Report on the 2015 Oregon Legislative Session

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Introduction
Oregon nurses won a number of important successes during Oregon’s 2015 legislative session. Most of our priorities this session were signed into law, and our coalition agenda also fared well.

The session began in early February, and within a month, Governor John Kitzhaber resigned and Governor Kate Brown was sworn in. A four-time ONA “Friend of Nursing” award winner during her career as a legislator, Governor Brown hit the ground running.

Following the 2014 elections, Democrats controlled both the House and the Senate, holding 34 of the 60 seats in the House, and 18 of the 30 seats in the Senate. Because of these majorities, progressive policy bills that had failed in previous sessions were largely expected to pass this year, and for the most part they did. Automatic voter registration, paid sick days, mandatory background checks for private gun sales and transfers, clean fuels, regulations around toxic chemicals in children’s products, and retirement security all passed this session, largely on party-line votes with Democrats voting yes and Republicans voting no.

ONA’s top priority this session was strengthening Oregon’s Hospital Nurse Staffing Law, which we achieved by passing Senate Bill 469 (SB 469). On the last day of session, Governor Kate Brown signed our staffing improvement bill (SB 469) into law. This new law will empower staffing committees, enhance transparency and accountability, and improve much-needed state enforcement. It will be implemented in phases over the next two years.

Click here for more information on ONA’s nurse staffing improvement bill (SB 469)

But like most sessions, this one wasn’t without disappointment, including legislative decisions not to pass ONA’s Blood Drive Safety Bill (House Bill 2541), which would have required a licensed health care provider to be present at every blood drive in the state, failing to increase Oregon's minimum wage, and declining to improve access to reproductive health care by not allowing Oregon’s nurse practitioners to perform vasectomies.

Special thanks are due to ONA’s 2013 – 2015 Cabinet on Health Policy members, Anna Steifvater, Jean Donovan, Alan Helyer, Jen Barr, Erin Shawn, Rob Campbell, Cheryl Brewer, Patti Brandon, and Terrie King, who developed and helped execute our 2015 legislative agenda. Before and throughout session, Cabinet members worked diligently to craft ONA’s policy agenda and consider our responses to bills that will impact Oregon nurses and patients.

In this report you can read more about how ONA’s priorities fared. At the end of this report you will find an index of additional bills related to nursing practice, advanced practice, health care reform, education and workforce issues, labor relations, civil rights, and public health and safety, as well as ONA’s 2015 legislative agenda, and a brief summary of Oregon’s new hospital nurse staffing law.

For more information about any of the issues or bills discussed in this report, please contact ONA’s Government Relations Office at (503) 293-0011.

Member Engagement
While ONA’s government relations staff works hard to ensure nurses are considered and involved in the legislative process, member advocacy and engagement continues to be our most valuable asset in Salem. Nearly 200 nurses and nursing students came to the State Capitol for ONA’s 2015 Nurse Lobby Day in February, helping start the 2015 session on a high note. Lobby Day attendees met with more than 80 legislative offices and helped advocate for ONA’s legislative agenda.

Lobby Day was just the beginning of nurses’ involvement this session. ONA members showed the importance of hospital nurse staffing through their strong and persistent advocacy for Senate Bill 469. Ten ONA members came to Salem to testify in favor of the bill and explain why staffing is important for Oregon’s nurses and patients. In addition, Senators and Representatives received nearly 250 letters and emails in support of the bill.

Similarly, nurses advocated for blood drive safety, paid sick days, tobacco control, and advanced practice policies during multiple committee hearings.

Nurses who were not able to join us in Salem did not allow their voices to go unheard. ONA members and advocates sent more than 900 emails to legislators, sharing their perspectives on issues important to health care providers and all Oregonians. By simply making a phone call or writing an email, ONA members helped ensure legislators heard directly from nurses in their communities about how health care policies will impact their constituents.

The 2015 legislative session was largely a successful one for ONA, and we couldn’t have done it without your help. Thank you!

Click here to watch video of nurses advocating for improvements to Oregon’s Nurse Staffing Law during ONA’s Nurse Lobby Day or visit: www.youtube.com/watch?v=BpLBucyXaR0

**Nursing Practice**

ONA’s mission is to advocate for nursing and quality health care, and nowhere is that more apparent than in ONA’s efforts to improve nursing practice. ONA’s legislative agenda included multiple bills that would positively affect direct-care nurses and their practice, including a new hospital nurse staffing law, ONA’s blood drive safety legislation and an ongoing effort to increase the number of school nurses practicing in Oregon.

**Hospital Nurse Staffing: Senate Bill 469**

Staffing has long been nurses’ top concern. In a 2014 survey of ONA members, only 19 percent of nurses said staffing on their unit was sufficient all the time and nearly 40 percent of nurses reported that staffing on their unit has gotten worse in the last 5 years.

ONA’s work to pass staffing legislation is the result of a process that took several years. In 2012, the House of Delegates passed an action report calling on ONA to review Oregon’s hospital nurse staffing law and make recommendations for changes to strengthen the law. As a result, ONA convened a “Staffing Law Review Group”, made up of nurses across the state, to comb through existing staffing statutes and rules and make recommendations for improvements.
Through the review work, and a decade’s experience under the previous law, several improvement areas emerged. The package of reforms ONA developed sought to improve state enforcement, empower staffing committees, enhance transparency, increase accountability and improve working conditions.

The 2014 House of Delegates voted to use these goals as the framework for a bill ONA would take to the 2015 legislature. Passing ONA’s hospital nurse staffing improvement bill (Senate Bill 469) was our top legislative priority this year.

In February, the Senate Health Care Committee held a hearing on the bill. ONA members explained to the committee why staffing matters to them, and spoke to the trends we’ve seen in staffing data both nationally, and from Staffing Request and Documentation Forms (SRDFs) that ONA members have submitted in record numbers. ONA nurses also had support from several other organizations including firefighters, trial lawyers, and many direct care professional working alongside nurses in hospitals. The Oregon Association of Hospitals and Health Systems (OAHHS) initially opposed the bill.

Following the February hearing, the Health Care Committee asked ONA and OAHHS to work together to see if we could find common ground.

Over the next few weeks, ONA and OAHHS member leaders and staff had a number of productive conversations and came up with a series of amendments that both organizations supported. The new, amended version of Senate Bill 469 preserved all of the aspects of the framework approved by ONA’s House of Delegates.

With agreement from both organizations, the bill moved easily out of the Health Care Committee.

The next step was ensuring funding for the bill. Improvements in state enforcement, costs related to a new advisory board, and a new mediation process for impasse situations were estimated to cost the state just over $552,000; funds the state’s Ways and Means Committee unanimously approved.

Senate Bill 469 went on to pass the Senate by a vote of 30-0 and pass the House by a vote of 51-5. Governor Brown officially signed the bill into law on July 6.

Passing this bill is a huge step in ONA’s ongoing work to improve staffing in Oregon’s hospitals. That said, the implementation phase will take several years and will require ongoing leadership from ONA members to monitor the rulemaking process, educate nurses about changes to the law, and work with the state and hospital administrations to ensure it is followed.

A summary of key provisions in the new law is included at the end of this report. For more information on staffing or to request a group presentation on the new hospital nurse staffing law visit www.oregonnursestaffinglaw.org or email practice@oregonrn.org

Nurses on Blood Drives: House Bill 2541
Unfortunately, ONA’s Blood Drive Safety Bill (House Bill 2541) did not move forward this legislative session. House Bill 2541 (HB 2541) would have required a licensed health care
provider to be present at every blood drive in the state. This bill was very similar to the current language in ONA’s contract with the Oregon Chapter of the American Red Cross.

Despite receiving strong bipartisan support in the House of Representatives, there wasn’t enough support in the Senate to pass the bill.

Thank you to all the ONA members who testified in support of this bill, participated in meetings with legislators, and contacted your Senators and Representatives to ask for their support. Your work and advocacy are greatly appreciated.

School Nurses: Senate Bill 698
Improving access to school nurses was a priority for ONA this session. Senate Bill 698, which creates a school nursing task force to make recommendations around sustainable funding for school nursing and creates a state school nursing consultant position, won bipartisan support from members in both the House and Senate and was signed into law.

RN License Fee and the Oregon Center for Nursing: Senate Bill 72
Senate Bill 72 passed the Legislature this session. The bill stabilizes funding for the Oregon Center for Nursing by raising Oregon’s RN license fee by nine dollars. The Center for Nursing conducts extensive research on Oregon’s nursing workforce and presents detailed data and analysis to nurses, employers, health care organizations and the Legislature to allow individuals and groups to make policy decisions based on accurate information about the current and future nursing workforce.

Nursing Faculty: House Bill 2684
House Bill 2684 allows retired nursing faculty to continue working full-time at a public entity while receiving their Public Employees Retirement System (PERS) benefit. ONA and the Oregon Center for Nursing both testified in favor of this legislation.

Oregon has a shortage of qualified nursing faculty and the shortage is expected to get worse in the coming years. This bill is an important tool to ensure Oregon doesn’t immediately lose more nursing faculty. This legislation impacts nursing instructors at OHSU and in community colleges. The bill had unanimous support from the Legislature.

Workplace Violence: Senate Bill 132
Senate Bill 132 (SB 132) was brought forward by the Oregon Emergency Nurses Association and Legacy Health. SB 132 would have made it an automatic felony to intentionally and knowingly assault a health care worker in a hospital. This bill is intended to help reduce violence in health care settings.

SB 132 did not pass this session, but ONA is participating in a work group with the Hospital Association and SEIU to develop a pilot project on worker safety. The project includes both workplace violence and safe patient handling.

Title Protection: Senate Bills 282, 283, 284 and 285
The Governor signed multiple health care “Title Protection” bills into law this year, including Senate Bills 282, 283, 284 and 285.
Senate Bill 282 prevents individuals who are not nurses from using the term “nurse” to describe themselves. Senate Bill 283 prevents individuals who are not NPs, CNSs, or CRNAs, from using the title “Advanced Practice Registered Nurse” and the abbreviation “APRN” to describe themselves. Senate Bill 284 prevents individuals who are not certified nursing assistants from using the term “certified nursing assistant” and the abbreviation “CNA” to describe themselves. Senate Bill 285 prevents individuals who are not trained and qualified nursing assistants from using the term “certified medication aide” and the abbreviation “CMA” to describe themselves.

Advanced Practice

Oregon is a national leader in advanced nursing practice. In 2013, Oregon became the first state in the nation to require insurers to reimburse primary care and mental health nurse practitioners at the same rates as physicians when performing the same services and billing under the same codes. In 2015, ONA revisited our historic payment parity legislation to make important technical corrections, worked to expand nurse practitioners’ scope of practice and to reduce burdens on all providers.

NP Payment Parity Fix: Senate Bill 153
One of ONA’s top priorities for nurse practitioners in 2015 was making a technical correction to Oregon’s Nurse Practitioner Payment Parity Law. During the implementation phase of this new law, ONA learned that some insurers were processing providers’ claims based on clinics’ identifying number, instead of the provider’s identifier, even though both numbers are submitted on the universal claim form. These insurers then refused to reimburse qualifying NPs at the full payment parity rate because the claims weren’t processed using the provider’s identifier.

Senate Bill 153 fixes this loophole and ensures claims are paid at the full rate whether the billing is processed using the provider’s or clinic identifier.

Provider Incentives: House Bill 3396, House Bill 2171
State incentives for health care providers like NPs in primary care or who practice in rural Oregon were highly debated this session. House Bill 3396 (HB 3396) was one incentive bill that passed. HB 3396 sunsets the Rural Medical Tax Credit, Rural Malpractice Subsidy, Loan Repayment and Loan Forgiveness Programs in 2018. It also requires the Oregon Health Authority to study these programs and report back to the Legislature in 2017 on the incentives’ effectiveness and to make recommendations for changes to the programs if necessary.

All of the above programs were funded through 2017 with the exception of the Medicaid Primary Care Loan Repayment Program. This program is expected to receive funds from the Legislature in 2016.

The Rural Medical Tax Credit Program did receive some changes in the final omnibus tax credit legislation. House Bill 2171 reduced all state tax credits by $38 million in order to balance the budget. Beginning in the 2016 tax year, rural providers 10-20 road miles from a city of 40,000 or more will receive a $3,000 tax credit, rural providers 20-50 road miles from a city of 40,000 will receive a $4,000 credit, and rural providers more than 50 road miles from a city of 40,000 will receive a $5,000 credit. The new tiered system takes effect in 2016. All eligible providers will
continue receiving $5,000 for the 2015 tax year. The Legislature is expected to revise and potentially restructure the credit again in 2017.

Virtual Credit Cards: House Bill 3021
Virtual credit cards (VCCs) are credit card numbers insurers issue to transfer funds to a health care provider’s account for payments. While insurers are increasingly using VCCs to reimburse providers, they can be costly for providers to process and are often used without providers’ consent. In addition to having fees as high as five percent, VCCs can be difficult to opt out of. When clinics or providers try to change to a different method of payment, they often run into significant administrative hassles, including payment delays.

ONA worked together with the Oregon Medical Association to successfully pass House Bill 3021, which requires providers to opt into VCC payments if they choose to accept them. It also requires insurers to disclose all fees related to VCCs before using them as reimbursement and it allows providers to designate a staff person to deal with VCC companies on their behalf.

“Grace Period” Reimbursements: Senate Bill 523
Under the Affordable Care Act, patients who receive subsidies for health plans purchased through an insurance exchange are given a 90-day “grace period” on their insurance payments. This grace period ensures patients keep their insurance coverage for 90 days even if they miss a premium payment.

Federal rules state that insurers have to reimburse providers for claims during the first 30 days of the grace period, while days 31-90 are the responsibility of the provider or patient.

Senate Bill 523 requires insurers to inform providers if a patient is in the grace period when the provider verifies a patient’s coverage prior to a visit. If the insurer fails to disclose a patient’s status, the insurer has to pay claims for days 31-90 of the grace period.

ONA worked together with the Oregon Medical Association to pass this bill.

Seat Belt Exemptions: House Bill 2837
House Bill 2837 made a simple change to allow nurse practitioners and physicians assistants to sign seat belt exemption requests for patients who cannot wear a belt due to body size, physical or health conditions. Previously, only physicians were allowed to sign these exemptions. This new law increases continuity of care for patients and ends an arbitrary barrier to NP practice.

Vasectomies: House Bill 2678
Planned Parenthood brought House Bill 2678 forward to improve access to reproductive health care by allowing Oregon’s nurse practitioners to perform vasectomies. NPs are not currently allowed to perform vasectomies due to a statutory ban on NPs performing sterilization procedures. The bill did not get a vote this session.
Nurses are the largest segment of Oregon’s health care workforce and need to have a say in decisions that impact how health care is structured and delivered. ONA is fully invested in Oregon’s ongoing health care reform efforts, and is committed to making sure nurses have a voice in important health care reforms and that reforms improve patients’ access to and quality of care.

**Cover Oregon: Senate Bill 1**
Early in session, the Legislature voted to eliminate Cover Oregon, the semi-independent agency responsible for managing Oregon’s health insurance exchange, and transfer its remaining functions to the state Department of Consumer and Business Services. The state will also use portions of the federal exchange to help individuals search for and purchase insurance. Cover Oregon failed to create a fully operational online health insurance exchange in 2013 and is in ongoing lawsuits with Oracle, its major technology contractor.

**Health Care Costs: Senate Bills 891 and 900**
The Legislature considered multiple bills that would address health care costs and transparency this session including Senate Bill 891 (SB 891) and Senate Bill 900 (SB 900). SB 891 would have required hospitals and health care facilities to post prices for the 100 most common inpatient and 100 most common outpatient procedures and disclose how insurance companies and patients are billed for them. SB 891 failed this session, and a competing measure, SB 900, passed. SB 900 was supported by the Hospital Association and requires the Oregon Health Authority to post historical information on the median prices for the 50 most common inpatient and the 100 most common outpatient hospital procedures.

**Patient Confidentiality: House Bill 2758**
Protecting patient’s confidentiality is crucial for nurses and other health care practitioners. House Bill 2758 ensures that information about health care services remains private by prohibiting insurers from disclosing protected health information to others without consent. Because of this law insurers will now be required to send health care communications directly to patients instead of sending protected health information to insurance policy holders. This provides an important protection for survivors of domestic violence and adult children on their parent’s health plan among others.

**Conversion Therapy: House Bill 2307**
The Legislature successfully voted to ban “conversion therapy”, the scientifically discredited practice of counseling minors to try and change their sexual orientation. ONA staffer and State Representative Rob Nosse was a key supporter of this bill. Oregon is one of multiple states that considered similar legislation this year.

**Public Health**
ONA has a strong history of advocating for public health improvements. Public and environmental health are key components of ONA’s Health Policy Platform.

**E-Cigarettes: House Bill 2546**
Prior to this session, Oregon was one of only nine states that did not regulate electronic cigarette use. House Bill 2546 changed that. The bill prohibits minors from purchasing, possessing or using electronic, or e-cigarettes, and includes e-cigarettes in Oregon’s Indoor Clean Air Act, which will prohibit e-cigarette use in areas where traditional smoking is already banned.

Among Oregon teenagers, e-cigarette use rates have risen at the same time rates of traditional cigarette use have fallen.

**Paid Sick Days: Senate Bill 454**
Passing paid sick days legislation was a major victory for public health groups this session. Senate Bill 454 creates a statewide paid sick days policy that allows employees to stay home when they are sick or when they need to take care of a sick family member. Oregonians who work for a company with 10 or more employees will be eligible for up to 5 days of paid sick time. Businesses with less than 10 employees must offer unpaid time. Under the law, Oregonians can accrue one hour of sick time for every 30 hours worked.

The state law supersedes a recent paid sick days ordinance in Eugene, but leaves Portland’s sick day policy in place.

**Birth Control Access: House Bill 3343 and House Bill 2879**
Two successful birth control bills generated national media attention this session. The first, House Bill 3343, requires insurers to cover 12 months of prescription birth control for patients at one time. This eliminates unnecessary trips for patients and increases the odds of consistent birth control use.

House Bill 2879 also improves women’s access to reproductive care by allowing pharmacists to prescribe oral contraceptives to women if the women successfully complete a self-administered screening. The bill aligns with recommendations from the American College of Obstetricians and Gynecologists. While the law does eliminate one barrier to care, it should not be seen as a replacement for provider visits or more comprehensive reproductive care.

**Toxics Free Kids: Senate Bill 478**
The Toxics Free Kids Act successfully passed the Legislature this session, putting an end to nearly six years of efforts to pass the bill. The act requires the state to establish a list of chemicals that harm children’s health. It also requires manufacturers to notify health officials when their children’s products contain harmful chemicals and requires larger manufacturers to replace harmful chemicals in children’s products with safer alternatives.

**Vaccinations: Senate Bill 895**
Lawmakers looked at multiple options to increase Oregon’s vaccination rate this session. Bills that would have eliminated non-medical exemptions for required children’s vaccinations or required parents to have a face-to-face conversation with their health care provider before choosing a non-medical exemption for their children did not pass.
The Legislature did pass Senate Bill 895, which requires public disclosure of schools’ immunization rates. It also eliminates a grandfather clause from 2013 legislation that requires parents to get a provider’s note or watch an educational video on vaccines before declining required vaccinations for their children. The new law applies this requirement to all students with non-medical exemptions, even those granted before 2013.

Oregon leads the nation with 7 percent of parents taking non-medical exemptions for their children.

**Background Checks on Gun Sales: Senate Bill 941**
A law that requires background checks on nearly all gun sales passed relatively early in session. The law requires background checks on most private gun sales and helps prevents sales to felons and other individuals prohibited from owning guns by law.

The bill faced significant opposition from gun rights groups but ultimately passed on close votes in both chambers. This is the first major change to the state’s firearm laws since Oregonians voted to require background checks on sales at gun shows.

**Domestic Violence: Senate Bill 525**
Senate Bill 525 aligns state and federal law to better protect victims of domestic violence. The bill passed this session and will prohibit domestic violence offenders from owning guns in Oregon.

The bill aligns state law with federal law, which already prohibits domestic violence offenders from owning guns. The new law will allow local law enforcement to enforce this restriction.

**Public Health Modernization: House Bill 3100**
An interim task force has been meeting since 2013 to come up with recommendations on how to improve Oregon’s public health system. The Legislature took up some of those recommendations in House Bill 3100, which creates a baseline for local public health services in Oregon and requires the Oregon Health Authority to create a 10-year plan for public health services across the state.

The bill encourages cooperation between state and local public health systems to collaboratively meet communities’ public health needs.

**Antibiotics and Livestock: House Bill 2598, Senate Bill 920**
Two bills designed to reduce antibiotic use in healthy animals received hearings but failed to pass this session. Both bills, House Bill 2598 and Senate Bill 920, aim to prevent the spread of antibiotic-resistant bacteria by prohibiting large factory farms from using antibiotics on healthy livestock for non-medical purposes. Currently, up to 70 percent of antibiotics sold in the United States are used on livestock.

The American Nurses Association is one of many groups that support phasing out non-therapeutic antibiotic use in livestock.
Single-Payer Health Care: Senate Bill 631, House Bill 2828
A bill (Senate Bill 631) that would have created a single-payer health care system in Oregon failed this session, but the Legislature did authorize a state-funded study (House Bill 2828) on the best way to finance health care in Oregon.

Senate Bill 631 received a public hearing but didn’t get a vote, while House Bill 2828 passed in the final days of session. House Bill 2828 requires the Oregon Health Authority to study at least four different systems for financing health care in the state, including a single-payer model.

ONA is an active partner in the Health Care for All Oregon (HCAO) coalition, which was active on both bills this session.

Organized Labor and Retirement Security

In 2015, ONA continued its work to increase opportunities for Oregonians to save for retirement and worked to pass policies that will help give more Oregonians a fair shot.

Retirement Security: House Bill 2960
More Oregonians will have the opportunity to save for retirement thanks to the Legislature voting to pass House Bill 2960 (HB 2960) this year. HB 2960 creates a public retirement savings plan that allows working Oregonians whose employer doesn’t offer a retirement plan, to automatically enroll in a state-run retirement plan that will help them save for the future. The bill passed despite opposition from the banking and insurance industries among others.

The retirement savings plan will begin in 2017.

Legal Aid for Workers’ Compensation: House Bill 2764
A bill (House Bill 2764) to increase injured workers’ access to legal services successfully passed this session. House Bill 2764 shifts some injured workers’ attorney fees from the worker to the insurance company, allows fees to be charged for legal work that is currently uncompensated and eliminates incentives for insurers to slow down Workers’ Compensation cases.

These fees will only be paid if a worker wins their Workers’ Compensation case.

Minimum Wage
Ultimately the Legislature decided not to vote on a minimum wage increase this session, despite legislators introducing 10 different bills to increase the minimum wage.

Opposition from business interests and some legislators resulted in many of the minimum wage bills dying without a hearing.

An informal task force of legislators plans to work to find consensus on the issue during the interim period between sessions and a minimum wage ballot measure will likely appear on the ballot in 2016 if legislators do not make progress on this issue.
Voter Access

Increasing voter access gives more nurses an opportunity to have a voice in their government and have a vote on the policies and programs that affect them, their patients and their community.

Motor Voter: House Bill 2177
The Legislature passed a historic voter registration bill that could increase voter registrations by nearly 300,000. The first-in-the-nation law, House Bill 2177, allows the state to use information collected during the drivers’ license application process to automatically register Oregonians to vote, eliminating potential voting barriers for many Oregonians. Under the law, the state can use driver’s license data from 2013 on. All new registrants will be sent a postcard with information on how to opt out of voter registration if they choose.

Approximately 800,000 Oregonians would be eligible to vote but are not currently registered.

Moving Forward

With the appointment of a new Governor and a successful update to Oregon’s nurse staffing law, the 2015 session was historic for both Oregon and ONA. Thanks to the work of ONA members and staff, we won important victories and successfully passed improvements to Oregon’s hospital nurse staffing law, expanded paid-sick days for more Oregon workers and found ways to increase students’ access to school nurses, among other issues. We can be proud of what we’ve accomplished together this session.

Over the next two years, we need to continue working to advance nursing practice, improve health care and ensure nurses have a voice on the issues that matter. This work will include fully implementing changes to our staffing law, engaging in efforts to improve the health care system and fighting against new anti-worker attacks that will try to silence our collective voice.

As we prepare for these new challenges, we want to thank you for your support during the legislative session. We hope you’ll continue to support our work as we advocate for Oregon’s nurses and patients throughout the 2016 short legislative session and in the 2016 elections.

Thank you.
# Index of 2015 Legislative Measures

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<td><strong>HB 2164</strong></td>
<td>Makes permanent pilot project that requires certain licensees to demonstrate and maintain tax compliance as condition of issuance or renewal of license.</td>
<td>Oppose</td>
<td>Failed</td>
</tr>
<tr>
<td><strong>HB 2171</strong></td>
<td>Extends sunsets for certain income and excise tax credits.</td>
<td>Support</td>
<td>Passed</td>
</tr>
<tr>
<td><strong>HB 2541</strong></td>
<td>Requires physician, physician assistant or individual licensed to practice nursing, in specified numbers, to be present at blood drives.</td>
<td>Support</td>
<td>Failed</td>
</tr>
<tr>
<td><strong>HB 2631</strong></td>
<td>Requires hospital to implement safe patient handling program by February 1, 2017.</td>
<td>Support</td>
<td>Failed</td>
</tr>
<tr>
<td><strong>HB 3540</strong></td>
<td>Directs Oregon Medical Board and Oregon State Board of Nursing to adopt rules requiring practitioners to screen certain patients for pathogenic E. coli bacteria and report positive screening results to Oregon Health Authority.</td>
<td>Oppose</td>
<td>Failed</td>
</tr>
<tr>
<td><strong>SB 72</strong></td>
<td>Increases fees to take nursing examination and renew nursing license.</td>
<td>Support</td>
<td>Passed</td>
</tr>
<tr>
<td><strong>SB 132</strong></td>
<td>Expands crime of assault in third degree to include physical injury to health care provider in hospital.</td>
<td>Support</td>
<td>Failed</td>
</tr>
<tr>
<td><strong>SB 282</strong></td>
<td>Prohibits individual from using title &quot;nurse&quot; unless individual holds nursing degree or certificate and is licensed to practice health care profession in which degree or certificate was earned.</td>
<td>Support</td>
<td>Passed</td>
</tr>
<tr>
<td><strong>SB 469</strong></td>
<td>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.</td>
<td>Support</td>
<td>Passed</td>
</tr>
<tr>
<td><strong>SB 547</strong></td>
<td>Creates nurse emeritus license to permit certain retired nurses to engage in volunteer practice of nursing.</td>
<td>Support</td>
<td>Passed</td>
</tr>
<tr>
<td><strong>SB 698</strong></td>
<td>Creates position of State School Nursing Consultant in Oregon Health Authority and specifies duties.</td>
<td>Support</td>
<td>Passed</td>
</tr>
<tr>
<td><strong>SB 916</strong></td>
<td>Directs Oregon Health Authority, Oregon Medical Board and Oregon State Board of Nursing to study clinical guidance and health outcomes regarding Lyme disease and report to Legislative Assembly by March 1, 2016.</td>
<td>Oppose</td>
<td>Failed</td>
</tr>
<tr>
<td><strong>SB 928</strong></td>
<td>Requires Oregon Health Authority to operate 24-hour nurse advice hotline for Oregon residents beginning January 1, 2016.</td>
<td>Support</td>
<td>Failed</td>
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</tbody>
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### Advanced Practice

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<tr>
<th>Bill</th>
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<tbody>
<tr>
<td>HB 2678</td>
<td>Permits licensed nurse practitioners to perform sterilization procedures on male patients.</td>
<td>Support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Failed</td>
</tr>
<tr>
<td>HB 2837</td>
<td>Directs Director of Transportation to issue certificate of exemption from requirement to use</td>
<td>Passed</td>
</tr>
<tr>
<td></td>
<td>child safety system, safety belt or safety harness if statement is submitted by nurse practitioner or physician assistant on behalf of person requesting exemption.</td>
<td></td>
</tr>
<tr>
<td>HB 3021</td>
<td>Requires insurer to offer health care provider method of reimbursement that does not impose fees or other charges on provider.</td>
<td>Support</td>
</tr>
<tr>
<td>HB 3396</td>
<td>Requires Oregon Health Policy Board to study and evaluate effectiveness of existing financial incentive programs offered in this state and address new types of programs to recruit and retain health care providers to practice in rural and medically underserved areas.</td>
<td>Support</td>
</tr>
<tr>
<td>SB 153</td>
<td>Clarifies definition of &quot;independent practice&quot; for purpose of insurance reimbursement for services provided by licensed physician assistant or certified nurse practitioner.</td>
<td>Support</td>
</tr>
<tr>
<td>SB 523</td>
<td>Requires insurer to provide specified notifications to health care providers regarding coverage under qualified health plan offered by insurer through health insurance exchange.</td>
<td>Support</td>
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### Civil Rights

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<th>Status</th>
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</thead>
<tbody>
<tr>
<td>HB 2177</td>
<td>Directs Department of Transportation to provide Secretary of State with electronic records containing legal name, age, residence and citizenship information and electronic signature of each person who may qualify as elector as prescribed by secretary by rule.</td>
<td>Support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Passed</td>
</tr>
</tbody>
</table>

### Health Care and Health Care Reform

<table>
<thead>
<tr>
<th>Bill</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB 2295</td>
<td>Provides for licensing and regulation of anesthesiologist assistants.</td>
<td>Oppose</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Failed</td>
</tr>
<tr>
<td>HB 2307</td>
<td>Prohibits mental health care professionals and social health professionals from practicing conversion therapy if recipient of conversion therapy is under 18 years of age.</td>
<td>Support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Passed</td>
</tr>
<tr>
<td>HB 2758</td>
<td>Prohibits carrier or third party administrator from disclosing to persons, other than enrollee who receives health services, protected health information relating to services provided to enrollee.</td>
<td>Support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Passed</td>
</tr>
<tr>
<td>HB 2828</td>
<td>Extends, for two years, sunset of provisions requiring Oregon Health Authority to study and make recommendations to Legislative Assembly on best option for financing health care in</td>
<td>Passed</td>
</tr>
<tr>
<td>Bill Number</td>
<td>Description</td>
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<tr>
<td>HB 2879</td>
<td>Permits pharmacists to prescribe hormonal contraceptive patches and self-administered oral hormonal contraceptives. <strong>Support</strong></td>
<td>Passed</td>
</tr>
<tr>
<td>HB 2972</td>
<td>Requires public school students seven years of age or younger who are beginning educational program to have dental screening. <strong>Support</strong></td>
<td>Passed</td>
</tr>
<tr>
<td>HB 3343</td>
<td>Requires insurers that cover prescription contraceptives to cover refills at specified frequency. <strong>Support</strong></td>
<td>Passed</td>
</tr>
<tr>
<td>HB 3378</td>
<td>Requires hospital to adopt written discharge policies. <strong>Support</strong></td>
<td>Passed</td>
</tr>
<tr>
<td>SB 116</td>
<td>Increases membership on Oregon Health and Science University Board of Directors from 10 members to 12 by adding one faculty member and one nonfaculty staff member. <strong>Support</strong></td>
<td>Failed</td>
</tr>
<tr>
<td>SB 144</td>
<td>Modifies requirements for health benefit plan coverage of telemedical health services. <strong>Support</strong></td>
<td>Passed</td>
</tr>
<tr>
<td>SB 310</td>
<td>Expands definition of “public body” subject to public meetings law to include coordinated care organizations. <strong>Support</strong></td>
<td>Failed</td>
</tr>
<tr>
<td>SB 440</td>
<td>Requires Oregon Health Policy Board to develop strategic plan for collection and use of health care data and to establish Health Plan Quality Metrics Committee, appointed by Governor, to develop health outcome and quality measures for coordinated care organizations and plans offered by Public Employees’ Benefit Board and Oregon Educators Benefit Board and publish data. <strong>Support</strong></td>
<td>Passed</td>
</tr>
<tr>
<td>SB 608</td>
<td>Creates Palliative Care and Quality of Life Interdisciplinary Advisory Council in Oregon Health Authority. <strong>Support</strong></td>
<td>Passed</td>
</tr>
<tr>
<td>SB 609</td>
<td>Requires Oregon Health Authority to convene learning collaborative to develop payment method to support provision of care through patient centered primary care homes. <strong>Support</strong></td>
<td>Failed</td>
</tr>
<tr>
<td>SB 631</td>
<td>Establishes Health Care for All Oregon Board to develop, implement and have oversight of Health Care for All Oregon Plan to be administered by Oregon Health Authority. <strong>Support</strong></td>
<td>Failed</td>
</tr>
<tr>
<td>SB 791</td>
<td>Requires Oregon Health Authority to establish procedures to validate network capacity of coordinated care organizations. <strong>Support</strong></td>
<td>Failed</td>
</tr>
<tr>
<td>SB 891</td>
<td>Requires health care facilities to publish, in manner prescribed by Oregon Health Authority, price data regarding health care services offered. <strong>Support</strong></td>
<td>Failed</td>
</tr>
</tbody>
</table>
### Education and Workforce

**HB 2684** Extends sunset on provisions allowing retired members of Public Employees Retirement System to be employed full-time by public employer as nursing instructor or as trainer for Department of Public Safety Standards and Training without loss of retirement benefits. **Support**

**HB 3342** Allows personal income taxpayers to subtract certain amounts paid as interest on qualified education loans from taxable income, subject to same income limitations applicable to federal education loan interest deduction. **Support**

**SB 664** Allows for additional weights in State School Fund distributions for students who are enrolled in and earn three or more credits for courses that are part of approved career and technical education program. **Support**

**SB 757** Appropriates moneys from General Fund to Oregon Department of Administrative Services for Oregon Healthcare Workforce Institute and Oregon Center for Nursing for analysis of effectiveness of state programs designed to encourage practice of healthcare providers with underserved populations or in rural areas. **Support**

### Labor Relations

**HB 2764** Modifies circumstances under which attorney fees may be awarded and amount of attorney fees awarded in workers' compensation claims. **Support**

**HB 2960** Creates Oregon Retirement Savings Board in office of State Treasurer. **Support**

**HB 3259** Prohibits state agencies from expending public resources to collect, deduct or transmit political funds. **Oppose**

**HB 3260** Prohibits deductions from wages or salary of public employee by public employer for payment of dues to labor organization or for payment-in-lieu-of-dues to labor organization. **Oppose**

**SB 718** Defines "wages" for certain wage claims. **Support**

**SB 845** Establishes penalty to be imposed by Employment Department on large employers whose employees receive health care coverage through medical assistance program. **Support**
### Public Health and Safety

<table>
<thead>
<tr>
<th>Bill</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB 2546</td>
<td>Defines &quot;inhalant delivery system.&quot; Amends laws concerning sale of tobacco products to, and use of tobacco products by, minors so those laws equally apply to inhalant delivery systems.</td>
<td>Passed</td>
</tr>
<tr>
<td>HB 2598</td>
<td>Makes legislative findings regarding provision of antibiotics to food-producing animals.</td>
<td>Failed</td>
</tr>
<tr>
<td>HB 3100</td>
<td>Changes governmental framework for conducting public health activities in this state and for providing public health services to residents of this state.</td>
<td>Passed</td>
</tr>
<tr>
<td>HB 3363</td>
<td>Prohibits school district from allowing certain promotional activities for food or beverage items that do not meet minimum nutritional standards.</td>
<td>Failed</td>
</tr>
<tr>
<td>SB 14</td>
<td>Removes prohibition against local government imposition of taxes on cigarettes and tobacco products.</td>
<td>Failed</td>
</tr>
<tr>
<td>SB 79</td>
<td>Requires school district to provide instruction in cardiopulmonary resuscitation and uses of automated external defibrillators.</td>
<td>Passed</td>
</tr>
<tr>
<td>SB 442</td>
<td>Directs Oregon Health Authority to adopt by rule schedule requiring submission of document to school administrator for purposes of declining immunization if document on record does not include signature of health care practitioner verifying that parent has reviewed risks and benefits of immunization or certificate verifying that parent has completed vaccine educational module.</td>
<td>Failed</td>
</tr>
<tr>
<td>SB 454</td>
<td>Requires all employers to implement sick time for employees.</td>
<td>Passed</td>
</tr>
<tr>
<td>SB 478</td>
<td>Requires Oregon Health Authority to establish and maintain list of designated high priority chemicals of concern for children's health used in children's products and to periodically review and revise list.</td>
<td>Passed</td>
</tr>
<tr>
<td>SB 525</td>
<td>Prohibits possession of firearm or ammunition by person who is subject to certain court order protecting intimate partner or child of person or intimate partner, or who has been convicted of certain misdemeanor crimes committed against family member.</td>
<td>Passed</td>
</tr>
<tr>
<td>SB 613</td>
<td>Requires filing notice with State Forestry Department of proposed aerial application of pesticide or proposed use of fire as planned forest management activity on privately owned forestland.</td>
<td>Failed</td>
</tr>
<tr>
<td>SB 663</td>
<td>Requires premises where person makes retail sales of tobacco products and inhalant delivery systems to be licensed by Oregon Liquor Control Commission.</td>
<td>Failed</td>
</tr>
<tr>
<td>SB 895</td>
<td>Requires schools and children's facilities to make available certain information related to immunizations.</td>
<td>Passed</td>
</tr>
<tr>
<td>SB 920</td>
<td>Makes legislative findings regarding provision of antibiotics and its relation to public health. <strong>Support</strong></td>
<td>Failed</td>
</tr>
<tr>
<td>SB 921</td>
<td>Directs Department of Transportation to make efforts to complete installation of median barriers between opposing lanes of travel on interstate highways in certain circumstances. <strong>Support</strong></td>
<td>Passed</td>
</tr>
<tr>
<td>SB 941</td>
<td>Requires private person to complete transfer of firearm by appearing with transferee before gun dealer to request criminal background check or shipping or delivering firearm to gun dealer in certain circumstances. <strong>Support</strong></td>
<td>Passed</td>
</tr>
</tbody>
</table>
The Oregon Nurses Association (ONA) is Oregon’s oldest and largest professional association and labor union for registered nurses. ONA is proud to represent more than 12,000 Oregon nurses. From school-based health centers and emergency rooms, to public health departments and nurse practitioner-run clinics, ONA members are on the front lines of our health care system. ONA works to support policies that ensure the best working conditions for nurses and the best health care for patients.

**Top Priorities for ONA Members**

The Oregon Nurses Association’s Cabinet on Health Policy identified the following as ONA’s legislative priorities for the 2015 state legislative session.

- **Hospital Nurse Staffing:** Oregon’s Nurse Staffing Law gives hospital nurse staffing committees the responsibility to develop staffing plans. Over the last decade, national research and ONA members’ experience with the law has revealed areas where the staffing law should be strengthened to improve patient safety and working conditions for nurses. ONA will advocate for improvements to Oregon’s nurse staffing law that will empower direct-care nurses, enhance transparency, increase the law’s enforcement and increase hospitals’ accountability.

- **RNs on Blood Drives:** Blood donation companies are actively trying to eliminate nurses and other health care professionals from blood donation events in Oregon and across the country. In order to ensure donor safety, strengthen the public’s trust and protect the safety of Oregon’s blood supply, ONA supports a bill that requires a registered nurse, or other licensed health care professional, to be present at all blood donation procedures.

- **Improving Access to School Nurses:** In 2009, the Oregon State Legislature recommended the state have a ratio of one school nurse for every 750 students by 2020. Currently, Oregon has only one school nurse for every 4,054 students, with no viable plan to meet the Legislature’s goal. ONA recommends the state establish a task force to work on strategies to improve Oregon’s school nurse-to-student ratio and authorize a full-time state school nursing consultant to provide leadership and guidance on issues pertaining to school nurses.

- **Public Health - Sick Days:** More than 80 percent of low-wage workers do not earn paid sick days. Workers without paid time off are 1.5 times more likely to go to work with a contagious illness. As parents, they are more likely to send their children to school sick because they can’t afford to take time off work to care for them. A statewide paid sick
days policy would prevent workers from having to make the lose-lose decisions between forgoing wages by staying home sick, spreading illness by going to work sick or sending a sick child to school.

- **Tobacco and Nicotine Prevention:** Oregon is one of only nine states that allow children to purchase electronic cigarettes (e-cigarettes) and the state does not restrict where e-cigarettes can be used. ONA supports limiting e-cigarette access to adults and prohibiting e-cigarette use in public spaces and workplaces. ONA will also continue our work from 2013 to ensure Oregon’s Tobacco Master Settlement Agreement funds are spent on tobacco prevention and health improvement as required by the settlement.

### Additional Priorities for ONA Members

- **Economic Fairness - Retirement Security, Raising the Minimum Wage:** Nearly half of all Oregonians do not have a retirement plan at work. As a result, many are at risk of living in poverty when they retire. Many other working Oregonians already live in poverty because they don’t earn a living wage. Raising the minimum wage and giving working Oregonians an easy way to save for retirement will help Oregonians provide security for themselves and their families, both now and in the future.

- **Technical Fixes to NP Payment Parity:** In 2013, ONA helped pass the nation’s first Nurse Practitioner Payment Parity Law. The law requires insurance companies to provide equal reimbursements to primary care and mental health nurse practitioners, physicians assistants and physicians, when they perform the same work and bill under the same codes. In 2015, ONA will explore technical fixes to the law to ensure full compliance from insurers.

- **Provider Incentives:** Nurse Practitioners (NPs) are a critical part of Oregon’s health care workforce. They are eligible for a number of state incentives designed to attract and retain providers in rural and underserved areas. In many areas of the state NPs are the only primary care providers. Provider incentives are necessary to ensure patients throughout the state have access to high-quality care.

- **Funding for Nursing Programs:** Nursing programs at OHSU and in Oregon’s community colleges prepare students to enter Oregon’s nursing workforce. Funding these programs is essential to meet future workforce needs, especially as primary and preventive health care reforms are implemented and more Oregonians gain access to care.

To reach ONA’s legislative team contact:
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Jack Dempsey at jack@dempseypublicaffairs.com or call 503.358.2864
Oregon’s New Hospital Nurse Staffing Law (Senate Bill 469)

Strengthening Oregon’s Nurse Staffing Law: The Oregon Legislature and ONA successfully passed improvements to Oregon’s Hospital Nurse Staffing Law in 2015 (Senate Bill 469). These changes build on Oregon’s collaborative staffing committee structure by improving much-needed state enforcement, empowering staffing committees, helping resolve impasses, enhancing transparency, and increasing accountability. Read on for a review of new improvements to the law.

Improves Enforcement: Increases the frequency of staffing audits and reduces the time staffing complaints go unresolved.

- Requires hospitals to be audited every 3 years
- Requires state to initiate on-site investigations within 60 days of receiving staffing complaints
- Requires state to re-survey facilities with approved plans of correction within 60 days of correction plans implementation
- Requires state to interview co-chairs of staffing committees as part of audits and investigations

New enforcement provisions take effect immediately.

Empowers Staffing Committees: Specifies that staffing committees have the final say in staffing plans. Modifies membership of staffing committees.

- Staffing plans passed by Hospital Nurse Staffing Committees (HNSCs) must be implemented by hospitals, with limited emergency exceptions
- HNSCs must meet quarterly or at the call of either co-chair
- Members of HNSCs must be released from regular assignments to participate in committee work
- Each hospital specialty unit must be represented on the staffing committee by a direct-care RN
- Creates a new position on HNSCs for a non-supervisory, non-RN, direct-care staff member whose services are covered by staffing plans
- The non-RN, direct-care staffer will join the HNSC as part of the direct-care staffs’ fifty percent membership

New staffing committees must be formed by January 1, 2016. New staffing plans must be implemented by January 1, 2017 or on approval of staffing committees if prior to 2017. Existing staffing committees and plans remain in place until new staffing committees and plans are implemented.

Additional Staffing Plan Requirements, Regular Review: Creates more comprehensive staffing plans and a more thorough review process.

- Staffing plans must consider admissions, discharges, transfers, breaks and additional non-direct care required tasks
- Plans cannot rely solely on external benchmarking measures
ONA nurses reported more than 3,400 incidents of inadequate or unsafe staffing, from 2012 to 2015.

Regular review of staffing plans by HNSCs must be completed annually
  o Reviews must include: patient outcomes, reports of inadequate staffing, staffing complaints, staff overtime, hours per patient day, deviations from staffing plan, and other factors determined by HNSCs

New staffing plans must be implemented by January 1, 2017, or on approval of staffing committees if prior to 2017.

Helps Resolve Impasses: Creates mediation rules to promote agreements.
  • If an HNSC cannot agree to a staffing plan, either co-chair can call for a 30-day pre-impasse period to work towards a resolution
  • After the 30-day pre-impasse period, an HNSC begins a mediation process
  • Any agreement reached with a mediator must be based on the staffing plan requirements
  • If there is no agreement after 90 days of mediation, the Oregon Health Authority (OHA) may fine the hospital

New impasse rules must be implemented by January 1, 2016.

Enhances Transparency: Increases access to staffing information.
  • Oregon’s staffing law and instructions on how to report a violation must be posted on each hospital unit in areas visible to the public

New transparency requirements must be implemented by January 1, 2016.

Increases Accountability: Creates a collaborative advisory board to ensure best practices.
  • Creates a 12 member advisory board to advise the OHA
  • Advisory Board will resemble collaborative staffing committee model and include equal representation from direct-care staff and nurse managers
  • Advisory Board will identify nurse staffing trends and problems and advise OHA on administration of the staffing law
  • Advisory Board will report annually to the Legislature

New accountability provisions take effect immediately.

Makes Changes to Mandatory Overtime: Establishes reasonable limits on use of mandatory overtime.
  • Specifies that nurses cannot be required to work beyond the agreed-upon, prearranged shift
  • Specifies that a hospital must provide a 10-hour rest period after a nurse works 12 hours in a 24-hour period
  • HNSCs will review patterns of overtime utilization

New overtime provisions take effect immediately.
To learn more about Oregon’s nurse staffing law visit www.OregonNurseStaffingLaw.org

For more information contact ONA’s legislative team:

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