



Oregon Health Authority

# House Bill 2665 Environmental Scan Report

May 2024

# Background

## Background

In 2022, the Oregon Legislature passed Senate Bill (SB) 1549 in response to increases in the use of temporary staffing within health care facilities. In SB 1549, Oregon Health Authority (OHA) is directed to issue licenses and qualifying rules to authorize temporary staffing agencies (TSAs) to conduct business within the state. Some reasons to explain the increase in utilization in temporary staff in Oregon includes the COVID-19 Public Health Emergency, Oregon's health care workforce shortage crisis, and other factors<sup>1</sup> that are defined in a report to the legislature developed in response to this bill. As a continuation of this work, House Bill (HB) 2665 was passed to further address the increased use of temporary staffing services by Oregon facilities. HB 2665 directs OHA to adopt rules and set maximum rates for temporary health care staff who provide direct care by January 2025.<sup>2</sup>

## Purpose

The purpose of the HB 2665 Environmental Scan Report is to share research and assess the temporary health care landscape, both in Oregon and nationally, to inform the development of maximum rates temporary staff agencies are authorized to charge or receive from facilities in Oregon. The Environmental Scan Report helps OHA to achieve its objectives for the HB 2665 implementation. These include:

- Adopting rules and maximum rates.
- Establishing sustainable rates for facilities that promote quality care for people in Oregon.
- Maintaining access to equity-centered care to the best degree possible.

<sup>1</sup>[Potential Rate Caps for Temporary Nursing Staff Report \(2022\)](#)

<sup>2</sup>[House Bill 2665 \(2023\)](#)

<sup>3</sup>The ability to learn from and relate respectfully with people of your own culture as well as those from other cultures ([State Health Improvement Plan](#))

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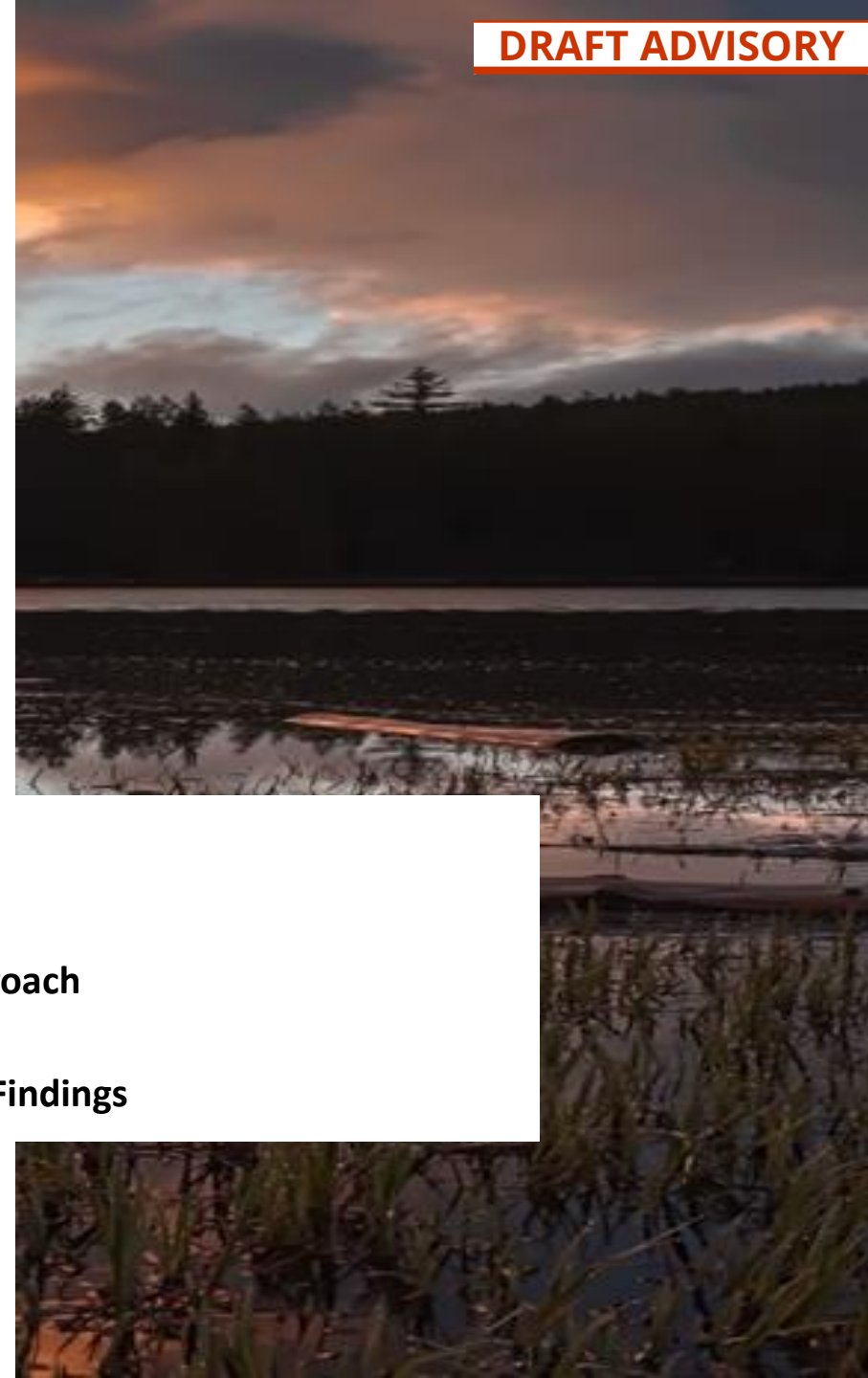
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# Executive Summary







This section provides an overview of HB 2665, the data collection, analysis and reporting approach for the environmental scan, and the report summary of findings.

- **HB 2665 Overview**
- **Environmental Scan Approach**
- **Environmental Scan Key Findings**



# House Bill 2665 Overview

House Bill (HB) 2665 directs Oregon Health Authority to set maximum rates for temporary health care staff who provide direct care by January 2025<sup>1</sup>

	<p>OHA must adopt rules to establish the maximum rates that a temporary staffing agency is authorized to charge or receive from a facility</p>
	<p>OHA’s Health Licensing Office (HLO) must adopt rules to collect fees and charges to carry out the office’s responsibilities to authorize by a certificate, license, permit or registration allowing one to practice under ORS <a href="#">676.560 to 676.625</a>, <a href="#">676.850</a> (authority of regulatory boards to require cultural competency continuing education) and <a href="#">676.992</a> (defines civil penalties not to exceed \$5,000 for each violation) and any responsibility imposed on the office pertaining to the boards, councils and programs administered and regulated by the office pursuant to <a href="#">ORS 676.565</a> (oversight and centralized service by HLO over defined boards, councils and programs).<sup>3</sup></p>
	<p>OHA must develop a process through which a temporary staffing agency or an entity that engages an agency may apply to OHA for a waiver of the maximum rates must be defined – including a period of time for which a waiver granted is valid and a process through which it may be renewed</p> <ul style="list-style-type: none"> <li>• Requests for an emergency waiver as defined by <a href="#">ORS 401.025</a> (defines “emergency”) shall be automatically approved and issued</li> <li>• Rules may be adopted to carry out this section</li> </ul>
	<p>OHA HLO may impose civil penalties on a temporary staffing agency for violations and establish a report for tracking financial activities related to civil penalties</p>
	<p>OHA HLO must establish a process to receive and investigate complaints regarding a temporary staffing agency authorized in the bill</p>
	<p>OHA HLO must make sure all personnel the temporary staffing agency employs meet any professional authorization or qualification requirements, completes state or nationwide criminal records check required for the position, completes required training and continuing education for the position, possess necessary skills, knowledge and experience and meets any other relevant requirements, complies with any relevant requirements related to the health of staff employed by the entity</p>

<sup>1</sup>OHA Temporary Rate Setting Program (2024)

<sup>2</sup>House Bill 2665 (2023)

<sup>3</sup>HLO TSA Program (2023) HLO finalized its ruleset in summer of 2023

# House Bill 2665 Overview (1/2)

HB 2665 includes **specific personnel and facilities** that are defined in **Section 3** of the bill<sup>1</sup>

## Included Personnel and Facilities

- An individual, regardless of whether the individual is licensed or otherwise authorized by the state to practice a health care occupation or profession, who provides health care services or assistance with activities of daily living to clients, patients or residents for or on behalf of an entity that engages the temporary staffing agency<sup>2</sup> with which the individual is associated.

Personnel	Facilities	
	Type	Definition
Registered Nurse (RN)	In-Home Care Agency	An agency primarily engaged in providing in-home care in that individual’s place of residence. <u>ORS 443.305</u>
Licensed Practical Nurse (LPN)	Facility with a Memory Care Endorsement	If a facility intends to provide care for residents with Alzheimer’s disease or other forms of dementia. <u>ORS 443.886</u>
Certified Nursing Assistant (CNA)	Residential Care Facility	A facility that provides residential care for socially dependent individuals or individuals with physical disabilities. <u>ORS 443.400</u>
Certified Medical Assistant (CMA)	Skilled Nursing Facility	Facility that is primarily engaged in providing to inpatients skilled nursing care or rehabilitation services for the rehabilitation of individuals who are injured or sick or who have disabilities. <u>ORS 442.015</u>
Direct Caregiver	Hospital	A facility with an organized medical staff and a permanent building that is capable of providing 24-hour inpatient care and that provides at least the following health services: medical, nursing, laboratory, pharmacy, and dietary; or a special inpatient care facility as that term is defined by the authority by rule. <u>ORS 442.015</u>

<sup>1</sup>[House Bill 2665 \(2023\)](#)

<sup>2</sup>See next page for HB 2665 definition of “Temporary Staffing Agency”

# House Bill 2665 Overview (2/2)

HB 2665 defines “Temporary Staffing Agencies” in Section 3 of the bill<sup>1</sup>

## Temporary Staffing Agency (TSA)

- An entity that operates in this state for the purpose of providing temporary work to personnel providing health care services or assistance with activities of daily living for or on behalf of entities that engage the temporary staffing agency.
- “Temporary staffing agency” does not include<sup>2</sup>:
  - A staff arrangement established by an entity solely for use by the entity, or by any entity associated with the entity, and in which the only costs are salaries paid to individuals who perform work;
  - An individual who provides the individual’s services on a temporary basis;
  - An employment agency as defined in [ORS 658.005](#);
  - Home health agencies licensed under [ORS 443.015](#);
  - In-home care agencies licensed under [ORS 443.315](#); or
  - Home care workers and personal support workers listed on the home care registry as defined in [ORS 410.600](#).

<sup>1</sup>House Bill 2665 (2023)

<sup>2</sup>Definitions for each entity not included in the HB 2665 definition of a “temporary staffing agency”, please see [Appendix G](#).

# Environmental Scan Approach

From January – April 2024, an environmental scan was conducted to support the development of the maximum rate for temporary staffing agencies as directed by HB 2665

*Oregon Scan*



*Environmental Scan*



*Assessment*



*Report*

	<i>Oregon Scan</i>	<i>Environmental Scan</i>	<i>Assessment</i>	<i>Report</i>
<b>GOALS</b>	<ul style="list-style-type: none"> <li>Identify wages, rate components and workforce environment for temporary and permanent staff operating in Oregon</li> </ul>	<ul style="list-style-type: none"> <li>Identify wages, rate components and workforce environment for temporary and permanent staff across the nation<sup>3</sup>, for border states and states with similar legislation when possible</li> <li>Define how other states implemented similar legislation</li> </ul>	<ul style="list-style-type: none"> <li>Develop summary of key findings and considerations for rate model development</li> </ul>	<ul style="list-style-type: none"> <li>Report key findings and considerations for rate model development to inform rate model decisions by OHA</li> </ul>
<b>ACTIVITIES</b>	<ul style="list-style-type: none"> <li>Develop scan approach and plan</li> <li>Deliver data request to project partners (i.e., temporary staffing agencies, facilities, and other partners) and collect Partner data<sup>2</sup>. Further details regarding Partner data can be found in the <a href="#">appendix B and C</a>.</li> <li>Conduct focus groups and interviews to fill assessment gaps</li> </ul>	<ul style="list-style-type: none"> <li>Define border states and states with similar legislation to HB2665</li> <li>Assess public documents</li> <li>Interview partners to fill research gaps</li> </ul>	<ul style="list-style-type: none"> <li>Analyze findings</li> </ul>	<ul style="list-style-type: none"> <li>Create environmental scan report</li> </ul>

<sup>1</sup>Primary sources used in scan include [Bureau of Labor Statistics \(BLS\) OEWS May 2022 estimates](#) and Partner Data  
<sup>2</sup>Data collected from the 2024 data request sent to temporary staffing agencies, facilities and other partners operating in Oregon  
<sup>3</sup>Scan of other states represents data from other states where publicly available and deemed applicable to HB2665



# Key Findings: Workforce Environment

Through the Environmental Scan Assessment, core themes emerge across areas of research



## OBSERVATIONS

- Temporary health care workers make up 17.2% of the Oregon health care workforce<sup>1</sup>.
- TSAs are required by the State to apply for licensure with OHA's Health Licensing Office. As of April 2024, only 209 TSAs operating in Oregon have authorized licenses and 338 TSAs in HLO's database remain inactive<sup>2,3</sup>.
- The scan revealed that there is no data currently available specifying the demographics of temporary health care staff in Oregon<sup>4</sup>.
- Oregon permanent and temporary health care staff demographic data compared to national temporary health care staff demographic data, indicate that the overall health care workforce is getting younger, becoming more racially and ethnically diverse and that females continue to makeup the majority<sup>4</sup>.
- Across a scan of states with similar legislation including MA, MN, IA, RI and NY, max rates are built from a variety of base wage sources including statistical data reported by facilities and agencies (MA, MN, IA) and statewide averages promulgated from Bureau of Labor Statistics wage sources (RI)<sup>6</sup>. As of May 2024, a wage source is not specified for NY.
- All states with similar legislation require cost reporting to the State, except NY. In all cases with required reporting, except for RI, reporting is being used as wage source for maximum rates<sup>5</sup>.

<sup>1</sup>Bureau of Labor Statistics OEWS May 2022 estimates

<sup>2</sup>Based on April 2024 from database provided by OHA Health Licensing Office

<sup>3</sup>Based on February 2024 from database provided by OHA Health Licensing Office

<sup>4</sup>OHA Health Care Workforce Reporting Program (2022)

<sup>5</sup>MA: [Massachusetts 101 CMR 345.00 \(2022\)](#), MN: [Minnesota 144A.74 \(2023\)](#), IA: [Iowa HB 2391 \(2024\)](#), RI: [Rhode Island HB 5870 \(2023\)](#), NY: [New York Assembly Bill 4621 \(2023\)](#)

# Key Findings: Wage Information

Through the Environmental Scan Assessment, core themes emerge across areas of research



## OBSERVATIONS

- Partner data, BLS, and a scan of other states<sup>1</sup> reflect that temporary health care staff receive higher wages (6-34%) than permanent staff – except for Direct Caregiver positions<sup>2</sup>.
- Average wages reported through the Partner Data request align with those found in BLS data except for Direct Caregiver positions<sup>2</sup>. The Direct Caregiver definition was not clearly defined in the data request and may result in lack of credibility.
- Temporary CNA and CMAs are paid 10-17% more as compared to their permanent counterparts according to BLS data. LPN/LVNs and RNs have a higher increase of 18% and 34%, respectively. In contrast, BLS data shows that for Direct Caregivers permanent staff receive 11% more than temporary staff<sup>2,3</sup>.
- On average, temporary RNs in Oregon receive ~50% higher wages than those in border states and states with similar legislation (MA, MN, RI), but other positions have similar temporary wages to these comparison states<sup>2</sup>.
- For all positions there is at least one border state where permanent staff receive higher wages than in Oregon<sup>2</sup>.
- For all positions other than LPNs, permanent health care staff in hospitals receive higher wages than those in other licensed care settings in Oregon and all bordering states. This is most prominent for RNs practicing in hospitals who receive wages that are 8-12% higher than their counterparts working in other facilities<sup>2,4</sup>.

<sup>1</sup>Scan represents data from other states where publicly available

<sup>2</sup>Bureau of Labor Statistics OEWS May 2022 estimates

<sup>3</sup>“Partner data” refers to the selected partners across Oregon that provided data as part of the HB 2665 Project outreach

<sup>4</sup>Oregon Wage Study OCN (2023)

# Key Findings: Rate Components

Through the Environmental Scan Assessment, core themes emerge across areas of research



## OBSERVATIONS

- Permanent and temporary health care staff wages in the Portland Metro are 3-11% higher on average than other regions across Oregon<sup>1</sup>. Wages in the other regions of Oregon are comparable.
- There are various levels of regional variation in states where similar legislation has been passed. While Massachusetts sets maximum rates that vary by six regions, Minnesota has one statewide rate<sup>2</sup>.
- Shift differentials reported for Oregon staff wages is largest for holiday pay adjustments (1.25x-2x base wage). Nationally, holiday pay adjustments are slightly higher than Oregon (1.5x-1.74x base wage)<sup>3</sup>.
- Pay for specialty (e.g., on-call) shifts is generally an additional \$1-\$6 per hour for each specialty shift in Oregon<sup>3</sup>.
- Higher-paying nursing positions that require more experience and education, such as RNs, are associated with longer tenure for both permanent and temporary staff<sup>4,5</sup>.

<sup>1</sup>Bureau of Labor Statistics OEWS May 2022 estimates

<sup>2</sup>101 Massachusetts Regulations Section 345.03; Minnesota 144A.74 (2023)

<sup>3</sup>Based on Bureau of Labor Statistics (BLS) and data collected from the 2024 data request sent to temporary staffing agencies, facilities and other partners operating in Oregon

<sup>4</sup>OHA Health Care Workforce Reporting Program (2022)

<sup>5</sup>Oregon Wage Study OCN (2023)

# Scan of Similar Legislation

Across the nation, several states have passed similar legislation to Oregon's HB 2665. This section explores passed and in-progress state legislation.

- **Overview**
- **State Legislation Bill Components**
- **Observations: Scan of Similar Legislation**

# Overview of Similar Legislation

Three states, **Massachusetts, Minnesota, and Rhode Island**, have passed similar legislation to Oregon's HB 2665 that sets maximum rates temporary staffing agencies can charge or receive from facilities. A review of statutes and publicly available information was performed along with consulting partners to understand how other states have implemented maximum rates. As of April 2024, **two states – Iowa and New York – are in the process of passing legislation** that would require the states to set maximum rates temporary staffing agencies can charge.

**In this section, the following components of legislation are reviewed:**

- Maximum Rate Methodology
- Reporting
- Registration
- Credentials
- Civil Penalties
- Waivers (Non-Emergent and Emergent)

## **Beyond this section...**

Throughout the Environmental Scan, Oregon data is compared to Massachusetts and Minnesota as well as bordering states (Idaho, California, and Washington). Because Rhode Island (RI) passed in June 2023, RI was not used in the national wage comparison section as limited data was available to provide a reliable and credible comparison. Because legislation in Iowa and New York has not passed at the time of publishing, states were not included as a comparison.

# Massachusetts 101 CMR 345.00

Massachusetts (MA) passed legislation to set maximum rates temporary nursing services may charge facilities in March 2013 to help control costs and balance rates for providers utilizing temporary personnel

## Background



- Related legislation dates back to 1988.
- Initial legislation, 114. CMR 45.00, was repealed and replaced as 101 CMR 345.00 in March 2013, amended most recently in January 2022.
- Maximum rates apply to RNs, LPNs, and CNAs in hospitals and nursing facilities including licensed residential-care units within nursing facilities.

Component	Bill Language
Maximum Rate Methodology	<ul style="list-style-type: none"> <li>• Rates use median wages, payroll tax, and fringe benefits of permanent nurses in the same geographic region.</li> <li>• Rates include a “reasonable” administrative expense allowance and profit factor, as determined by the executive office.</li> <li>• Rates vary by health service area (HSA) and shift time (e.g., weekend, overnights, holidays and overtime).                             <ul style="list-style-type: none"> <li>◦ Holiday pay is 150% of the rates. Overtime pay can be added for hours worked in excess of 40 hours per week, if in the contract.</li> </ul> </li> <li>• Rates keep adjustment factors consistent across the state.</li> </ul>
Reporting	<ul style="list-style-type: none"> <li>• TSAs must complete and file a Cost Report each calendar year. Cost report wage and benefit data is used to determine rates.</li> <li>• TSAs with fixed-term employee or travel nurse employees must maintain records documenting employees meet specified criteria.</li> </ul>
Registration	<ul style="list-style-type: none"> <li>• TSAs must be registered in the state and renew every two years. As of November 2023, 680 agencies are registered.</li> </ul>
Credentials	<ul style="list-style-type: none"> <li>• Temporary staff credentialing is not outlined in this statute.</li> </ul>
Civil Penalties	<ul style="list-style-type: none"> <li>• TSAs that overcharge or mislead facilities may incur civil penalties.                             <ul style="list-style-type: none"> <li>◦ Several violations have been publicized about TSAs charging long-term care facilities above the maximum rate.</li> </ul> </li> </ul>
Waivers	<ul style="list-style-type: none"> <li>• Emergency: During the COVID-19 Public Health Emergency (PHE), MA created a rate provision to address potential for increased costs associated with COVID-19 and the need to provide temporary nursing services in alternate locations. The provision included:                             <ul style="list-style-type: none"> <li>• Two months of increased of 35% above of max rates for services.</li> <li>• COVID-19 PHE temporary services could be purchased by governmental units above max rates and be contracted in locations other than hospital or nursing facilities.</li> <li>• Temporary services in dedicated COVID-19 PHE facilities may be purchased above the max rate.</li> </ul> </li> <li>• Fixed Term: Temporary staff who work exclusively for a particular health care facility for a fixed term of at least 90 days are exempt from these rules.</li> </ul>

14 <sup>1</sup>Potential Rate Caps for Temporary Nursing Staff Report (2023)

<sup>2</sup>Staffing Industry Analysts: Massachusetts Says 3 Staffing Firms Overcharged Care Facilities (2024)

<sup>3</sup>Massachusetts 101 CMR 345.00 (2022)

<sup>4</sup>Engaged with Commonwealth of Massachusetts and Center for Health Information and Analysis (CHIA) on November 16, 2023 and March 27, 2024

# Minnesota 144A.74

Minnesota (MN) passed legislation to set maximum rates temporary nursing services may charge facilities in August 2021 to reduce costs associated with operating nursing homes and to create parity between permanent and temporary nursing staff, enabling nursing homes to better compete for employees and, as a result, improve the quality of care in their facilities



## Background

- Maximum rates apply to RN, LPN, CNA and Traditional Medical Assistant (TMA) workers in nursing home facilities.

Component	Bill Language
Maximum Rate Methodology	<ul style="list-style-type: none"> <li>• Rates are set to 150% of the average wage, plus a factor determined by the commissioner that incorporates payroll taxes for the applicable employee classification for the geographic group specified.</li> <li>• Rates include charges for administrative fees, contract fees, or other special charges (weekend shift differential and overtime) in addition to the hourly rates for personnel.</li> </ul>
Reporting	<ul style="list-style-type: none"> <li>• Facilities must complete and file a Cost Report each calendar year.</li> </ul>
Registration	<ul style="list-style-type: none"> <li>• TSAs must annually register annually with the commissioner (registration fee of \$2,035).</li> </ul>
Credentials	<ul style="list-style-type: none"> <li>• TSAs must maintain documentation that each employee meets the minimum licensing, training and continuing education requirements for their position.</li> </ul>
Civil Penalties	<ul style="list-style-type: none"> <li>• The Commissioner must establish a system for investigating complaints against TSAs.</li> <li>• The Commissioner may impose fines on TSAs for failure to comply the law (200% of the amount billed or received in excess of the maximum rate), revoke or prohibit renewal of TSA registration.                             <ul style="list-style-type: none"> <li>○ Lawsuits against the State of Minnesota have been pursued by TSAs questioning how average and maximum rates were calculated.</li> </ul> </li> </ul>
Waivers	<ul style="list-style-type: none"> <li>• In 2020, Minnesota Department of Health (MDH) temporarily waived maximum charge amounts for registered TSAs when agencies provided staff to work in MN Medicaid-certified nursing facilities serving residents with COVID-19. The State Emergency Operations Center and MDH was permitted to set new maximum rates for TSAs during COVID-19 and up to 60 days past the end of the emergency.</li> <li>• Licensed facilities could apply for waiver of maximum charge rates.</li> </ul>

<sup>1</sup>[Potential Rate Caps for Temporary Nursing Staff Report \(2023\)](#)

15 <sup>2</sup>[Minnesota 144A.74 \(2023\)](#)

<sup>3</sup>[State of Minnesota May Bulletin \(2020\)](#)



# Rhode Island HB 5870 / SB 0927

Rhode Island (RI) passed legislation to set maximum rates temporary nursing services may charge facilities in June 2023 to prevent temporary staff agencies from overcharging facilities who utilize temporary staffing services



## Background

- Maximum rates apply to RN, LPN, CNA and Medication Aides personnel in nursing facilities and assisted living residences.

Component	Bill Language
Maximum Rate Methodology	<ul style="list-style-type: none"> <li>• Rates shall not exceed 200% of the regional hourly wage of each position.</li> <li>• Rates are set using the most current median hourly wage data reported by the United States Department of Labor (BLS) Wage Estimates for the state.</li> <li>• Rates include all charges for admin fees, contract fees, or other special charges in addition to hourly rates for the temp nursing pool.</li> </ul>
Reporting	<ul style="list-style-type: none"> <li>• TSAs submit an annual statistical report to the Department of Health (DOH).</li> </ul>
Registration	<ul style="list-style-type: none"> <li>• The DOH must establish a system that allows temporary nursing services agencies ability to register annually with the state and pay a fee (\$1,000).</li> </ul>
Credentials	<ul style="list-style-type: none"> <li>• TSAs must ensure employees receive specified training and/or competency evaluation. All TS providing nursing assistant services must be registered.</li> </ul>
Civil Penalties	<ul style="list-style-type: none"> <li>• Temporary staff violations of public health code shall be tracked and made a public record.</li> <li>• The long-term care coordinating council (LTCC) shall develop standards for nurse staff agencies and a ranking formula to track all agencies for public accountability.</li> </ul>
Waivers	<ul style="list-style-type: none"> <li>• Waivers are not defined in Rhode Island SB 0927.</li> </ul>



# Iowa HB 2391

The Iowa (IA) House introduced and passed legislation to set maximum rates temporary nursing services may charge facilities in February 2024 to help prevent temporary staffing agencies from overcharging facilities and to level wages earned between permanent and temporary personnel. As of May 2024, the bill has been engrossed and recommended for passage by the subcommittee



## Background

- Maximum rates apply to RN, LPN, CNA, CMA, Home Health Aides, Medication Managers, and Non-Certified or Non-Licensed Staff in Home Health Agency Workers health care entities (facility, agency or program) licensed or certified by the Department for Medicare and Medicaid services. Includes health care technology platforms.

Component	Bill Language
Maximum Rate Methodology	<ul style="list-style-type: none"> <li>• Rates are statewide.</li> <li>• Rates are no greater than 150% of the statewide average wage paid in the most recently preceding cost report year (by a specific health care entity type, nursing services profession, nursing services professional category, and applicable core-based statistical area of the state).</li> <li>• Rates should be inclusive of hourly rates, administrative fees, contract fees, transportation or travel stipend, per diems, and any other costs a health care employment agency is authorized to include in the charge to a health care entity.</li> <li>• Rates require annual revision by the Department of Health and Human Services.</li> </ul>
Reporting	<ul style="list-style-type: none"> <li>• TSAs must report on a quarterly basis for each health care entity participating in Medicare or Medicaid with whom the agency contracts.</li> <li>• The Department of Health and Human Services must submit an annual report to the general assembly that includes a summary of fees collected, registrations, violations and penalties applied, number of health care employment agencies and entities for revoked/denied registration, the statewide rate, and any recommended changes.</li> </ul>
Registration	<ul style="list-style-type: none"> <li>• TSAs must register annually with the department and pay an annual registration fee (\$500).</li> </ul>
Credentials	<ul style="list-style-type: none"> <li>• TSAs must document that each agency worker meets minimum licensing, certification, training, health requirements and continuing education standards for agency workers.</li> </ul>
Civil Penalties	<ul style="list-style-type: none"> <li>• The Department of Inspections, Appeals and Licensing must establish a system for reporting and investigating complaints against TSAs and TS.</li> <li>• Violators of this legislation (registration, liability, maximum rate, etc.) are subject to penalties (penalties vary).</li> </ul>
Waivers	<ul style="list-style-type: none"> <li>• Waivers are not defined in Iowa HB 2391.</li> </ul>

# New York Assembly Bill (AB) 4621

New York introduced legislation in January 2024 to set maximum rates temporary nursing services may charge facilities. As of **May 2024**, this bill has not passed



## **Background**

- Maximum rates apply to licensed personnel specified in the bill serving in hospitals, nursing homes, and residential health care facilities. Excludes government agencies and health care facilities that provide less than 5 staff members in aggregate to other health care facilities.

Component	Bill Language
Maximum Rate Methodology	<ul style="list-style-type: none"> <li>• Rates may not exceed 15% above the rate actually paid to health care professionals.</li> <li>• Rates are based on the gross amount paid to professionals by the temporary health care staffing agency for services divided by the total hours worked for that period.</li> </ul>
Reporting	<ul style="list-style-type: none"> <li>• Cost reporting is not specified in New York AB 4621.</li> </ul>
Registration	<ul style="list-style-type: none"> <li>• TSAs must annually register with the department of health and pay a fee (registration fee of \$250).</li> </ul>
Credentials	<ul style="list-style-type: none"> <li>• TSAs must maintain licensing, training and continuing education standards for the position in which the employee will be working.</li> </ul>
Civil Penalties	<ul style="list-style-type: none"> <li>• The Commissioner shall establish a system for the reporting and investigating complaints against a temporary health care staffing agency or its employee.</li> <li>• The Commissioner may impose disciplinary action (revoke or refuse registration). Registration fees may be used to enforce this legislation.</li> </ul>
Waivers	<ul style="list-style-type: none"> <li>• Waivers may apply to the maximum rate during state of emergencies.</li> <li>• During this time, wages and any other fees or charges may not exceed 30% of the actual rate paid to health care professionals.</li> </ul>

# Observations: Scan of Similar Legislation

A summary that represents a scan of states with similar legislation that may help to inform the maximum rate build for Oregon. All of these observations are based upon interpretation of state legislation and should not be relied upon for decisioning.



## OBSERVATIONS<sup>1</sup>

### MAXIMUM RATE METHODOLOGY

- There is variation in how the maximum rate is set. Some states are setting a statewide maximum rate (MN, NY), while others have rates with geographic variation (MA, RI). In all cases, factors such as shifts, and administrative costs are considered in the rate build.
- Rates are built from a variety of base wage sources including statistical data reported by facilities and agencies (MA, MN, IA) and statewide averages promulgated from Bureau of Labor Statistics wage sources (RI). As of May 2024, a wage source is not specified for NY.

### REPORTING

- While on varying cadences (quarterly and annually), all states require cost reporting to the State, except NY. In all cases with required reporting, except for RI, reporting is being used as wage source for maximum rates.

### REGISTRATION

- Each state observed requires annual registration (fees associated) with the State.

### CIVIL PENALTIES

- Each state requires a process (investigating, tracking, reporting) be in place for keeping agencies and facilities accountable, excluding MA. Some states (MA, MN, IA, NY) have permitted penalties for violations.

### WAIVERS OF MAXIMUM RATE

- States that passed legislation before and during the COVID-19 PHE have clearly defined waivers of the maximum rate (MA, MN) for public health emergencies such as COVID-19. In addition, NY has defined an “emergency” as potential cause to waive maximum rates.
- MA is the only state that has defined a cause for a non-emergency waiver – maximum rates may be waived for “fixed-term” employees with contracts of at least 90 days.

# Temporary Staff Landscape

After scanning Oregon available data, no data was found specifying the degree to which temporary health care staff provide culturally and linguistically responsive care. As a result, this section overviews Oregon's temporary staffing workforce including the businesses licensed and operating within Oregon and observations on the permanent and temporary workforce in Oregon and across the nation.

- **Overview**
- **Nurse-to-Patient Rules**
- **Relevant Health Workforce Cultural Competency Legislation**
- **Workforce Demographics**

# Overview of Temporary Staff Landscape

Oregon’s health care landscape is comprised of both licensed permanent and temporary workers. The Environmental Scan focuses on the portion of the workforce that is considered temporary staff or temporary staffing agency personnel. Data was collected from January – April 2024 from publicly available sources and OHA documentation. Data on agencies and staff is limited and thereby may not fully represent the temporary health care landscape in Oregon

## Sources Reviewed

National demographic data (age, gender, and race and ethnicity) available on temporary health care workforce from the de Beaumont Foundation and Association of State and Territorial Health Officials (2017 and 2021)

Reporting on Oregon health care workforce demographics (age, gender, race and ethnicity) collected from workers at the time of license renewal<sup>1</sup>, which may also include long-term temporary staff (2018 and 2022). Licensure exceptions apply<sup>2</sup>



## Gaps Identified

While national demographic data is available, it is representative of the entire workforce and is not split by positions, facility type, or geographic regions

Oregon workforce data is not split for the temporary workforce, or by geographic regions within the state – data on the Workforce Dashboard is not inclusive of linguistic skills within nursing

*In summary, the Scan revealed that there is no data available that specifies the demographics of temporary health care staff in Oregon*

<sup>1</sup>OHA Health Care Workforce Reporting Program (2022)

<sup>2</sup>ORS 678.031 allows certain employers to request licensure exceptions for non-Oregon nurses in temporary staffing situations. This exception does not apply to nursing assistants. Staffing agencies and nurse applicants may not initiate the request for licensure exception.

# Temporary Staff Agency Landscape

## AUTHORIZED AGENCIES

- Senate Bill 1549 (2022) directed OHA's Health Licensing Office (HLO) to issue authorizations and provide administrative and regulatory oversight for temporary staffing agencies operating in Oregon<sup>1</sup>.
- Effective July 1, 2023, all temporary staffing agencies operating in Oregon must apply for licensure.
- As of April 2024, 209 agencies operating in Oregon have authorized licenses<sup>2</sup> in Oregon 338 agencies in HLO's database remain<sup>3</sup> inactive.

## OHA CONTRACTS

- The Oregon State Hospital (OSH) provides patient-centered, psychiatric treatment for adults from throughout the state who need hospital-level care<sup>4</sup>.
- OSH is a public hospital that operates under OHA.
- As of March 2024, the OSH contracts with 12 temporary staffing agencies<sup>5</sup>.

## AGENCY STAFF

- BLS reports 17.2% of the health care workforce in Oregon are temporary staff<sup>6</sup>.
- Data is limited on the temporary staff workforce demographics in Oregon including age, gender, race and ethnicity, and languages spoken.
- 19.2% of Oregon's licensed health care professionals (temporary and permanent) speak languages other than English, Spanish being the most reported language spoken other than English among the workforce<sup>7</sup>.

<sup>1</sup>[Health Licensing Office Temporary Staff Agency Program \(2024\)](#)

<sup>2</sup>Based on April 2024 from database provided by OHA Health Licensing Office

<sup>3</sup>Based on February 2024 from database provided by OHA Health Licensing Office

<sup>4</sup>[Oregon State Hospital \(2024\)](#)

<sup>5</sup>Based on March 19 communication with OHA OSH Budget Analyst

<sup>6</sup>[Bureau of Labor Statistics OEWS May 2022 estimates](#)

<sup>7</sup>[The Diversity of Oregon's Licensed Health Care Workforce \(2022\)](#)

# Oregon Nurse-to-Patient Rules

## BILL OVERVIEW<sup>1</sup>

- OHA must develop a process for receiving complaints about Hospital staffing and revise existing corrective activities such as complaint investigations and civil penalties, and repeals triennial nurse staffing surveys.
- Hospitals must adopt and comply with Nurse Staffing Plans that meet all applicable requirements in HB 2697 including RN-to-patient ratios.
- Hospital Profession and Technical and Service Staffing Committees must be established.
- OHA can impose civil penalties for violations in Section 20 that occur on or after June 1, 2025.

## HB 2665 IMPLICATIONS<sup>2</sup>

- Includes the same positions and facilities:
  - Positions: RNs and CNAs
  - Facilities: Hospital environments
- Mandates similar rules which could provide lessons learned for 2665 process development:
  - Civil penalties for violations
  - Complaints and investigations process

## IMPACT ON AGENCIES

- Specific rules for staffing agencies who have workers represented by collective bargaining agreements or “exclusive representation”.
- Staffing agencies or on-call nursing staff must be listed as an option to provide replacement nursing staff in the event of a vacancy; agencies listed “must be sufficient to provide for replacement nursing staff”.
- One step a hospital may take to prevent incurring civil penalties includes contacting contracted temporary agencies to determine if temporary staff from such agencies are permitted to work.

<sup>1</sup>[HB 2697 Hospital Staffing Law Implementation Frequently Asked Questions \(2023\)](#)

<sup>2</sup>[HB 2697 \(2023\)](#)



# Oregon Compared to Federal Nurse-to-Patient Rules

## HB 2697: Hospital Staffing Law<sup>1</sup>

- Hospitals must adopt and comply with Nurse Staffing Plans that meet all applicable requirements in HB 2697<sup>2</sup> including RN-to-patient ratios.
- Ratio of RNs to patients averages no more than one to four over a 12-hour shift and a single direct care registered nurse may not be assigned more than five patients at one time. RNs assigned to trauma patients may not be taken into account in determining the average ratio.
- RNs assigned to trauma patients may not be taken into account in determining the average ratio as outlined in the statute.
- Amendments to the law become operative July 1, 2026.

Exceptions for intensive care, emergency departments and other care settings are outlined in the statute.

## CMS 3442-F: Staffing Standards Rules<sup>3</sup>

- Centers for Medicare and Medicaid Services rules apply to Medicaid and Medicaid-certified long-term care facilities.
- Mandate requires a minimum of 3.48 total nursing staff hours per resident day, including .55 hours to be delivered by RNS and 2.45 hours by nurse aides. The remaining .48 hours may be filled by a combination of nurse aides, RNs, and LPN/LVNs. Nursing homes are also required to have RNs on-site 24 hours a day, 7 days a week.
- The American Health Care Association (AHCA) and National Center for Assisted Living (NCAL) report the rule's impact: most nursing homes will not be able to meet these new requirements and nursing homes will have to hire an additional 102,000 nurses and nurse aides to comply with the mandate.
  - In Oregon, AHCA/NCAL reports 14,578 total nursing homes with 101,757 total staff needed to meet requirements.

LTC facilities may apply for a hardship exemption if the meeting specific criteria for geographic staffing unavailability, financial commitment to staffing, and good faith efforts to hire that are outlined in the law.<sup>4</sup>

<sup>1</sup>[HB 2697 Hospital Staffing Law Implementation Frequently Asked Questions \(2023\)](#)

<sup>2</sup>[HB 2697 \(2023\)](#)

<sup>3</sup>[AHCA/NCAL Analysis and Minimum Staffing Impact Summary \(2024\)](#)

<sup>4</sup>[Medicare and Medicaid Program: Minimum Staffing Standards for LTC Facilities and Medicaid Institutional Payment Transparency Reporting Final Rule \(2024\)](#)



# Observations: Nurse-to-Patient Ratios

A summary of findings from Oregon and federal minimum staffing rules

## OBSERVATIONS<sup>1</sup>

- While nurse staffing requirements differ in Oregon and nationally, both impact the need for health care workers in hospitals and facilities:
  - In Oregon hospitals: Direct care registered nurses to patients must average no more than one to four over a 12-hour shift and a single direct care registered nurse may not be assigned more than five patients at one time. Exceptions for intensive care, emergency departments and other care settings are outlined in the statute.
  - In Medicaid and Medicaid-certified long-term care facilities: a minimum of 3.48 total nursing staff hours per resident day, including .55 hours to be delivered by RNS and 2.45 hours by nurse aides. The remaining .48 hours may be filled by a combination of nurse aides, RNs, and LPN/LVNs. Waivers of the requirement to provide licensed nurses on a 24-hours basis and in the process of finalizing proposal for hardship exemptions.
- As highlighted by a recent study conducted by AHCA/NCAL, in Oregon 101,757 total staff are needed to meet new federal requirements.
- In summary, both rules may impact the need for facilities to contract with temporary staffing agencies and hire temporary health care staff workers.

# Oregon Scan: Relevant Health Workforce Cultural Competency Legislation

Review of relevant legislation that may enforce reporting on this segment of the workforce. After scanning legislation, found no additional reporting required on temporary health care staff in Oregon. As a result, no data was found specifying the degree to which temporary health care staff provide culturally and linguistically responsive care.

Legislation	Bill Summary
<b>Senate Bill 1549<sup>1</sup></b>	Passed in 2023, requires all temporary staffing agencies currently operating in Oregon, and those seeking to provide services in Oregon, to apply for licensure. OHA is required to maintain on a publicly available website a list of temporary staffing agencies authorized under section 2 of this Act. Additional reporting not required.
<b>House Bill 3261<sup>2</sup></b>	Passed in 2017, requires Oregon Health Policy Board, in collaboration with Office of Rural Health and Oregon Health and Science University, to conduct assessment of health care workforce needs in Oregon. Provides insights into workforce needs in communities across Oregon as well as general guidance on how to expand and diversify the health care workforce, including distributing health care provider incentives. Assessment required each biennium.
<b>House Bill 2011<sup>3</sup></b>	Passed in 2019, requires any person authorized to practice a health profession regulated by any Oregon State Health Profession Board to complete continuing education in cultural competency (CCCE). The requirement applies every other time that a person’s authorization is subject to renewal. Required reporting to the Legislature on participant levels each biennium. A Board or the Health Licensing Office shall document and report participation in cultural competency continuing education by persons authorized to practice a profession regulated by the board to OHA on a biannual basis. 2018 reporting revealed that 43.94% <sup>4</sup> of nursing health care professionals completed CCCE training, higher than all other professions reported. HB 2011 does not apply to temporary staffing agencies.

<sup>1</sup>Senate Bill 1549 (2023)

<sup>2</sup>House Bill 3261 (2017)

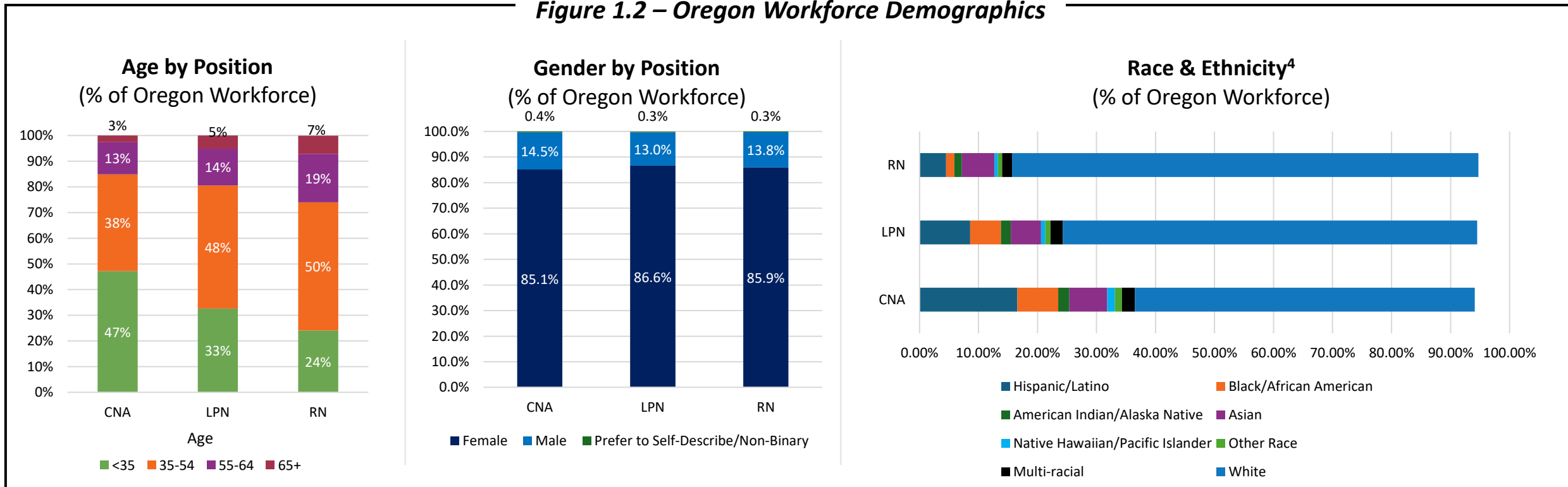
<sup>3</sup>House Bill 2011 (2019)

<sup>4</sup>Cultural Competence Continuing Education Report: HB 2611 (2018)

# Oregon Scan: Workforce Demographics

As of April 2024, there are no demographic reporting requirements for temporary staff agencies in Oregon. As a result, temporary staff demographic data is not available specifically for agency staff working in Oregon. However, health care demographic data<sup>1</sup> exists for positions included<sup>2</sup> in HB 2665 in Oregon, in aggregate for permanent and temporary workers<sup>3</sup>

Figure 1.2 – Oregon Workforce Demographics



<sup>1</sup>OHA Health Care Workforce Reporting Program (2022)

<sup>2</sup>Position data unavailable for CMA or direct caregiver

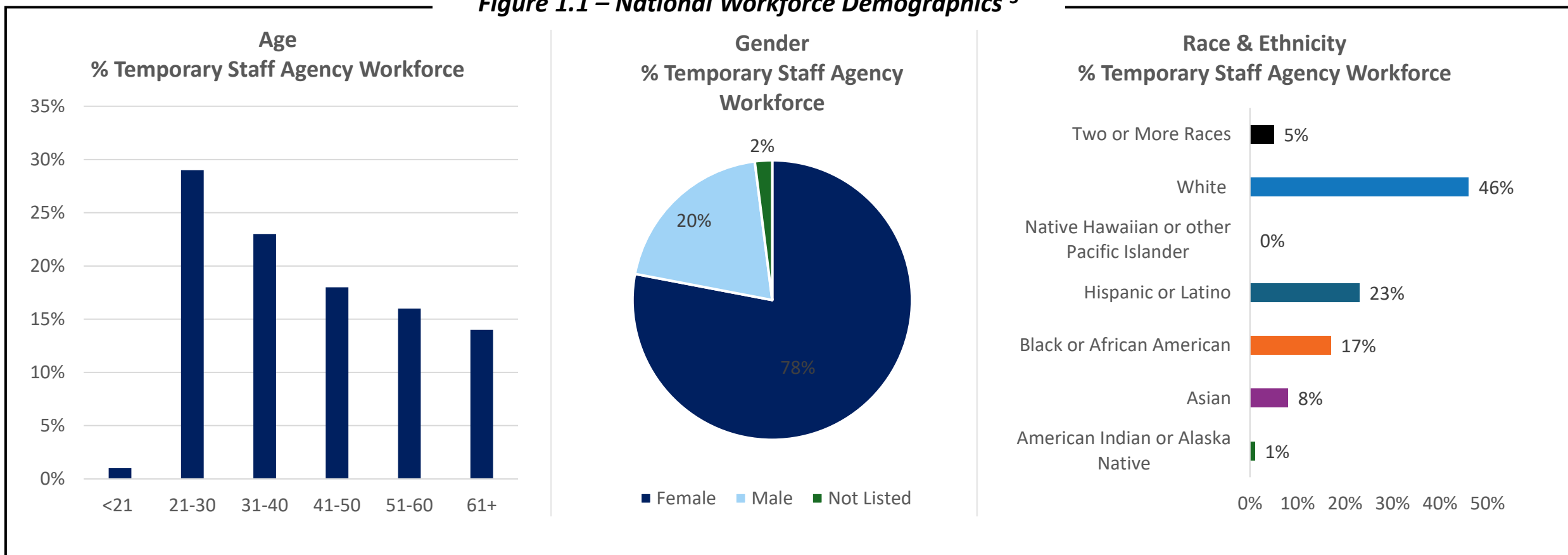
<sup>3</sup>Oregon data combined (permanent and temporary staff) for positions and facilities included in the HB

<sup>4</sup>Note: declined to answer race and/or ethnicity question and are excluded from the chart

# National Scan: Temporary Workforce Demographics

A national scan<sup>1</sup> illuminates workforce demographics of state and local government public health employees in the United States for temporary health agency staff in the *2022 Public Health Workforce Interests and Needs Survey*<sup>2</sup>

Figure 1.1 – National Workforce Demographics <sup>3</sup>



<sup>1</sup>National Scan represents data from other states where publicly available

<sup>2</sup>de Beaumont Foundation and Association of State and Territorial Health Officials, *Public Health Workforce Interests and Needs Survey: 2021 Dashboard*

<sup>3</sup>National temporary workforce data is not split by position or facility type

# Observations: Health Care Workforce Demographics

Oregon permanent and temporary health care staff demographic data compared to national temporary health care staff demographic data indicate that there are similar trends across workforce demographics (age, gender and race and ethnicity)

## OBSERVATIONS<sup>1</sup>

### Oregon Scan of Permanent and Temporary Workers: Age, Gender, Race & Ethnicity

- Reporting from 2018-2022 suggest the **workforce is getting younger** across all positions except CNAs. Age cohorts 35-54 increased, excluding CNAs who report 0.7% less in this cohort. Age cohorts 55-65 decreased across all positions, excluding CNAs who report 0.7% more in this cohort.
- Across all license types, **females make up the majority (85-87%)**. Less than 1% of the workforce selected to self-describe or selected non-binary, although this is higher than reporting in previous years (up by a percent from 0% in 2018).
- **Oregon's workforce is becoming more racially and ethnically diverse**. White persons represent 8.6% less than 2018 on average across all positions and CNAs have increased Hispanic/Latino representation by 2% since 2018, from 15% to 17%.

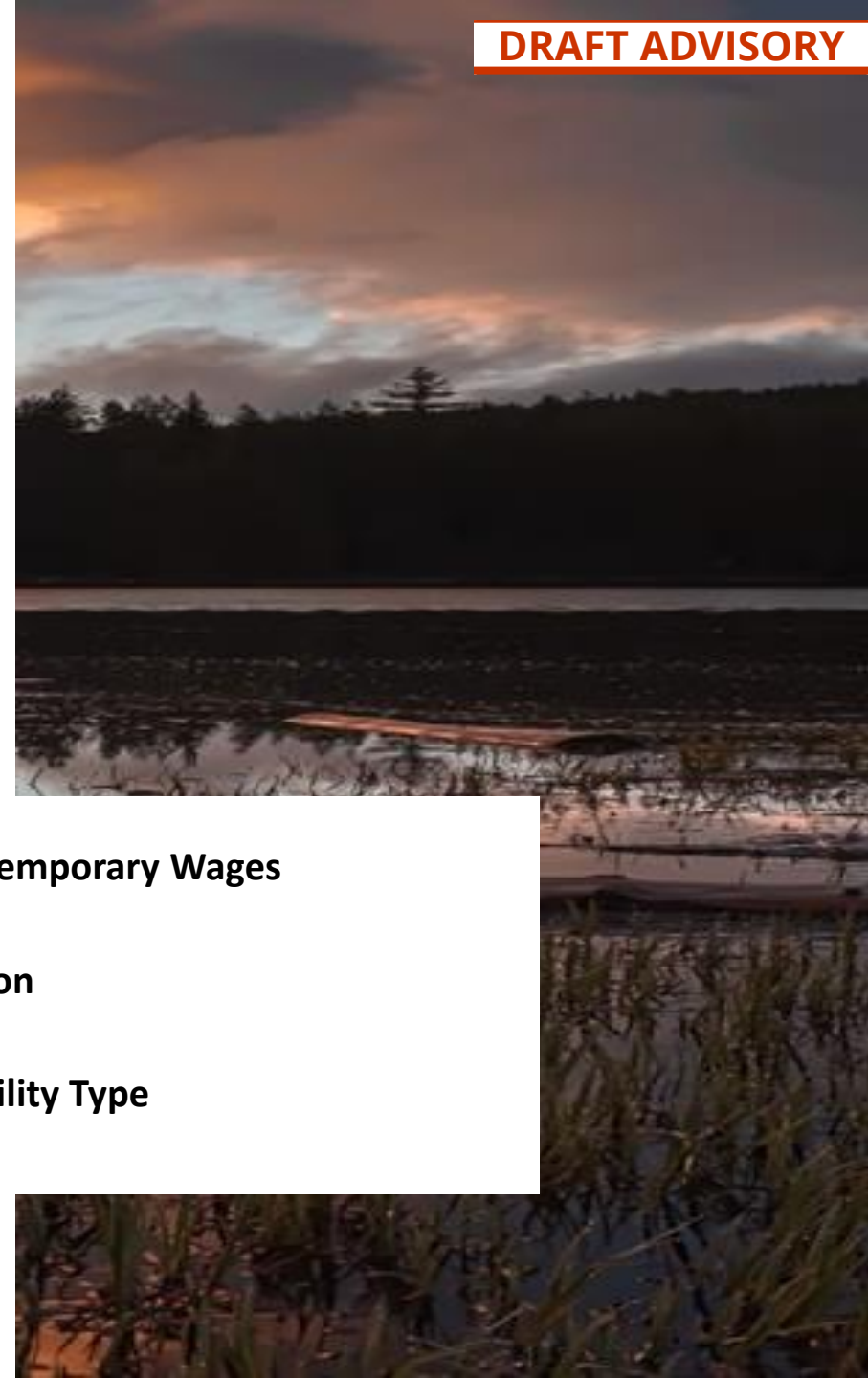
### National Scan of Temporary Workers: Age, Gender, Race & Ethnicity

- Reporting from 2021 indicates the **workforce is getting younger**; 29% of the temporary staff workforce sit within age cohort 21-30. This is a 2.3% increase from 2017. Over the same period, those aged 51-60 decreased by 3.8%.
- Across all license types, **females make up the majority (78%)**. An increasing number of workers report gender "Not Listed" (1.2% increase since 2017, from 0.6% to 1.8%).
- The temporary workforce is becoming **more racially and ethnically diverse**. White workers represent 4.9% less of the workforce than in 2017 (from 58.6% to 53.7%). From 2017-2022, reporting increased for persons identifying as American Indian or Alaskan Native (0.5%, from 0.4% to 0.9%) and Hispanic/Latino (5%, from 13% to 18%).

# Wage Information

This section exemplifies wages for temporary and permanent staff in positions included in HB 2665 and regions within Oregon. It also shows how Oregon's wages compare to national data.

- Oregon Permanent and Temporary Wages
- National Wage Comparison
- Wage Comparison by Facility Type



# Temporary and Permanent Wage Analysis

Data collected from the Partner data, in addition to research from the national scan<sup>1</sup>, showcase the types of health care staff practicing in Oregon, how much they are paid, and what facilities they are operating in. Further details regarding the Partner data collected can be found in the [appendix](#).

*Specific positions and facilities outlined in the bill are assessed to develop insights on temporary and permanent staff wages:*

## Positions

- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Certified Medical Assistant (CMA)
- Certified Nursing Assistant (CNA)
- Direct Caregiver

## Facility Types

- Hospital
- Memory Care Endorsement
- Residential Care Facility
- In-Home Care Agency
- Skilled Nursing Facility (SNF)

The lowest and highest wage in BLS data represents the 10th and 90th percentile of all wages, where the lowest and highest wage from Partner data represents a minimum and maximum wage.

## Oregon Permanent and Temporary Wages

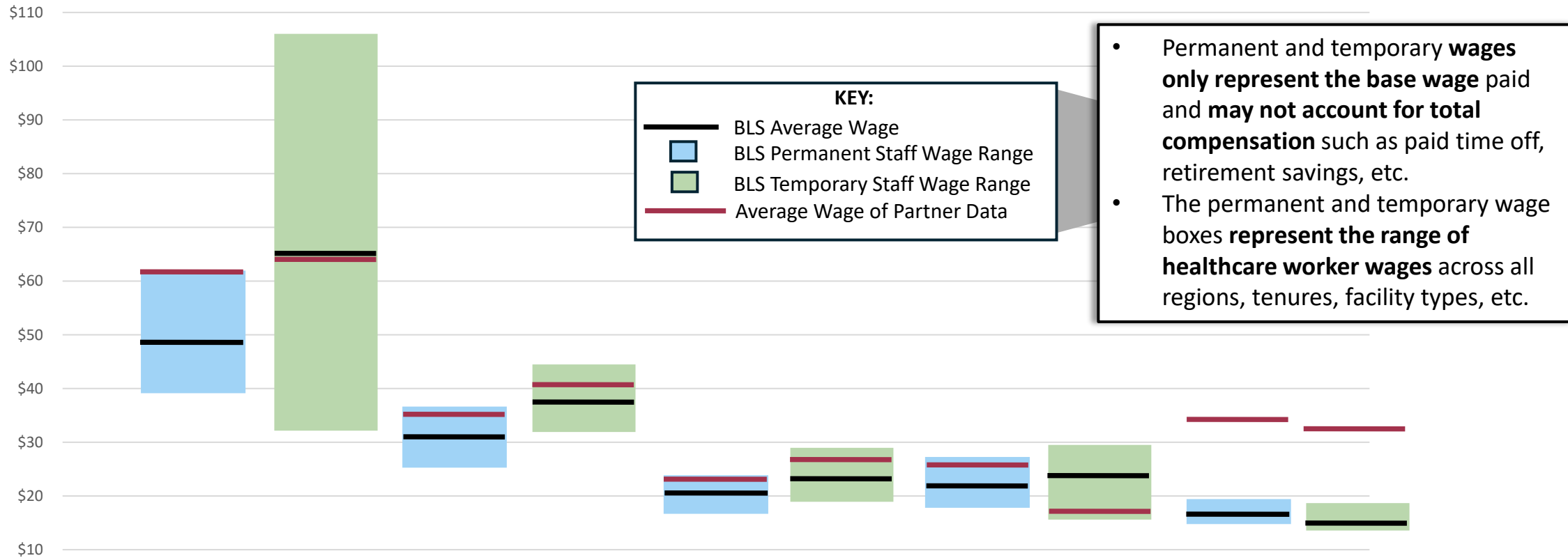
*This subsection compares Oregon permanent and temporary wages in BLS to Partner data responses*



# Oregon BLS and Partner Data by Position

The chart compares the Oregon permanent and temporary wages in BLS adjusted for cost of living, as well as the average wage from the Partner data

**Figure 2.1 - BLS Wages<sup>1</sup> for Permanent and Temporary Staff with Partner Data Averages<sup>2</sup>**



	RN		LPN/LVN		CNA		CMA		Direct Caregiver <sup>3*</sup>	
	Permanent	Temporary	Permanent	Temporary	Permanent	Temporary	Permanent	Temporary	Permanent	Temporary
BLS Average	\$49.74	\$66.89	\$31.69	\$37.35	\$20.30	\$23.72	\$21.99	\$24.22	\$17.07	\$15.40
Partner Data Weighted Average	\$61.80	\$65.39	\$35.81	\$40.11	\$23.25	\$27.49	\$26.26	\$17.21	\$34.45	\$32.83

<sup>1</sup>Wage Source: Bureau of Labor Statistics OEWS May 2022 estimates. BLS average wages represent the overall average wage for each position by state, adjusted for cost-of-living.

<sup>2</sup>“Partner data” refers to the selected partners across Oregon that provided data as part of the HB 2665 Project outreach. Partner data averages represent the weighted average wage by position for all respondents.

<sup>3</sup>Direct Caregiver aligns with Home Health and Personal Care Aide positions within BLS data set

*\*due to lack of Direct Caregiver definition, the Partner data is not considered credible*

# Observations: Oregon BLS and Partner Data Wages

A summary of findings from BLS and Partner data across permanent and temporary staff



## OBSERVATIONS<sup>1</sup>

- For both temporary and permanent LPN/LVNs, CNAs, and Direct Caregivers, the **average wage represented in Partner data is higher than in BLS data.**
  - Temporary RNs and temporary CMAs in Partner data report an average wage that is 2% and 29% lower, respectively, than the average wage in BLS.
  - All other temporary and permanent staff in Partner data receive higher average wages than the average wage is BLS.
- The difference between highest wage and lowest wage **is larger in Partner data submissions than in BLS data.**
  - Note that BLS dataset is limited to the 10<sup>th</sup> and 90<sup>th</sup> percentiles.
- Evident in both sources for RNs, LPN/LVNs, and CNAs, the **temporary health care staff receive higher wages than permanent staff.**
  - For these same positions, average wages for temporary staff are 6% to 18% higher than permanent staff.
- Temporary and permanent RNs are paid the highest wages for impacted HB 2665 positions in both BLS and Partner data.
  - In BLS data, the other four HB 2665 positions earn 57% to 334% less than their permanent or temporary RN counterparts, depending upon the position.
  - In Partner data, the other four HB 2665 positions earn 63% to 280% less than their permanent or temporary RN counterparts, depending upon the position.

## National Wage Comparison

*This subsection compares Oregon wages to states with similar legislation, and bordering states, and national data, by position.*

# National Staff Wages by Position

The tables compare the permanent and temporary staff BLS<sup>1</sup> average wages adjusted for cost of living for Oregon, states with similar legislation, and bordering states<sup>2</sup>

**Figure 2.2 - Cost-of-Living Adjusted Average Wages: Permanent Staff**

		RN	LPN/LVN	CNA	CMA	Direct Caregiver <sup>2</sup>
Similar Legislation	<b>Oregon</b>	<b>\$49.74</b>	<b>\$31.69</b>	<b>\$20.30</b>	<b>\$21.99</b>	<b>\$17.07</b>
	Minnesota	\$52.79	\$32.18	\$25.15	\$28.01	\$19.12
	Massachusetts	\$39.85	\$25.41	\$15.55	\$17.48	\$13.55
Border States	California	\$56.23	\$28.84	\$17.72	\$19.43	\$13.43
	Washington	\$49.96	\$33.76	\$20.50	\$24.70	\$18.65
	Idaho	\$44.59	\$30.82	\$19.76	\$23.04	\$15.97

**KEY:**

- Highest Wage
- Lowest Wage

**Figure 2.3 - Cost-of-Living Adjusted Average Wages: Temporary Staff**

		RN	LPN/LVN	CNA	CMA	Direct Caregiver <sup>2</sup>
Similar Legislation	<b>Oregon</b>	<b>\$66.89</b>	<b>\$37.35</b>	<b>\$23.72</b>	<b>\$24.22</b>	<b>\$15.40</b>
	Minnesota	\$42.28	\$46.38	\$27.78	\$29.00	\$17.95
	Massachusetts	\$51.88	\$42.33	\$21.42	\$17.47	\$14.25
Border States	California	\$33.58	\$29.61	\$17.37	\$22.03	\$16.46
	Washington	\$51.95	\$46.25	\$26.63	\$23.12	\$17.96
	Idaho	\$55.27	\$40.70	\$28.36	\$20.55	N/A

**Cost-of-Living Indices<sup>3</sup>**

<b>Oregon</b>	<b>117.95</b>
Minnesota	95.80
Massachusetts	148.10
California	138.05
Washington	115.10
Idaho	99.10

<sup>1</sup>Wage Source: Bureau of Labor Statistics OEWS May 2022 estimates. BLS average wages represent the overall average wage for each position by state, adjusted for cost-of-living.

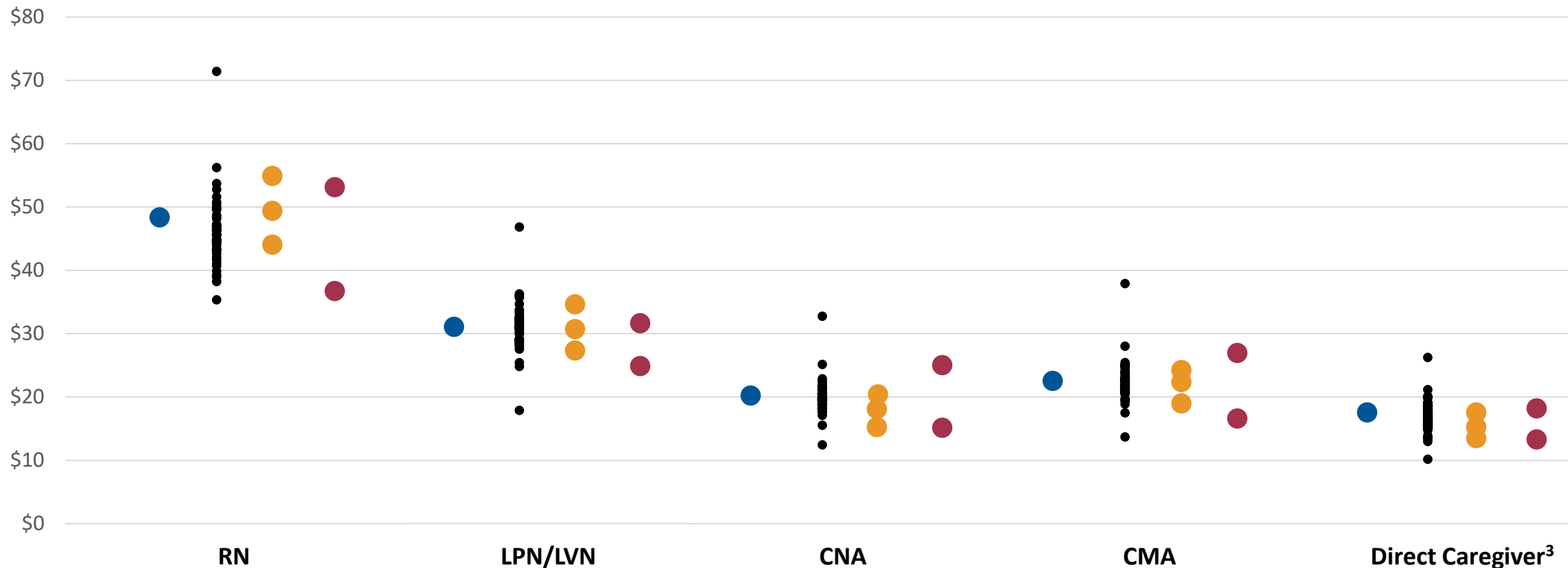
<sup>2</sup>Direct Caregiver aligns with Home Health and Personal Care Aide positions within BLS data set

<sup>3</sup>An average of 2023 and 2024 indexes from Meric (2023) and Data Pandas (2024). Cost-of-living indices were not available for Puerto Rico and Wyoming and Alaska were excluded from the plots due to lack of data

# National Permanent Staff Wages by Position

The chart highlights the range of permanent staff BLS<sup>1</sup> average wages adjusted for cost of living<sup>2</sup>

**Figure 2.4 - National Cost-of-Living Adjusted Average Wages for Permanent Staff**



**KEY:**

- Oregon Average Permanent Staff Wage
- National Average Permanent Staff Wages (every state)
- Bordering State Average Permanent Staff Wage (ID/CA/WA)
- Similar Legislation State Average Permanent Staff Wage (MN/MA)

<sup>1</sup>Wage Source: Bureau of Labor Statistics OEWS May 2022 estimates. BLS average wages represent the overall average wage for each position by state, adjusted for cost-of-living.

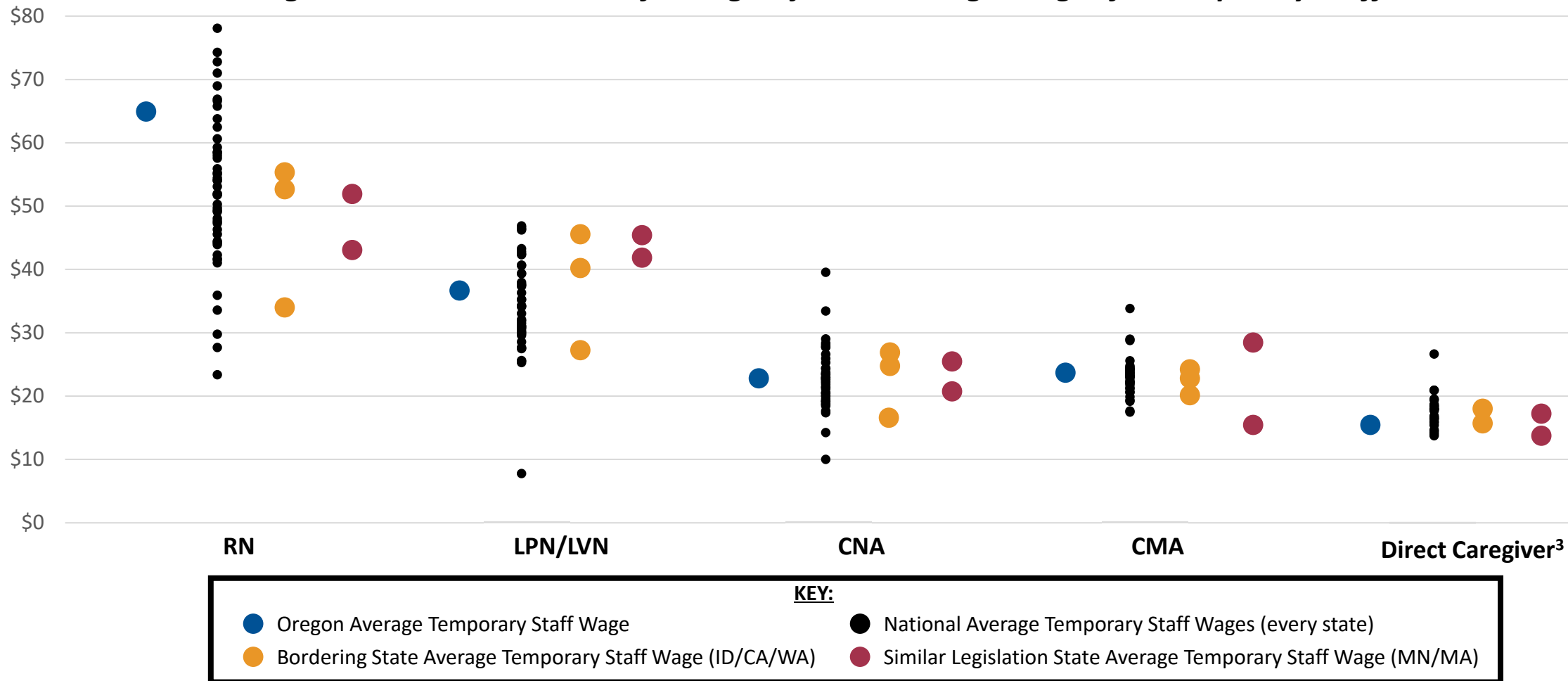
<sup>2</sup>An average of 2023 and 2024 indexes from Meric (2023) and Data Pandas (2024). Cost-of-living indices were not available for Puerto Rico and Wyoming and Alaska were excluded from the plots due to lack of data

37 <sup>3</sup>Direct Caregiver aligns with Home Health and Personal Care Aide positions within BLS data set

# National Temporary Staff Wages by Position

The chart highlights the range of temporary staff BLS<sup>1</sup> average wages adjusted for cost of living<sup>2</sup>

**Figure 2.5 - National Cost-of-Living Adjusted Average Wages for Temporary Staff**



<sup>1</sup>Wage Source: Bureau of Labor Statistics OEWS May 2022 estimates. BLS average wages represent the overall average wage for each position by state, adjusted for cost-of-living.

<sup>2</sup>An average of 2023 and 2024 indexes from Meric (2023) and Data Pandas (2024). Cost-of-living indices were not available for Puerto Rico and Wyoming and Alaska were excluded from the plots due to lack of data

38 <sup>3</sup>Direct Caregiver aligns with Home Health and Personal Care Aide positions within BLS data set

# Observations: National Wages

The findings summarize the observations from the national cost-of-living adjusted (COLA) wages for permanent and temporary staff nationally, in bordering states, in states with similar legislation, and in Oregon



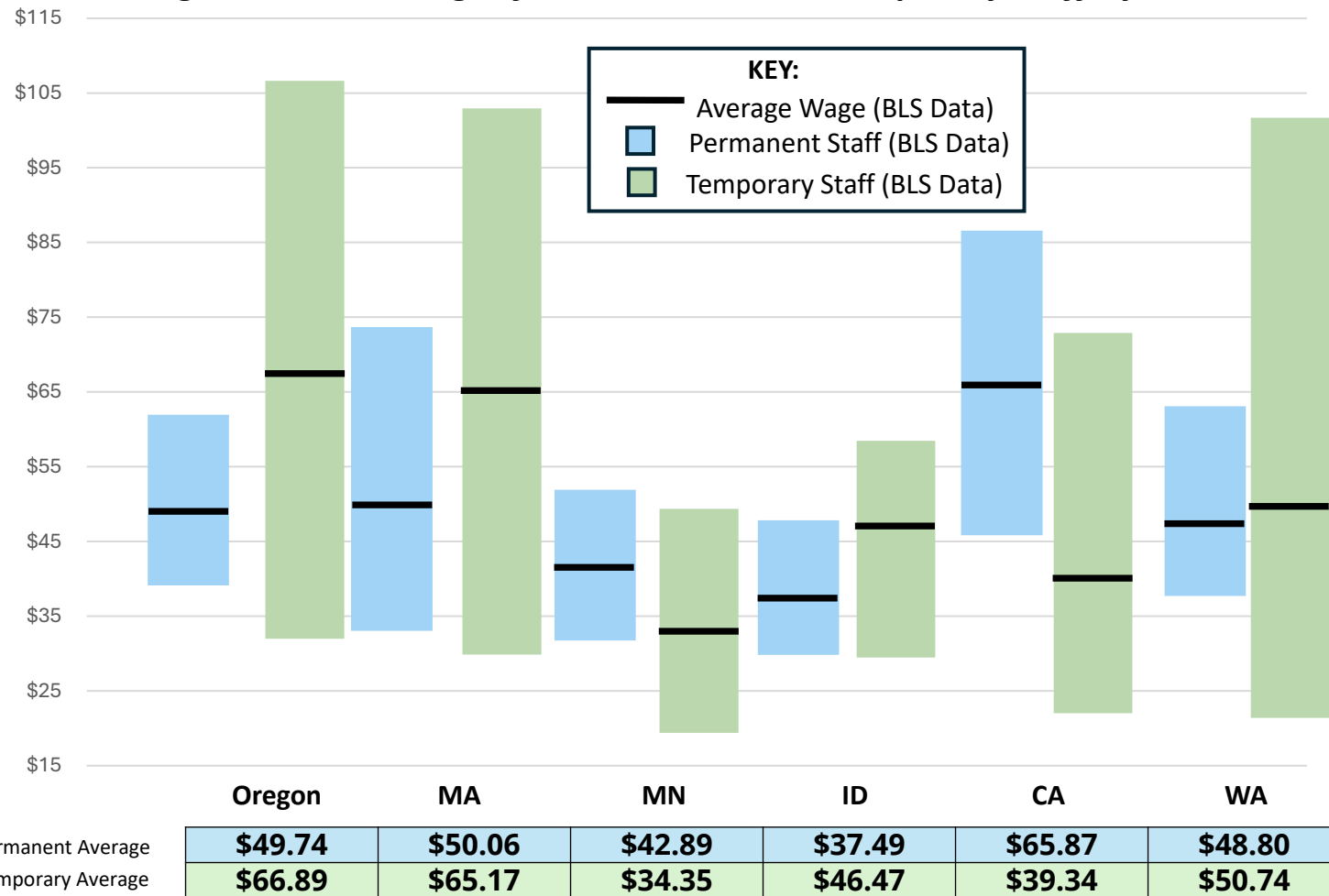
## OBSERVATIONS<sup>1</sup>

- As seen in Figure 2.2 and 2.3, for all positions besides Direct Caregivers, **temporary staff are paid a higher average wage than permanent staff** in Oregon and majority of border and similar legislation states. The severity of the difference in pay is dependent on the position.
- **RNs and LPN/LVNs have the greatest differences in pay between temporary and permanent staff.** Temporary RNs in Oregon are paid 26% more than permanent RNs, compared to California, where temporary RNs are paid 67% less than permanent RNs.
- For all positions but RNs, the COLA adjusted average wage for permanent staff in Oregon is \$0.20 to \$2.71 less than the average wage for permanent staff in Washington, as displayed in Figure 2.2 and 2.3.
- Temporary LPN/LVNs, CNAs, and Direct Caregivers in Oregon receive COLA-adjusted average wages that are \$2.56 to \$8.90 less than staff located in Washington or Idaho.
- Permanent RNs in two bordering states (Washington and California) and one similar legislation state (Minnesota) are paid higher COLA adjusted average wages than Oregon.
- As seen in Figure 2.4, **for all positions there is at least one border state that pays higher average wages** to permanent staff than Oregon.
- **Permanent CNAs, CMAs, and Direct Caregivers have smaller differences in wages** across the nation than RNs and LPN/LVNs.
- Nationally, average wages for temporary CNAs, CMAs, and Direct Caregivers are clustered between \$15 and \$25 as displayed in Figure 2.5.

# RN: Oregon & Comparison States (BLS Data)

The chart below compares the range of RN wages in BLS Data<sup>1</sup> to evaluate where Oregon's wages for permanent and temporary staff are as compared to other states

Figure 2.6 - RN Wages for Permanent and Temporary Staff by State<sup>2</sup>



## OBSERVATIONS

- While wages vary in Oregon, where **permanent RNs receive \$17 less** than temporary RNs, the opposite is true in California where **permanent RNs receive \$26 more** than temporary staff.
- The average wages of permanent and temporary RNs are **most similar in Washington and Minnesota.**
- For all states, the difference between the highest and lowest wage is larger for temporary staff than permanent staff.

<sup>1</sup>Bureau of Labor Statistics OEWS May 2022 estimates. BLS average wages represent the overall average wage for that position for each of the comparison states.

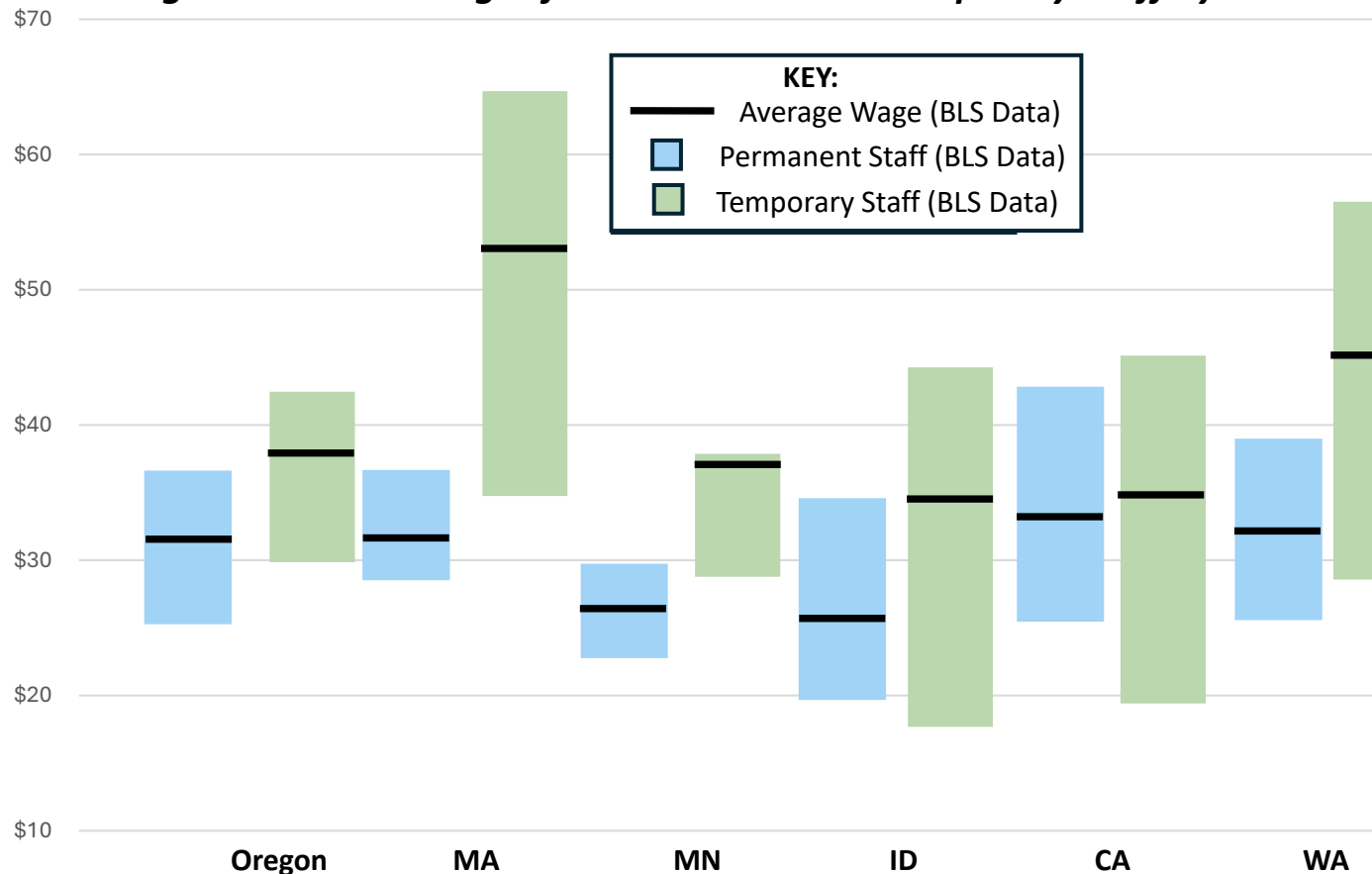
<sup>2</sup>Average wages are **not adjusted** for cost of living



# LPN/LVN: Oregon & Comparison States (BLS Data)

The chart below compares the range of LPN/LVN wages in BLS Data<sup>1</sup> to evaluate where Oregon's wages for permanent and temporary staff are as compared to other states

Figure 2.7 - LPN Wages for Permanent and Temporary Staff by State<sup>2</sup>



## OBSERVATIONS

- While wages between permanent and temporary LPNs in Oregon differ by approximately \$6, pay differs much more in Massachusetts (\$21.25) and Washington (\$12.20).
- In all states other than California, **average wages for temporary LPNs are at least \$6 higher** than permanent LPNs.
- For all states, the difference between the highest and lowest wage is larger for temporary staff than permanent staff.

Permanent Average	\$31.69	\$31.92	\$26.14	\$25.91	\$33.78	\$32.98
Temporary Average	\$37.35	\$53.17	\$37.68	\$34.22	\$34.68	\$45.18

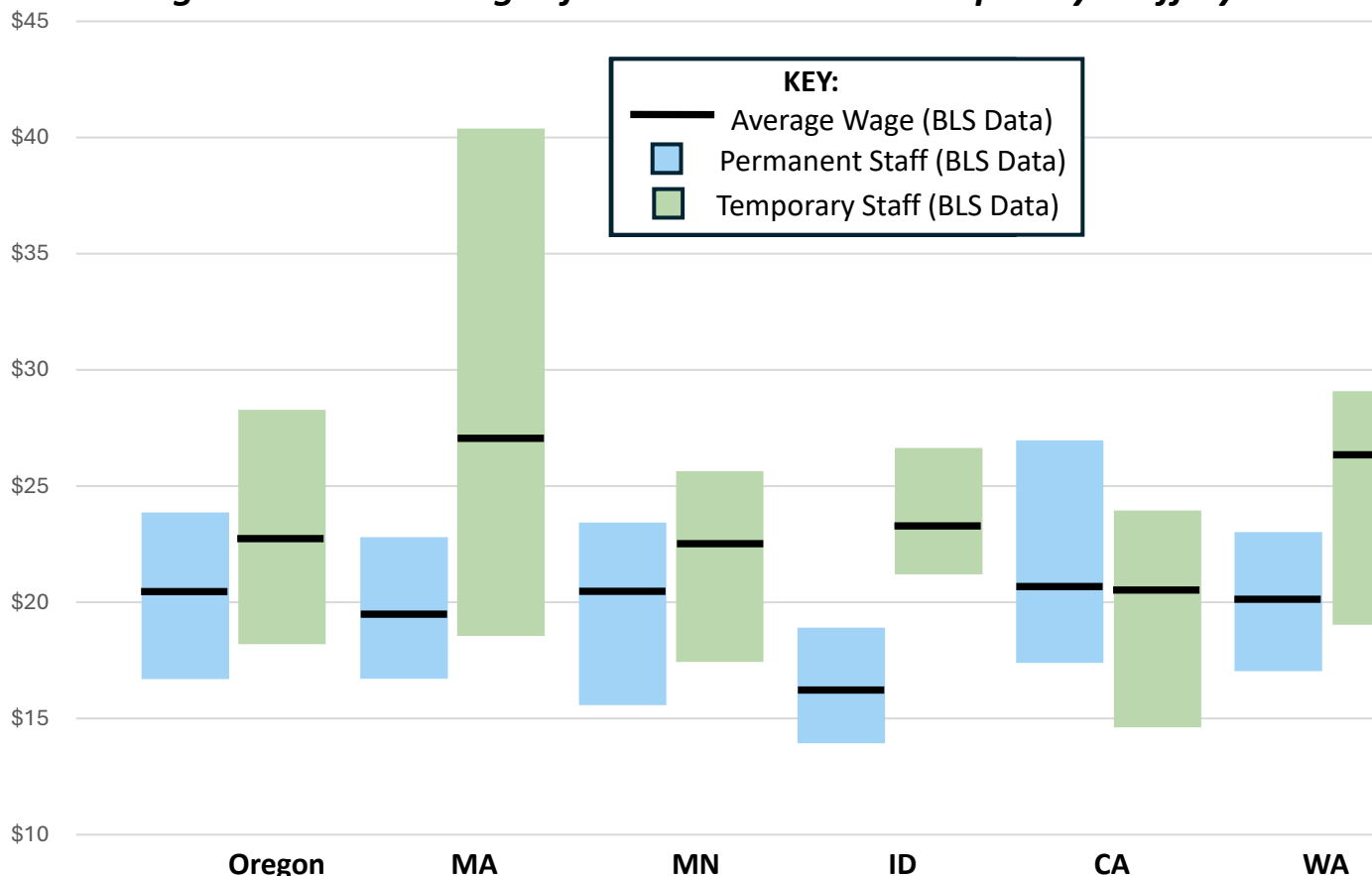
<sup>1</sup>Bureau of Labor Statistics OEWS May 2022 estimates. BLS average wages represent the overall average wage for that position for each of the comparison states.

<sup>2</sup>Average wages are **not adjusted** for cost of living

# CNA: Oregon & Comparison States (BLS Data)

The chart below compares the range of CNA wages in BLS Data<sup>1</sup> to evaluate where Oregon's wages for permanent and temporary staff are as compared to other states

Figure 2.8 - CNA Wages for Permanent and Temporary Staff by State<sup>2</sup>



	Oregon	MA	MN	ID	CA	WA
Permanent Average	\$20.30	\$19.53	\$20.43	\$16.61	\$20.76	\$20.02
Temporary Average	\$23.72	\$26.91	\$22.57	\$23.84	\$20.35	\$26.01



## OBSERVATIONS

- While the **difference between the average wages of permanent and temporary CNAs is less than \$4 in Oregon**, the difference is larger in states like Massachusetts (\$7.38) and Idaho (\$7.23).
- **Average wages of permanent and temporary CNAs in California are nearly the same with only a 41-cent difference.**
- For all states, the difference between the highest and lowest wage is larger for temporary staff than permanent staff.

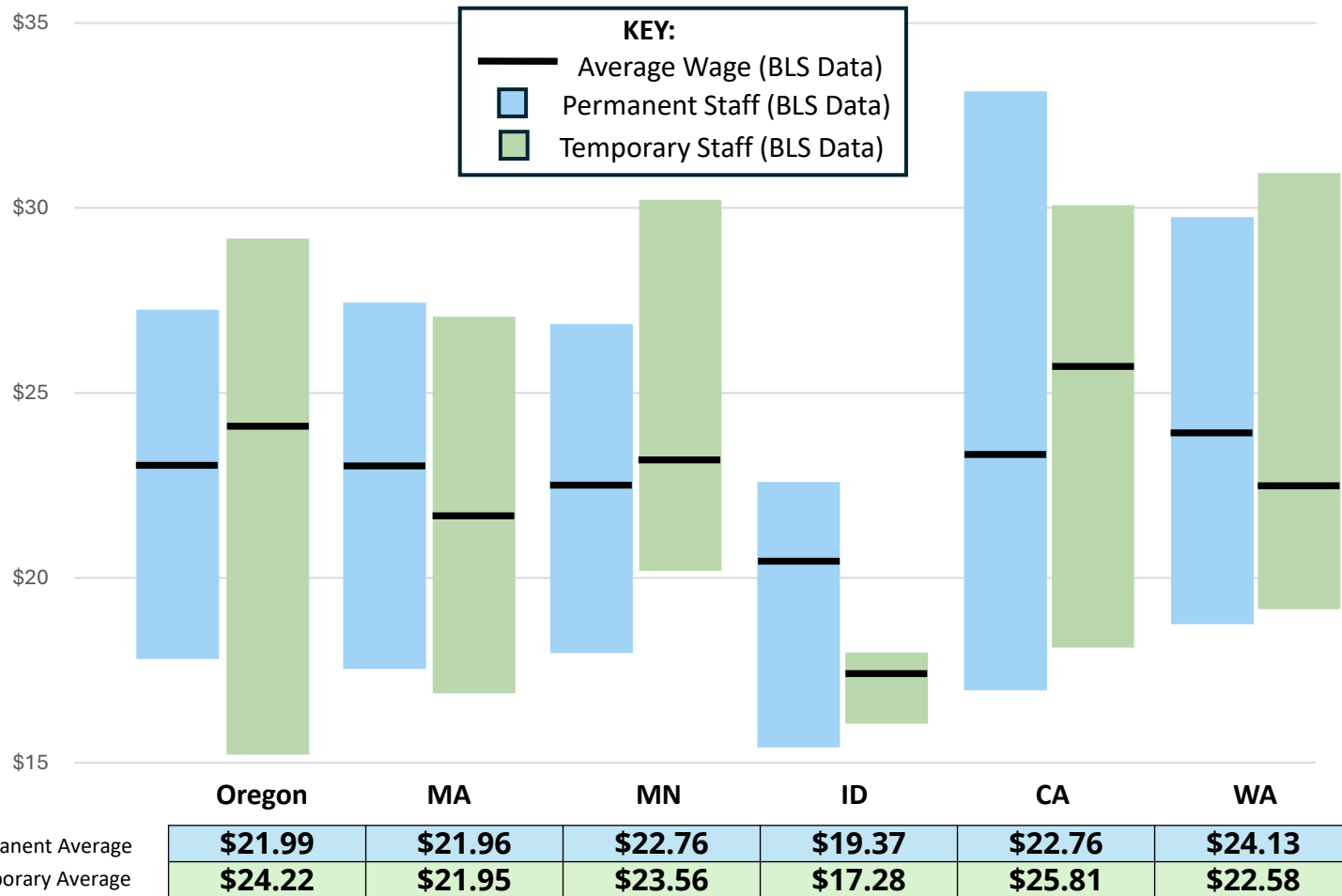
<sup>1</sup>Bureau of Labor Statistics OEWS May 2022 estimates. BLS average wages represent the overall average wage for that position for each of the comparison states.

<sup>2</sup>Average wages are **not adjusted** for cost of living

# CMA: Oregon & Comparison States (BLS Data)

The chart below compares the range of CMA wages in BLS Data<sup>1</sup> to evaluate where Oregon's wages for permanent and temporary staff are as compared to other states

Figure 2.9 - CMA Wages for Permanent and Temporary Staff by State<sup>2</sup>



## OBSERVATIONS

- Though smaller than other positions, the difference between the average wages of permanent and temporary CMAs is the greatest in California (\$3.05) and Oregon (\$2.23).
- Average wages of permanent and temporary CMAs in Massachusetts are nearly the same with only a one cent difference.
- Idaho's permanent and temporary average wages are lower than the other states shown, which all have average wages above \$21.
- In four of the six comparison states, the difference between the highest and lowest wage is larger for temporary staff than for permanent staff.

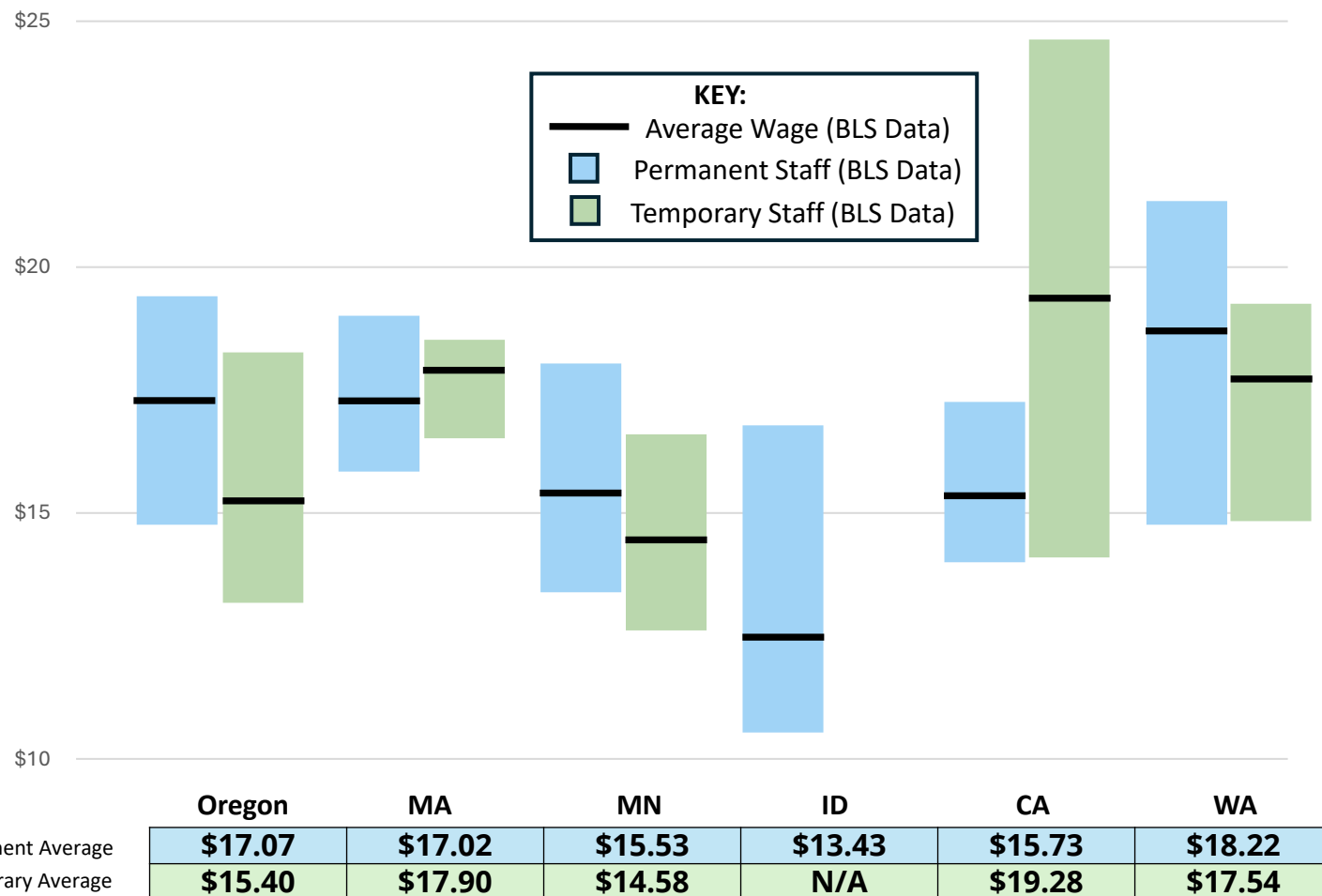
<sup>1</sup>Bureau of Labor Statistics OEWS May 2022 estimates. BLS average wages represent the overall average wage for that position for each of the comparison states.

<sup>2</sup>Average wages are **not adjusted** for cost of living

# Direct Caregiver: Oregon & Comparison States (BLS Data)

The chart below compares the range of Direct Caregiver wages in BLS Data<sup>1</sup> to evaluate where Oregon's wages for permanent and temporary staff are as compared to other states

**Figure 2.10 - Direct Caregiver<sup>2</sup> Wages for Permanent and Temporary Staff by State<sup>3</sup>**



## OBSERVATIONS

- The difference between the average wages of permanent and temporary Direct Caregivers is the greatest in California at \$3.55. However, in Oregon and the other states the difference is less than \$2.
- **Average wages of permanent and temporary Direct Caregivers are nearly the same** with a difference in wages of less than a dollar in Massachusetts, Minnesota, and Washington.
- BLS data **did not include wages for temporary** Direct Caregivers in Idaho.

<sup>1</sup>Bureau of Labor Statistics OEWS May 2022 estimates . BLS average wages represent the overall average wage for that position for each of the comparison states.

<sup>2</sup>Direct Caregiver aligns with Home Health and Personal Care Aide positions within BLS data set

<sup>3</sup>Average wages are **not adjusted** for cost of living

## Wage Comparison by Facility Type

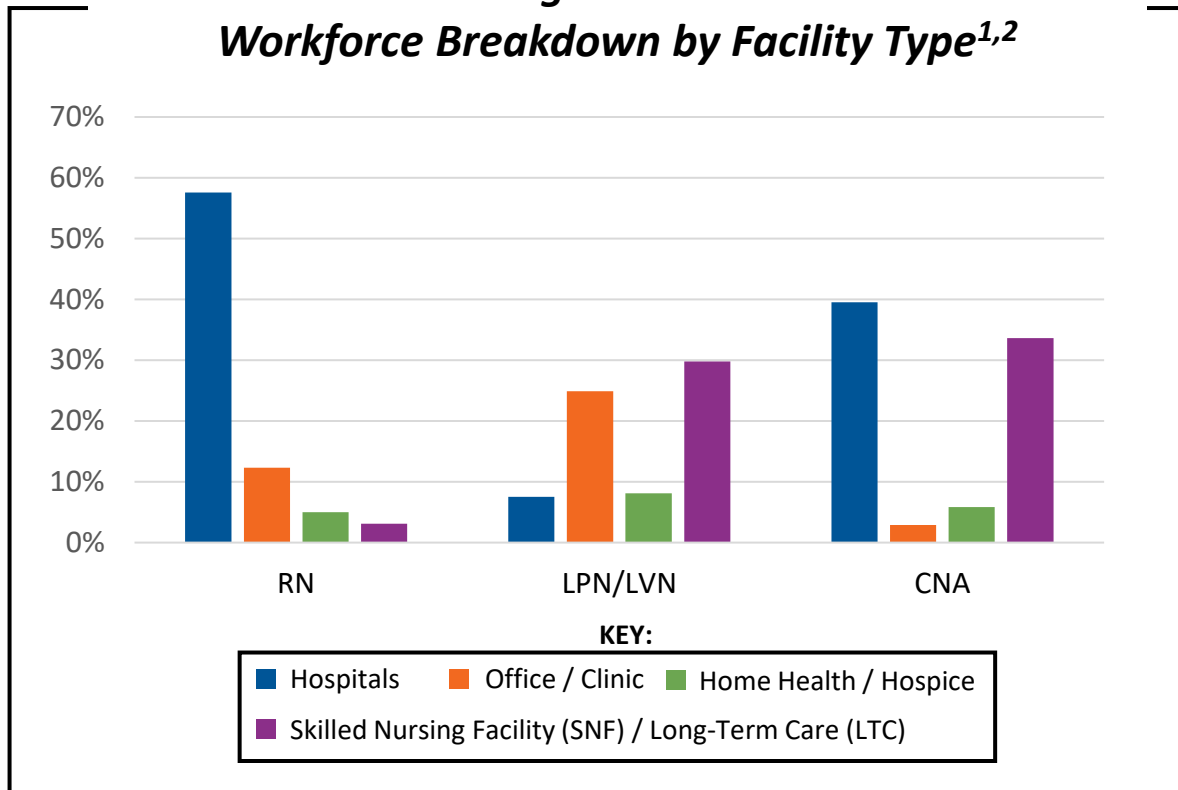
*This subsection provides a comparison of Oregon BLS and Partner data wages by facility type, as well as facility wages in bordering states*

# Oregon Scan: Workforce and Wages by Facility Setting

The below tables summarize the workforce breakdown in Oregon for facility types by position as reported by Oregon’s Health Care Workforce Reporting Program (2016 – 2022)<sup>1</sup>, and the average RN Wage by facility type as reported in the 2023 Oregon Wage Study

**Figure 2.11**

**Workforce Breakdown by Facility Type<sup>1,2</sup>**



**Figure 2.12 Average RN Wage by Facility Type<sup>3</sup>**

Practice Setting	Average Hourly Wage	Wage Factors Compared to Hospitals
Public Health	\$47.55	0.82
Residential Care Facility	\$49.86	0.86
Community Health	\$50.78	0.87
Skilled Nursing Facility	\$51.17	0.88
Home Health	\$51.38	0.88
Office / Clinic	\$51.63	0.89
Ambulatory Urgent / Emergency	\$52.61	0.90
Nursing Education	\$52.87	0.91
Ambulatory Surgical Center	\$52.89	0.91
Hospice	\$53.52	0.92
Hospital	\$58.25	Baseline
<b>Across All Practice Settings</b>	<b>\$55.14</b>	<b>0.95</b>

<sup>1</sup>OHA Health Care Workforce Reporting Program (2022)

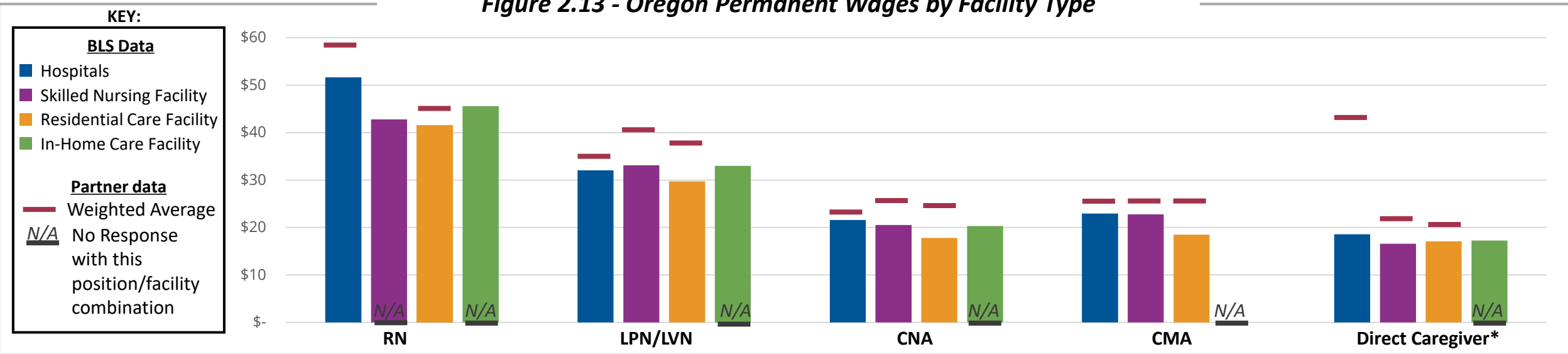
<sup>2</sup>Certified Medical Assistant and Direct Caregiver are not provided in this data set

<sup>3</sup>Oregon Wage Study OCN (2023). Average hourly wages represent the overall average wage for RNs in each practice setting.

# Permanent Wages Across Oregon Facilities

The chart and tables compare the wages of permanent staff by HB 2665 facility types in both BLS and Facility Partner data

Figure 2.13 - Oregon Permanent Wages by Facility Type



WAGES COMPARED TO HOSPITALS (BLS)

	Baseline	Baseline	Baseline	Baseline	Baseline
Hospitals	Baseline	Baseline	Baseline	Baseline	Baseline
Skilled Nursing Facility	-17%	3%	-5%	-1%	-11%
Residential Care	-20%	-7%	-18%	-19%	-8%
In-Home Care Facility	-12%	3%	-6%	N/A	-7%

WAGES COMPARED TO HOSPITALS (PARTNER DATA)

	Baseline	Baseline	Baseline	Baseline	Baseline
Hospitals	Baseline	Baseline	Baseline	Baseline	Baseline
Skilled Nursing Facility	N/A	19%	11%	-1%	-52%
Residential Care	-23%	14%	5%	-3%	-50%
In-Home Care Facility	N/A	N/A	N/A	N/A	N/A

<sup>1</sup>Direct Caregiver aligns with Home Health and Personal Care Aide positions within BLS data set

<sup>2</sup>Data collected by Partners is not inclusive of all HB impacted positions and facility types. Partner data averages represent the weighted average wage by position for all respondents

<sup>3</sup>HB 2665 specifically lists 'Memory Care Facilities;' however, the closest NAICS grouping in BLS is the same as the Residential Care grouping

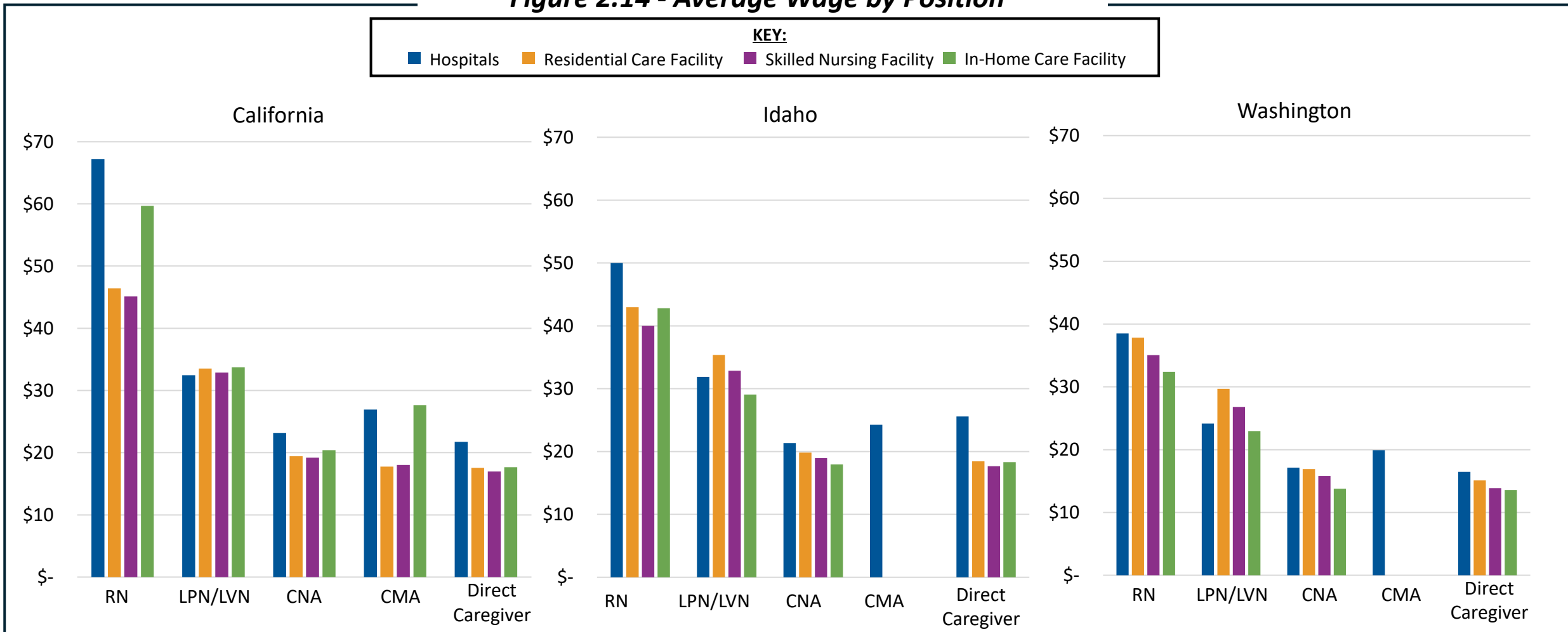
<sup>4</sup>BLS data is representative of wages from 2022 whereas Partner data is representative of wages recorded in 2023. BLS average wages represent the overall average wage in Oregon for each position.

*\*due to lack of Direct Caregiver definition, the Partner data is not considered credible*

# Facility vs. Hospital Pay in Bordering States

The graphs show the average wages by position and facility of bordering states – California, Idaho and Washington<sup>1</sup>. For all positions, **higher wages are paid in hospitals than in facilities in all bordering states**

**Figure 2.14 - Average Wage by Position<sup>2</sup>**



1. BLS data analyzed does include all facility types in the HB  
 2. Source: [Bureau of Labor Statistics OEWS May 2022 estimates](#). Graphs includes temporary and permanent staff workers in the data set, and average wages represent the overall average wage for each position by state.  
 3. Direct Caregiver aligns with Home Health and Personal Care Aide positions within BLS data set



# Observations: Wage Comparison by Facility Type



## OBSERVATIONS<sup>1</sup>

- Per the OHA Health Care Workforce Reporting Program, Figure 2.11 highlights that across Oregon, RNs practice the most in Hospital settings (57.6%), LPNs mostly align with SNFs and LTC facilities (29.8%), and CNAs practice mostly in Hospitals (39.5%).
- Data from the 2023 Oregon Wage Study, as shown in Figure 2.12, displays that among the various facility types in Oregon, **RNs practicing in hospitals receive wages that are 8-12% higher** than their counterparts working in other facilities.
- **Average wages in BLS are higher in hospitals** as compared to other facilities for **all positions but LPN/LVNs**. LPN/LVNs in Home Health Care Facilities and SNFs receive an average wage that is 3% higher than staff in hospitals, though those working in Residential Care Facilities receive an average wage that is 7% lower.
- Shown in Figure 2.13, **BLS data reveals that RNs, CNAs, and CMAs in Residential Care Facilities receive wages that are 18-20% lower than those in hospitals.**
- Figure 2.14 illuminates that for all positions besides LPN/LVNs, **BLS data shows health care staff in bordering states who work in hospitals are paid higher averages wages** than those in Residential Care Facilities.
- Per Partner data, **Direct Caregivers** in SNFs and Residential Care Facilities receive wages that are **50-52% lower than those in hospitals.**
- As seen in Figure 2.13, in Partner data the **average wages for RNs, Direct Caregivers<sup>2</sup>, and CMAs are higher in hospitals** as compared to other facilities. Yet LPN/LVNs and CNAs in SNF and Residential Care Facilities receive an average wage that is 5% to 19% higher than staff in hospitals.
- **Average wages** reported in Partner data **are most similar across facility types for CMAs** with facility wages 1-3% lower those in hospitals, where average wages in BLS **are most similar across facility types for LPN/LVNs** with at most a 7% difference in wages.

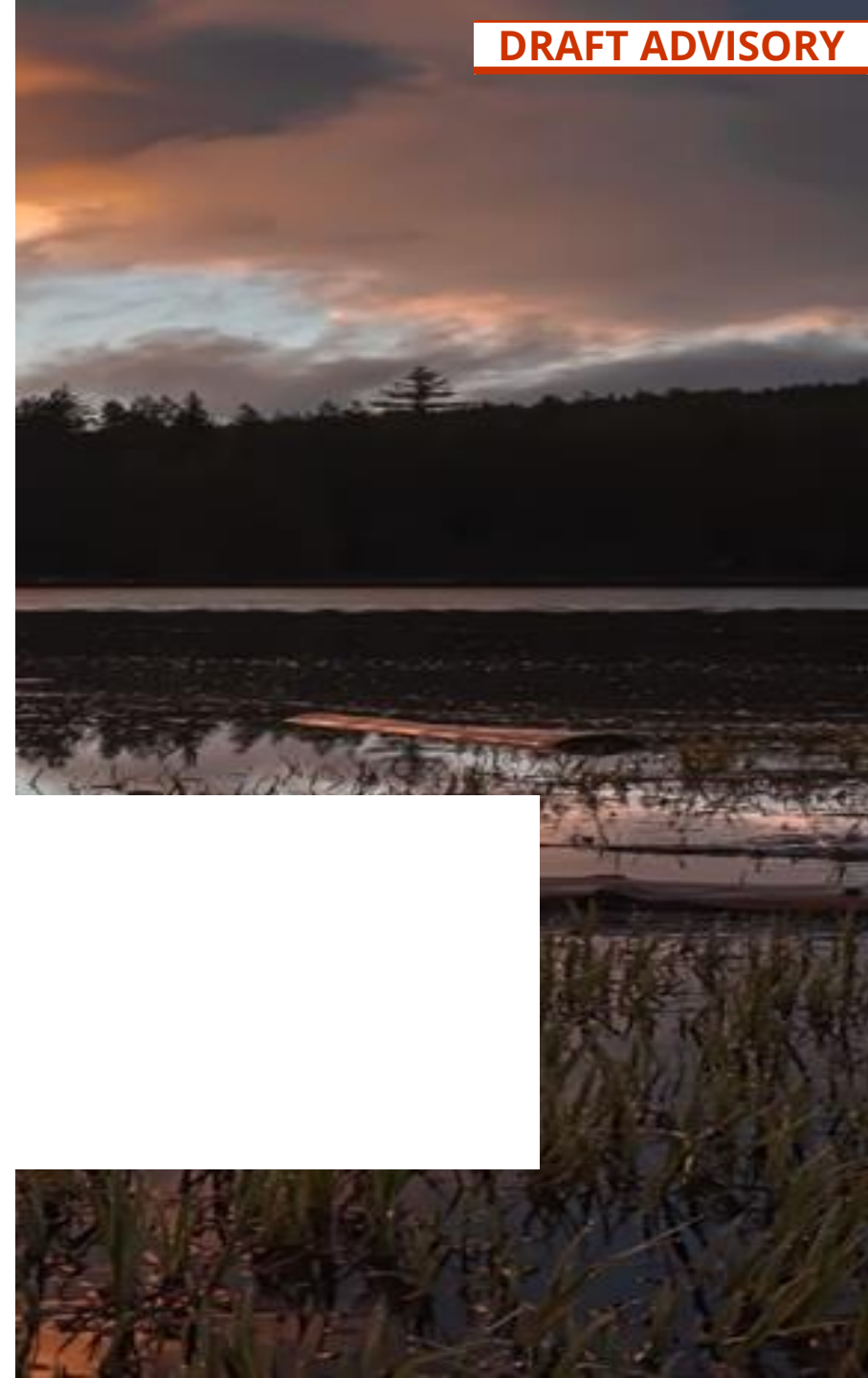
49 <sup>1</sup>Observations are based on data sourced in previous slides in this section

<sup>2</sup>Data reported for Direct Caregivers in Hospitals may not be reliable due to confusion on the definition of Direct Caregiver.

# Rate Component Analysis

This section provides an overview of the components that compose the bill rate for health care positions included in HB 2665. Analysis includes rate variation based on regions, shifts and specialty pay, and looks at how these components factor into the maximum rate set within states that have passed similar legislation.

- **Regional Variation**
- **Shift Differentials**
- **Specialty Pay**



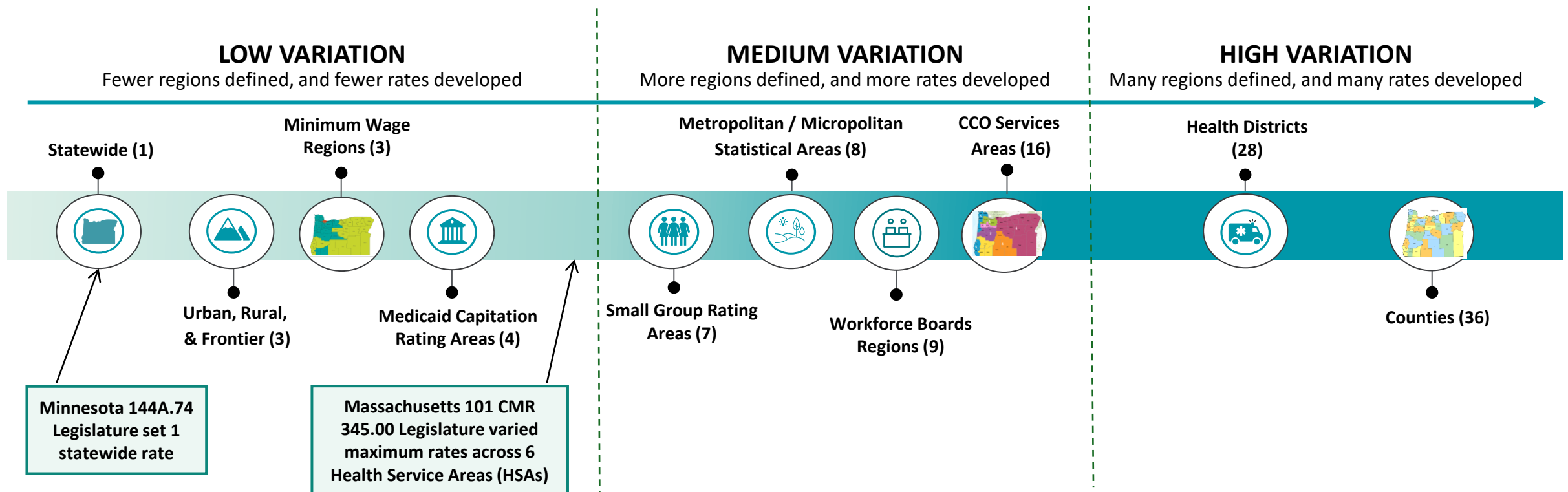
## Regional Variation

*This subsection provides an analysis of the regional variation of wages in Oregon and bordering states*

# Oregon Regional Variation

The below spectrum show how regional variation is considered within maximum rates for states that passed similar legislation to HB 2665 (MA and MS). In the following slides, regional variation is explored for minimum wage regions, metropolitan statistical areas. Credible wage data was not available for higher variation such as health districts or counties.

**Figure 3.1 – Regional Variation**



The following slides in this section explore the above regional variations using the maximum level of detail provided via publicly available wage data.

<sup>1</sup>Urban, Frontier, Rural Regions

<sup>3</sup>Metropolitan/Micropolitan Statistical Areas

<sup>5</sup>Small Group Market Rating Areas

<sup>7</sup>Health Districts

<sup>2</sup>Oregon Minimum Wage Regions

<sup>4</sup>Medicaid Capitation Rating Areas

<sup>6</sup>Coordinated Care Organization (CCO) Service Areas

<sup>8</sup>Oregon Counties

# Observations: Oregon Regional Variation Options



## OBSERVATIONS

### LOW REGIONAL VARIATION

- Low regional variation could result in easier implementation and calculation
- Low regional variation allows for greater statewide mobility with fewer salary-variation concerns
- Oregon minimum wage regions are familiar and well-defined
- Wage data is collected for minimum wages regions as they are adjusted annually

### MEDIUM REGIONAL VARIATION

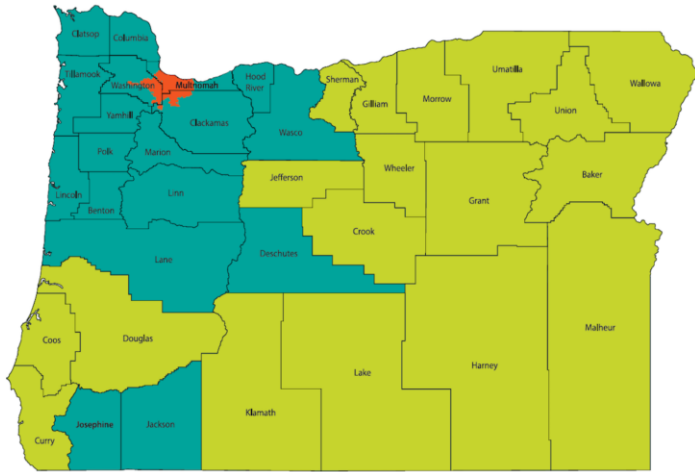
- As the number of regions increase, the variation in wages becomes more granular

### HIGH REGIONAL VARIATION

- High regional variation allows for the inclusion of cost of living and local demand for work at the most detailed level
- Complex implementation and calculation
- Mobility of healthcare staff may increase as rates vary by the county-level
- Administrative burden would be higher on all partners (facilities and temporary staff agencies)

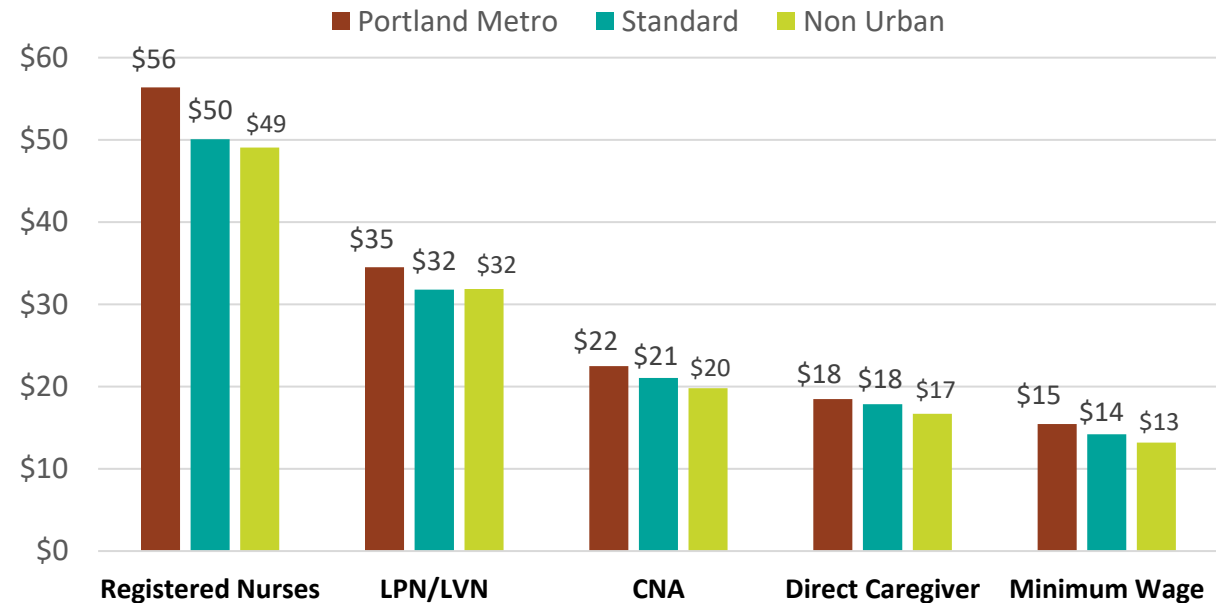
# Positions & Minimum Wage Comparison

Below are the average wages<sup>1</sup>, for permanent and temporary health care staff combined, for the positions outlined in HB 2665 in the various **minimum hourly wage regions**



As required by law, the Portland/Metro area minimum wage is set **\$1.25 above** Standard Counties and the Non-Urban Counties wage is set **\$1.00 below** Standard Counties.

**Figure 3.2 – Average Wages by Position and Region**



WAGES COMPARED TO PORTLAND METRO

Standard	-11%	-8%	-6%	-3%	-8%
Non-Urban	-13%	-8%	-12%	-10%	-15%

WAGES COMPARED TO PORTLAND METRO

Standard and Non-Urban Regions	-12%	-8%	-9%	-7%	-11%
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<sup>1</sup>The average wages provided are the overall average wage represented in data via Oregon Employment Department, Occupational Employment and Wage Statistics Program (2023)

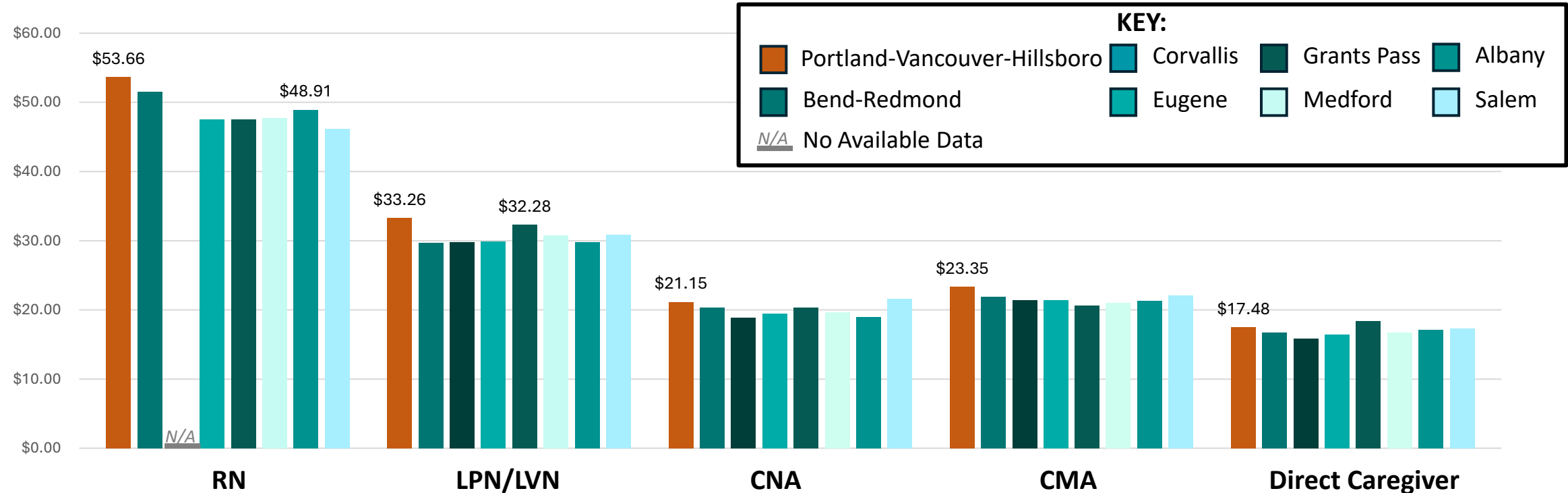
<sup>2</sup>Oregon Minimum Wage (2024)

<sup>3</sup>Direct Caregiver aligns with Home Health and Personal Care Aide positions within BLS data set

# Oregon Regional Wage Variation

The below graph shows the average wages for permanent and temporary health care staff combined by position for the eight BLS Metropolitan Statistical Areas (MSAs) in Oregon

Figure 3.3 - Oregon Average Wages by Region



WAGES COMPARED TO PORTLAND METRO

Standard Regions	-10%	-8%	-6%	-8%	-3%
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<sup>1</sup>Bureau of Labor Statistics OEWS May 2022 estimates. BLS average wages represent the overall average wage for each position by Oregon MSA.

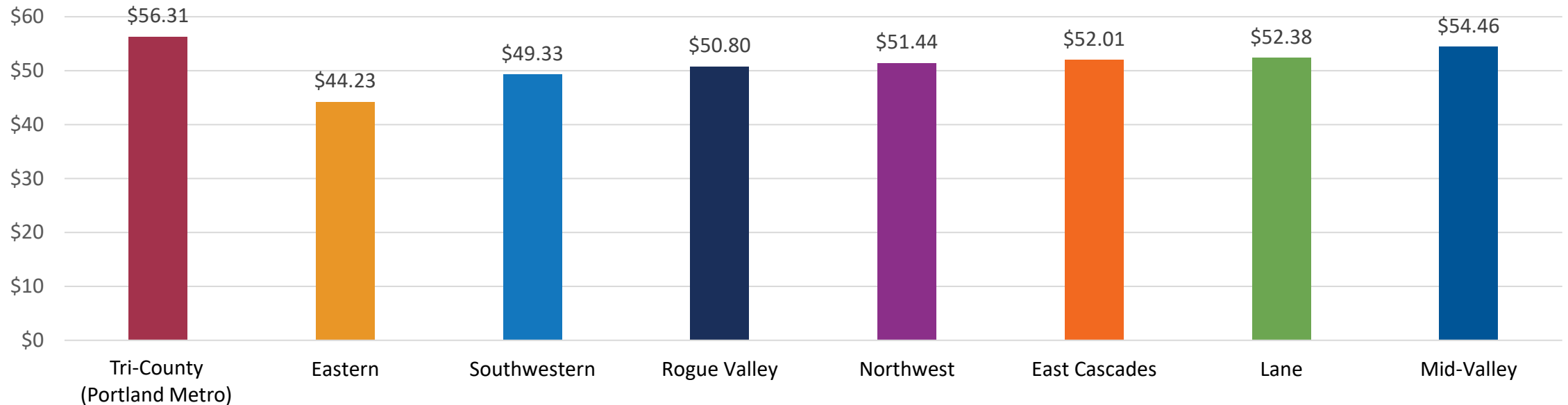
<sup>2</sup>Direct Caregiver aligns with Home Health and Personal Care Aide positions within BLS data set

<sup>3</sup>Wages are representative of both permanent and temporary health care workers

# Oregon RN Regional Wage Variation

The below graph shows the average wages of RNs, for both permanent and temporary RNs combined, for eight regional groupings defined by the Oregon Employment Department (OED) as per the 2023 Oregon Wage Study.<sup>1</sup>

**Figure 3.4 – Oregon 2023 RN Average Wages by Region**



**WAGES COMPARED TO PORTLAND METRO**

Baseline	-21%	-12%	-10%	-9%	-8%	-7%	-3%
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<sup>1</sup>Oregon Wage Study OCN (2023). The average wages represent the overall average wage in each Oregon region.

<sup>2</sup>Oregon Employment Department (2023)

<sup>3</sup>Wages are representative of both permanent and temporary health care workers

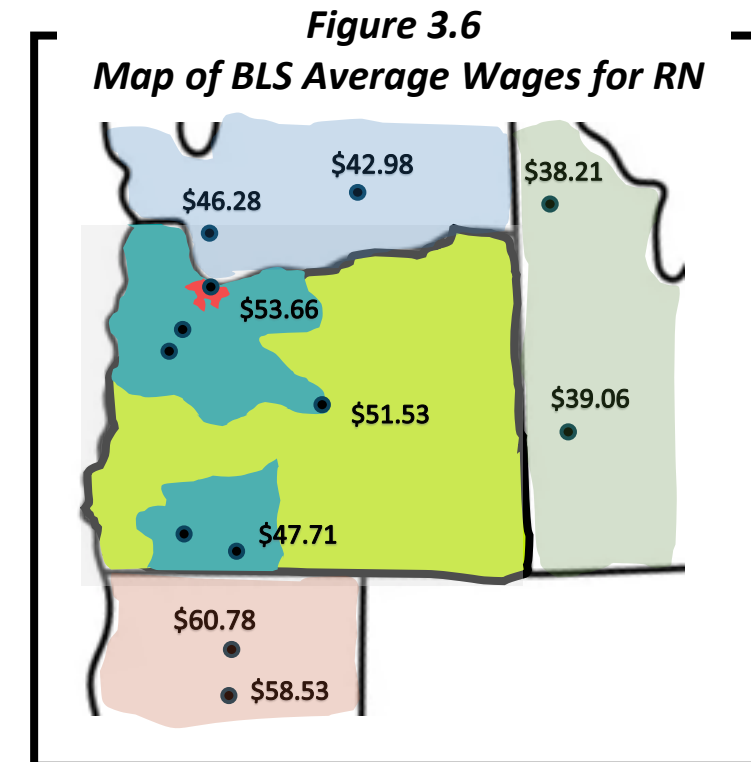


# Oregon and Border States Regional Wage Variation

The below chart shows the average wages for permanent and temporary staff combined by position for regional groupings in Oregon and bordering states. Compared to bordering states, Oregon pays the highest wages to LPN/LVNs, CNAs, and Direct Caregivers.

**Figure 3.5 – BLS Average Wages for Oregon and Bordering States**

	City / Region	RN	LPN/LVN	CNA	CMA	Direct Caregiver
OR	Portland (Metro)	\$53.66	\$33.26	\$21.15	\$22.05	\$17.28
	Albany	\$48.91	\$29.83	\$18.96	\$21.31	\$17.15
	Bend-Redmond	\$51.53	\$29.69	\$20.33	\$21.91	\$16.71
	Eugene	\$47.54	\$29.90	\$19.40	\$21.39	\$16.42
	Grants Pass	\$47.55	\$32.28	\$20.36	\$20.63	\$18.37
	Medford	\$47.71	\$30.80	\$19.70	\$20.98	\$16.72
	Salem	\$46.17	\$30.83	\$21.59	\$22.05	\$17.28
	Coast nonmetropolitan area	\$51.11	\$32.69	\$21.70	\$21.50	\$17.60
	Central nonmetropolitan area	\$51.63	\$32.72	\$21.59	\$22.34	\$18.01
	Eastern nonmetropolitan area	\$50.01	\$32.62	\$21.11	\$21.80	\$17.22
CA	Redding	\$58.53	\$29.88	\$18.47	\$20.95	\$14.48
	Chico	\$60.78	\$31.12	\$19.08	\$20.69	\$14.76
WA	Longview	\$46.28	\$31.38	\$19.30	\$22.64	\$17.31
	Yakima	\$42.98	\$30.63	\$18.62	\$19.92	\$17.73
ID	Boise City	\$39.06	\$27.38	\$17.88	\$19.78	\$13.80
	Lewiston	\$38.21	\$27.68	\$17.08	\$19.49	\$15.27



<sup>1</sup>Bureau of Labor Statistics OEWS May 2022 estimates. BLS average wages represent the overall average wage for each position by state. Average wages are **not adjusted** for cost of living.

<sup>2</sup>Direct Caregiver aligns with Home Health and Personal Care Aide positions within BLS data set

<sup>3</sup>Wages are representative of both permanent and temporary health care workers

# Observations: Oregon Regional Variation

The following observations apply to regional wages for permanent and temporary combined health care staff. Note: There was no regional data available for temporary health care staff separate from permanent health care staff.

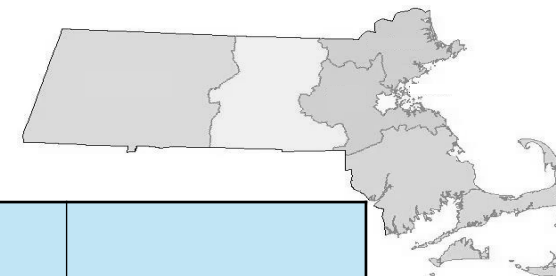


## OBSERVATIONS<sup>1</sup>

- As seen in Figure 3.2, **there is correlation between health care staff average wages and minimum wages**, with the highest wages paid in the Portland Metro region and the lowest in Non-Urban regions. Averages wages for health care staff are 3-11% higher in the Portland/Metro area compared to Standard counties.
- Similar to minimum wage regions, as seen in Figure 3.3 **RNs, LPN/LVNs, and CMAs, the Portland region pays the highest average wages**, with some variation in pay as large as 14% in other regions.
- Figure 3.3 demonstrates **there is relatively low variation in wages in all MSAs excluding Portland**, with the highest variation generated by CMAs in Grants Pass whose wages are 12% lower than those in Portland. Within each position across MSAs, **pay varies the most for RNs (\$7.29) with smaller differences among all other positions (\$2.50-\$3.50)**.
- **RNs located in the Portland Metro receive 3-21% more than RNs practicing in other regions**, as seen in Figure 3.4. Other than the Southwestern region of Oregon, RNs in western regions generally receive higher wages than RNs in eastern regions.
- Figure 3.5 displays that **when compared to bordering states, California pays higher wages to RNs than Oregon (\$4 – \$7 higher than Oregon’s highest wage)**. Likewise, **Washington pays slightly higher wages to CMAs than Oregon (30 cents higher than Oregon’s highest wage)**.
- Compared to bordering states, **Oregon pays the highest wages to LPN/LVNs, CNAs, and Direct Caregivers**.

# Massachusetts' Regional Variation

Massachusetts varies maximum rates for six health service areas based on the cost reports submitted by facilities from each region



*Figure 3.6 - Massachusetts 2024 Regional Wage Differentials*

	Position	HSA 1 Western	HSA 2 Central	HSA 3 Merrimack Valley	HSA 4 Greater Boston	HSA 5 Southeastern	HSA 6 North Shore
Facilities	RN	1.03	1.00	1.01	1.03	1.01	1.02
	LPN	1.02	1.00	1.02	1.07	1.04	1.07
	CNA	0.99	1.00	1.02	1.01	1.00	1.03
Hospitals	RN	0.95	1.00	0.98	1.02	0.98	0.98
	LPN	1.02	1.00	1.03	1.04	1.05	1.02
	CNA	1.01	1.00	1.02	1.03	1.02	1.04

*A wage differential above 1 indicates the worker in that region is held to a maximum rate that is greater than 1x times the rate of the same position in HSA 2 Central Region*

# Observations: Other States' Regional Variation



## OBSERVATIONS<sup>1</sup>

### MASSACHUSETTS

- Figure 3.6 demonstrates the regional wage variation of the HSAs **compared to the HSA 2 Central** wages for Nursing Facilities and Hospitals.
- Variation is as high as 7% for health care workers in nursing facilities and 5% in Hospitals.
- Wage differentials for each position are **not consistent** between **facility type**. For example, while **RNs working in Nursing Facilities** in the Western region are **paid 3% more** than those in the Central region, **RNs in Hospitals** are **paid 5% less**.

### MINNESOTA

- As mentioned on slide 13 in the *Similar Legislation* section of the report, Minnesota sets one statewide max rate. Though original legislation in 2001 set rates by region, Minnesota transitioned to **one statewide rate due to administration burden** for providers.

## Shift Differentials

*This subsection provides an overview of shift differential pay in Oregon and other states*

# Oregon Shift Differentials

Below are the average holiday, weekend, overnight, and on-call shift differentials in Oregon, based upon Partner data

## HOLIDAY

MULTIPLIER

**1.25 x – 2.0 x**

- 93% of all staff represented by the Partner data receive 1.5 times more pay on Holidays
- All Hospitals reported 1.5 times more pay on Holidays
- Remaining staff represented receive 1.25 – 2.0 times more pay on Holidays

## WEEKEND

DOLLAR ADD

**+ \$1 - \$5**

- Across all hospital and facility positions, the hourly add-on for weekend shifts varied from \$1-\$5, except one metro facility reporting up to 1.5x wage
- 80% of staff represented by temporary staff agencies, receive \$1-\$2, with the remaining staff being RN and LPN positions

## OVERNIGHT

DOLLAR ADD

**+ \$2 - \$6**

- Across the hospital and facility data respondents, the hourly add-on for overnight shifts varied between \$2-\$6 for all permanent positions
- Similarly, temporary staff agencies reported rate add-ons of \$1-\$5 for all positions

## ON-CALL

DOLLAR ADD

**+ \$1 - \$5**

- All permanent positions represented in hospital and facility responses receive \$1-\$5 for on-call pay, except one hospital where RNs receive up to \$12
- Temporary staff agencies reported rate add-ons of \$1.50-\$5 for all positions, with the exception of up to \$8 for RN positions

# Other States' Shift Differentials

Below are various holiday, weekend, overnight, and on-call shift differentials mandated or used in state legislation, health systems or national organizations

## HOLIDAY

- Massachusetts maximum rate legislation states holiday pay is 1.5x times the regular rate<sup>1</sup>
- In Minnesota maximum rate legislation, holiday pay in skilled nursing facilities averages 1.74x times the regular rate<sup>2</sup>

## WEEKEND

- Maximum weekend rates set by MA legislature average \$1.06 - \$5.33 above the weekday rate<sup>1</sup>
- University of Maryland Medical System (UMMS) listed weekend day differentials of \$1 for CNAs/MAs and \$3 for RNs<sup>3</sup>
- The National Institutes of Health (NIH) state its weekend nurse shift differential is 25% above the hourly rate<sup>4</sup>

## OVERNIGHT

- UMMS listed night shift differentials of \$1.75 for CNAs/MAs and \$4.75 for RNs<sup>3</sup>
- The NIH states the night shift differential is an additional 10% of the hourly rate<sup>4</sup>

## ON-CALL

- UMMS listed an on-call rate of \$3.50 per hour<sup>3</sup>
- Minnesota Nursing Association proposed a rate of 25% of regular pay for each hour of on-call status<sup>5</sup>
- NIH on-call wages are limited to an additional 25% of the hourly rate<sup>4</sup>

<sup>1</sup>Section 345.03 Massachusetts Regulation (2024)

<sup>2</sup>Potential Rate Caps for Temporary Nursing Staff (2022)

<sup>3</sup>UMMS Pay Practices (2020)

<sup>4</sup>NIH Title 38 Premium Pay (2020)

<sup>5</sup>MNA Agreement (2021-23)

# Observations: Shift Differentials



## OBSERVATIONS<sup>1</sup>

### OREGON

- Aside from Holiday pay, shift differentials reported in Partner data for all positions range from **\$1-\$6 per hour**.
- Results from Partner data show that **holiday pay is typically 1.5x wage**, but some reported 2.0x.
- In Partner data, Permanent staff are reported to have **slightly higher differentials** than temporary staff.
- Publicly available data from other maximum rate legislation and nursing associations **align with the shift differential data from Partners**.

### OTHER STATES

- As seen in the *Appendix*, the **max rate legislature in Massachusetts includes 6 shifts and a more granular rate table**, whereas Minnesota sets one overarching rate per position.
- Minnesota and Massachusetts both **increase the maximum rates for holidays by 1.5x wage or greater**.
- Shift differentials are common but vary as a percentage of wages or a flat dollar amount.
- **Weekend, overnight, and on-call shift differentials** are generally an additional **\$1-\$6 per hour** or **10-25%** above standard wage.

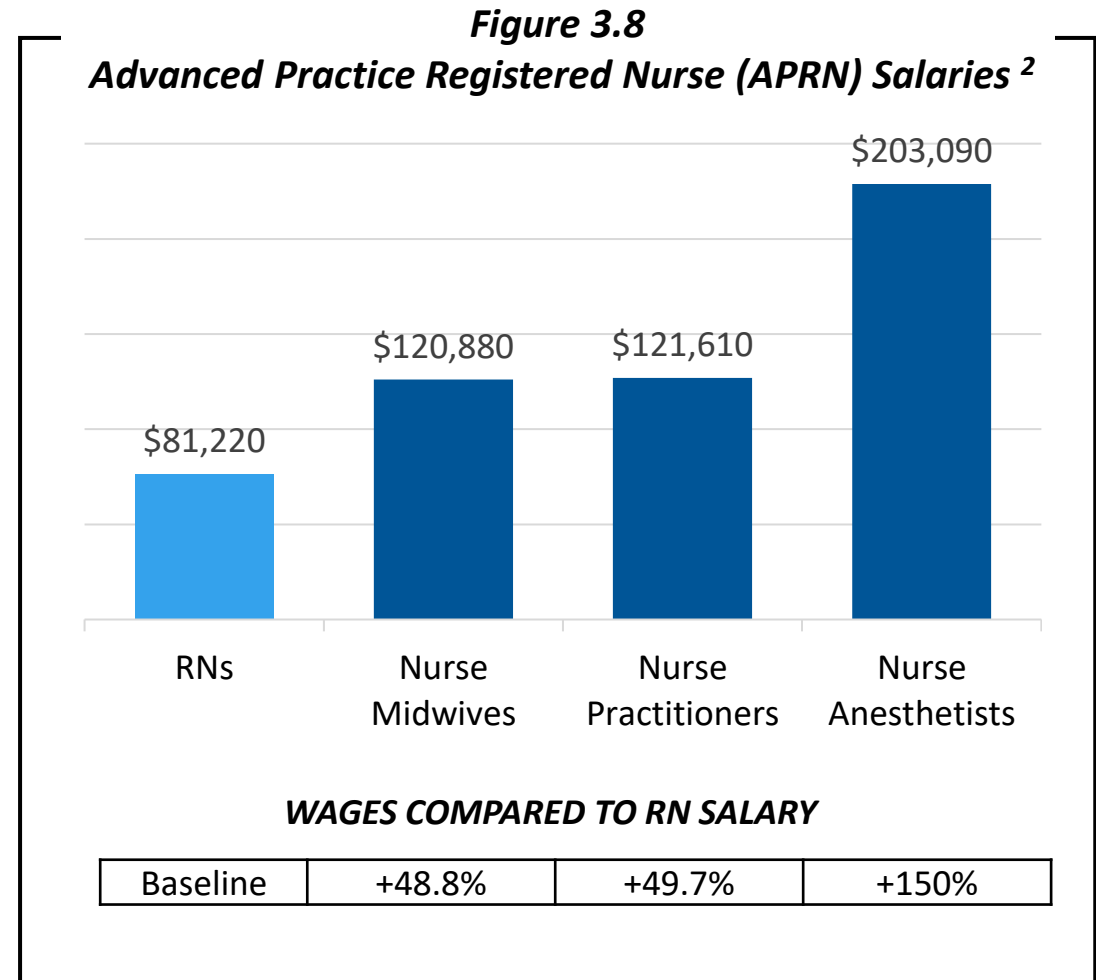
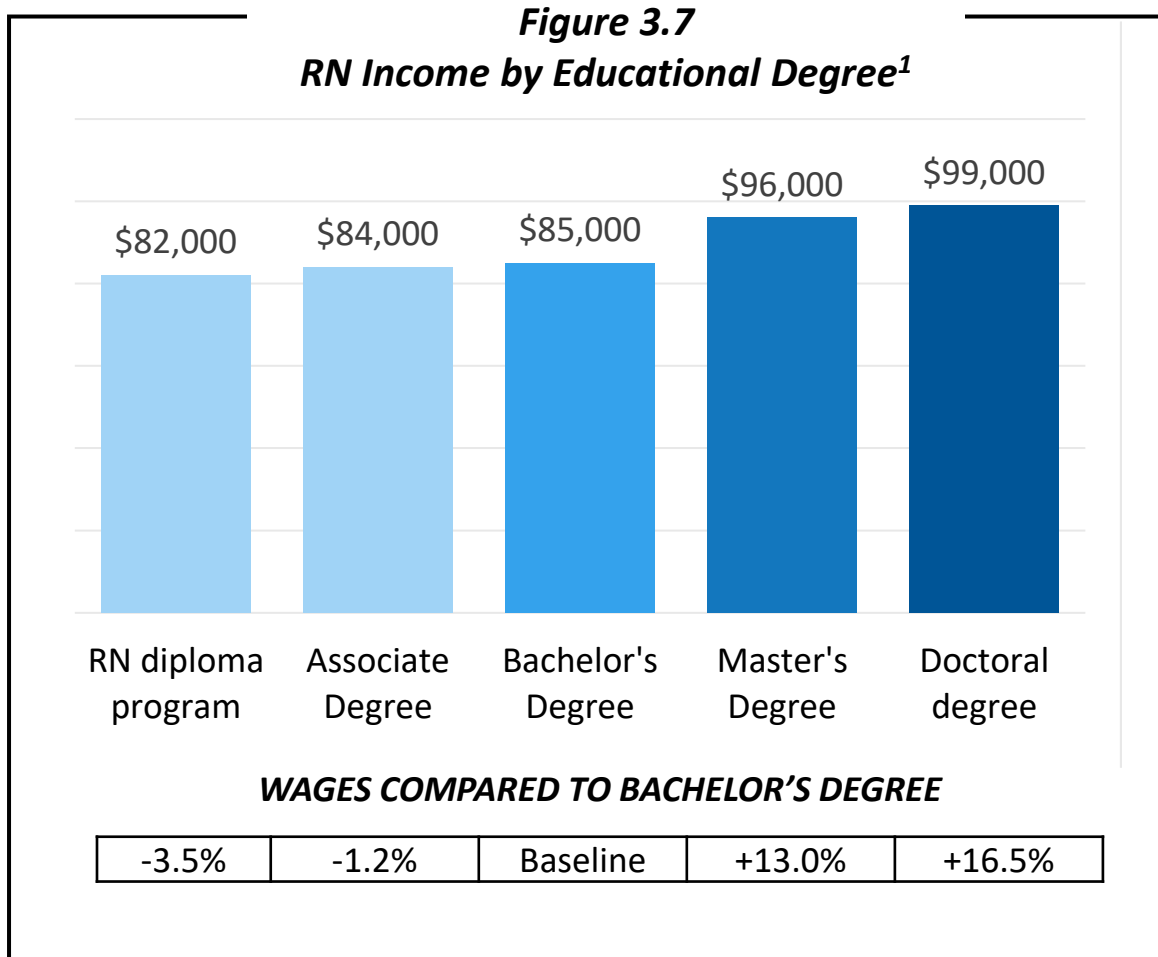


## Specialty Pay

*This subsection provides an overview of Oregon and National wages as it relates to level of education, credentialing, and tenure*

# Specialty Pay: National RN Credentialing

The below charts summarize the levels of pay for RNs depending on credentials and education



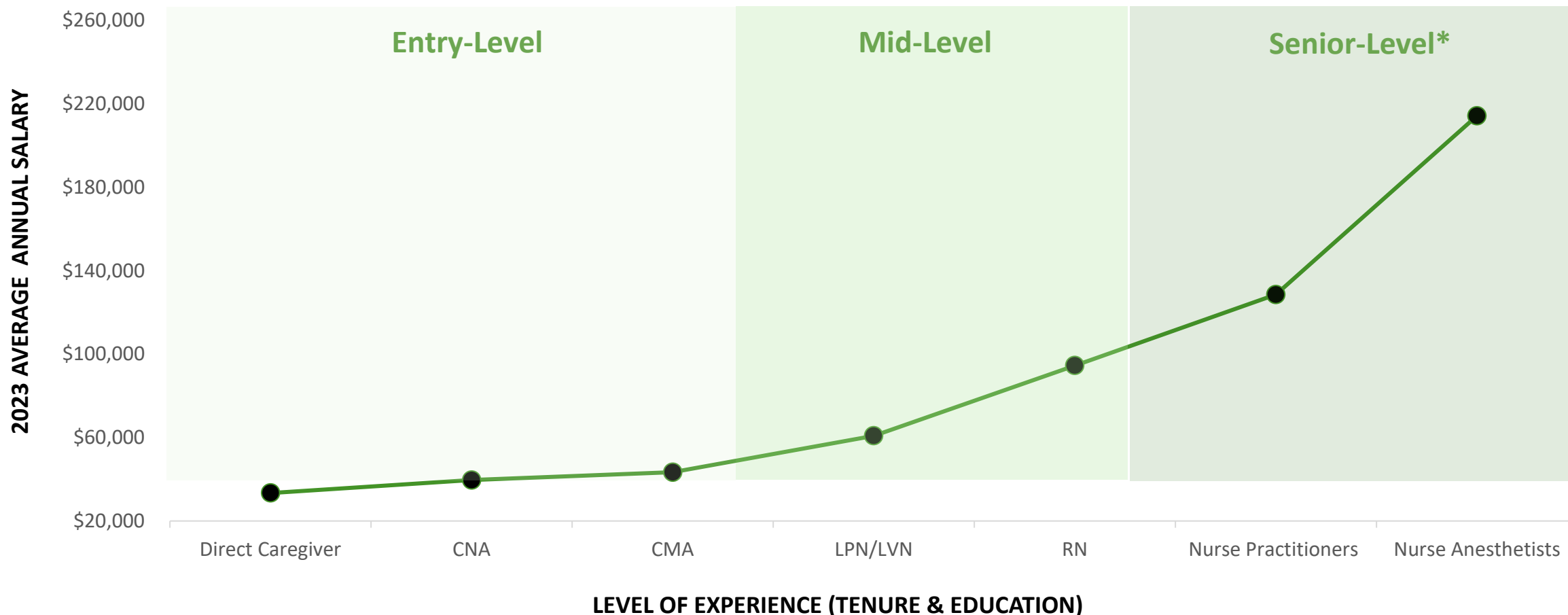
<sup>1</sup>Medscape RN/LPN Compensation Report (2022)

<sup>2</sup>BLS Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners (2022)

# Specialty Pay: National Tenure Pay Standards

Below is an **illustrative view** of how health care professionals are paid based on experience level nationally

**Figure 3.9 - National Average Wages by Position**



\*Nurse Practitioners and Nurse Anesthetists are not defined in HB 2665 as impacted health care positions

<sup>1</sup>Seniority Levels in the Workplace (2023)

# Observations: National Specialty Pay and Credentialing



## OBSERVATIONS<sup>1</sup>

### REGISTERED NURSES

- Figure 3.7 displays that **attainment of a masters or doctoral degree increases** the annual salary of RNs **by 13-16.5%**.
- As seen in Figure 3.8, **noncertified RNs** (45% of respondents) reported an average annual salary of **\$81,000**, whereas **certified RNs** (55% of respondents) reported an average salary of **\$92,000**
- Special certification for Adult, Pediatric, and Neonatal Critical Care Nurses (CCRN) provides a **3-5% increase in hourly pay**
- **Nursing Instructors and Teachers** (CNE Certification) **earn 6.5% more** on average than RNs<sup>6</sup>
- A Master's Degree is required for an **Advanced Practice Registered Nurse (APRN) Certification** which is the **highest paid** RN certification<sup>6</sup>

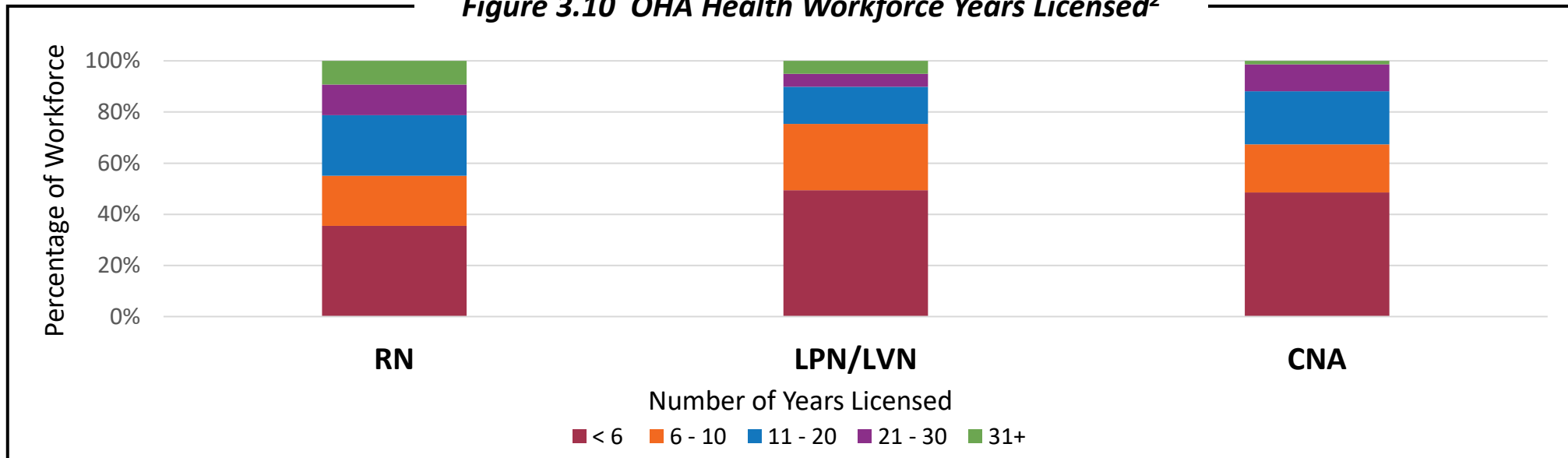
### OTHER POSITIONS

- The certification for LPN/LVNs **depends on the individual's preferred specialty** such as Wound Care Certification (WCC) and Long-Term Care Certifications which are common in Skilled Nursing Facilities<sup>5</sup>
- CNAs with a level 2 certification typically work in hospitals and **make 33-50% more than CNAs with a level 1 certification**<sup>3</sup>
- **CMA (AAMA) Certified Medical Assistants** earned an average **3.8% more** than Non-CMA (AAMA)-certified medical assistants<sup>4</sup>
- As seen in Figure 3.10, **the national annual salary for entry level positions** (Direct Caregiver, CNA, CMA) **varies by around \$10,000**. However, as certification and experience level increases to **mid and senior level positions** (LPN/LVN, RN, Nurse Practitioners, Nurse Anesthetists) **pay is approximately two to three times**, but can be up to five times, **the annual salary of entry-level positions**.

# Specialty Pay: Years Licensed and Education in Oregon

Below is a summary of number of years licensed by position in Oregon as well as wage factors for RNs by level of educational attainment

**Figure 3.10 OHA Health Workforce Years Licensed<sup>2</sup>**



**Figure 3.11 Oregon 2023 Wage Study: RN Educational Attainment<sup>3</sup>**

Educational Attainment	Average Annual Wage	Wage Factor
Diploma	\$103,063	-10.4%
Associates Degree	\$108,129	-6%
Bachelor's Degree	\$115,049	Baseline*
Master's Degree	\$125,757	+9.3%
Doctoral Degree (DNP, PhD, or DNSc)	\$132,841	+15.5%

<sup>1</sup>Certified Medical Assistant and Direct Caregiver are not provided in this data set

<sup>2</sup>OHA Health Care Workforce Reporting Program (2022)

<sup>3</sup>Oregon Wage Study OCN (2023)

# Specialty Pay: Levels of Tenure and Wages in Oregon

Below is a summary of factors, on average, for various levels of experience across Oregon based on Partner data<sup>1</sup> and a report from the Oregon Wage Study<sup>3</sup>

**Figure 3.12 - Salary Increases Factors Based on Experience by Position**

Steps <sup>2</sup>	LPN	CNA	CMA	Direct Caregiver
0	Baseline	Baseline	Baseline	Baseline
90 days	1.03	1.02	1.02	1.03
1	1.05	1.05	1.04	1.03
2	1.08	1.07	1.07	1.09
3	1.10	1.10	1.09	1.11
4	1.13	1.12	1.11	1.14
5	1.15	1.14	1.13	1.16
6	1.18	1.17	1.15	1.19
7	1.20	1.19	1.18	1.21
8	1.22	1.22	1.20	1.24
9	1.25	1.25	1.23	1.27
10	1.27	1.27	1.27	1.30

**Figure 3.13  
Oregon Wage Study: RN Wage Factors<sup>3</sup>**

Tenure	Wage Factor
< 1 year	Baseline
At least 1 year but < 3 years	1.04
At least 3 years but < 5 years	1.09
At least 5 years but < 10 years	1.12
10+ years	1.18

<sup>1</sup>Partner data representative of 7 facilities in Oregon. Not inclusive of all facility types or positions outlined in the HB.

<sup>2</sup>Steps are salary increases based on annual anniversary or Salary Eligibility Date (SED).

<sup>3</sup>Oregon Wage Study OCN (2023)

# Observations: Specialty Pay for Tenure



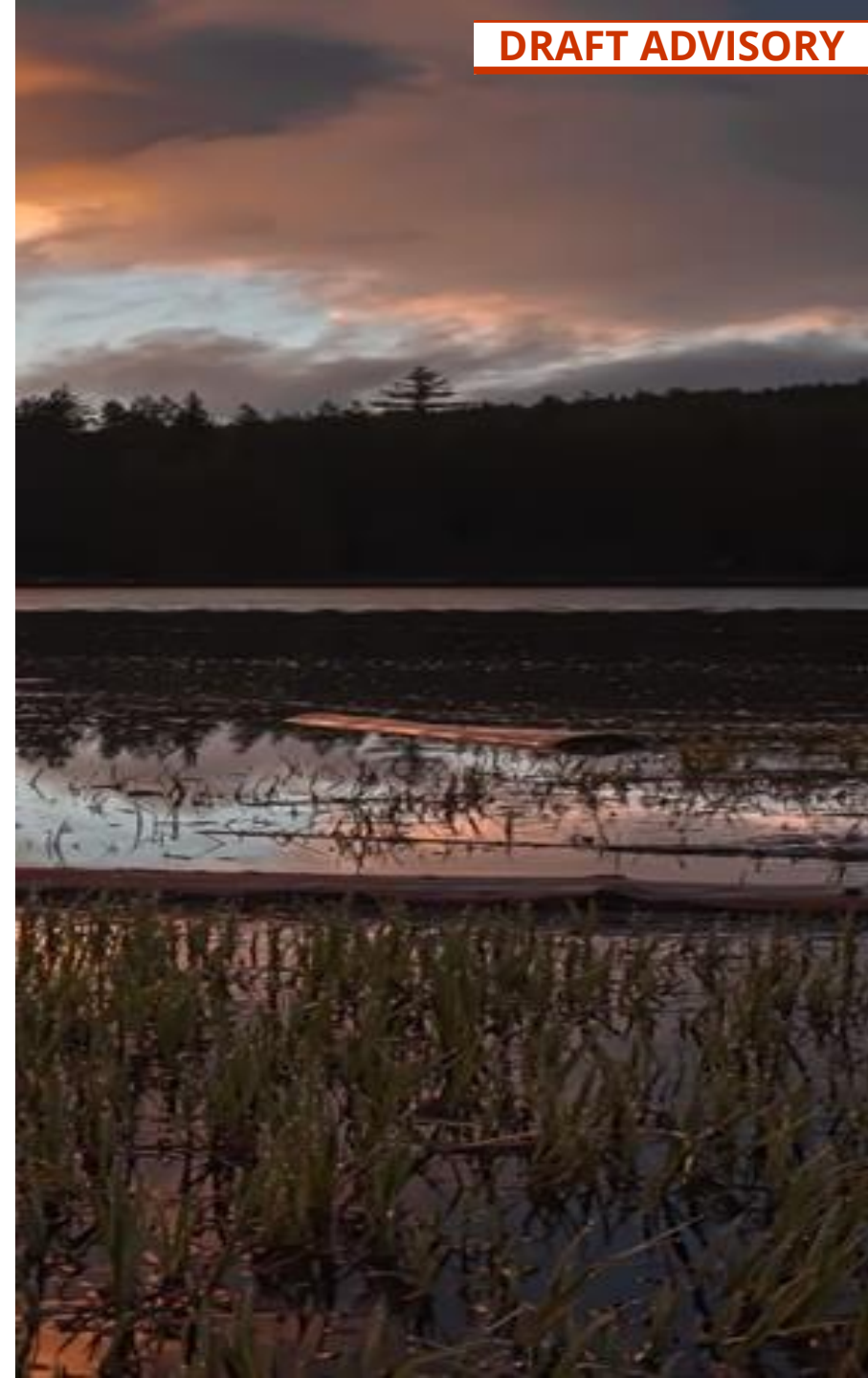
## OBSERVATIONS<sup>1</sup>

- Figure 3.10 demonstrates across the LPN, RN, and CNA positions, **35-49% of the workforce in Oregon are entry-level workers with less than 6 years of experience.**
- As show in Figure 3.11, the **attainment of a master's or doctoral degree in Oregon increases the annual salary of RNs by 9-15%** which is similar to national findings.
- Similarly, **there is a steady increase in pay as tenure increases** for health care staff in Oregon, as shown in Figure 3.12 and Figure 3.13. The **level of the pay increase due to additional years of service varies** depending on position but averages **an increase of 2-3% per year of service attained.**
- Seen in Figure 3.12, the wage factors for each additional year of tenure in select Oregon facilities are **relatively similar across all positions**

# Appendix

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Additional details supporting the Report.





# Appendix A: Bureau of Labor Statistics

The Bureau of Labor Statistics (BLS) data utilized in analysis represents the results of the May 2022 Occupational Employment and Wage Statistic Survey, which provides wage data for approximately 1.1 million employers in the United States

The BLS Occupational Employment and Wage Statistic Survey was utilized to provided data on the following items

## Positions

- Registered Nurse
- Licensed Practical and Licensed Vocational Nurse
- Medical assistant
- Nursing assistant
- Home Health and Personal Care Aid
  - BLS data does not have “Direct Caregiver” as an occupation title, but Home Health and Personal Care Aid was determined to be the most representative of Direct Caregiver

## Facility Types

Data was pulled for the following employer classification types as determined by their corresponding North American Industry Classification System (NAICS) code<sup>1</sup>.

- Healthcare Sector (NAICS sector 62)
  - Classifications of businesses in sector 62 include Hospitals, Healthcare and Social Assistance, Assisted Living and Nursing Homes, Social Assistance, Ambulatory Health Care Services
- Temporary Help Services (NAICS code [561320](#))

<sup>1</sup>The North American Industry Classification System (NAICS) is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy.

# Appendix B: Facility and Agency Partner Data

OHA deployed a request to secure important data about temporary and permanent health care staff in Oregon<sup>1</sup>

## WHO

Sent to 1000+ facilities and temporary staff agency contacts operating in the state of Oregon based on contacts identified by OHA Health Licensing Office, ODHS APD, trade associations, and health care unions.

## WHEN

Opened on February 19 and closed on March 11 with an extension through March 22, 2024. A public informational session was hosted on March 5, 2024 (120+ attendees) and is posted on the HB 2665 website.

## DATA COLLECTED

- ❖ Wages and Rates of temporary and permanent health care staff positions across Oregon, for the positions and facilities included in the bill
- ❖ Cost data on the Temporary Staff agencies such as administrative salaries, profit, fringe benefits
- ❖ Data by region and licensed care setting to help OHA evaluate the degree to which geographic variation and facility type affects the rates

<sup>1</sup>A notable limitation regarding the Partner data collected include the significant variance in the number of responses for each position, facility, and region. Minimum, average, and maximum wages provided in Partner data are less credible than other wage data sources.

# Appendix C: Facility and Agency Partner Data

Received a 4.4% response rate from facilities and agencies, combined. The data request was sent to 21.4%<sup>1</sup> of facilities (of those, 13.4% completed) and 30.7%<sup>2</sup> of agencies (of those, 11.9% completed) operating in Oregon<sup>5</sup>

## Hospital and Facilities Summary

*Received 25 responses*

### Regions

#### Portland/Metro

- Portland Metro (7)
- Clackamas (4)

#### Standard Counties

- Mid-Valley (4)
- Lane (4)
- Rogue Valley (2)
- Northwest Oregon (1)

#### Nonurban Counties

- East Cascades (5)
- Southwestern Oregon (1)
- Eastern Oregon (0)

### Facility Types

- Residential Care Facility (13)
- Hospitals (5<sup>3</sup>)
- Facility with a Memory Care Endorsement (1)
- Long-Term Care Facility (1)
- In-Home Care Agency (0)
- Skilled Nursing Facility (6)
- Did Not Respond (4)

### Service Employees International Union (SEIU) Local 503

*Wage data (including shift differentials and tenure) collected for 7 facility types:*

- Residential Care Facility/ Facility with a Memory Care Endorsement(1)<sup>4</sup>
- Skilled Nursing Facility (6)

### Monthly Patient Volume

- 25 or less (4)
- 25 to 100 (8)
- 100+ (5)
- Unknown (7)

## Temporary Staffing Agency Summary

*Received 20 responses\**

### Regions

#### Portland/Metro

- Portland Metro (18)
- Clackamas (11)

#### Standard Counties

- Mid-Valley (14)
- Lane (11)
- Rogue Valley (13)
- Northwest Oregon (11)

#### Nonurban Counties

- East Cascades (11)
- Southwestern Oregon (14)
- Eastern Oregon (10)

#### Unspecified (2)

### % In Health Care Positions

- Most respondents have 100% health care positions
- Two exceptions with ~10% and ~70% health care positions

### Oregon vs. Out-of-State

- Only four respondents have 100% Oregon temporary staff workers
- Data reported from agencies with staff in other states were asked to only submit data for staff working in Oregon

*\*One agency submitted 6 separate responses for different divisions. Each was recorded separately*

<sup>1</sup>Facility count is inclusive of hospitals, memory care endorsement, residential care facility, in-home care agencies, and skilled nursing facilities identified by OHA and [OHCA \(2024\)](#)

<sup>2</sup>Agency count based on OHA Health Licensing Office authorized Oregon temporary staffing agencies list as of April 2024

<sup>3</sup>Represents a network of hospitals and facilities

<sup>4</sup>Reported as Community-Based Care facility. As defined in [OAR Chapter 411](#), all residential care and assisted living facilities are considered home and community-based care settings

<sup>5</sup>All response rates are estimated based on available information regarding the number of facilities and agencies operating in Oregon as of April 2024

# Appendix D: Massachusetts Max Rates

Massachusetts has numerous maximum rates due to varying by position, facility, shift, and region

## MASSACHUSETTS 2024 MAX RATES

(2) Maximum Prices, Nursing Facilities.

(a) Registered Nurse (RN) – Nursing Facility.

Shift	HSA 1 Western	HSA 2 Central	HSA 3 Merrimack Valley	HSA 4 Greater Boston	HSA 5 Southeastern	HSA 6 North Shore
Weekday 1	\$71.03	\$68.84	\$69.49	\$71.37	\$69.80	\$70.51
Weekday 2	\$75.29	\$73.10	\$73.75	\$75.63	\$74.06	\$74.76
Weekday 3	\$77.42	\$75.22	\$75.88	\$77.76	\$76.18	\$76.89
Weekend 1	\$76.35	\$74.16	\$74.81	\$76.69	\$75.12	\$75.83
Weekend 2	\$78.48	\$76.29	\$76.94	\$78.82	\$77.25	\$77.96
Weekend 3	\$78.48	\$76.29	\$76.94	\$78.82	\$77.25	\$77.96

(b) Licensed Practical Nurse (LPN) – Nursing Facility.

Shift	HSA 1 Western	HSA 2 Central	HSA 3 Merrimack Valley	HSA 4 Greater Boston	HSA 5 Southeastern	HSA 6 North Shore
Weekday 1	\$60.06	\$58.77	\$59.93	\$63.24	\$61.28	\$63.15
Weekday 2	\$64.32	\$63.03	\$64.19	\$67.50	\$65.54	\$67.41
Weekday 3	\$66.44	\$65.15	\$66.32	\$69.63	\$67.67	\$69.54
Weekend 1	\$65.38	\$64.09	\$65.25	\$68.57	\$66.60	\$68.47
Weekend 2	\$67.51	\$66.22	\$67.38	\$70.69	\$68.73	\$70.60
Weekend 3	\$67.51	\$66.22	\$67.38	\$70.69	\$68.73	\$70.60

(c) Certified Nurse Aide (CNA) – Nursing Facility.

Shift	HSA 1 Western	HSA 2 Central	HSA 3 Merrimack Valley	HSA 4 Greater Boston	HSA 5 Southeastern	HSA 6 North Shore
Weekday 1	\$32.43	\$32.86	\$33.45	\$33.33	\$32.89	\$34.00
Weekday 2	\$34.56	\$34.99	\$35.58	\$35.46	\$35.02	\$36.12
Weekday 3	\$35.62	\$36.06	\$36.64	\$36.53	\$36.08	\$37.19
Weekend 1	\$35.62	\$36.06	\$36.64	\$36.53	\$36.08	\$37.19
Weekend 2	\$36.69	\$37.12	\$37.70	\$37.59	\$37.14	\$38.25
Weekend 3	\$37.22	\$37.65	\$38.24	\$38.12	\$37.68	\$38.78

(3) Maximum Prices, Hospitals.

(a) Registered Nurse (RN) – Hospital.

Shift	HSA 1 Western	HSA 2 Central	HSA 3 Merrimack Valley	HSA 4 Greater Boston	HSA 5 Southeastern	HSA 6 North Shore
Weekday 1	\$96.76	\$102.35	\$100.28	\$105.00	\$100.21	\$100.08
Weekday 2	\$106.81	\$112.40	\$110.33	\$115.05	\$110.27	\$110.13
Weekday 3	\$110.49	\$116.08	\$114.01	\$118.73	\$113.94	\$113.81
Weekend 1	\$107.16	\$112.75	\$110.68	\$115.40	\$110.61	\$110.48
Weekend 2	\$110.99	\$116.57	\$114.51	\$119.23	\$114.44	\$114.31
Weekend 3	\$112.74	\$118.32	\$116.26	\$120.98	\$116.19	\$116.06

(c) Licensed Practical Nurse (LPN) – Hospital.

Shift	HSA 1 Western	HSA 2 Central	HSA 3 Merrimack Valley	HSA 4 Greater Boston	HSA 5 Southeastern	HSA 6 North Shore
Weekday 1	\$63.35	\$61.66	\$63.93	\$64.24	\$65.47	\$62.72
Weekday 2	\$71.66	\$69.96	\$72.24	\$72.54	\$73.77	\$71.02
Weekday 3	\$73.91	\$72.21	\$74.48	\$74.79	\$76.02	\$73.27
Weekend 1	\$72.37	\$70.67	\$72.95	\$73.25	\$74.49	\$71.73
Weekend 2	\$75.53	\$73.83	\$76.11	\$76.41	\$77.65	\$74.89
Weekend 3	\$76.33	\$74.63	\$76.91	\$77.21	\$78.45	\$75.69

(d) Certified Nurse Aide (CNA) – Hospital.

Shift	HSA 1 Western	HSA 2 Central	HSA 3 Merrimack Valley	HSA 4 Greater Boston	HSA 5 Southeastern	HSA 6 North Shore
Weekday 1	\$35.76	\$35.31	\$36.03	\$36.61	\$36.10	\$37.26
Weekday 2	\$44.32	\$43.87	\$44.59	\$45.17	\$44.66	\$45.82
Weekday 3	\$46.18	\$45.73	\$46.45	\$47.03	\$46.52	\$47.68
Weekend 1	\$45.53	\$45.08	\$45.81	\$46.38	\$45.87	\$47.03
Weekend 2	\$49.58	\$49.13	\$49.85	\$50.42	\$49.92	\$51.08
Weekend 3	\$50.38	\$49.93	\$50.65	\$51.22	\$50.72	\$51.88

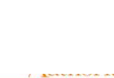
# Appendix E: Assumptions List

The following assumptions were made in the rate setting and data analysis process

Source	Assumptions
Partner data	<ul style="list-style-type: none"> <li>• The “minimum” shown in the data request is the lowest of all minimums provided</li> <li>• The “maximum” shown in the data request is the largest of all maximums provided</li> <li>• The average is a weighted average (by staff count) of the averages provided (to help credibility)                             <ul style="list-style-type: none"> <li>• When staff counts were not provided, average staff counts were imputed from similar groupings (permanent vs. temporary employee, facility vs. agency, and by position)</li> </ul> </li> <li>• When responses could not be interpreted, questions were sent for clarification; if no response was received, best judgement was used to interpret the data or responses were ignored</li> <li>• Data has not been audited</li> </ul>
BLS	<ul style="list-style-type: none"> <li>• OEWS May 2022 Survey (a compilation of semi-annual surveys from November 209 – May 2022)...assumption is that this represents CY2022 data (even though multiple survey years are likely present in the data)</li> <li>• Per conversations with OED, NAICS 62XXXX is considered reliable to indicate nurses in permanent employment; however, NAICS 561320 is needed to identify nurses working in temporary staffing agencies. The NAICS_TITLE for 561320 is “Temporary Help Services.” NAICS 62XXXX is broadly “Health Care and Social Assistance”</li> <li>• Some values (like the Corvallis, OR, Registered Nurse wages) are not credible and are omitted by BLS</li> <li>• Unless data was omitted, data is assumed to be credible enough for use (Relative Standard Error is ignored)</li> <li>• Wages by Minimum Wage Areas were provided by OED. Data has not been audited</li> <li>• Data for “Home Health and Personal Care Aides” has been assumed to represent the “Direct Caregiver” position in this analysis</li> <li>• Data for Nursing Assistants and Medical Assistants omits the word “Certified”</li> <li>• Data has not been audited</li> </ul>
Quality Info	<ul style="list-style-type: none"> <li>• OED uses BLS to assemble this data and then applies wage trends. The wage trends are calculated by comparing Quality Info to BLS and assumed that a single annual trend rate was applied. These trend rates can be referenced in the model</li> <li>• Unless data was omitted, data is assumed to be credible enough for use (Relative Standard Error is ignored)</li> <li>• Data has not been audited</li> </ul>

# Appendix F: Positions and Facilities

State	Position	Facilities
<b>Oregon</b>	<ul style="list-style-type: none"> <li>• RN</li> <li>• LPN</li> <li>• CMA</li> <li>• CNA</li> <li>• Direct caregiver</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital</li> <li>• In-Home Care Agency</li> <li>• Facility with a Memory Care Endorsement</li> <li>• Residential Care Facility</li> <li>• Skilled Nursing Facility</li> </ul>
<b>Rhode Island</b>	<ul style="list-style-type: none"> <li>• RN</li> <li>• LPN</li> <li>• CNA</li> <li>• Medication Aide</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing Facilities</li> <li>• Assisted Living Residence</li> </ul>
<b>Massachusetts</b>	<ul style="list-style-type: none"> <li>• RN</li> <li>• LPN</li> <li>• CNA</li> </ul>	<ul style="list-style-type: none"> <li>• Long-term Care Facility</li> </ul>
<b>Minnesota</b>	<ul style="list-style-type: none"> <li>• RN</li> <li>• LPN</li> <li>• CNA</li> <li>• TMA</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing Home Facility</li> </ul>
<b>Iowa</b>	<ul style="list-style-type: none"> <li>• RN</li> <li>• LPN</li> <li>• CNA</li> <li>• CMAs</li> <li>• Home Health Aides</li> <li>• Medication Managers</li> <li>• Non-Certified or Non-Licensed Staff that are Home Health Agency Workers</li> </ul>	Health care entities – facility, agency, or program licensed or certified by the Department for Medicare and Medicaid services
<b>New York</b>	Specific licensed personnel as defined in the bill	<ul style="list-style-type: none"> <li>• Hospital</li> <li>• Nursing home</li> <li>• Residential health care facility</li> </ul>





# Appendix G: Exclusions from HB2665

“Temporary staffing agency” does **not** include:

Does Not Include	ORS Definition	
A staff arrangement established by an entity solely for use by the entity, or by any entity associated with the entity, and in which the only costs are salaries paid to individuals who perform work;	N/A	
An employment agency as defined in <a href="#">ORS 658.005</a> ;	“Employment agency” or “agency” means a business, service, bureau or club operated by a person, firm, organization, limited liability company or corporation engaged in procuring for a fee, employment for others and employees for employers.	
An individual who provides the individual’s services on a temporary basis;	N/A	
Home health agencies licensed under <a href="#">ORS 443.015</a> ;	A person may not establish a home health agency or organization providing home health services for compensation, or purport to manage or operate a home health agency or organization, without first obtaining a license from the Oregon Health Authority. The license shall be renewable annually and is not transferable.	
In-home care agencies licensed under <a href="#">ORS 443.315</a> ; or	A person may not establish, manage or operate an in-home care agency or purport to manage or operate an in-home care agency without obtaining a license from the Oregon Health Authority.	
Home care workers and personal support workers listed on the home care registry as defined in <a href="#">ORS 410.600</a> .	Home care worker” means a person:(A) Who is hired or selected by an elderly person or a person with a physical disability or by a parent or guardian of an elderly person or a person with a physical disability; (B) Who receives moneys from the Department of Human Services for the purpose of providing care to the elderly person or the person with a physical disability; (C) Whose compensation is funded in whole or in part by the department, an area agency or other public agency; and (D) Who provides either hourly or live-in home care services; or (b) Who provides home care services to private payers through the program described in <a href="#">ORS 410.605 (Private pay home care worker program)</a> .	“Personal support worker” means a person: (a) Who is hired or selected by a person with a developmental disability or mental illness or a parent or guardian of a person with a developmental disability or mental illness; (b) Who receives moneys from the department for the purpose of providing care to the person with a developmental disability or mental illness;(c) Whose compensation is provided in whole or in part through the department, a support services brokerage or other public agency; and (d) Who provides home care services in the home or community.