

HB 1370 -- NURSE STAFFING REQUIREMENTS

SPONSOR: Matthiesen

Beginning January 1, 2029, 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 can 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 can relieve the direct care nurse.

No nurse administrator, nurse supervisor, nurse manager, charge nurse, case manager, or any other hospital administrator or supervisor can 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 will 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, must not be included in reported staffing numbers unless the remaining shift is fulfilled by another direct care nurse. A hospital must not impose mandatory overtime requirements to meet the unit direct care ratio requirement.

Video monitors, or any form of electronic visualization of a patient, will not be included in the calculation of the direct care nurse-to-patient ratios. A hospital will 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 will 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 can bring a cause of action against the individual or entity that took the unlawful adverse action. A nurse who prevails will 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 can impose civil penalties for violations of this bill that must 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 requires assisted living facilities to have sufficient nursing staffing with the appropriate competencies and skills to provide such services, with certain stipulations for registered nurses and other nursing personnel, as specified in the bill.

Additionally, assisted living facilities are required to electronically submit to the Centers for Medicare and Medicaid Services (CMS) direct care staffing information based on payroll and other verifiable data. Determinations of compliance with hours per resident day are based on the most recent available quarter of Payroll-Based Journal System data maintained by CMS.

The bill allows assisted living facilities to be exempted from the minimum staffing requirements established by the provisions of this bill if a verifiable hardship exists that prohibits the facility from achieving such compliance, demonstrated by:

(1) The facility's location;

(2) The facility's inability to recruit and retain appropriate personnel; and

(3) The amount of financial resources that the facility expends on nurse staffing relative to revenue.

The bill additionally establishes that a facility will not be eligible for a hardship waiver if the facility:

(1) Has been cited for having widespread insufficient staffing with resultant residential harm, for a pattern of insufficient staffing, or is identified at the most severe jeopardy level of staffing; or

(2) Has failed to submit relevant data to CMS.

The bill provides that for a facility to appropriately manage required nursing staff, the facility must designate a registered professional nurse as the director of nursing on a full-time basis

and designate a registered professional nurse to serve as a charge nurse for each nursing shift.

This bill is similar to HB 789 (2025) and HB 1675 (2024).