Oregon’s Nurse Staffing Law
Frequently Asked Questions

Background:
The Oregon Legislature successfully passed improvements to Oregon’s hospital nurse staffing law in 2015. These changes were based on staffing recommendations ONA’s House of Delegates unanimously approved in 2014. They build on Oregon’s collaborative staffing committee model, empower nurses on staffing committees, improve much-needed state enforcement, help resolve impasses, enhance transparency and increase accountability.

What is Oregon’s nurse staffing law?
The Oregon nurse staffing law ensures that all patients who are hospitalized in an acute care facility receive safe patient care based on sufficient nurse staffing that meets patients’ needs.

What does the law do?
The law establishes local nurse staffing committees made up of direct-care nurses, staff, and nurse managers to create and approve staffing plans for their hospitals. It also establishes requirements all staffing plans must meet, sets limits on mandatory overtime, and requires the Oregon Health Authority to perform regular audits and investigations.

What changes were made to the law?
Some key changes to the law include:
- Increasing direct-care staff representation on staffing committees
- Clarifying that staffing plans approved by staffing committees must be implemented by its hospital
- Creating a more thorough review process for staffing plans
- Establishing reasonable limits on hospitals’ use of mandatory overtime
- Publicly posting information about the law and how to report violations on all hospital units
- Creating a statewide advisory board to study staffing problems and recommend solutions
- Establishing a mediation process to resolve staffing committees’ disagreements
- Increasing state-led audits and investigations to ensure compliance with the law

Is this a ratio law?
No. Improvements to the law continue to rely on local nurses’ specialized expertise and experience to establish staffing plans for their hospitals.

What are staffing plans based on?
Staffing committees must consider a number of factors when developing their hospital’s staffing plans. All staffing plans must:
- Ensure the hospital is staffed to meet the needs of patients.
- Provide the skill mix and competency necessary to meet patient needs.
- Recognize differences in patient acuity.
- Be based on specialized qualifications and competencies of the nursing staff.
Be consistent with nationally recognized evidence-based standards and guidelines established by professional nursing specialty organizations.

Be based on unit activity measure that quantifies the rate of admissions, discharges, and transfers on that unit and the time required for the nurse to complete admissions, discharges, and transfers.

Be based on total diagnoses present on each nursing unit, and the nursing care required to manage that set of diagnoses.

Consider needs for non-direct care tasks including meal and rest breaks.

In addition, staffing plans cannot be based solely on external benchmarking measures.

What if the staffing committee can’t agree on a plan?

New provisions in the law create a 90-day state-led mediation process to help resolve impasses. Agreements reached during the mediation process must meet the law's requirements for staffing plans. If the committee cannot come to an agreement after 90 days, the Oregon Health Authority may fine the hospital.

Does a hospital have to follow the staffing plan approved by its staffing committees?

Yes. The law states that hospitals must implement the staffing plans approved by its nurse staffing committees.

Can I attend staffing committee meetings?

Nursing staff can attend staffing committee meetings as observers. Either co-chair of the committee can invite other guests to the meeting as observers or presenters. The staffing committee may go into an executive session to allow committee members to discuss and vote on sensitive topics.

Is my current staffing committee going to change?

New provisions require that each hospital specialty unit must be represented on the staffing committee by a direct-care nurse. It also creates a new position on the staffing committee for a direct-care staff member who is not a nurse but whose services are covered by the staffing plan. This new position will be part of the direct-care staff’s fifty percent staffing committee membership. This position will be elected by a bargaining unit if the staff is represented by a labor union.

New staffing committees must be in place before January 1, 2016. Existing staffing committees will remain in place until new committees are implemented.

Does the law affect voluntary overtime?

The law does not affect nursing staffs’ ability to accept additional work voluntarily.

Does the law affect mandatory overtime?

The law does prohibit hospitals from requiring staff to work beyond their agreed-upon and prearranged shift. It also requires hospitals provide a 10-hour rest period for nursing staff after they work 12 hours in any 24-hour period. This means nursing staff finishing a 12-hour shift cannot be required to work for the next 10 hours. The 10-hour rest rule also applies to hours worked non-consecutively that add up to 12 hours in any 24-hour period.
Nurses may still volunteer to work additional hours if they choose to.

The new mandatory overtime rules are effective immediately and apply to RNs, LPNs, CNAs and other nursing staff members as defined by the Oregon Health Authority.

The law includes limited exemptions in cases where patient care would be compromised if a staff member left or for national or state emergencies.

**How do the overtime rules affect call?**

If you are required to be on call at the facility you work in, your call time counts towards the 12-hour work limit. If you are *not* required to be on call at the facility where you work, your call time does not count towards the 12-hour limit.

**When will new changes to the law take effect?**

Some provisions, including increased audits and investigations, new transparency regulations and the 10-hour rest rule have already taken effect. Others will be start taking effect on or before specified dates.

For example, new staffing committees must be formed on or before January 1, 2016, new mediation rules take effect on or before January 1, 2016, and new staffing plans must be in place on or before January 1, 2017. Current staffing committees and plans will remain in place until new committees and plans are approved. All changes to the law take effect on or before January 1, 2017.

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For more information about staffing visit [www.OregonNurseStaffingLaw.org](http://www.OregonNurseStaffingLaw.org) or contact ONA at practice@oregonrn.org