



## Nurse Staffing Advisory Board – Quarterly Meeting Agenda

Presiding Co-Chair: Debbie Robinson

Date: April 27, 2022  
 Time: 1:00 PM – 5:00 PM

To receive meeting login information, please register for the meeting here:  
[https://www.zoomgov.com/meeting/register/vJlscu-grzwjHCVMB5f\\_ccNLm5elG13UE28](https://www.zoomgov.com/meeting/register/vJlscu-grzwjHCVMB5f_ccNLm5elG13UE28)

**Note for virtual meetings:** OHA will open the Zoom meeting 15 minutes prior to the meeting’s official start time. You may be required to wait in the Zoom waiting room or receive a message that the meeting has not yet started if you attempt to join the meeting before this time. If you are unable to join the meeting after this time, please contact the meeting host at the email or phone number provided below.

The time and order of agenda items are subject to change at the discretion of the Board Co-Chairs

Time	Agenda Item	Materials Provided	Presenter
1:00 PM	<b>Item 1 – Call to Order</b>		Debbie Robinson
1:00 PM – 1:05 PM	<b>Item 2 - Minutes</b>	<ul style="list-style-type: none"> <li>January 2022 Meeting Minutes</li> </ul>	Kimberly Voelker
1:05 PM – 1:10 PM	<b>Item 3 – Membership &amp; Program updates</b> <ul style="list-style-type: none"> <li>NSAB Recruitment</li> <li>Workday: Contact Kimberly for questions</li> </ul>		Kimberly Voelker

Nurse Staffing Advisory Board  
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1:10 PM – 1:30 PM	<b>Item 4 – Status Updates</b> <ul style="list-style-type: none"> <li>• Curry General Waiver Update</li> <li>• Nurse Staffing Surveys</li> <li>• Nurse Staffing Complaint Investigations</li> </ul>	<ul style="list-style-type: none"> <li>• Survey dashboard</li> <li>• Complaint dashboard</li> </ul>	Kimberly Voelker
1:30 PM – 2:25 PM	<b>Item 5 – Nursing Practice and Nurse Staffing</b> <ul style="list-style-type: none"> <li>• Review Nurse Practice Act</li> <li>• Discuss intersection of nurse staffing and nurse practice</li> </ul>	<ul style="list-style-type: none"> <li>• Nurse Staffing Law and Nurse Practice Act slides</li> </ul>	Oregon State Board of Nursing
2:25 PM – 2:35 PM	<b>Item 6 – 2022 Legislative Session – HB 4003</b>	<ul style="list-style-type: none"> <li>• HB 4003 slides</li> </ul>	HCRQI & OSBN
2:35 PM – 3:00 PM	<b>Item 7 – Nurse Staffing Survey Processes</b> <ul style="list-style-type: none"> <li>• Interview History</li> <li>• Nurse Staffing Processes</li> <li>• SurveyMonkey interview</li> </ul>	<ul style="list-style-type: none"> <li>• Nurse staffing survey process slides</li> </ul>	Kimberly Voelker & Anna Davis
3:00 PM – 3:05 PM	<b>Item 8 - Break</b>		
3:05 PM – 3:35 PM	<b>Item 9 – Form Rules Review Committee</b> <ul style="list-style-type: none"> <li>• Discuss purpose, scope and timeline</li> </ul>	<ul style="list-style-type: none"> <li>• Nurse Staffing Rules Slides</li> </ul>	Kimberly Voelker & Anna Davis
3:35 PM – 4:15 PM	<b>Item 10 – Nurse Staffing Surveyor discusses survey activities</b> <ul style="list-style-type: none"> <li>• Summary of activities</li> <li>• Questions &amp; Answers</li> </ul>		Client Care Surveyors

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4:15 PM – 4:45 PM	<b>Item 11 – Emerging issues in nurse staffing</b> NSAB members raise new issues that are emerging as nurse staffing concerns across the state		Debbie Robinson
4:45 PM – 5:00 PM	<b>Item 12– Public Comment</b> Members of the public may speak for up to two minutes on the meeting’s agenda and other topics.		
5:00 PM	<b>Meeting Adjourned</b>		

**Upcoming Meetings**

- *NSAB Quarterly Meeting - July 27, 2022: 1:00 PM – 5:00 PM*

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters
- Written materials in other languages
- Braille
- Large print
- Audio and other formats

If you need help or have questions, please contact Kimberly Voelker at 971-803-0914, 711 TTY or [kimberly.n.voelker@state.or.us](mailto:kimberly.n.voelker@state.or.us) at least 48 hours before the meeting.

**Oregon Nurse Staffing Advisory Board (NSAB)**  
 Wednesday, January 26, 2022  
 1:00 PM – 5:00 PM

Meeting Minutes

Cochairs	Susan King, MS, RN, CEN, FAAN (presiding); Debbie Robinson, RN, MSN
Members present	Uzo Izunagbara, RN; Jenni Word, RN; Barbara Merrifield, MSN, RN; Joel Hernandez, RN; Kelsey Betts, RN; Chandra Ferrell, CNA; Todd Luther, RN, CEN; Lace Velk, RN; Mariah Hayes, MN, RN, NE-BC
Members absent	Shannon Edgar, RN, MBA
PHD staff present	Dana Selover, MD, MPH; Anna Davis, JD; Kimberly Voelker, MPH; Michelle Ingram, RN; Sonya Wasson, RN; Wendy Edwards, RN

Guests present	Jesse Kennedy (ONA); Amber Stevens (JJLM); Natika Didericksen (Shangri-La); Matt Calzia (ONA); Donell Owens (ONA); Christy Simila (ONA); Rachelle Lyson-Schatz (Legacy Meridian Park); Juliet Tate (Express Healthcare); Dawne Schoenthal (Oregon Center for Nursing); Mark Peterson (Sacred Heart Medical Center – Riverbend); Kathleen Derby-Ray (Community Action Team); Erica Swartz (OHSU); Therese Hooft (ONA); Ruth Miles (Salem Health); Aunna Lindsay (Deloitte US); Jackie Fabrick (Providence Health System); Beth Dimler (Lower Umpqua Hospital); Lisa Ledson (Kaiser Permanente); Sheila Swan (ONA); Rick Allgeyer (Oregon Center for Nursing); Ruby Jason (OSBN)
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<b>Agenda Item 1</b>	<i>Call to Order</i>
The meeting was conducted as an online Zoom meeting with computer and phone audio options. The meeting was called to order and members confirmed their presence on the meeting via roll call. All other individuals present identified themselves.	

K. Voelker introduced the board's new members: T. Luther, L. Velk, and M. Hayes. She also introduced S. Edgar, who was unable to attend the meeting. All other members of the board introduced themselves.

<b>Agenda Item 2</b>	<i>Minutes</i>
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Board co-chair asked if the board had any corrections, additions or questions about the minutes from the October 2021 Quarterly NSAB meeting.

Motion to approve October minutes as written: Barb Merrifield

Seconded: Uzo Izunagbara

Motion passed

Board co-chair asked if the board had any corrections, additions or questions about the minutes from the November 2021 NSAB RAC meeting.

Motion to approve November minutes as written: Joel Hernandez

Seconded: Jenni Word

Motion passed

<b>Agenda Item 3</b>	<i>Membership &amp; Program Updates</i>
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K. Voelker announced that U. Izunagbara was appointed to the Direct Care Co-Chair position. She congratulated him and thanked S. King for her service in that role.

K. Voelker reminded the board that Workday is the platform members use to take required trainings. She stated that if members had any problems logging into their account, they needed to contact her so she could reset their account.

D. Selover provided information about HB 2993, which creates new requirements for Rule Advisory Committees (RACs) to include representation from impacted communities on RACs and for the agency to include a statement about the impact of the rule changes on racial equity.

Board co-chair asked whether HB 2993 impacted temporary rules.

D. Selover stated that temporary rules do not require RACs, so they would not be impacted by HB 2993.

A. Davis provided an update on program changes and stated that OHA was looking to hire two new surveyors and a nurse staffing administrative specialist.

Board co-chair asked whether OHA had difficulty recruiting surveyors.

A. Davis stated that OHA had significant difficulty finding candidates for the surveyor position, but that they had recently received some prospective candidates who were in the application process.

There were no additional questions or comments about membership or the nurse staffing program.

<b>Agenda Item 4</b>	<i>Status updates</i>
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*Nurse Staffing Waivers*

K. Voelker presented the nurse staffing waiver dashboard, which included charts showing the initial, subsequent, renewal, partial denial, expired and lapsed nurse staffing waiver requests for large, medium and critical access hospitals; a chart showing the patient care areas covered under approved waivers; and a chart showing the number of waivers expiring in 2022 and the months the waivers expired.

Board co-chair asked whether surveyors check whether the hospital is still using its waiver after it has expired.

K. Voelker stated that for surveyed units, surveyors will ask whether the unit is operating under an approved waiver. She stated that some hospitals have discovered that their waivers had expired during nurse staffing surveys.

Board member asked whether there were any updates on the waiver request submitted by Curry General Hospital.

K. Voelker stated the hospital had withdrawn its hospital-wide waiver request and submitted a request for two units. She stated that the waiver request was currently under review.

Board co-chair asked for an update on the status of the waiver request at the next board meeting. She stated that the board had concerns about the hospital's previous request and wanted to know how those concerns were addressed in its current request.

*Nurse Staffing Surveys*

K. Voelker presented the survey dashboard for Cycle 1 and noted that only one hospital, Cedar Hills Hospital, did not have an approved Plan of Correction (POC). She stated that OHA had met with the hospital to address questions about the POC.

K. Voelker presented the survey dashboard for Cycle 2 and stated that the dashboard did not include Legacy Silverton Medical Center and Peace Harbor Medical Center because surveyors had recently exited the facility. She stated that OHA was in the process of writing survey reports for those hospitals.

Board co-chair expressed surprise that there were hospitals on their fourth POC and wanted to know what the ongoing problem was for those hospitals. She proposed raising this issue with the surveyors later in the meeting.

A. Davis stated that OHA offers conference calls to provide POC guidance, and she stated that OHA contacts the hospital to set up the conference call if OHA has concerns. She noted that the POCs for the second survey cycle had fewer tags to correct.

There were no additional questions about the survey dashboards.

#### *Nurse Staffing Complaint Investigations*

K. Voelker presented the nurse staffing complaint investigation dashboard. She explained that “Revisit w/ Cycle 2 survey” referred to standalone investigations whose revisit survey would be combined with the Cycle 2 survey; “Investigation & Revisit Combined w/ NSS” referred to investigations that were combined with the Cycle 1 survey and had their revisit survey combined with the Cycle 2 survey; “Combined w/ Cycle 1 survey” referred to investigations that were combined with the Cycle 1 survey and were awaiting a revisit; and “Revisit: Passed” referred to a standalone investigation that had completed the revisit survey with no deficiencies found on revisit.

Board co-chair noted that there were multiple complaints with an investigation in progress for Kaiser Westside. She asked whether complaints were from the same unit or were from across the hospital.

A. Davis explained that when OHA receives many complaints about a hospital, there are usually some complaints about a single unit, complaints about multiple units, and complaints about hospital-wide conditions.

Board member asked whether the individual who submitted a complaint gets notification that an investigation is in progress.

K. Voelker stated that after the Hospital Complaint Triage Team triages the complaint, OHA will send the complainant a letter explaining whether it will complete an investigation, but OHA does not specify when the investigation will occur because complaint investigations are unannounced. The complainant receives another letter after the investigation is completed with a copy of the investigation report.

Board member asked what the timeframe was for complainants to receive a determination letter stating whether OHA would investigate the concern.

K. Voelker stated that the timeframe varied based on whether OHA needed to gather additional information from the complainant. She stated that OHA tried to get a letter out within two weeks of the triage team’s determination, but that it can sometimes take longer for the complaint to have enough information to be reviewed by the triage team.

A. Davis clarified that while OHA is gathering information, they are in contact with the complainant, so the complainant is aware that OHA is gathering information.

The board did not have any additional questions or comments.

<b>Action Item(s)</b>	<ul style="list-style-type: none"><li>OHA to provide update on Curry General Hospital nurse staffing waiver request</li></ul>
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<b>Agenda Item 5</b>	<i>2021 Year in Review Presentation</i>
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K. Voelker presented 2021 Year in Review slides. She showed the number of surveys completed in 2017, 2018, 2019 and 2021. She stated that Cycle 1 data was combined from 69 hospitals, whereas Cycle 2 data was combined from the twelve hospitals with completed reports. She stated that based on early data, hospitals were receiving fewer citations related to nurse staffing committee requirements, nurse staffing plan requirements, and mandatory overtime.

K. Voelker presented survey data related to posting and documentation, nurse staffing committee, nurse staffing plan, and annual staffing plan review requirements for Cycle 1 and Cycle 2.

Board member asked if it was too early to compare Cycle 1 and Cycle 2.

K. Voelker stated that all of the data shown in the presentation was preliminary, but that there were some deficiencies were not cited as frequently in Cycle 2.

Board co-chair asked if Tag E644, which covers requirements for nurse staffing plans to address admissions, discharges, and transfers, would be more commonly cited during crisis staffing. She recommended monitoring this tag.

A. Davis clarified that in Cycle 1, mandatory overtime was frequently cited because OHA could not determine whether overtime worked was mandatory or voluntary based on hospital documentation practices.

K. Voelker presented survey data showing that hospitals generally received fewer citations in Cycle 2 than Cycle 1. She presented data showing that response rates to the SurveyMonkey questionnaire were similar in Cycle 1 and Cycle 2.

Board co-chair asked how OHA knew whether nursing staff were adequately notified of the SurveyMonkey questionnaire.

D. Selover stated that OHA did not ask about SurveyMonkey distribution and noted that OHA would probably need a rule change to require it.

A. Davis stated that low response rates could also indicate nurses not participating in the SurveyMonkey, as opposed to not being aware of it.



Board member asked whether the SurveyMonkey is distributed just to direct care nursing staff members.

K. Voelker stated that the SurveyMonkey link and QR code was sent out as part of the survey announcement, which goes to the Hospital Administrator, CNO and both nurse staffing committee co-chairs. The surveyors also provide flyers during the entrance conference, which the hospital can post and make additional copies from. She stated that some hospitals make their own flyers before OHA arrives.

A. Davis added that the SurveyMonkey link is also sometimes posted on the hospital's intranet.

Board member asked whether it was clear who was filling out the SurveyMonkey.

K. Voelker stated that the SurveyMonkey asks for the role of the person filling out the questionnaire, so OHA knew the role of who participated.

A. Davis stated that anyone at the hospital, including patients, could fill out the questionnaire. She stated that the survey uses skip logic so participants are only asked questions related to their role at the hospital.

Board member asked about the integrity of the data provided through the SurveyMonkey.

A. Davis stated that participants have to provide their name and contact information when they fill out the SurveyMonkey. She clarified that the SurveyMonkey is never used as the sole source of a citation and is only used in the report to support findings already established during the course of a survey.

Board co-chair asked whether OHA was still completing investigations remotely.

A. Davis stated that remote complaint investigations were still occurring due to the pandemic. She stated that OHA went onsite for full surveys but completes some work offsite to limit time onsite.

Board member asked whether OHA could share the presentation slides.

K. Voelker confirmed that she would send the slides to board members after the meeting.

<b>Action Item(s)</b>	<ul style="list-style-type: none"><li>OHA to share 2021 Year in Review Slides with NSAB</li></ul>
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<b>Agenda Item 6</b>	<i>Committee updates</i>
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Board co-chair asked for updates on the Civil Monetary Penalties (CMP) Committee.

K. Voelker stated that the committee met in November and that she was currently writing a report that summarized the committee's recommendations. She was also drafting a decision-making matrix based on the committee's feedback. She stated that she would schedule a

meeting with the committee to review the report and decision-making matrix before bringing those documents to the full board for review.

Board member asked if the draft matrix was available on the website.

K. Voelker clarified that the matrix was still being drafted.

Board co-chair asked whether changing the amount of CMP issued would be a statutory or rulemaking change.

K. Voelker confirmed that the amounts are already set in statute.

A. Davis stated that changing the upper limit would require a statutory change. She stated that OHA needed guidance from Department of Justice (DOJ) as to what constituted an incident of noncompliance.

Board member asked whether the committee was referring to other frameworks to determine what constituted an incident of noncompliance.

D. Selover stated the statute guides OHA's work and that they would need to follow the guidance provided by DOJ for what constituted an incident of noncompliance.

Board co-chair noted that the committee needed another direct care member because R. Campbell's board term had expired. She asked for a volunteer for the committee.

J. Hernandez volunteered to be on the CMP Committee.

K. Voelker stated that she would send him summaries of previous CMP Committee meetings.

<b>Action Item(s)</b>	<ul style="list-style-type: none"><li>• OHA to schedule CMP Committee meeting</li><li>• OHA to draft CMP Committee report and CMP decision-making matrix</li><li>• OHA to send summaries of past CMP Committee meetings to new CMP Committee member</li></ul>
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<b>Agenda Item 7</b>	<i>Break</i>
Board co-chair called for a five-minute break.	

<b>Agenda Item 8</b>	<i>Updates on Nurse Staffing Rulemaking</i>
Board co-chair asked whether board members had read the temporary rules about crisis standards of care filed on January 11, 2022.	
Board members indicated that they had read or were aware of those temporary rules.	

Board co-chair asked that OHA place a link to the rules in the chat and provide an overview after discussing the permanent rules for nurse staffing during an emergency.

K. Voelker put the link to the temporary rules in the Zoom chat.

A. Davis presented the rulemaking notice filed with the Secretary of State for the new rules about staffing during an emergency. She reviewed the permanent rule language and directed board members to the draft interpretive guidance for the new rules that had been provided for their review.

Board co-chair asked whether there were any questions or comments on the interpretive guidance. She also stated that R. Jason from the Oregon State Board of Nursing (OSBN) was available to answer questions about the testimony OSBN gave during the rulemaking public hearing.

Board member asked R. Jason to clarify OSBN's testimony about removing nursing practice from the definition for crisis standards of care.

R. Jason stated that the original language referring to changes in nursing service and nursing practice, and she explained that only OSBN can change nursing practice standards. She clarified that nursing services is the body of work rendered by a facility under the scope of the CNO, whereas nursing practice is related to how nurses mitigate individual patient risks to ensure patient safety. She stated that requirements for specific types of screenings, assessments, and documentation practices are related to nursing services and not nursing practice, and she emphasized that crisis standards of care only change nursing services.

Board member spoke about the guidance she had received from a hospital that any unoccupied bed is open for patient care and asked whether that met crisis standards of care requirements. She also asked OSBN about the responsibility of nurse managers in developing and implementing policies that jeopardize patient safety.

Board co-chair asked the board to discuss the first question before OSBN addressed the question about the responsibility of nurse managers in developing policies.

Board co-chair stated that the guidance provided by the hospital would need to be coupled with another set of guidelines and that it doesn't stand by itself. She stated that she would want to see it paired with information about the resources available to meet patient care needs and how that information fits with documentation and assessment practices.

Board co-chair agreed and added that it would need to be part of a set of guidelines.

Board member discussed importance of ensuring patient safety during an emergency and stated that crisis standards of care could not remove tasks that kept patients safe.

Board member agreed and stated that there was a certain level of care that every patient needed to be kept safe.

Board co-chair asked for input from nurse manager members about hospital policies under crisis standards of care that would not make nurses choose between safe patient care and hospital policies.

Board member stated that crisis standards of care is not just about bed availability and that it needed to focus on altering care standards without reducing patient safety.

Board member agreed with previous statements and discussed what duties could be assigned to non-nursing staff members so that nurses could practice at the top of their scope. She provided examples like taking patients' vitals and delivering food.

Board co-chair thanked board members for their feedback. She asked for comments and questions about the interpretive guidance.

Board member asked how the public would be aware that the hospital had implemented its facility disaster plan and crisis standards of care.

D. Selover clarified that public notification was not required under the nurse staffing rules, but that there were temporary hospital rules that required public notification of the implementation of crisis standards of care. She explained that the temporary rules were about critical care resources when resources were constrained and that the temporary rules did not affect the nurse staffing rules.

Board member discussed the importance of providing safe patient care during a crisis and stated that the interpretive guidance needed to be clear that safe patient care was still required during a crisis.

Board co-chair asked for additional feedback on the interpretive guidance.

Board member stated that he thought the interpretive guidance clearly explained the rules.

Board member asked that question 22 regarding factors to include in the contingency plan be removed since he thought it created confusion and was unnecessary.

Board member stated that she thought question 22 provided clarity on what the staffing committee should focus on when drafting a contingency plan and recommended keeping the question in the interpretive guidance.

Board member shared how the term "contingency staffing plan" could be confused with contingency capacity and recommended clarifying the difference between the two terms.

K. Voelker stated that OHA would add a question to differentiate between the two terms.

Board co-chair thanked everyone for their feedback and recommended that OHA distinguish the emergency nurse staffing rules from the hospital critical care resources rules.

D. Selover stated that OHA would add a question explaining the difference between the two sets of rules.

Board co-chair asked whether board members had any additional questions for OSBN.

Board member thanked R. Jason for being at the meeting and asked her to discuss how OSBN accounts for the practice environment when considering nursing practice. He discussed how the pandemic was causing burnout among direct care nurses.

R. Jason agreed that the practice environment is an important factor in the safety of patients and nurses. She explained that the environment of care is the nurse leaders' practice of nursing, and it is the responsibility of nurse leaders to ensure that direct care nurses have the resources they need to provide safe patient care. She stated that the nurse leader's license is dependent on the practice environment they create and that nurse leaders are responsible for the nurses and patients under their supervision. She emphasized that the majority of the discussion around unsafe environment was under the control of nursing services, not nursing practice. She stated that nurse managers are just as responsible for the safety of the patient as the direct care nurse, and that direct care nurses and nurse managers should discuss what services to stop during a crisis to ensure patient safety.

Board co-chair stated that the concern was that direct care nurses were being told to do the best they could in the existing environment and that those conversations were not happening. She asked whether OSBN would investigate the practice environment and take action against nurse managers if there was a complaint made against an individual nurse.

R. Jason stated that OSBN would take action against nurses who contributed to the unsafe care, including nurse managers. She stated that OSBN had taken action against nurse managers and CNOs for implementing policies that were not safe for patient care, but reminded the board that nurses are always responsible for their own decision-making.

Board co-chair thanked R. Jason for the discussion and asked whether she would be willing to answer questions directly sent to her.

R. Jason confirmed her willingness to answer additional questions.

Board co-chair asked OHA to present the temporary hospital rules related to critical care resources allocation.

D. Selover presented slides describing conventional, contingency, and crisis standards of care. She presented the history of crisis standards of care guidance in Oregon and stated that in January 2022, OHA released a critical care triage tool. She explained that OHA released hospital licensing rules about utilization of the triage tool, including transparency and communication to the public. She presented rule language, which included documentation requirements, communication to the public, and notification to OHA about critical care triage.

Board member asked who was required to be part of the triage team.

D. Selover explained that the hospital licensing rules did not specify who was required to be on the triage team.

A. Davis stated that there was guidance available that described who should be involved in triage decision-making, but that the guidance was not required under rule.

Board member expressed appreciation of the OHA triage tool and asked whether nurses were involved in its creation.

D. Selover stated that HFLC had not been involved in creating the tool and could not speak to who participated in its development. She stated that OHA was creating a new committee to develop additional crisis standards of care guidance.

A. Davis put the information for the OHA Resource Allocation Advisory Committee in the Zoom chat.

Board co-chair expressed interest in the OHA Resource Allocation Advisory Committee and asked about the impact of the current guidance on direct care nurses. She suggested that the board invite people who had operated under the temporary hospital rules to speak to the board about what happened and how well it worked.

Board member suggested adding it to the agenda for the July meeting.

Board co-chair thanked OHA for providing more information about the temporary rules and advisory committee.

<b>Action Item(s)</b>	<ul style="list-style-type: none"> <li>• OHA to add questions to the interpretive guidance with a definition of contingency staffing plan and explaining the difference between the nurse staffing emergency rules and hospital licensing triage rules</li> <li>• OHA to provide update at the July NSAB meeting about implementation of crisis standards of care and the triage decision-making tool</li> </ul>
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<b>Agenda Item 9</b>	<i>Open Action Items</i>
<p><i>OHA Complaint Process: Federal vs. State Complaints</i></p> <p>A. Davis presented slides describing OHA’s complain process. She described the difference between federal complaints, which are usually related to care of a single patient and reflect systemic problems, and state complaints, which include patients’ access to support persons, discharge and care planning requirements for patients presenting to the hospital for behavioral health, and nurse staffing requirements. She described how federal complaints are prioritized as Standard-level, Condition-level, and Immediate Jeopardy (IJ), and she</p>	

explained that OHA must receive permission from the Centers for Medicare & Medicaid Services to conduct investigations of Condition-level and IJ complaints at facilities that have received accreditation from an Accrediting Organization (AO) like The Joint Commission; she stated that the AO is responsible for conducting investigations of Standard-level complaints at accredited hospitals.

A. Davis presented the Complaint Intake Form and the Nurse Staffing Additional Questions Form, which are used for nurse staffing complaints. She explained that for nurse staffing complaints, OHA needs contact information for the complainant, as well as information about what happened, when the problem happened, and what unit the problem happened on. She added that for complaints about not following the nurse staffing plan, OHA needed to know what was in the plan and how the unit did not follow the plan.

A. Davis described the complaint process and what types of problems fell under OHA's jurisdiction. She described how OHA triages hospital complaints. She stated that complainants receive a letter describing whether OHA will investigate and include information about any referrals. She explained that if OHA investigates the complaint, the complainant will receive a letter describing the results of the investigation and a copy of the report sent to the hospital.

Board co-chair asked whether complainants were required to put in patient information on the Complaint Intake Form if they had a nurse staffing complaint.

A. Davis stated that if the complaint was about nurse staffing, complainants did not need to put information into the Patient Information section. She stated that if they had information about harm done to a specific patient, they should include that information.

There were no other questions about OHA's complaint process. Board co-chair thanked OHA for its presentation.

<b>Agenda Item 10</b>	<b><i>Emerging issues in nurse staffing</i></b>
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The board welcomed OHA surveyors, W. Edwards, M. Ingram, and S. Wasson.

Board co-chair asked surveyors to share information from the surveys that may be of interest to the board.

W. Edwards explained the importance of fully completing the questionnaires during the survey and of asking surveyors for clarification if there were questions.

M. Ingram agreed and emphasized the importance of fully completing all forms provided to the hospital as part of the survey.

Board co-chair noted that the board may have questions about the impact of crisis standards of care on the implementation of nurse staffing plans.

Board member asked whether surveyors interview direct care members about the implementation of crisis standards of care during the unit tour, and he asked about awareness among direct care members as it related to crisis standards of care.

W. Edwards stated that surveyors usually did not ask about crisis standards of care during the unit tour, but that direct care nurses sometimes address crisis standards of care and the facility disaster plan during the interview.

Board member stated that surveyors should ask about crisis standards of care to improve understanding about which hospitals had implemented its facility disaster plan and crisis standards of care.

K. Voelker clarified that that information is collected on the Hospital Nurse Staffing Plan Unit Questionnaire, which is completed by unit nurse managers and direct care unit representatives. She stated that if surveyors receive information that the hospital has deviated from plans due to an emergency, surveyors have a tool to guide them through seeking additional information regarding the facility disaster plan and crisis standards of care.

W. Edwards agreed and explained that there were a limited number of surveys where the questionnaire reflected the hospital had implemented its facility disaster plan, but she expected to see it more following the omicron surge.

Board member referenced the data presented earlier that reflected hospitals were being cited for mandatory overtime less frequently in Cycle 2, and asked for more information about hospital practices seen during survey.

W. Edwards noted that hospitals had implemented many different ways to track voluntary and mandatory overtime and that many hospitals had built this documentation into their timekeeping system.

Board co-chair referenced previous board discussion about hospitals altering Kronos to capture voluntary and mandatory overtime.

Board co-chair expressed appreciation for the surveyors providing updates to the board on the new survey process.

M. Ingram stated that the new process helped condense the survey and made it more efficient.

There were no additional questions for surveyors. Board co-chair thanked surveyors for speaking with the board.

<b>Agenda Item 11</b>	<i>Public comment</i>
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Board co-chair invited members of the public to speak for two minutes.
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E. Swartz (OHSU) commented on the draft interpretive guidance for HB 3016 rules and asked OHA to ensure the document was descriptive and explicit so that it would be a useful tool to nurse staffing committees. She stated there was confusion around crisis standards of care and contingency plans, and she asked that the interpretive guidance clearly outline those concepts. She appreciated the conversation about the different responsibilities of OHA and OSBN and she asked that OHA develop a document describing the difference between nursing services and nursing practice.

**Agenda Item 12** | *Meeting adjourned*

***These draft minutes have not yet been approved by the NSAB***

If you need this information in an alternate format,  
please call our office at (971) 673-0540 or TTY 711.

**Nurse Staffing Survey Dashboard: CYCLE 1 - 04/19/2022**

#	Hospital	City	Status	Entrance Date	Report due (30 business days after exit)	Report Mailed	POC Due (30 business days after report received)	POC received by OHA	OHA POC Review Due (30 business days after POC received)	POC Approved	Survey to POC Approved
1	Cedar Hills	Portland	Fifth	12/4/19	1/30/20	2/10/20	4/22/22				

## Nurse Staffing Survey Dashboard: CYCLE 2 - 04/19/2022

#	Hospital	City	Status	Entrance Date	Report due (30 business days after exit)	Report Mailed	POC Due (30 business days after report received)	POC received by OHA	OHA POC Review Due (30 business days after POC received)	POC Approved	Survey to POC Approved
1	Shriners	Portland	Revisit: Passed	3/22/21	5/13/21	5/13/21	6/25/21	5/14/21	6/28/21	6/28/21	71
2	Legacy Emanuel	Portland	Pending Revisit	4/12/21	6/4/21	6/4/21	10/28/21	10/28/21	12/14/21	12/16/21	179
3	OHSU	Portland	Fourth	3/30/21	5/21/21	5/21/21	4/29/22	4/1/22	5/13/22		
4	Samaritan Lebanon	Lebanon	Fourth	5/18/21	7/13/21	6/24/21	4/22/22				
5	Samaritan Albany	Albany	Fourth	6/16/21	8/10/21	8/10/21	5/18/22				
6	Curry General Hospital	Gold Beach	Third	6/30/21	8/24/21	8/24/21	4/22/22	3/24/22	5/5/22		
7	Adventist Health Tillamook	Tillamook	Third	8/10/21	10/13/21	10/13/21	5/18/22				
8	Legacy Mt Hood	Gresham	Third	10/18/21	12/10/21	12/9/21	6/1/22				
9	Santiam Memorial	Stayton	Second	6/29/21	8/23/21	8/23/21	2/15/22	2/15/22	3/30/22		
10	Samaritan North Lincoln	Lincoln City	Second	7/20/21	9/13/21	9/15/21	3/3/22	3/8/22	4/19/22		
11	Sacred Heart Riverbend	Springfield	Second	10/5/21	12/1/21	12/1/21	4/1/22	3/29/22	5/10/22		
12	Coquille Valley	Coquille	Second	11/16/21	1/13/22	1/31/22	4/5/22	4/5/22	5/17/22		
13	Providence Willamette Falls	Oregon City	First	11/2/21	1/14/22	1/13/22	3/21/22	3/21/22	5/2/22		
14	Sacred Heart University District	Eugene	First	12/7/21	2/2/22	3/21/22	3/11/22	4/22/21			
15	Asante Ashland	Ashland	First	12/14/21	2/9/22	4/12/22	4/8/20	5/20/22			
16	Legacy Silverton Hospital	Silverton	First	1/18/22	3/11/22	4/5/22	4/1/22	5/13/22			
17	Peace Harbor	Florence	First	1/18/22	3/11/22	4/15/22	4/8/22	5/20/22			
18	Columbia Memorial Hosp	Astoria	Report in progress**	3/9/22	5/2/22						
19	Providence St Vincent	Portland	Report in progress**	3/21/22	5/12/22						
20	St Charles Prineville	Prineville	Report in progress**	3/28/22	5/19/22						
21	St Charles Bend	Bend	Survey in progress**	4/19/22	6/10/22						

\*\* Report due date based on projected exit dates

## Nurse Staffing Complaint Investigations - 04/19/2022

#	Hospital	City	Complaint received	Status	Investigation Entrance Date	Report Mailed	POC Due (30 business days after report received)	POC Received by OHA	OHA POC Review Due (30 business days after POC received)	POC approved
1	Sacred Heart Riverbend	Eugene	07/18/2016	Revisit: Completed w/ Cycle 2 Survey	10/04/16	05/15/17				03/05/18
2	Sacred Heart Riverbend	Eugene	08/30/2016	Revisit: Completed w/ Cycle 2 Survey	10/04/16					
3	Columbia Memorial	Astoria	09/08/2016	Revisit: Completed w/ Cycle 2 Survey	10/27/16	06/15/17				06/21/18
4	Providence Medford	Medford	08/12/2016	Pending Revisit	11/08/16	01/04/18				06/13/19
5	Vibra Specialty Hospital	Portland	02/16/2017	Pending Revisit	03/16/17	05/08/17				03/05/18
6	Samaritan Albany	Albany	02/15/2017	Revisit: Completed w/ Cycle 2 Survey	04/19/17	Investigation Combined w/ Cycle 1 Survey				
7	St. Charles Bend	Bend	05/12/2017	Revisit: In progress with Cycle 2 Survey	06/19/17	Investigation Combined w/ Cycle 1 Survey				
8	Providence Willamette Falls	Oregon City	06/28/2017	Revisit: Completed w/ Cycle 2 Survey	08/28/17	Investigation Combined w/ Cycle 1 Survey				
9	OHSU	Portland	08/31/2017	Revisit: Completed w/ Cycle 2 Survey	09/25/17	Investigation Combined w/ Cycle 1 Survey				
10	OHSU	Portland	04/03/2017	Revisit: Completed w/ Cycle 2 Survey	09/25/17					
11	OHSU	Portland	02/27/2017	Revisit: Completed w/ Cycle 2 Survey	09/25/17					
12	McKenzie Willamette MC	Springfield	09/26/2017	Pending Revisit	01/08/18	Investigation Combined w/ Cycle 1 Survey				
13	Samaritan Pacific Community Hospital	Newport	09/06/2017	Pending Revisit	01/23/18	Investigation Combined w/ Cycle 1 Survey				
14	Providence Milwaukie	Milwaukie	06/28/2017	Pending Revisit	02/20/18	Investigation Combined w/ Cycle 1 Survey				
15	Providence St. Vincent	Portland	01/16/2018	Closed - POC combined w/ NSS POC	2/23/18	7/8/20	N/A	N/A	N/A	N/A
16	Bay Area Hospital	Coos Bay	11/08/2017	Pending Revisit	04/17/18	Investigation Combined w/ Cycle 1 Survey				
17	Vibra Specialty Hospital	Portland	12/12/2017	Pending Revisit	07/10/18	08/03/18				04/22/20
18	Providence Portland Medical	Portland	11/17/2017	Pending Revisit	07/11/18	08/03/18				05/30/19

## Nurse Staffing Complaint Investigations - 04/19/2022

#	Hospital	City	Complaint received	Status	Investigation Entrance Date	Report Mailed	POC Due (30 business days after report received)	POC Received by OHA	OHA POC Review Due (30 business days after POC received)	POC approved
19	Providence Newberg Medical	Newberg	10/30/2017	Pending Revisit	07/25/18	08/03/18				07/18/19
20	Good Samaritan RMC	Corvallis	12/14/2017	Pending Revisit	07/31/18	08/24/18				08/28/20
21	Providence Medford	Medford	01/04/2018	Pending Revisit	08/08/18	8/23/18				8/30/19
22	Kaiser Foundation - Westside	Hillsboro	06/21/2018	Pending Revisit	11/06/18					
23	Kaiser Foundation - Westside	Hillsboro	06/11/2018	Pending Revisit	11/06/18					
24	Kaiser Foundation - Westside	Hillsboro	07/10/2018	Pending Revisit	11/06/18					
25	Kaiser Foundation - Westside	Hillsboro	07/31/2018	Pending Revisit	11/06/18					
26	Kaiser Foundation - Westside	Hillsboro	07/25/2018	Pending Revisit	11/06/18					
27	Kaiser Foundation - Westside	Hillsboro	07/26/2018	Pending Revisit	11/06/18					
28	Kaiser Foundation - Westside	Hillsboro	08/08/2018	Pending Revisit	11/06/18					
29	Kaiser Foundation - Westside	Hillsboro	10/18/2018	Pending Revisit	11/06/18					
30	Kaiser Foundation - Westside	Hillsboro	10/09/2018	Pending Revisit	11/06/18					
31	Kaiser Foundation - Westside	Hillsboro	10/22/2018	Pending Revisit	11/06/18					
32	Kaiser Foundation - Westside	Hillsboro	11/08/2018	Pending Revisit	11/06/18					
33	Kaiser Foundation - Westside	Hillsboro	11/08/2018	Pending Revisit	11/06/18					
34	Kaiser Foundation - Westside	Hillsboro	11/08/2018	Pending Revisit	11/06/18					
35	Kaiser Foundation - Westside	Hillsboro	11/15/2018	Pending Revisit	11/06/18					
36	Kaiser Sunnyside MC	Clackamas	06/14/2017	Pending Revisit	2/4/19					
37	Kaiser Sunnyside MC	Clackamas	07/24/2018	Pending Revisit	2/4/19					
38	Kaiser Sunnyside MC	Clackamas	07/27/2018	Pending Revisit	2/4/19					
39	Kaiser Sunnyside MC	Clackamas	07/27/2018	Pending Revisit	2/4/19					
40	Kaiser Sunnyside MC	Clackamas	07/31/2018	Pending Revisit	2/4/19					
41	Kaiser Sunnyside MC	Clackamas	10/02/2018	Pending Revisit	2/4/19					
42	Kaiser Sunnyside MC	Clackamas	10/12/2018	Pending Revisit	2/4/19					
43	Kaiser Sunnyside MC	Clackamas	11/08/2018	Pending Revisit	2/4/19					
44	Legacy Meridian Park MC	Tualatin	02/13/2019	Pending Revisit	3/25/19					
45	Tuality Community Hospital	Hillsboro	06/15/2017	Pending Revisit	04/08/19					

Investigation Combined w/ Cycle 1 Survey

Investigation Combined w/ Cycle 1 Survey

Investigation Combined w/ Cycle 1 Survey

Investigation Combined w/ Cycle 1 Survey

## Nurse Staffing Complaint Investigations - 04/19/2022

#	Hospital	City	Complaint received	Status	Investigation Entrance Date	Report Mailed	POC Due (30 business days after report received)	POC Received by OHA	OHA POC Review Due (30 business days after POC received)	POC approved
46	Tuality Community Hospital	Hillsboro	07/31/2017	Pending Revisit	04/08/19	Investigation Combined w/ Cycle 1 Survey				
47	Tuality Community Hospital	Hillsboro	08/02/2017	Pending Revisit	04/08/19					
48	Tuality Community Hospital	Hillsboro	08/21/2017	Pending Revisit	04/08/19					
49	Tuality Community Hospital	Hillsboro	11/06/2017	Pending Revisit	04/08/19					
50	Tuality Community Hospital	Hillsboro	06/15/2017	Pending Revisit	4/8/19					
51	Tuality Community Hospital	Hillsboro	07/31/2017	Pending Revisit	4/8/19					
52	Tuality Community Hospital	Hillsboro	08/02/2017	Pending Revisit	4/8/19					
53	Tuality Community Hospital	Hillsboro	08/21/2017	Pending Revisit	4/8/19					
54	Tuality Community Hospital	Hillsboro	11/06/2017	Pending Revisit	4/8/19					
55	Samaritan Pacific Community Hospital	Newport	08/10/2018	Pending Revisit	6/6/19	9/20/19				5/5/20
56	Providence Medford MC	Medford	03/08/2019	Pending Revisit	7/17/19	Investigation Combined w/ Cycle 1 Survey				
57	Asante Rogue RMC	Medford	09/24/2018	Pending Revisit	7/22/19	Investigation Combined w/ Cycle 1 Survey				
58	Sacred Heart Riverbend	Springfield	11/28/2018	Revisit: Completed w/ Cycle 2 Survey	8/27/19	9/20/19				12/3/19
59	Sacred Heart Riverbend	Springfield	06/27/2019	Closed - Unsubstantiated	8/27/19	9/20/19	N/A	N/A	N/A	N/A
60	McKenzie Willamette MC	Springfield	04/29/2018	Pending Revisit	8/28/19	9/20/19				1/29/20
61	Good Samaritan RMC	Corvallis	10/15/2019	Revisit: Passed	8/12/20	9/15/20				12/1/20
62	Sacred Heart Riverbend	Springfield	10/29/2019	Revisit: Completed w/ Cycle 2 Survey	10/1/20	11/13/20				8/5/21
63	Sacred Heart Riverbend	Springfield	02/24/2020	Revisit: Completed w/ Cycle 2 Survey	10/1/20					
64	Kaiser Westside	Hillsboro	10/29/2019	Pending Revisit	12/14/20	2/5/21				10/21/21
65	OHSU	Portland	12/16/2019	POC combined w/ NSS	3/3/21	Investigation Combined w/ Cycle 2 Survey				
66	OHSU	Portland	02/25/2021	POC combined w/ NSS	3/30/21					
67	St. Charles Bend	Bend	01/06/2020	Revisit: In progress with Cycle 2 Survey	4/8/21	6/4/21				8/5/21

### Nurse Staffing Complaint Investigations - 04/19/2022

#	Hospital	City	Complaint received	Status	Investigation Entrance Date	Report Mailed	POC Due (30 business days after report received)	POC Received by OHA	OHA POC Review Due (30 business days after POC received)	POC approved
68	Legacy Emanuel MC	Portland	01/06/2021	POC combined w/ NSS	5/24/21	7/8/21	N/A	N/A	N/A	N/A
69	PeaceHealth Cottage Grove	Cottage Grove	09/16/2020	Pending Revisit	8/4/21	8/20/21				11/18/21
70	Mercy Medical Center	Roseburg	12/31/2020	Pending Revisit	10/29/21	11/24/21				2/10/22
71	Kaiser Westside	Hillsboro	04/02/2021	First	11/24/21	3/10/22	4/21/22	4/19/22		
72	Kaiser Westside	Hillsboro	05/11/2021	First	11/24/21					
73	Kaiser Westside	Hillsboro	05/11/2021	First	11/24/21					
74	Kaiser Westside	Hillsboro	05/11/2021	First	11/24/21					
75	Kaiser Westside	Hillsboro	05/11/2021	First	11/24/21					
76	Kaiser Westside	Hillsboro	05/11/2021	First	11/24/21					
77	Kaiser Westside	Hillsboro	07/01/2021	First	11/24/21					
78	Kaiser Westside	Hillsboro	07/09/2021	First	11/24/21					
79	Kaiser Westside	Hillsboro	07/09/2021	First	11/24/21					
80	Kaiser Westside	Hillsboro	07/09/2021	First	11/24/21					
81	Kaiser Westside	Hillsboro	07/27/2021	First	11/24/21					
82	Kaiser Westside	Hillsboro	09/02/2021	First	11/24/21					
83	Kaiser Westside	Hillsboro	12/29/2021	First	11/24/21					

**Enrolled**  
**House Bill 4003**

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of House Interim Committee on Health Care for Representative Rachel Prusak)

CHAPTER .....

AN ACT

Relating to nursing; creating new provisions; amending ORS 678.010, 678.031, 678.034, 678.050, 678.080 and 678.111; and declaring an emergency.

**Be It Enacted by the People of the State of Oregon:**

**NURSE INTERNS**

**SECTION 1.** Sections 2 to 6 of this 2022 Act are added to and made a part of ORS 678.010 to 678.410.

**SECTION 2.** (1) The Oregon State Board of Nursing shall issue a nurse internship license to an applicant who:

(a) Is a student who is enrolled in and has successfully completed at least one academic term of a nursing education program that:

(A) Is approved by the board or accredited or approved by another state or United States territory as described under ORS 678.040 and approved by the board; and

(B) Includes a clinical component;

(b) Submits documentation from the applicant’s nursing education program that, to the satisfaction of the board, specifies the nursing tasks and functions that the applicant is qualified to perform;

(c) Meets any other requirements established by the board by rule; and

(d) Pays a licensure fee.

(2) The board may adopt by rule the duration for which a nurse internship license is valid and any requirements and fees for license renewal.

**SECTION 3.** (1) A nurse intern may receive academic credit in addition to monetary compensation for work as a nurse intern.

(2) The Oregon State Board of Nursing shall allow for and encourage participation by individuals practicing as certified nursing assistants, licensed professional nurses or medical assistants in the nurse internship licensure program, both while an individual described in this subsection is a student in a nursing education program and while the individual is employed or otherwise working at a hospital or other facility.

**SECTION 4.** (1) A nurse intern may:

(a) Perform specific nursing functions within the limits of the nurse intern’s nursing education program;



(b) Practice nursing only under the direct supervision of a registered nurse who has agreed to act as the nurse intern's supervisor under section 5 of this 2022 Act;

(c) Gather information about and administer care to patients; and

(d) Participate in all aspects of the nursing care process under the supervision required and limitations imposed by this section.

(2) A nurse intern may not:

(a) Assume ongoing responsibility for assessments, planning, implementation or evaluation of guidance of the nurse intern's supervisor;

(b) Function independently, act in a supervisory role or delegate tasks to licensed practical nurses, nursing assistants or unlicensed persons;

(c) Administer chemotherapy, blood or blood products, intravenous medications or controlled substances;

(d) Carry out procedures on central lines; or

(e) Perform any other task or function that is not included in the documentation described in section 2 (1)(b) of this 2022 Act.

**SECTION 5.** (1) A registered nurse who is responsible for the supervision of a nurse intern:

(a) Is accountable at all times for the safety and well-being of patients to whom the nurse intern provides care;

(b) Shall maintain an awareness of the nursing tasks and functions performed by the nurse intern;

(c) Shall be immediately available to the nurse intern through methods determined by the Oregon State Board of Nursing; and

(d) Shall have knowledge of the tasks and functions that the nurse intern may perform as detailed on the documentation described in section 2 (1)(b) of this 2022 Act.

(2) The board may adopt rules to carry out this section.

**SECTION 6.** In addition to the grounds listed in ORS 678.111, the Oregon State Board of Nursing may revoke or suspend a nurse internship license issued under section 2 of this 2022 Act if the nurse intern is not in good academic standing, as determined by the board.

**SECTION 7.** ORS 678.010 is amended to read:

678.010. As used in ORS 678.010 to 678.410:

(1) "Clinical nurse specialist" means a licensed registered nurse who has been licensed by the Oregon State Board of Nursing as qualified to practice the expanded clinical specialty nursing role.

(2) "Diagnosing" in the context of the practice of nursing means identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing care.

(3) "Human responses" means signs, symptoms and processes that denote the person's interaction with an actual or potential health problem.

(4) "Long term care facility" means a licensed skilled nursing facility or intermediate care facility as those terms are used in ORS 442.015, an adult foster home as defined in ORS 443.705 that has residents over 60 years of age, or a residential care facility, including an assisted living facility, as defined in ORS 443.400.

(5) "Nurse intern" means a person who holds a nurse internship license issued under section 2 of this 2022 Act.

[(5)] (6) "Nurse practitioner" means a registered nurse who has been licensed by the board as qualified to practice in an expanded specialty role within the practice of nursing.

[(6)] (7) "Physician" means a person licensed to practice under ORS chapter 677.

[(7)(a)] (8)(a) "Practice of nursing" means autonomous and collaborative care of persons of all ages, families, groups and communities, sick and well, and in all settings to promote health and safety, including prevention and treatment of illness and management of changes throughout a person's life.

(b) "Practice of nursing" includes:

(A) Executing medical orders prescribed by a physician, dentist, clinical nurse specialist, nurse practitioner, certified registered nurse anesthetist or other licensed health care provider licensed or certified by this state and authorized by the board by rule to issue orders for medical treatment;

(B) Providing supervision of nursing assistants **and nurse interns**; and

(C) The performance of additional services that:

(i) Require education and training; and

(ii) Are recognized by the board by rule and the nursing profession as services to be properly performed by a nurse licensed under ORS 678.010 to 678.410.

(c) "Practice of nursing" does not include the execution of medical orders described in this subsection by a member of the immediate family for another member or by a person designated by or on behalf of a person requiring care as provided by board rule if the person executing the order is not licensed under ORS 678.010 to 678.410.

~~[(8)]~~ **(9)** "Practice of practical nursing" means the application of knowledge drawn from basic education in the social and physical sciences in planning and giving nursing care and in assisting persons toward achieving of health and well-being.

~~[(9)]~~ **(10)** "Practice of registered nursing" means the application of knowledge drawn from broad in-depth education in the social and physical sciences in assessing, planning, ordering, giving, delegating, teaching and supervising care that promotes the person's optimum health and independence.

~~[(10)]~~ **(11)** "Treating" means selection and performance of therapeutic measures essential to the effective execution and management of the nursing care and execution of the prescribed medical orders.

**SECTION 8.** ORS 678.080 is amended to read:

678.080. ~~[Any]~~ **A** person to whom a license is issued under ORS 678.010 to 678.448, whenever requested to do so in relation to employment as a registered or practical nurse **or nurse intern** or in relation to enforcement of ORS 678.010 to 678.448, shall provide evidence of current licensure.

**SECTION 9.** ORS 678.111 is amended to read:

678.111. In the manner prescribed in ORS chapter 183 for a contested case:

(1) ~~[Issuance of the license to practice nursing, whether by examination or by indorsement, of any person may be refused or the license may be revoked or suspended or the licensee may be placed on probation for a period specified by the Oregon State Board of Nursing and subject to such condition as the board may impose or may be issued a limited license or may be reprimanded or censured by the board,]~~ **The Oregon State Board of Nursing may refuse to issue a license to practice nursing by examination or indorsement or a nurse internship license or may revoke or suspend a license, issue a limited license, censure or reprimand or place on probation, subject to any conditions imposed by the board, a person issued a license, for any of the following causes:**

(a) Conviction of the licensee of crime where ~~[such]~~ **the** crime bears demonstrable relationship to the practice of nursing. A copy of the record of ~~[such]~~ **the** conviction, certified to by the clerk of the court entering the conviction, shall be conclusive evidence of the conviction.

(b) Gross incompetence or gross negligence of the licensee in the practice of nursing at the level for which the licensee is licensed.

(c) Any willful fraud or misrepresentation in applying for or procuring a license or renewal ~~[thereof]~~ **of a license.**

(d) Fraud or deceit of the licensee in the practice of nursing or in admission to ~~[such]~~ **the practice of nursing.**

(e) Impairment as defined in ORS 676.303.

(f) Conduct derogatory to the standards of nursing.

(g) Violation of any provision of ORS 678.010 to 678.448 or rules adopted ~~[thereunder]~~ **under ORS 678.010 to 678.448.**

(h) Revocation or suspension of a license to practice nursing by any state or territory of the United States, or any foreign jurisdiction authorized to issue nursing credentials whether or not that license or credential was relied upon in issuing that license in this state. A certified copy of the

order of revocation or suspension shall be conclusive evidence of *[such]* **the** revocation or suspension.

(i) Physical condition that makes the licensee unable to conduct safely the practice for which the licensee is licensed.

(j) Violation of any condition imposed by the board when issuing a limited license.

(2) A license may be denied *[or]*, suspended or revoked for the reasons stated in subsection (1) of this section.

(3) A license in inactive status may be denied *[or]*, suspended or revoked for the reasons stated in subsection (1) of this section.

(4) A license in retired status may be denied *[or]*, suspended or revoked for any cause stated in subsection (1) of this section.

## NURSING SHORTAGE STUDY

**SECTION 10. (1) The Health Care Workforce Committee established under ORS 413.017 shall study, identify and describe the challenges in addressing staffing shortages in the nursing field.**

**(2) The committee shall submit, in the manner provided in ORS 192.245, a report including findings and recommendations to an interim committee of the Legislative Assembly related to health care no later than November 15, 2022.**

**SECTION 11. Section 10 of this 2022 Act is repealed on January 2, 2023.**

## OTHER AMENDMENTS

**SECTION 12. ORS 678.031 is amended to read:**

678.031. ORS 678.010 to 678.410 do not apply to:

(1) The employment of nurses in institutions or agencies of the federal government.

(2) The practice of nursing incidental to the planned program of study for students enrolled in nursing education programs approved by the Oregon State Board of Nursing or accredited or approved by another state or United States territory as described under ORS 678.040 and approved by the board.

(3) Nursing practiced outside this state that is incidental to a distance learning program provided by an institution of higher education located in Oregon.

(4) The furnishing of nursing assistance in an emergency.

(5) The practice of any other occupation or profession licensed under the laws of this state.

(6) Care of the sick with or without compensation when performed in connection with the practice of the religious tenets of a well-recognized church or denomination that relies exclusively on treatment by prayer and spiritual means by adherents thereof so long as the adherent does not engage in the practice of nursing as defined in ORS 678.010 to 678.410 and 678.990 or hold oneself out as a registered nurse or a licensed practical nurse.

(7) Nonresident nurses licensed and in good standing in another state if *[they]* **nonresident nurses** are practicing in this state on a single, temporary assignment of not to exceed *[30]* **90** days, renewable for not to exceed 30 days, for assignments that are for the general public benefit limited to the following:

(a) Transport teams;

(b) Red Cross Blood Services personnel;

(c) Presentation of educational programs;

(d) Disaster teams;

(e) Staffing *[a coronary care unit, intensive care unit or emergency department]* in a hospital that is responding to a temporary staffing shortage and would be otherwise unable to meet *[its critical care]* **the hospital's** staffing requirements;

(f) Staffing a long term care facility that is responding to a temporary staffing shortage and would be otherwise unable to meet its staffing requirements; [or]

(g) Providing health care for students who attend school outside of Oregon and who are participating in a school-sponsored event[.]; **or**

**(h) Staffing any of the following entities that is responding to a temporary staffing shortage and would otherwise be unable to meet its staffing requirements:**

**(A) An adult or juvenile residential behavioral health treatment facility;**

**(B) An opioid treatment program;**

**(C) A withdrawal management program;**

**(D) A sobering center;**

**(E) A primary care facility; or**

**(F) A behavioral health home, as defined in ORS 414.025.**

**SECTION 13.** ORS 678.034 is amended to read:

678.034. (1)(a) [Hospitals and long term care facilities employing nurses under ORS 678.031 (7)(e) and (f)] **A hospital, long term care facility or entity described in ORS 678.031 (7)(h) that employs nurses under ORS 678.031 (7)(e), (f) or (h) shall:**

**(A) Notify the Oregon State Board of Nursing in writing of the number of nurses [so] employed under ORS 678.031 (7)(e), (f) or (h), the times of employment[,] and the nature of the staffing shortage [and];**

**(B) Certify that there is no labor dispute affecting nurses at the hospital [or], long term care facility[. In addition,] or entity described in ORS 678.031 (7)(h); and**

**(C) At the request of the board, [the hospital or long term care facility shall] provide documentation that the nurses [so] employed under ORS 678.031 (7)(e), (f) or (h) are licensed and in good standing in another state or United States territory.**

**(b) A hospital, long term care facility or entity described in ORS 678.031 (7)(h) that employs nurses as described in paragraph (a) of this subsection shall provide notice in writing of and certify to the nurses' exclusive bargaining representative, if any, the information described in paragraph (a) of this subsection.**

(2) Nurses employed in this state under ORS 678.031 (7)(e) [and], (f) **or (h)**, at the time of employment, [also must] **shall** apply for an Oregon license by indorsement.

**SECTION 14.** ORS 678.050 is amended to read:

678.050. (1) Examinations for the licensing of applicants under ORS 678.010 to 678.448 must be held at least once a year. [The] **An** applicant must pass an examination in subjects relating to nursing at the practical or registered level as the Oregon State Board of Nursing may determine necessary to protect the public health and welfare.

(2) **The board shall issue to** all duly qualified applicants who pass the examination and meet other standards established by the board [shall be issued] the license provided for in ORS 678.010 to 678.448 according to the nature of the license for which application is made and examination taken and passed. The board shall provide evidence of current licensure. The board shall determine by rule the form and manner of the evidence of current licensure.

(3)(a) The board may issue a license by indorsement to an applicant qualified as provided in ORS 678.040 who has passed the examination used by the board and who meets other standards established by the board. The board may also require evidence of competency to practice nursing at the level for which application is made.

[b] *For the purposes of the licensing procedure, the board may not accept monetary assistance from anyone except the nurse applying for licensure by indorsement.*

[c] (b) Except as provided in ORS 676.308, the board shall process in order applications for licensure by indorsement of qualified applicants.

[d] (c) [Paragraphs (b) and (c)] **Paragraph (b)** of this subsection [do] **does** not prohibit the board from processing requests to employ nurses to meet temporary staffing shortages, as described in ORS 678.031 or 678.034, in facilities in this state not involved in labor disputes.

(4) Subject to terms and conditions that the board may impose, the board may issue a limited license to practice registered or practical nursing:

(a) To an applicant whose license has become void for nonpayment of fees at either level and who otherwise meets the requirements of the board. The board may, in issuing a limited license, require the applicant to demonstrate ability to give safe nursing care by undergoing a supervised experience in nursing practice designated by the board, or by satisfactorily completing a continuing education program approved by the board. The license issued under this paragraph expires on the date set in the license by the board. Upon the applicant's satisfactory completion of the board's requirements, and payment of the renewal fee and delinquency fee, the board shall issue to the applicant a license to practice nursing.

(b) To an applicant who has not practiced nursing in any state for a period of five years, but has maintained a current license by the payment of fees. The applicant may not practice nursing in Oregon unless the applicant applies to the board for a limited license and the board issues the limited license to the applicant. The board may, in issuing a limited license, require the applicant to demonstrate ability to give safe nursing care by undergoing a supervised experience in nursing practice designated by the board, or by satisfactorily completing a continuing education program approved or designated by the board. The board may not issue a license if, in the judgment of the board, the applicant's conduct has been such, during absence from practice, that the applicant would be denied a license if applying for an initial license to practice nursing in this state.

(c) To a licensee who has been placed on probation or has been otherwise subjected to disciplinary action by the board.

(d) To any of the following persons if the person is affiliated with a planned program of study in Oregon consistent with the standards and requirements established by the board:

- (A) A foreign nurse;
- (B) A foreign student nurse; or
- (C) A nurse licensed in another jurisdiction.

(5) The board may adopt by rule requirements and procedures for placing a license or certificate in inactive status.

(6)(a) Retired status may be granted to a person licensed as a registered nurse, licensed practical nurse, nurse practitioner, certified registered nurse anesthetist or clinical nurse specialist and who surrenders the person's license while in good standing with the issuing authority if the person is not subject to any pending disciplinary investigation or action. The board may adopt by rule requirements, procedures and fees for placing a license in retired status.

(b) A person granted retired status by the board under the provisions of paragraph (a) of this subsection:

- (A) Shall pay a fee in an amount to be determined by the board for retired status.
- (B) May not practice nursing or offer to practice nursing in this state.

(C) May use the title or abbreviation with the retired license only if the designation "retired" appears after the title or abbreviation.

## **WELLNESS PROGRAM**

**SECTION 15.** The Oregon State Board of Nursing shall support an Oregon nonprofit organization, exempt from taxation under section 501(c)(3) of the Internal Revenue Code, that promotes the well-being of Oregon health professionals through education, coordinated regional counseling, telemedicine services and research, in order to allow nurses authorized to practice in Oregon to receive the benefit of the services offered by the nonprofit organization.

**SECTION 16.** Notwithstanding any other law limiting expenditures, the limitation on expenditures established by section 1, chapter 310, Oregon Laws 2021, for the biennium ending June 30, 2023, as the maximum limit for payment of expenses from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds,

collected or received by the Oregon State Board of Nursing, is increased by \$500,000, for the purposes described in section 15 of this 2022 Act.

**CAPTIONS**

**SECTION 17.** The unit captions used in this 2022 Act are provided only for the convenience of the reader and do not become part of the statutory law of this state or express any legislative intent in the enactment of this 2022 Act.

**OPERATIVE AND EFFECTIVE DATES**

**SECTION 18.** (1) Sections 2 to 6 of this 2022 Act and the amendments to ORS 678.010, 678.080 and 678.111 by sections 7 to 9 of this 2022 Act become operative on January 1, 2023.

(2) The Oregon State Board of Nursing may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the board to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the board by sections 2 to 6 of this 2022 Act and the amendments to ORS 678.010, 678.080 and 678.111 by sections 7 to 9 of this 2022 Act.

**SECTION 19.** This 2022 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2022 Act takes effect on its passage.

Passed by House February 25, 2022

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Timothy G. Sekerak, Chief Clerk of House

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Dan Rayfield, Speaker of House

Passed by Senate March 2, 2022

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Peter Courtney, President of Senate

Received by Governor:

.....M.,....., 2022

Approved:

.....M.,....., 2022

.....  
Kate Brown, Governor

Filed in Office of Secretary of State:

.....M.,....., 2022

.....  
Shemia Fagan, Secretary of State