

## SB 1521 -2, -4, -8, -9 STAFF MEASURE SUMMARY

### Senate Committee On Human Services

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**Sub-Referral To:** Joint Committee On Ways and Means

**Meeting Dates:** 2/7, 2/12

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#### WHAT THE MEASURE DOES:

The measure requires the Oregon Department of Human Services (ODHS) to assess the impact on facilities before altering regulations regarding minimum requirements and the design of acuity-based staffing tools. It adjusts how ODHS enforces rules for residential care facilities employing such tools, specifying when ODHS may impose conditions on a facility's license related to their use. Additionally, it gives ODHS authority to levy fines, penalties, or conditions. The measure modifies the definition of 'child in care' for child abuse considerations.

*REVENUE: May have revenue impact, but no statement yet issued*

*FISCAL: May have fiscal impact, but no statement yet issued*

#### Detailed Summary:

- Acuity-based staffing tool

Requires the Oregon Department of Human Services (ODHS) to consider impact on facilities before changing rules around minimum requirements and design of an acuity-based staffing tool. Modifies the enforcement by ODHS of the requirements for residential care facilities to use acuity-based staffing tools, clarifies when ODHS places a condition on a facility's license in connection with the use of an acuity-based staffing tool, and authorizes ODHS to impose fines, penalties or conditions on the facility's license that are required by law or that the department deems necessary to compel compliance.

- "Child in care" definition

Modifies the definition of "child in care" for the purposes of child abuse to include children who are in the protective custody of ODHS and are receiving supervision, care, transportation or other services from ODHS or any person acting on behalf of ODHS as an agent, contractor or employee; or any person or entity if the supervision, care, transportation or other services are consistent with those typically provided by a parent or guardian, a certified foster home, a developmental disabilities residential facility, a child-caring agency, a proctor foster home or any other person or entity acting in loco parentis.

Declares an emergency, effective on passage.

#### ISSUES DISCUSSED:

- Temporary Lodging providers
- Licensing procedures
- Impacts of -6 amendment on providers
- Abuse of individuals with disabilities in care investigations
- Requirements of child-caring agencies

#### EFFECT OF AMENDMENT:

-2 Amendment

Clarifies acuity-based staffing tool requirements for facilities.

-4 Amendment

Modifies requirements for residential training homes and an adult foster homes to have installed an automatic sprinkler system if their license was issued prior to July 1, 2026.

-8 Amendment

- Defines “placement safety, stability or crisis service”.
- Modifies the definition of “child-caring agency”.
- Permits the Department of Human Services to enter into a contract with a licensed child-caring agency for placement safety, stability or crisis services provided directly to a child who has been removed from or is no longer in the care of the child’s parent and who is in the protective, temporary, or legal custody of the department.
- Permits private schools, private agencies, private organizations and county programs that are child-caring agencies solely because they provide placement safety, stability or crisis services to continue to provide said services without a license through December 31, 2024 in certain situations.
- Declares an emergency, effective on passage.

-9 Amendment

Requires the Oregon Department of Human Services to contract with one or more organizations to provide enhanced supports to employers of personal support workers by July 1, 2024. Specifies organization qualifications and tasks. Directs ODHS to adopt by rule minimum qualifications for agencies to be endorsed by the department to deliver agency with choice services. Specifies requirements of agencies that employ staff to provide direct support services. Requires the Oregon Health Authority to hire for one position in the department’s unit that is responsible for investigating Medicaid fraud or abuse and taking enforcement actions.

**BACKGROUND:**

In 2017, [House Bill 3359](#) the Oregon Legislature directed ODHS to develop technology-based, acuity-based staffing tool to assess residential care staffing needs. In 2021, these requirements were refined by [Senate Bill 714](#) by directing all residential care, assisted living facilities, and endorsed memory care communities in Oregon to adopt an ABST. Assisted living and residential care facilities may choose to use the ABST provided by ODHS or another ABST. The ODHS ABST became available online on 1/3/2022. All Oregon Community-Based Care facilities were required to adopt a technology-based ABST by February 1, 2022.

An acuity-based staffing tool (ABST) is a software or system used in healthcare facilities to determine appropriate staffing levels based on the acuity (severity) of patients' conditions. These tools help ensure that the right number of nurses with the appropriate skills are available to provide safe and effective care to patients. The tool collects data on various factors, including patient census (the number of patients), patient acuity (the severity of their conditions), required nursing interventions, nurse-patient ratios, skill mix of available staff, and unit-specific characteristics. Using algorithms or predefined criteria, the tool analyzes the collected data to calculate the staffing requirements for each unit or department within the healthcare facility. This calculation takes into account the level of care needed by patients, which can vary widely depending on factors such as diagnosis, treatment plans, and medical interventions. Based on the calculated staffing requirements, the tool provides recommendations or guidelines for nurse staffing levels. These recommendations help nurse managers and administrators make informed decisions when scheduling and assigning staff to different units or shifts. Some advanced acuity-based staffing tools can continuously monitor patient acuity levels and staffing levels in

real-time. This allows for dynamic adjustments to staffing assignments based on changing patient needs throughout the day or shift. Acuity-based staffing tools may integrate with electronic health records (EHRs), workforce management systems, and other hospital systems to access relevant patient data, staff schedules, and organizational policies. This integration streamlines the staffing process and ensures compliance with regulatory requirements.

Oregon Law defines “child in care” for the purposes of child abuse in [ORS 418.257](#) as any person under 21 years of age who is residing in or receiving care or services from a child-caring agency or proctor foster home, a certified foster home; or a developmental disabilities residential facility. The term does not apply to persons under 21 years of age who are residing in any of these entities when the care provided is in the home of the child by the child’s parent.