

HB 1675 -- NURSE STAFFING REQUIREMENTS

SPONSOR: Matthiesen

Beginning January 1, 2028, this bill requires hospitals to comply with the nurse staffing requirements established by the provisions of the bill. A nursing care plan will be utilized indicating required care that:

- (1) Considers the patient's acuity level;
- (2) Is developed in coordination with the patient, the patient's family, or other representatives;
- (3) Reflects all elements of the nursing process; and
- (4) Recommends the number and skill mix of additional licensed and unlicensed direct care staff needed to fully implement the plan.

The hospital's staffing plan must state the ratio of patients to direct care registered nurses required by the hospital. At all times during each shift within a unit of the hospital, and with a full complement of ancillary and support staff, patient assignments for direct care RNs must not exceed the ratios specified in the bill. A direct care nurse may refuse to accept a patient assignment if the assignment would violate the provisions of the bill or would otherwise compromise patient safety or the ability of the nurse to competently provide care.

A hospital must not assign a direct care nurse to a hospital unit unless the hospital determines that the direct care registered nurse has:

- (1) Demonstrated current competence in providing care in that unit; and
- (2) Received sufficient orientation to that unit to provide care to the unit's patients.

Personnel from temporary nursing agencies will not be assigned to patient care in any unit without having demonstrated competence on the assigned unit, as well as receiving orientation to that unit sufficient to provide competent care. In the case of breaks, lunch meals, and other routine absences, only another similarly competent direct care nurse may relieve the direct care nurse.

No nurse administrator, nurse supervisor, nurse manager, charge nurse, case manager, or any other hospital administrator or supervisor shall be included in the calculation of the direct care

nurse-to-patient ratio unless that person has a current and active direct patient care assignment and provides direct care in compliance with the requirements of the bill.

The need for additional staffing of direct care nurses, licensed practical nurses, licensed psychiatric technicians, certified nursing or patient care assistants, or other licensed or unlicensed ancillary staff above the minimum direct care registered nurse-to-patient ratios described in this bill shall be based on an assessment of the patient's nursing care requirement, nursing care plan, and acuity level.

Any nurse held over from a prior shift, or only staffed for a duration less than a standard complete shift per hospital standards, shall not be included in reported staffing numbers unless the remaining shift is fulfilled by another direct care nurse. A hospital shall not impose mandatory overtime requirements to meet the unit direct care ratio requirement.

Video monitors, or any form of electronic visualization of a patient, shall not be included in the calculation of the direct care nurse-to-patient ratios. A hospital shall not employ technology that substitutes for the assigned direct care nurse's professional judgment in assessment, planning, implementation, and evaluation of care.

The requirements of this bill shall not apply during a state of emergency if a hospital is requested or expected to provide an exceptional level of emergency or other medical services.

The hospital must report compliance with its staffing plan to the Department of Health and Senior Services at least bimonthly, and the Department will make publicly available a list of hospitals that have filed a staffing plan and a compliance report.

A hospital must not take adverse action against a nurse with respect to any part of a nurse's employment or licensing based on the nurse's refusal to accept an assignment:

(1) If that assignment would violate the provisions of this bill;  
or

(2) Based on the nurse's report to the department of a violation of this bill or of the hospital's staffing plan.

Any nurse who has been subject to adverse action in violation of this bill may bring a cause of action against the individual or entity that took the unlawful adverse action. A nurse who prevails shall be entitled to one or more of the following:

(1) Reinstatement and reimbursement of lost wages, compensation, and benefits; and

(2) Attorney's fees, court costs, and other damages.

The Department may impose civil penalties for violations of this bill that shall not exceed \$25,000 for the first violation, \$50,000 for the second violation, and \$100,000 for the third and any subsequent violation.

This bill is similar to HB 1684 (2024) and HB 1012 (2023).