



House Bill 2697: Oregon Hospital Staffing Law















Minimum Nurse-to-Patient Ratios

Key components of the law include first-in-the-nation nurse to patient ratios in state statute for a wide range of acute care settings, including emergency departments; intensive care units; labor and delivery units; operating rooms; and others. These ratios are “minimum” because it is the minimum staffing allowed under the law. Facilities can’t increase patient load from the ratios in the law without facing consequences. It is NOT the minimum number of patients a nurse can have. It’s also important to remember this law is a floor not a ceiling, staffing committees can create staffing plans with even higher standards with their facilities’ needs in mind. It is also important to remember current staffing plans which satisfy the minimum standards of the new statute will remain in place.

The only time facilities can deviate from the legal ratios is when the nurse staffing committees pursue an innovative care model by including other clinical staff. The model must then be re-approved by the staffing committee every two years.

There are many layers to this law, and because of various needs, implementation takes a little bit of time.

Oregon Minimum RN-to-Patient Staffing Ratios

Emergency Dept. (Trauma) Active Labor and Delivery Operating Room	 1 to 1 
Intensive Care Unit Not Active Labor and Delivery Post-Anesthesia Care Unit	 1 to 2  
Intermediate Care Unit	 1 to 3   
Emergency Dept. (Non-trauma) Postpartum Couplets Medical Surgical* Oncology Telemetry	 1 to 4    

CNA Ratios: 1 CNA to 7 Patients (Day Shift), 1 CNA to 11 Patients (Night Shift)

*Medical surgical has a 1RN:5Patient ratio until June, 2026 at which time it will change to a 1RN:4Patient ratio



The implementation timeline is intended to ensure hospitals and staffing committees have sufficient time to prepare for the changes.

September 1, 2023: The bill takes effect and agencies can begin rulemaking.

September 1, 2023 – December 31, 2023: ONA is at the rulemaking table..

January 1, 2024: Deadline for OHA to adopt a system to receive complaints.

June 1, 2024: Nurse and CNA ratios begin.

December 31, 2024: Deadline for new staffing committees to be developed.

June 1, 2025: OHA enforcement including civil penalties begins.

Wall-to-Wall Staffing Committees

This law also establishes two new staffing committees! One is for service workers (like environmental and food services), and the other is for technical providers (such as radiology technicians and ultrasound technicians) and professional providers (like physical therapists and occupational therapists). Our health care colleagues will now be able to shape and influence the quality of care they provide right alongside nurses and gain a voice in the crucial decisions made in care delivery.

If all staff in staffing committees in a hospital are subject to a collective bargaining agreement, and if all unions to whom these collective bargaining agreements pertain agree, the committees may combine and meet jointly to streamline planning. This includes the nurse staffing committee.

Enforcement & Rest and Meal Breaks

ONA members know that one of the key failures of Oregon's health care system is the lack of enforcement by the Oregon Health Authority (OHA). Our new legislation dramatically increases the enforcement mechanisms needed to uphold the provisions of our bill. That includes enforcement that is complaint driven, with specific timelines for investigations into those complaints and clear, unequivocal direction to OHA on its role as the enforcement agency. This is a major shift away from the ineffective and inefficient "audit and survey" model currently used by OHA. In addition, our law creates a series of financial penalties levied against hospitals who consistently violate the law, putting real teeth into these provisions.

The safe staffing law puts an end to the "buddy break system!" This law closes loopholes and creates powerful enforcement mechanisms so nurses can get their meal and rest breaks without compromising patient safety and care by doubling another nurse's assignment. The statutory ratios must be maintained even when a nurse gets a break: this means when you go out on a break your patients are cared for so you will not be behind in your work when you get back!

OHA Enforcement Fines Table

Violation	1st Offense	2nd Offense	3rd Offense	4th+ Offense
Missed break	Warning	\$200 from the employer or, if no CBA, up to \$1,000 from BOLI	\$200 from the employer or, if no CBA, up to \$1,000 from BOLI	\$200 from the employer or, if no CBA, up to \$1,000 from BOLI
*Other Violations	Warning	\$1,750	\$2,500	\$5,000

***Other Violations = failure to establish new staffing committees, no staffing plan, staffing plan is not adhered to, excessive overtime required, direct care staff is not released for staffing committee meeting**

Violations are assessed based on frequency in a four-year period.

For more details visit SafeStaffingSavesLives.com



The Oregon Nurses Association (ONA) is the state's largest and most influential nursing organization. We are a professional association and labor union which represents more than 16,000 nurses and allied health workers throughout the state. ONA's mission is to advocate for nursing, quality health care and healthy communities.

www.SafeStaffingSavesLives.com