State Representative Travis Nelson, RN and ONA member, testifying in support of House Bill 2697, Safe Staffing, in a packed hearing room with nurses and allied health care workers.

Photo credit: State Representative Rob Nosse.
# Table of Contents

- Introduction .......................................................................................................................... 3
- Special Focus: HB 2697, Minimum Nurse Staffing Standards ........................................... 3
- Access to Care for Specific Populations .............................................................................. 5
- Access to Healthcare ........................................................................................................... 6
- Behavioral Health ................................................................................................................ 7
- Elections and Initiative Reform ............................................................................................ 7
- Environmental Health ......................................................................................................... 7
- Firearms ................................................................................................................................. 8
- Heath Equity ........................................................................................................................ 8
- Housing Stability and Homelessness .................................................................................... 9
- Liability Protection .............................................................................................................. 9
- Nursing Practice .................................................................................................................. 10
- Prescription Drugs ............................................................................................................. 10
- Public Health ....................................................................................................................... 10
- Reproductive Health and Gender Affirming Care ............................................................... 11
- Staffing and Workforce ........................................................................................................ 11
- Substance Use .................................................................................................................... 13
- Workers’ Rights and Benefits ............................................................................................. 13
- Workplace Safety ............................................................................................................... 15
Introduction


Although the 2023 Oregon legislative session was filled with unique challenges, the Oregon Nurses Association overcame and achieved one of the organization’s most important, and long-awaited, victories: the passage of HB 2697.

Our top priority for the session, HB 2697 is vital to fixing Oregon’s collapsing healthcare system. It will put numerical minimum safe staffing ratios for nurses and CNAs to patients in hospital settings by unit; expand the staffing committee structure to service, technical, and professional allied health care workers; and require the state to enforce the staffing law – including for missed meal and rest breaks! We also passed a companion bill, HB 3396, to ensure we continue to have a strong workforce through investments in recruitment and retention programs for nurse educators, clinical education, and training trust programs. HB 3396 also created a task force with ONA and hospitals at the table to recommend policy in 2024 that will address discharge barriers and enhance the continuum of care in a patient-centered way.

Even with these victories, the 2023 session did come with significant challenges. First, the Senate Republicans yet again staged a walkout and denied quorum to do business including pass any bills. The walkout—purportedly motivated by a bill to protect reproductive and gender-affirming health care—lasted for six weeks, jeopardizing all the bills and budget items Oregonians need. Finally, the walkout ended and the legislature held marathon floor sessions to pass bills and budgets before session adjourned!

Second, the Capitol building remained under significant renovations for seismic retrofitting. This meant many parts of the Capitol were wholly inaccessible and capacity for ONA’s regular “lobby day” was severely limited.

Nevertheless, ONA and our partners were in the Capitol all session, including during the walkout, to ensure our priorities continued to enjoy support to pass by the end of session should the walkout end. On behalf of our nurses, allied health care workers, and patients, we are pleased to share the outcomes of our legislative work.

Happy reading!
ONA’s top priority for the session was passing our safe staffing bill, House Bill 2697, which we introduced with labor partners through State Representative Rob Nosse the House Behavioral Health and Health Care Committee Chair. After months of negotiations, an intensely emotional public hearing, and budget considerations, ONA and our partners successfully passed HB 2697 and established first-in-the-nation minimum staffing ratios for nurses and certified nursing assistants!

ONA believes HB 2697 is vital to fixing Oregon’s collapsing health care system. It establishes numerical minimum safe staffing ratios for nurses and CNAs to patients in hospital settings by unit and empowers nurse staffing committees to include ratios for all other hospital inpatient units in hospital staffing plans. Additionally, the law will extend the nurse staffing committee structure to two new groups of allied health care workers: service workers will have a staffing committee, and technical and professional workers will have their own staffing committee. HB 2697 also requires the state to enforce the staffing law and to issue civil penalties to violating employers—including for failing to comply with ratios, failing to release staff from their shift to attend staffing committee meetings, and failing to provide meal and rest breaks.

Hospitals must comply with the nurse-to-patient ratios on June 1, 2024, and the new staffing committees must be set up on or before December 31, 2024. Increased mandatory state enforcement begins June 1, 2025. The bill includes funding for eight positions at the Bureau of Labor and Industries and thirteen at the Oregon Health Authority to take on this enhanced important enforcement role.

Our work is not done: We will use future legislative sessions to ensure this bill is implemented successfully, and we will also prioritize safe staffing in non-hospital settings. Additionally, we will be using the next year until the ratios and new committees take effect to educate our members—and hospitals—about the requirements of the new law.

A huge thank you to the ONA members and other nurses and allied health care workers who showed up to provide testimony, meet with legislators, post on your social media, and tell your coworkers about the bill to get us across the finish line!
We are also grateful to our labor partners, legislators, and other stakeholders for supporting our efforts.

Access to Care for Specific Populations

HB 2574—Support—Passed
Requires hospitals to develop policies to prescribe and dispense a 5-day supply of PEP, a post-exposure prophylaxis for HIV. Oregon Health Authority must supply type A and B hospitals with PEP, and insurers are required to approve coverage.

HB 3380—Support—Did not pass
Would have required the Oregon Health Plan to cover continuous glucose monitors, a device used to help people treat diabetes.

SB 420—Support—Passed
Requires the Oregon Department of Human Services to provide resource coordination and navigation services to individuals with brain injuries and to establish a Brain Injury Advisory Committee to participate in the development of this program.
SB 628—Support—Passed
Requires health insurance companies to cover intravenous immunoglobulin therapy as a treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset neuropsychiatric syndromes (PANDAS/PANS).

SB1041—Support—Passed
Prohibits insurance companies from cost-sharing, via co-pays or co-insurance, for diagnostic breast examinations.

HB 3592—Support—Did not pass
Would have required the Oregon Health Authority to determine that the closure of maternity services will not unfairly burden pregnant people prior to accepting a waiver allowing those hospital services to close.

Access to Healthcare

SB 1089—Support—Passed
Establishes a board that will work towards implementing a single-payer health care system for Oregon to provide every Oregonian with affordable state-run health care.

HB 3422—Support—Did not pass
Established an expansion to the Basic Health Plan. The Plan creates a health plan that Oregonians making up to 200% of the federal poverty line could access. The expansion would have re-formed a taskforce and charged them with creating a plan to expand that program to Oregonians with incomes above 200% of the poverty line.

HB 5506—Support—Passed
Originally introduced as SB 584, this bill included $2 million to fund a health care interpreter program at the Oregon Health Authority.
Behavioral Health

HB 2757—Support—Passed
Creates a fund for the 9-8-8 suicide prevention and behavioral health crisis hotline and establishes ongoing funding to improve the coordinated crisis system. This fund is created by establishing a monthly tax of 40 cents per line on consumer and retail phone systems.

SB 818—Support—Did not pass: remained in Ways and Means
Would have required the Oregon Health Authority to develop a list of suicide risk assessment and continuing education opportunities for nurses and other health care providers. These continuing education opportunities are optional for clinicians who would like additional resources when caring for patients in crisis. This policy would cost $191,854 in 2023-2025, including 0.75 FTE.

Elections and Initiative Reform

Many concepts to limit campaign finance expenditures and otherwise reform our voting and electoral system in Oregon were introduced, but none passed. We expect that campaign finance reform may appear on the 2024 general election ballot.

Environmental Health

HB 3043—Support—Passed
Expands the Toxics Free Kids Act to reduce children’s exposure to toxic chemicals, such as heavy metals and flame retardants, which can cause health problems.

HB 3031—Support—Passed
Poor ventilation in school buildings is a downward pressure on student performance, student attendance, and health and wellbeing of workers and students
alike. This bill helps school districts make repairs and upgrades to their HVAC systems.

**HB 3409—Support—Passed**
Incentivizes heat pumps, greenhouse gas emission reductions including energy performance standards, a tree canopy program, solar generation rules, carbon sequestration, solar power rebates, water quality testing, and more.

**SB 546—Support—Passed**
Requires the Oregon Health Authority to adopt and maintain a list of chemicals used in make-up and other cosmetic products that are known to cause health problems, and to periodically review and revise list. Currently, the FDA does not regulate cosmetics, allowing parabens, formaldehyde, mercury, and more in cosmetic products.

**Firearms**

**HB 2005—Support—Passed**
Defines "undetectable firearm." Punishes manufacturing, importing, offering for sale or transferring undetectable firearm by maximum of 10 years' imprisonment, $250,000 fine, or both.

**Heath Equity**

**HB 2918—Support—Did not pass**
Fully funds the work the Oregon Health Authority has begun via a pilot program which provides grants for 2 mobile health units. These mobile health units would travel to underserved communities who struggle to access necessary health care, particularly seeking to serve rural Oregonians and Oregonians of color.
HB 2921—Support—Passed
Requires hospitals to file reports showing the demographics of their workforces with the Commissioner of the Bureau of Labor and Industries, who will post this information to the Bureau of Labor and Industries’ website.

HB 2925—Support—Passed
Extends the deadlines for affinity group task forces to complete their work of making recommendations to lessen health inequities. These recommendations will be used by Oregon Health Authority to create more culturally responsive policy and provided to the Legislative Assembly.

Housing Stability and Homelessness

HB 2001 and SB 5019—Support—Passed
These two bills make up a $200 million package, including more than $112 million to expand the state’s shelter capacity by 700 beds and help about 1,650 homeless Oregonians move into permanent homes within the next year. The package also includes $25 million for homeless youth and more than $33 million for rent assistance to help nearly 9,000 families stay in their homes.

SB 611—Support—Passed
After significant amendments, this bill creates a yearly rent cap of 10%. This is an expansion on SB 608, from 2019, which set the first rental cap for all housing over 15 years old at 7% of rent, plus the CPI (inflation).

Liability Protection

HB 2919—ONA introduced—Did not pass
Provided that registered nurse providing patient care in good faith is immune from criminal liability for act or omission that is part of provision of care unless offense has intentional or knowing culpable mental state.
Nursing Practice

HB 2408—Oppose—Did not pass
Would have entered Oregon into the multistate nurse licensure compact. ONA’s concerns over patient safety, nurse licensure data, and impacts to the Oregon State Board of Nursing budget ultimately killed the bill but we expect it to return in future sessions.

Prescription Drugs

SB 192—Support—Passed
Requires pharmacy benefit managers (PBMs) to file reports to the Department of Consumer and Business Services sharing the aggregated dollar amount of rebates, fees, price protection payments, and any other money they received from drug manufacturers. The Prescription Drug Affordability Board is also required to develop a plan to establish upper payment limits for drugs sold in Oregon.

SB 450—Support—Passed
Exempts opioid overdose reversal drugs from labeling requirements (including writing the patient’s name, name and address of the dispensing physician, date of dispensing, any cautionary statements).

Public Health

HB 2773—Support—Did not pass
Requires the Oregon Health Authority to provide incentives to increase recruitment and retention of local public health professionals. Incentives included student loan forgiveness programs, sign-on bonuses, professional development, childcare subsidies, tuition assistance, and more. While this bill didn’t pass, HB 5506 includes $20 million to the Oregon Health Authority for public health modernization.
HB 3090—Support—Did not pass
Prohibits distribution or selling of flavored tobacco products and flavored delivery system products, such as vapes.

SB 610—Support—Did not pass
Establishes a Food for All Oregonians Program in the Department of Human Services, which would provide nutrition assistance to community members who would receive SNAP, if not for their immigration status or lack of Social Security number.

Reproductive Health and Gender Affirming Care

HB 2002—Support—Passed
Modifies provisions relating to reproductive health rights. Prior to amendments, it increased access to abortion services, established better insurance coverage of gender affirming care, offered protections for clinics and providers offering gender affirming and reproductive health care, and created a fundamental right to reproductive care. It was meaningfully amended to end the Senate Republican walkout; those amendments removed language increasing abortion access in rural communities and on college campuses and added parental consent requirements for minors under the age of 15 seeking abortions. The rest of the bill language remained the same.

SJR 33—Support—Did not pass
Proposed an amendment to the Oregon State Constitution, ensuring that the equality language in our state constitution explicitly covers sexual orientation, gender identity, and the right to make health care decisions related to reproductive health and gender-affirming health.

Staffing and Workforce

HB 2697—ONA Priority—Passed
See page 2 of this report for a special focus on our safe hospital staffing bill.
HB 2923—Support—Did not pass
Would have mandated an at-least-14-day advance posting to hospital employees of their schedule, with deviation from the posting to occur only with employee consent.

HB 3396—Support—Passed
This workforce incentive budget bill included $5 million to the Oregon Center for Nursing to issue grants to Oregon community colleges, OHSU, and private colleges with nursing programs to support recruitment and retention programs for nurse educators focused on growing the number of nursing graduates from pre-licensure programs. The grants can include direct stipends to nurse educators in Oregon, scholarships and loan repayment for nurse educators, programs aimed at increasing the diversity of nurse educators in Oregon, and programs to develop innovative and sustainable models for nurse educators in clinical practice. It also includes $15 million in funding to Oregon Health Authority to support clinical education and leverage federal dollars to reimburse hospitals and post-acute care facilities for the costs they incur when supporting clinical education opportunities for students and trainees. Another $5 million will be allocated to Oregon Health Authority support training trust programs that help health care professionals grow their careers. Finally, the package includes $800,000 in funding and creates a task force with ONA and hospitals at the table to recommend policy in 2024 that will address discharge barriers and enhance the continuum of care in a patient-centered way.

HB 2045—Support—Passed
Makes changes to the state’s cost growth target to report health care workforce costs for frontline caregivers whose combined salary and benefit packages are less than $200k, allowing hospitals and other health care providers to invest in their staff without being penalized for those costs. The impetus for this bill was to ensure that hospitals would not be penalized if labor costs associated with implementing HB 2697 exceed the allowable cost growth target.

HB 2235—Support—Passed
Directs the Oregon Health Authority to convene a work group to study major barriers to workforce recruitment and retention in the state's publicly financed behavioral health system. The work group established by the bill would make
recommendations in these areas, including recommending caseload guidelines or ratios.

**Substance Use**

**HB 2395—Support—Passed**
This omnibus bill allows for the distribution and administration of short-acting opioid antagonists, including by public health officers and first responders. This bill also provides public health officers and first responders with immunity from criminal and civil liability when acting in good faith. School administrators and employees are also allowed to administer opioid antagonists. The bill allows some harm reduction tools to no longer be classified as “drug paraphernalia”.

**SB 238—Support—Passed**
Directs the Oregon Health Authority, the State Board of Education and the Alcohol and Drug Policy Commission to collaborate on developing a school curriculum related to the dangers of opioid use, including teaching students that Good Samaritan laws protect them if they call EMS for a person they believe is experiencing an overdose. This bill requires minimal state funding.

**Workers’ Rights and Benefits**

**SB 418—Support—Passed**
Ensures that workers who are workers’ compensation beneficiaries can have workers’ comp cover their needed health appointments, even those that are less than four hours in duration. It had been the case, dismaying, that workers who needed to visit their primary care provider or physical therapist in order to fully recover could not get this time compensated, because the law directed the system to only apply the benefit at such times that the absence from work was four hours or longer.
SB 592—Support—Passed
The penalty system for Oregon employers prone to have dangerous workplaces was ineffective, with rock-bottom penalties for workplace fatalities and serious workplace injuries and safety infractions. This bill means Oregon OSHA’s penalties are finally in alignment with federal OSHA penalties, instead of last in the nation. Going forward, these penalties will adjust yearly to inflation. The bill also triggers a comprehensive, full-worksite investigation within a year of a workplace death related to a violation or in the event of three or more willful violations within a year. It requires at least annual reporting to the legislature on the number of inspections, penalties, and appeals.

HB 3471—Support—Passed
Helps workers get back to work when they’d been injured on the job by limiting the use of no re-hire agreements as a condition to settle a workers' compensation case. Thanks to this bill, when a worker is in a settlement agreement relating to workers’ compensation, it will be their clear choice if they would like to put severing employment on the table.

SB 907—Support—Passed
Bans retaliation against a worker who refuses to expose themself to serious injury or death from a hazardous working condition. If retaliation were to occur, a rebuttable presumption applies, so the employer is presumed to have committed retaliation short of their producing evidence. In order for a worker’s circumstance to be eligible, they have to have had no reasonable alternative and been acting in good faith.

SB 3028—Support—Passed
It’s a fact that working people’s voices and expertise are critical to crafting good policies and rules, yet many workers are required to use vacation or sick time in order to participate. The bill changes this by establishing that the employer must allow unpaid leave without drawing on the worker’s vacation or sick days for the worker to attend state board or commission meetings if they serve on that board or commission.
Workplace Safety

HB 2141 and SB 563—Support—Did not pass
Expanded crime of assault in the third degree to include causing physical injury to person working in hospital while worker is performing official duties.

More photos from the public hearing on HB 2697.