant.

       [(3)(a)] (4)(a) Time spent in required meetings or receiving education or training shall be in-
       cluded as hours worked for purposes of subsection (2) 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 is required to be at the premises of the employer shall be included as
       hours worked for purposes of subsection (2) 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 (2) of this section.

(5) A hospital may not schedule nonemergency elective cases during a shift when:

(a) The hospital unit is not staffed;

(b) The procedure would require the use of on-call staff not present at the hospital; or

(c) The procedure would require the nurse to work beyond the prearranged shift.

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.

(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. (1) A hospital shall post a notice summarizing the provisions of ORS 441.162, 441.166 and 441.168 in a conspicuous place on the premises of the hospital.

(2) A hospital shall post in a clearly visible place for each hospital nurse unit:

(a) A list of on-call nursing staff or staffing agencies sufficient to provide replacement nursing staff for the unit in the event of vacancies; and

(b) The current nurse-to-patient ratio for the unit, to be updated at the beginning of each shift, and the nurse-to-patient ratio required by the written hospital-wide staffing plan described in ORS 441.162.

(3) A hospital shall post in a clearly visible place in each patient room a reference to the laws of this state that govern hospital nursing staff and the manner in which a person may report 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 conduct annual random audits of not less than 20 percent of all hospitals in this state. Surveys made by private accrediting organizations may not be used in lieu of audits required by this section.

(2) The authority shall audit each hospital in this state once every five years.

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

(a) Provide notice of the audit to the cochairs of the hospital nurse staffing committee established pursuant to section 1 of this 2015 Act;
(b) If the registered nurses who work at the hospital are represented by a union, provide notice of the audit to the union;

c) Interview both cochairs of the hospital nurse staffing committee;

d) If the authority interviews any other voting member of the hospital nurse staffing committee, interview an equal number of hospital nurse managers and direct care registered nurses; and

e) 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.

(4) The authority shall compile and maintain for public inspection an annual report of audits 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 of 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 of issuing an order requiring a hospital to implement a plan to correct a violation of ORS 441.162 to 441.170, conduct an on-site 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:

(a) Provide notice of the investigation to the cochairs of the hospital nurse staffing committee established pursuant to section 1 of this 2015 Act;

(b) If the registered nurses who work at the hospital are represented by a union, provide notice of the investigation to the union;

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

(d) If the authority interviews any other voting member of the hospital nurse staffing committee, interview an equal number of hospital nurse managers and direct care registered nurses.

(3) 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.

(4) The authority may issue subpoenas to compel compliance with the provisions of subsection (3) of this section. If any person fails to comply with a subpoena issued under this subsection, or refuses to testify on matters on which the person may lawfully be interrogated, a court may compel obedience as provided in ORS 183.440.

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

(1) Written hospital-wide staffing plans submitted to the authority pursuant to ORS
441.162 or section 5 of this 2015 Act;
(2) Reports submitted to the authority pursuant to section 5 of this 2015 Act;
(3) Reports of audits described in section 9 of this 2015 Act;
(4) Any report made pursuant to an investigation of whether a hospital is in compliance
with ORS 441.162 to 441.170;
(5) Any order requiring a hospital to implement a plan to correct a violation of ORS
441.162 to 441.170; and
(6) Any order imposing a civil penalty against a hospital or suspending or revoking the
license of a hospital pursuant to ORS 441.170.

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 with an adequate number of nurses to meet the health care needs
of patients and patients’ families.

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.
[4], except that a civil penalty [imposed under this subsection] may not exceed $5,000. Each vio-
lation of a [nursing staff] written hospital-wide staffing plan shall be considered a separate vio-
lation. 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 re-
quired 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 im-
posed 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 im-
posed under ORS 441.710.

(d) Order a long term care facility licensed under ORS 441.025 to restrict the admission of pa-
tients 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 pur-
suant to subsection (3)(d) of this section shall post a notice of the restriction, provided by the de-
partment, 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 custom-
arily 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 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.

UNIT CAPTIONS

SECTION 18. 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 19. 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.