

FIRST REGULAR SESSION

HOUSE BILL NO. 322

102ND GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE APPELBAUM.

0474H.01I

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal section 197.289, RSMo, and to enact in lieu thereof seven new sections relating to the delivery of nursing services, with penalty provisions.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Section 197.289, RSMo, is repealed and seven new sections enacted in lieu thereof, to be known as sections 197.900, 197.902, 197.904, 197.906, 197.908, 197.910, and 197.912, to read as follows:

197.900. 1. The provisions of sections 197.900 to 197.912 shall be known and may be cited as the "Missouri Hospital Patient Protection Act".

2. For purposes of sections 197.900 to 197.912, unless the context clearly indicates otherwise, the following terms mean:

(1) "Ancillary support staff", the personnel who assist in providing patient care services under the direction of a nurse for the delivery of safe, therapeutic, and effective patient care including, but not limited to, unit or ward clerks and secretaries; clinical technicians; respiratory therapists; and radiology, laboratory, housekeeping, and dietary personnel;

(2) "Department", the department of health and senior services;

(3) "Direct care registered nurse", a registered nurse as defined in section 335.016 who has accepted a direct, hands-on patient care assignment and whose primary responsibility is to provide direct, hands-on patient care;

(4) "Employment", the provision of services under a contract or other arrangement to provide nursing services to a health care facility;

(5) "Health care facility", a hospital licensed under this chapter;

EXPLANATION — Matter enclosed in bold-faced brackets ~~thus~~ in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

17 (6) "Nursing care plan", a plan developed by each patient's assigned direct care
18 registered nurse that indicates the nursing care to be given to the individual patient and
19 that:

20 (a) Considers the severity of illness of the patient;

21 (b) Is developed in coordination with the patient, the patient's family, or other
22 representatives when appropriate, and staff of other disciplines involved in the care of
23 the patient;

24 (c) Reflects all elements of the nursing process; and

25 (d) Recommends the number and skill mix of additional licensed and unlicensed
26 direct care staff needed to fully implement the nursing care plan;

27 (7) "Patient assessment" or "assessment", the observation of signs and
28 symptoms of illness, reactions to treatment, general behavior, or general physical
29 condition and the analysis, synthesis, or evaluation of those data observed for the
30 purposes of providing nursing care in the practice of professional nursing including, but
31 not limited to, the determination of whether the signs, symptoms, reactions, behavior, or
32 general appearance exhibit abnormal characteristics;

33 (8) "Professional judgment", the application of a direct care registered nurse's
34 knowledge, expertise, and experience in conducting an assessment of each patient and in
35 making independent decisions about patient care, including, but not limited to, decisions
36 about the need for additional staff, that are in the exclusive interests of the patient and
37 are based upon the analysis of data, information, and scientific evidence;

38 (9) "Professional nursing", the same meaning given to the term in section
39 335.016;

40 (10) "Skill mix", the differences in licensing, specialty, and experience among
41 direct care registered nurses.

197.902. 1. A health care facility shall implement a staffing plan that provides
2 that, at all times during each shift within a hospital unit, clinical unit, or patient care
3 area of the facility, and with the full complement of ancillary support staff, a direct care
4 registered nurse is assigned to not more than the following staffing levels:

5 (1) One direct care registered nurse to one patient in a trauma emergency unit
6 or one trauma patient in an emergency unit or department;

7 (2) One direct care registered nurse to one patient in an operating room unit.
8 The operating room shall have at least one direct care registered nurse assigned to the
9 duties of the circulating registered nurse and a minimum of one additional person as a
10 scrub assistant for each patient-occupied operating room;

11 (3) One direct care registered nurse to one unstable newborn or one newborn in
12 the resuscitation period as assessed by a direct care registered nurse;

- 13 (4) One direct care registered nurse to one patient receiving conscious sedation;
- 14 (5) One direct care registered nurse to two or fewer patients in a critical care
15 unit including, but not limited to, neonatal intensive care units; critical care and
16 intensive care units; labor and delivery units; coronary care units; acute respiratory
17 care units; postanesthesia units, regardless of the type of anesthesia administered; burn
18 units; and any other areas in the health care facility where a patient's condition requires
19 critical or intensive care;
- 20 (6) One direct care registered nurse to two or fewer infants in an intensive care
21 newborn nursery service unit;
- 22 (7) One direct care registered nurse to two or fewer critical care patients in an
23 emergency unit or department;
- 24 (8) One direct care registered nurse to three or fewer patients in an emergency
25 unit or department; step-down unit or intermediate intensive care unit; pediatric unit;
26 telemetry unit; antepartum unit; or combined labor, delivery, and postpartum unit;
- 27 (9) One direct care registered nurse to four or fewer patients in a medical or
28 surgical unit, psychiatric unit, presurgical unit where only presurgical unit patients are
29 present, newborn nursery, or other specialty care unit;
- 30 (10) One direct care registered nurse to five or fewer patients in a rehabilitation
31 unit or skilled nursing unit; and
- 32 (11) In a labor, delivery, or postpartum unit or care area:
- 33 (a) One direct care registered nurse to one active labor patient;
- 34 (b) One direct care registered nurse to one patient with medical or obstetrical
35 complications, during the initiation of epidural anesthesia, or during circulation for a
36 cesarean section delivery;
- 37 (c) One direct care registered nurse to two or fewer antepartum patients
38 requiring continuous fetal monitoring;
- 39 (d) One direct care registered nurse to three or fewer antepartum patients who
40 are not in active labor;
- 41 (e) During birth, one direct care registered nurse to the mother and one
42 additional direct care registered nurse for each baby born whose sole responsibility is
43 that baby;
- 44 (f) One direct care registered nurse to one mother-plus-infant couplet for
45 immediate postpartum patients and, in the case of multiple births, one additional direct
46 care registered nurse for each baby born; and
- 47 (g) For postpartum patients or postsurgical gynecological patients, one direct
48 care registered nurse to two or fewer mother-plus-infant couplets or, in a mother-only
49 unit or area, one direct care registered nurse to four or fewer patients.

50 **2. A health care facility's staffing plan shall provide, at all times during each**
51 **shift within a hospital unit, clinical unit, or patient care area of the facility, and with the**
52 **full complement of ancillary support staff, that:**

53 **(1) At least two direct care registered nurses shall be physically present in each**
54 **hospital unit, clinical unit, or patient care area where patients are present; and**

55 **(2) In the emergency unit or department:**

56 **(a) At least one registered nurse shall be assigned to triage patients;**

57 **(b) Only a direct care registered nurse shall be assigned to a triage patient or a**
58 **critical care patient;**

59 **(c) The direct care registered nurse assigned to triage patients shall be**
60 **immediately available at all times to triage patients when they arrive in the emergency**
61 **department and shall be assigned only to perform triage functions;**

62 **(d) Triage registered nurses shall not be assigned the responsibility of the base**
63 **radio; and**

64 **(e) Triage, radio, or flight registered nurses shall not count in the calculation of**
65 **direct care registered nurse staffing levels.**

66 **3. Identifying a hospital unit, clinical unit, or patient care area by a name or**
67 **term other than those referred to in subsections 1 and 2 of this section shall not affect**
68 **the requirement that a health care facility staff the unit or area with direct care**
69 **registered nurses consistent with the staffing levels identified for the level of intensity or**
70 **type of care described in this section.**

71 **4. Each patient shall be assigned to a direct care registered nurse who shall**
72 **directly provide the patient assessment, planning, supervision, implementation, and**
73 **evaluation of the nursing care provided to the patient at least every shift and who is**
74 **responsible for the provision of care to a particular patient within his or her scope of**
75 **practice.**

76 **5. A patient assignment shall not be included in the calculation of the direct care**
77 **registered nurse staffing level required in this section unless care is provided by a direct**
78 **care registered nurse and the provision of care to the particular patient is within that**
79 **direct care registered nurse's competence.**

80 **6. A health care facility shall not assign a direct care registered nurse to a**
81 **hospital unit, clinical unit, or patient care area unless the health care facility determines**
82 **that the direct care registered nurse has demonstrated current competence in providing**
83 **care in such unit or area and has also received orientation to such unit or area sufficient**
84 **to provide competent, safe, therapeutic, and effective care to patients in such unit or**
85 **area. The policies and procedures of the health care facility shall contain the criteria for**
86 **making this determination.**

87 7. A health care facility shall ensure that only a direct care registered nurse who
88 has demonstrated current competence to the health care facility in providing care on a
89 particular unit and has also received orientation to that hospital's unit sufficient to
90 provide competent care to patients may relieve another direct care registered nurse
91 during breaks, meals, and routine absences from a hospital unit, clinical unit, or patient
92 care area.

93 8. A health care facility shall not assign any nursing personnel from temporary
94 nursing patient care agencies to any hospital unit, clinical unit, or patient care area
95 without such personnel having demonstrated competence in the assigned unit or area
96 and received orientation to that hospital unit, clinical unit, or patient care area sufficient
97 to provide competent care to patients in that unit or area.

98 9. A registered nurse who is a nurse administrator, nurse supervisor, nurse
99 manager, charge nurse, case manager, or any other health care facility or hospital
100 administrator or supervisor shall not be included in the calculation of the direct care
101 registered nurse staffing levels unless that nurse has a current and active direct patient
102 care assignment and provides direct patient care in compliance with the requirements of
103 this section, including competency requirements. Such exemption shall apply only
104 during the hours in which the individual registered nurse has the principal
105 responsibility of providing direct patient care and has no additional job duties as
106 would a direct care registered nurse.

107 10. Other personnel may perform patient care tasks based on their training and
108 demonstrated skill but shall not perform or assist in direct care registered nurse
109 functions, including the practice of professional nursing and patient assessment.

110 11. For each patient, the need for additional staffing of direct care registered
111 nurses, licensed practical nurses, licensed psychiatric technicians, certified nursing
112 assistants, or other licensed or unlicensed ancillary support staff above the minimum
113 direct care registered nurse staffing levels described in this section shall be based on the
114 assigned direct care registered nurse's patient assessment of such individual patient, the
115 individual patient's nursing care requirements, and the individual patient's nursing care
116 plan.

117 12. Each patient shall be cared for only in a hospital unit, clinical unit, or patient
118 care area in which the direct care registered nurse staffing level meets the level of
119 intensity, type of care, and the individual requirements and needs of the individual
120 patient.

121 13. A health care facility that provides patient care in units or areas that are
122 acuity adaptable or acuity adjustable shall apply the direct care registered nurse
123 staffing level required in this section for the highest patient level of intensity or type of

124 care provided in such unit or area and shall comply with all other requirements of this
125 section.

126 **14. A health care facility shall not:**

127 **(1) Average the number of patients and the total number of direct care**
128 **registered nurses assigned to patients in a hospital unit, clinical unit, or patient care**
129 **area during any one shift or over any period of time for purposes of meeting the**
130 **requirements of this section;**

131 **(2) Impose mandatory overtime in order to meet the minimum direct care**
132 **registered nurse staffing levels in the hospital unit, clinical unit, or patient care area that**
133 **are required under this section;**

134 **(3) Lay off licensed practical nurses, licensed psychiatric technicians, certified**
135 **nursing assistants, or other ancillary support staff to meet the direct care registered**
136 **nurse staffing levels required in this section for a hospital unit, clinical unit, or patient**
137 **care area;**

138 **(4) Use a video camera or monitor or any form of electronic visualization of a**
139 **patient:**

140 **(a) To substitute for the direct observation required for patient assessment by**
141 **the direct care registered nurse and for patient protection provided by an attendant; or**

142 **(b) In the calculation of the direct care registered nurse staffing level; or**

143 **(5) Employ technology that limits or substitutes the direct care provided by an**
144 **assigned direct care registered nurse in the performance of functions that are part of the**
145 **nursing process, including the full exercise of independent professional judgment in the**
146 **practice of professional nursing and in the patient assessment, or that limits a direct**
147 **care registered nurse from acting as a patient advocate in the exclusive interests of the**
148 **patient. Technology shall not be skill degrading, interfere with the direct care registered**
149 **nurse's provision of individualized patient care, or override the direct care registered**
150 **nurse's independent professional judgment.**

151 **15. A health care facility shall plan for routine fluctuations such as admissions,**
152 **discharges, and transfers in the patient census.**

153 **16. The requirements established under this section shall not apply when the**
154 **governor has declared a state of emergency and a health care facility is requested or**
155 **expected to provide an exceptional level of emergency or other medical services. If a**
156 **health care facility seeks to apply the exemption under this subsection in response to a**
157 **complaint filed against the health care facility for a violation of the provisions of this**
158 **section, the health care facility shall demonstrate that prompt and diligent efforts were**
159 **made to maintain required staffing levels.**

197.904. 1. The chief nursing officer or his or her designee shall develop a staffing plan for each hospital unit, clinical unit, and patient care area that provides adequate, appropriate, and quality delivery of health care services and protects patient safety.

2. The staffing plan shall be in writing and provide that, at minimum, at all times during each shift within a hospital unit, clinical unit, or patient care area of the health care facility, and with a full complement of ancillary support staff, the unit or care area shall not fall below the required direct care registered nurse staffing levels in subsections 1 and 2 of section 197.902.

3. The staffing plan shall provide for direct care registered nurse staffing levels above the minimum staffing levels in subsections 1 and 2 of section 197.902 if appropriate based upon consideration, at minimum, of the following factors:

(1) The number of patients on a particular unit or care area on a shift-by-shift basis;

(2) The level of intensity or type of care and nursing care plans of patients on a particular unit or care area as determined by the assigned direct care registered nurse on a shift-by-shift basis;

(3) The anticipated admissions, discharges, and transfers of patients during each shift that affect direct patient care;

(4) The specialized experience required of direct care registered nurses in a particular unit or care area;

(5) Staffing levels and services provided by other health care personnel and ancillary support staff in meeting direct patient care needs not required by a direct care registered nurse;

(6) The level of familiarity with hospital practices, policies, and procedures by a direct care registered nurse from a temporary agency used during a shift; and

(7) Obstacles to efficiency in the delivery of patient care caused by the physical layout of the health care facility.

4. A health care facility shall specify the system used to document actual staffing in each unit or care area for each shift.

5. A health care facility shall:

(1) Annually evaluate its staffing plan in each hospital unit, clinical unit, and patient care area in relation to actual patient care requirements;

(2) Annually update its staffing plan to the extent appropriate based on such evaluation in subdivision (1) of this subsection. If the evaluation reveals that adjustments are necessary to ensure accuracy in measuring patient care needs, such adjustments shall be implemented within thirty days after such determination; and

38 (3) Submit to the department its annually updated staffing plan as required
39 under this subsection.

40 6. A staffing plan of a health care facility shall be developed and subsequent
41 reevaluations under subsection 5 of this section shall be conducted on the basis of input
42 from direct care registered nurses at the health care facility from each hospital unit,
43 clinical unit, and patient care area and, where such nurses are represented through
44 collective bargaining, the applicable recognized or certified collective bargaining
45 representative of such nurses.

46 7. If a health care facility maintains a staffing committee, the committee shall
47 include at least one registered nurse from each hospital unit, clinical unit, and patient
48 care area and shall be composed of at least fifty percent direct care registered nurses.
49 The staffing committee shall include meaningful representation of other direct care
50 nonmanagement staff. Direct care registered nurses who serve on the committee shall
51 be selected by other direct care registered nurses from their unit. Other direct care
52 nonmanagement staff shall be selected by other direct care nonmanagement staff.
53 Participation on staffing committees shall be considered a part of the employee's
54 regularly scheduled workweek.

55 8. Any staffing plan or method, including any acuity-based patient classification
56 system or algorithm, used by a health care facility to create or evaluate the level of
57 intensity or type of care under this section, any documentation related to such plan or
58 method, and any records maintained under this section shall be transparent in all
59 respects.

60 9. A health care facility, in accordance with procedures established by
61 administrative rules adopted by the department, shall make available such staffing plan
62 or method, documentation related to such plan or method, and any records maintained
63 under this section in their entirety to:

64 (1) The department;

65 (2) Direct care registered nurses and their collective bargaining representatives,
66 if any; and

67 (3) The public.

197.906. 1. A health care facility shall keep a record of the actual direct care
2 registered nurse staffing levels and staffing levels of ancillary support staff in each unit
3 for each shift for no less than three years. Such records shall include:

4 (1) The number of patients in each unit;

5 (2) The identity and duty hours of each direct care registered nurse assigned to
6 each patient in each unit in each shift;

7 (3) The identity and duty hours of each ancillary support staff member who is
8 under the coordination of the direct care registered nurse;

9 (4) Certification that each nurse received rest and meal breaks and the identity
10 and duty hours of each direct care registered nurse who provided such relief; and

11 (5) A copy of each notice posted under subsection 3 of this section.

12 2. The documentation required under subsection 1 of this section shall be
13 submitted in its entirety to the department as a mandatory condition of licensure, with a
14 certification by the chief nursing officer of the health care facility that the
15 documentation completely and accurately reflects registered nurse staffing levels by
16 the facility for each shift in each hospital unit, clinical unit, and patient care area in
17 which patients receive care. The chief nursing officer shall execute the certification
18 under penalty of perjury, and the certification shall contain an expressed
19 acknowledgment that any false statement constitutes fraud and is subject to criminal
20 and civil prosecution and penalties.

21 3. In each hospital unit, clinical unit, and patient care area, a health care facility
22 shall post a notice in a form specified by the department by rule that:

23 (1) Explains the requirements imposed under this section;

24 (2) Includes actual direct care registered nurse staffing levels during each shift at
25 the unit or area;

26 (3) Is visible, conspicuous, and accessible to staff and patients of the unit or area
27 and the public;

28 (4) Documents the actual number of staff and the skill mix of such staff in each
29 unit or area, documented and posted in the unit for public view on a day-to-day, shift-
30 by-shift basis; and

31 (5) Reports the variance between the required and actual staffing patterns in
32 each unit or area, documented and posted in the unit or area for public view on a day-
33 to-day, shift-by-shift basis.

34 4. The department shall conduct periodic audits to ensure implementation of the
35 staffing plan in accordance with this section and to ensure the accuracy of the staffing
36 plan required under section 197.904.

197.908. 1. A direct care registered nurse has a duty and right to act based on
2 his or her professional judgment and provide care in the exclusive interests of the
3 patient and to act as the patient's advocate.

4 2. A direct care registered nurse shall always provide competent, safe,
5 therapeutic, and effective nursing care to an assigned patient.

6 3. Before accepting a patient assignment, a direct care registered nurse shall:

7 (1) Have the necessary knowledge, judgment, skills, and ability to provide the
8 required care;

9 (2) Determine, using his or her professional judgment, whether he or she is
10 competent to perform the nursing care required by a patient who is in a particular
11 hospital unit or who has a particular diagnosis, condition, prognosis, or other
12 determinative characteristic of nursing care; and

13 (3) Determine, using his or her professional judgment, whether acceptance of a
14 patient assignment would expose the patient or nurse to the risk of harm.

15 4. A direct care registered nurse may object to or refuse to accept or participate
16 in any activity, policy, practice, assignment, or task as a nurse in a health care facility if:

17 (1) The nurse believes, based on his or her professional judgment, that the
18 activity, policy, practice, assignment, or task would violate chapter 335 or rules adopted
19 thereunder;

20 (2) The nurse believes, based on his or her professional judgment, that the
21 activity, policy, practice, assignment, or task would violate the minimum direct care
22 registered nurse staffing levels under any provision of sections 197.900 to 197.912;

23 (3) The nurse believes, based on his or her professional judgment, that he or she
24 is not prepared by education, training, or experience to fulfill the activity, policy,
25 practice, assignment, or task without compromising the safety of a patient or
26 jeopardizing the license of the nurse; or

27 (4) The nurse believes, based on his or her professional judgment, that the
28 activity, policy, practice, assignment, or task is outside the scope of practice of the nurse.

29 5. A direct care registered nurse's objection or refusal under subsection 4 of this
30 section is an exercise of the direct care registered nurse's duty and right of patient
31 advocacy under sections 197.900 to 197.912.

197.910. 1. A health care facility shall not:

2 (1) Discharge, retaliate against, discriminate against, or otherwise take adverse
3 action against a direct care registered nurse in any manner with respect to any aspect of
4 a nurse's employment including, but not limited to, discharge, promotion,
5 compensation, or terms, conditions, or privileges of employment, based on the direct
6 care registered nurse's objection or refusal to accept or participate in any activity,
7 policy, practice, assignment, or task under section 197.908; or

8 (2) File a complaint or a report against a direct care registered nurse with the
9 board of nursing or the department based on the nurse's objection or refusal to accept
10 or participate in any activity, policy, practice, assignment, or task under section 197.908.

11 2. A direct care registered nurse or collective bargaining representative or legal
12 representative of any direct care registered nurse who has been discharged, retaliated

13 against, discriminated against, or otherwise had adverse action taken against him or her
14 in violation of subdivision (1) of subsection 1 of this section, against whom a complaint
15 or a report has been filed in violation of subdivision (2) of subsection 1 of this section, or
16 against whom an action was taken in violation of any other provision of this section may
17 bring a cause of action in a court of competent jurisdiction.

18 3. An action under subsection 2 of this section may be filed without regard to
19 whether a complaint has been filed under subsection 5 of this section.

20 4. A direct care registered nurse who prevails in the cause of action under
21 subsection 2 of this section is entitled to one or more of the following:

- 22 (1) Reinstatement;
- 23 (2) Reimbursement of lost wages, compensation, and benefits;
- 24 (3) Attorney's fees;
- 25 (4) Court costs; and
- 26 (5) Other damages.

27 5. A direct care registered nurse, patient, collective bargaining representative, or
28 any other individual may file a complaint with the department against a health care
29 facility that violates any provision of sections 197.900 to 197.912. For any complaint
30 filed, the department shall:

- 31 (1) Receive and investigate the complaint;
- 32 (2) Determine whether a violation of any provision of sections 197.900 to 197.912
33 as alleged in the complaint has occurred; and
- 34 (3) If such a violation has occurred, issue an order prohibiting the health care
35 facility from subjecting the complaining direct care registered nurse, patient, or other
36 individual to any retaliation described in this section.

37 6. A health care facility shall not discriminate or retaliate against any patient,
38 employee, or contract employee of the health care facility, or any other individual, on
39 the basis that such individual, in good faith, individually or in conjunction with another
40 person or persons, and relating to the care, services, or conditions of the health care
41 facility or of any affiliated or related facilities, has:

- 42 (1) Presented a grievance or complaint;
- 43 (2) Initiated or cooperated in an investigation or proceeding by a governmental
44 entity, regulatory agency, or private accreditation body;
- 45 (3) Made a civil claim or demand; or
- 46 (4) Filed an action.

47 7. For purposes of subsection 6 of this section, an individual is deemed to be
48 acting in good faith if the individual reasonably believes that the information reported
49 or disclosed is true.

50 **8. A health care facility shall not:**

51 **(1) Interfere with, restrain, or deny the exercise of, or the attempt to exercise,**
52 **any right provided or protected under sections 197.900 to 197.912; or**

53 **(2) Coerce or intimidate any person regarding the exercise of, or the attempt to**
54 **exercise, any right provided or protected under sections 197.900 to 197.912.**

55 **9. A health care facility shall not discriminate or retaliate against any person for**
56 **opposing any facility policy, practice, or action that is alleged to violate, breach, or fail to**
57 **comply with any provision of sections 197.900 to 197.912.**

58 **10. A health care facility or an individual representing a health care facility shall**
59 **not make, adopt, or enforce any rule, regulation, policy, or practice that in any manner**
60 **directly or indirectly prohibits, impedes, or discourages a direct care registered nurse**
61 **from engaging in free speech or disclosing information as provided under sections**
62 **197.900 to 197.912.**

63 **11. A health care facility shall post in an appropriate location in each hospital**
64 **unit, clinical unit, or patient care area a conspicuous notice in a form specified by the**
65 **department that:**

66 **(1) Explains the rights of nurses, patients, and other individuals under this**
67 **section;**

68 **(2) Includes a statement that a nurse, patient, or other individual may file a**
69 **complaint with the department against a health care facility that violates this section;**
70 **and**

71 **(3) Provides instructions on how to file a complaint.**

72 **12. The department shall establish a toll-free telephone hotline to provide**
73 **information regarding the requirements of sections 197.900 to 197.912 and to receive**
74 **reports of violations of any provision of sections 197.900 to 197.912.**

75 **13. A health care facility shall provide each patient admitted to the facility for**
76 **inpatient care with the toll-free telephone hotline described in subsection 12 of this**
77 **section and shall give notice to each patient that the hotline may be used to report**
78 **inadequate staffing or care.**

197.912. 1. In addition to any other penalty prescribed by law, the department
2 **may impose civil penalties as follows:**

3 **(1) Against a health care facility that violates any provision of sections 197.900 to**
4 **197.912, a civil penalty of up to twenty-five thousand dollars for each violation, except**
5 **that the department shall impose a civil penalty of at least twenty-five thousand dollars**
6 **for each violation if the department determines that the health care facility has a pattern**
7 **of such violation; and**

8 **(2) Against an individual who is employed by a health care facility and who**
9 **knowingly violates any provision of sections 197.900 to 197.912, a civil penalty of up to**
10 **twenty thousand dollars for each violation.**

11 **2. The department shall post on its website the names of health care facilities**
12 **against which civil penalties have been imposed under this section, the violation for**
13 **which such penalty was imposed, and such additional information as the department**
14 **deems necessary.**

15 **3. Sections 197.900 to 197.912 do not authorize conduct that is prohibited under**
16 **the National Labor Relations Act or the Federal Labor Relations Act of 1978.**

2 ~~[197.289. 1. All hospitals, ambulatory surgical centers, and abortion~~
3 ~~facilities shall develop and implement a methodology which ensures adequate~~
4 ~~nurse staffing that will meet the needs of patients. At a minimum, there shall~~
5 ~~be on duty at all times a sufficient number of licensed registered nurses to~~
6 ~~provide patient care requiring the judgment and skills of a licensed registered~~
7 ~~nurse and to oversee the activities of all nursing personnel.~~

8 ~~2. There shall be sufficient licensed and ancillary nursing personnel on~~
9 ~~duty on each nursing unit to meet the needs of each patient in accordance with~~
 ~~accepted standards of quality patient care.]~~

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