

2025



ONA LEGISLATIVE SESSION REPORT

TABLE OF CONTENTS

A MESSAGE FROM ONA'S LEGISLATIVE TEAM	3
ONA PRIORITIES	5
ADDITIONAL BILLS WE SUPPORTED	14
BILLS WE OPPOSED	19
WHAT'S NEXT	20

A MESSAGE FROM ONA'S LEGISLATIVE TEAM



The 83rd Oregon Legislative Assembly convened on January 21, 2025, under a Democratic trifecta—with Governor Tina Kotek and Democratic majorities in both chambers (18–12 in the Senate, 35–25 in the House). The session adjourned on June 27, 2025.

ONA started this session with an ambitious legislative agenda, and we were largely successful! Your legislative team, with the support of ONA members, passed workplace violence legislation, protected and improved our 2023 hospital safe staffing law, put patients over productivity in home health and hospice, worked with our labor partners on historic unemployment insurance benefits for striking workers, limited private equity in healthcare, promoted autonomy in the nursing profession, and kept the healthcare workforce healthy with key investments in the Oregon Wellness Program.

ONA members showed up! Frontline caregivers from every corner of Oregon played a pivotal role in passing our priority bills.

1. The 2024 electoral efforts from the Oregon Nurses Political Action Committee (ON-PAC) and ONA members ensured we have elected officials in office committed to promoting pro-labor, pro-healthcare, and pro-nursing legislation.
2. The Cabinet on Health Policy helped drive a strategic legislative agenda that continues our ongoing push for a more just and accessible healthcare system in Oregon.
3. More than 100 ONA members turned out for our first Capitol Lobby Day in 6 years to ask legislators to vote for our priorities.
4. Thousands of ONA members testified, wrote emails, and made phone calls in support of our agenda.

A MESSAGE FROM ONA'S LEGISLATIVE TEAM



Thank you to everyone who showed up. It was truly a team effort. *Other issues that impact our communities also considered during this legislative session:* investing in schools, paying for costs of future wildfire seasons, increasing housing production, healthcare oversight and public health, climate resilience, and civil liberties.

The following report details our priority legislation, our successes, and areas we need to continue our advocacy. You can read bills, bill summaries, testimony, and watch public hearings and floor votes online [by following this link](#).



ONA SESSION PRIORITIES

Our session priorities included a variety of bills relating to:

- workplace violence
- safe staffing
- home health productivity measurements
- unemployment insurance for striking workers
- hospital closures
- protecting from the corporatization of healthcare
- BOLI and OHA functions and finances
- autonomy and independence in nursing

ONA SESSION PRIORITIES

SB 537: **ENDING WORKPLACE VIOLENCE IN HEALTHCARE**

PASSED!

Violence against healthcare workers has reached alarming levels in Oregon and across the country. Nationally, between 2007 and 2022, hospital staff experienced a 181% increase in workplace violence injuries. In Oregon, a staggering 92% of ONA members surveyed reported incidents of violence last year—far above national averages. The impact extends beyond personal injury: workplace violence disrupts patient care, causes staff shortages, impedes care delivery, and contributes to burnout. Frontline healthcare professionals are missing work due to violence-related injuries or trauma, and many are considering leaving the profession.

SB 537 focuses on pragmatic, prevention-oriented solutions that protect frontline nurses and caregivers in hospitals and in home health and hospice settings, including:

- A definition of workplace violence will be included in state law.
- Health care employers must provide annual workplace violence prevention training to employees and any contracted security personnel.
- Employees have the right to have only their first name on an employee badge in hospitals, home health agencies, and home hospice programs.
- Hospitals, home health agencies, and hospice programs must set up behavioral health flagging systems for potentially violent individuals.
- New or remodeled emergency departments must install bullet-resistant barriers or enclosures at the intake window.
- Home health care entities must collect information at intake to identify and assess health and safety-related risks.
- Employers must improve responses to workplace violence when it occurs by utilizing trauma-informed care and stronger reporting.

ONA also supported [SB 170](#) which increases the offense for assaulting any person performing work duties if the assailant has prior convictions for assaulting workers. SB 170 applies to all workplace settings, not just healthcare. The bill passed!

ONA SESSION PRIORITIES

HB 3294:

PROTECT THE HOSPITAL SAFE STAFFING LAW

PASSED!

ONA's top priority in the 2023 legislative session was HB 2697, which overhauled and improved the hospital safe staffing law. Key components of the 2023 law included:

- Minimum safe staffing nurse-to-patient ratios.
- Two new hospital-wide staffing committees so that in addition to the nurse staffing committee there is a committee for professional and technical workers and a committee for service workers.
- Mandatory Oregon Health Authority (OHA) enforcement with civil penalties.

Oregon's nurse staffing law has been on the books for over 20 years to protect patients and nurses by ensuring appropriate staffing in hospital nursing units. The 2023 law brought drastic improvements, but OHA's implementation did not align with legislative intent, and some hospitals have been trying to flout the law citing ambiguous loopholes.

To ensure successful long-term implementation of the law, we not only fought back against delaying fines for violations of the law, but we also made the following clarifications:

- Hospitals cannot default to ratios in lieu of adopting a staffing plan by approval of the nurse staffing committee.
- Statutory minimum ratios will be enforced until the committee adopts a plan.
- Fines will be levied daily for not having a complete hospital-wide staffing plan.
- OHA will prioritize complaints that can result in fines.

ONA SESSION PRIORITIES

SB 1168: PATIENTS OVER PRODUCTIVITY

PASSED!

Home health and hospice nurses and clinicians including physical therapists, occupational therapists, and speech-language pathologists, among others, provide care to patients in their homes after they get out of the hospital, or near the end of their lives. Currently, nurses cannot be paid per patient visit, but clinicians can be. Pay-per-visit compensation places significant pressure on healthcare workers to meet daily patient quotas, usually resulting in rushed or shortened visits and worse patient care.

This bill does two things:

- It adds all home health and hospice clinicians to the existing statutes prohibiting home health and hospice nurses from being paid per visit.
- It expands the definition of “pay per visit” to include any condition of employment that directly or indirectly relates to the number of patients cared for. That means that healthcare clinicians cannot be disciplined for not meeting metrics.



ONA SESSION PRIORITIES

SB 916: **UNEMPLOYMENT INSURANCE BENEFITS TO STRIKING WORKERS**

PASSED!

This bill, brought by the Oregon AFL-CIO, our state labor federation, is landmark legislation that will extend unemployment benefit eligibility to striking workers. Taking effect January 1, 2026, the waiting period will be two weeks to begin receiving unemployment benefits for up to 10 weeks for workers on strike in the state. Every Oregonian deserves a steady income, a living wage, and a strong voice in the workplace. Unfortunately, with the rising cost of living and an economy where corporations have the lion's share of political and bargaining power, workers have to actively fight for these rights. Passage of Senate Bill 916 guarantees that workers who are forced to strike for better conditions can receive unemployment insurance and don't have to starve while standing up for themselves, their coworkers, and the populations they serve.

HB 2939: **SAVE OUR HOSPITALS: CLOSURE NOTIFICATIONS**

DID NOT PASS

Over the last few years, large healthcare systems and home health and hospice agencies have unilaterally closed local hospital departments, specialty services, and Eugene's only hospital. Deciding to close vital community resources should require community notification, cooperation and approval. This bill would have prohibited a hospital or health services offered by a hospital from closing without providing 275 days advance notice.

ONA SESSION PRIORITIES

SB 951: **END THE CORPORATE PRACTICE OF MEDICINE**

PASSED!

Corporations and private equity firms are gobbling up health clinics and medical practices. The result is often higher-priced, lower-quality healthcare for Oregonians. By closing loopholes in Oregon's clinic ownership laws, we will limit the "corporate practice of medicine" and restore providers' and patients' ability to make healthcare decisions without interference from out-of-state corporate executives. Going forward, ONA will examine whether some of these same principles could apply to hospitals and other healthcare settings at risk of private equity practices that jeopardize quality patient care.

HB 5015 : **INCREASE BUREAU OF LABOR AND INDUSTRIES (BOLI) BUDGET**

PASSED!

ONA and labor partners asked the legislature for BOLI to be funded to meaningfully tackle the problems at the agency after years of legislative neglect and de-prioritization. BOLI is a critical safety net addressing workers' claims of wage theft, misclassification, harassment, civil violations, and safety violations. The legislature agreed to allocate significant funding for the agency to work tirelessly to bring workers justice and financial relief. BOLI also has an important role in enforcing our safe staffing law.

ONA SESSION PRIORITIES

HB 5025: INCREASE OREGON HEALTH AUTHORITY (OHA) BUDGET

PASSED!

ONA sought to ensure funding for OHA programs including enforcing our safe staffing law, regulating health care entities, and providing critical public health and behavioral health services to Oregonians regardless of income level.



ONA SESSION PRIORITIES

AUTONOMY AND INDEPENDENCE IN THE NURSING PROFESSION

All bills in this category passed!

* **HB 5023- OREGON STATE BOARD OF NURSING PROGRAMMING BUDGET**

This bill raises nurse licensing fees to increase sustainability in programming and public safety. The board's executive director spoke to ONA's Cabinet on Health Policy about the fee increases needed to account for the near doubling of licensees in the state over the last 15 years without additional funding for the board. With these increased fees, the nursing workforce will have full access to the Oregon Wellness Program (OWP) and can participate in the Health Professional Services Program (HPSP) again. OWP promotes health care professionals' well-being through free counseling, education, and research. HPSP is a statewide program to assist health care providers with substance use or mental health disorders so they may continue to practice safely.

* **HB 3044 - NURSE PRACTICE ACT CLEANUP**

Oregon's Nurse Practice Act has been developed and modified over the past 70 years, leading to a patchwork of statutes and rules, some of which do not reflect current nursing standards. This simple bill is a cleanup to address all inconsistent or misaligned statutes, remove unnecessary barriers, improve customer service, and enhance public safety.

* **HB 2789 - DIRECT BILLING FOR CARE COORDINATION**

This legislation allows registered nurses to bill for certain care management services that are within the nurse's authorized scope of practice, removing the necessity for primary care providers to order these services. This change empowers nurses to use their training and expertise to continue to provide essential care without unnecessary delays or administrative hurdles.

ONA SESSION PRIORITIES

AUTONOMY AND INDEPENDENCE IN THE NURSING PROFESSION

All bills in this category passed!

* **HB 2748 - TITLE PROTECTION FOR NURSES AGAINST ARTIFICIAL INTELLIGENCE (AI)**

This bill provides that licensed nursing certification titles are reserved for licensed humans who meet Oregon's statutory qualifications and have demonstrated their abilities to provide a high level of patient care. Unfortunately, the amended bill still allows for AI usage of the term "nurse," but it's a step in the right direction.

* **SB 536 - ALLOWS NURSE PRACTITIONERS AND PHYSICIAN ASSOCIATES TO BE MEDICAL EXAMINERS**

House Bill 4003 (2024) directed the Oregon State Police to study the causes of and solutions to the shortage of medical examiners in Oregon. The report highlighted difficulties in staffing county-level medical examiner positions, partly due to a national shortage of forensic pathologists. To address the shortage, this bill expands the types of providers who may serve as medical examiners to include licensed physician associates and nurse practitioners.

* **HB 2789 - DIRECT BILLING FOR CARE COORDINATION**

This legislation allows registered nurses to bill for certain care management services that are within the nurse's authorized scope of practice, removing the necessity for primary care providers to order these services. This change empowers nurses to use their training and expertise to continue to provide essential care without unnecessary delays or administrative hurdles.

ADDITIONAL BILLS WE SUPPORTED

HB 2010 - HOSPITAL PROVIDER TAX FOR MEDICAID FUNDING

PASSED!

How HB 2010 Provides Stable Funding for Medicaid:

- Extends the hospital assessment program and aligns the large hospital program to the latest federal guidance. This allows the state to leverage additional matching funds.
- Continues funding for Medicaid for six years, until December 31, 2032.
- Provides consumer certainty by extending the Oregon Reinsurance Program (ORP), which lowers costs for consumers who rely on the federal marketplace to cover themselves and their families. The ORP reduces individual premiums by 6%.

HB 2029 - INSURANCE AUDITS FOR INDEPENDENT PROVIDERS

PASSED!

An effort to protect healthcare providers from the financial and emotional burden of health insurance audits and recoupments, the bill establishes parameters for claim audits conducted by insurers, the Oregon Health Authority (OHA), and coordinated care organizations (CCOs).

SB 968 - RECOVERY OF OVERPAID WAGES

PASSED!

This measure seeks to ensure fair conditions and procedures for when a public employer can recoup overpayments from an employee.

SB 906 - PAYCHECK CLARITY

PASSED!

SB 906 requires employers to provide all new employees with a written explanation of their earnings and deductions statements.

ADDITIONAL BILLS WE SUPPORTED

* **MULTIPLE BILLS - HOSPITAL DISCHARGE BARRIERS**

PASSED!

Oregon hospitals are overcrowded. One factor in this complicated problem is that some patients need a lower level of care than a hospital provides but face a barrier to discharge with no safe place to heal. Identified problems include a shortage of public guardians and a shortage of long-term care beds. Various bills and budget notes seek to address these challenges.

* **HB 2792 - TRANSPARENCY IN HOSPITAL SPENDING TO HIRE REPLACEMENT WORKERS DURING A STRIKE**

DID NOT PASS

This legislation would have required hospitals to report the amount of money spent on replacing union members who participate in a strike. While the bill did not pass, we had a robust hearing during the Providence strike to raise awareness of the issue.

* **HB 3134 - STREAMLINING PRIOR AUTHORIZATION**

PASSED!

This legislation offers providers that have at least an 80% approval rate of prior authorization requests over a 12-month period an exemption from prior authorization requirements. A well-earned exemption for providers that have a proven track record of prior authorization approvals will allow providers to skip the burdensome prior authorization process, ultimately resulting in more timely delivery of care to patients.

ADDITIONAL BILLS WE SUPPORTED

*** HB 2787 - MINIMUM WAGE FOR ON-CALL PAY AND PREDICTIVE WORK SCHEDULES FOR NURSES**

DID NOT PASS

Would have required employers to compensate employees with federal minimum wage for time spent on call or on standby. It also would have required employers to post work schedules at least 14 days in advance, including all scheduled on-call and standby shifts.

*** HB 3070 - SANE PROGRAM FUNDING**

DID NOT PASS

This legislation would have required hospitals to report the amount of money spent on replacing union members who participate in a strike. While the bill did not pass, we had a robust hearing during the Providence strike to raise awareness of the issue.

*** HB 3374 - RETURNING NURSE PRACTITIONERS TO WORKERS' COMPENSATION CARE**

DID NOT PASS

Part of a larger effort to reform the state workers' compensation system, the bill included allowing nurse practitioners to have full practice authority as providers for workers' compensation.

ADDITIONAL BILLS WE SUPPORTED

* **SB 476 - CULTURALLY RESPONSIVE NURSING; HELPING HEALTHCARE PRACTITIONERS FROM OUTSIDE THE UNITED STATES GET CERTIFIED**

PASSED

Requires professional licensing boards to provide culturally responsive training to specified staff members and publish guidance on pathways to professional authorization for internationally educated individuals.

* **SB 702 - FLAVORED TOBACCO BAN**

DID NOT PASS

Would have banned flavored tobacco products in the state.

* **SB 451 - REQUIRING INSURANCE COVERAGE FOR CERVICAL CANCER SCREENINGS**

DID NOT PASS

Would have prohibited cost sharing on certain health insurance coverage of cervical cancer screenings and follow-up exams.

* **SB 538 - TENSY'S LAW**

DID NOT PASS

Senate Bill 91 (2023) directed the Oregon Department of Human Services (ODHS) to compensate parents for providing attendant care services to minor children who have very high medical or behavioral health needs. Senate Bill 538 aimed to require the Oregon Department of Human Services to pay parent caregivers of children with very high medical or behavioral needs for up to 40 hours per week.

ADDITIONAL BILLS WE SUPPORTED

* **SB 606 - STABILIZATION AND CRISIS UNIT (SACU) AND OREGON STATE HOSPITAL (OSH) WORKERS TO FILE FOR POST TRAUMATIC STRESS WORKERS' COMPENSATION**

DID NOT PASS

This proposal would have added healthcare employees working at the Oregon State Hospital to the list of workers for whom certain stress disorders give rise to a presumption that a workers' compensation claim is compensable as an occupational disease.

* **HB 3912 - "DOCTOR" TITLE PROTECTION**

PASSED!

Requires an individual who uses the title "doctor" in connection with a healthcare profession to designate on specified material, including social media and professional name badges, the healthcare profession in which the individual earned a doctoral degree.

* **SB 1003 - ALLOWING NURSE PRACTITIONERS TO PROVIDE DEATH WITH DIGNITY**

DID NOT PASS

Part of a larger effort to improve the Death with Dignity program, the bill included allowing nurse practitioners to have full practice authority as providers for this end-of-life care.

BILLS WE OPPOSED



HB 3220 INCREASING NURSING SCHOOL CLASS SIZES

DID NOT PASS

This was an effort to mandate a student-to-faculty ratio of at least 10:1 in the clinical components of nursing education programs, with provisions to allow ratios up to 15:1 under certain circumstances. We opposed, given the potential challenges that nursing education programs and clinical partners may face in implementing these requirements. Certain settings may lack the physical space, staff capacity, or diversity of clinical experiences to support larger groups of students without compromising patient care or student learning.



SB 966 MULTISTATE COMPACT

DID NOT PASS

This bill would have placed Oregon in the multistate nurse licensure compact. ONA is deeply committed to supporting the nursing profession, including workforce development and retention. However, we do not see the multistate nurse compact as a necessary tool to our workforce challenges given that there are significant risks.

WHAT'S NEXT



In the 2023 session, ONA members made huge strides with our landmark safe staffing law. In the 2025 session, our priorities were largely successful, and we were grateful to have so many members in the Capitol, including during our first in-person lobby day since the COVID-19 pandemic. We anticipate that for the 2026 short session we will work at the state level to fight any federal funding cuts to Medicaid or other key healthcare safety nets. The 2027 long legislative session will be our next chance to bring major policies forward. Please reach out to your government relations team with any ideas!