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A bill to be entitled An act relating to health care facilities; providing a short title; providing legislative findings with respect to standards for staffing health care facilities and intensive care units in order to ensure the safety of patients; providing staffing requirements for health care facilities licensed under ch. 395, F.S.; requiring that each facility subject to the act submit a staffing plan to the Agency for Health Care Administration; providing requirements for the plan; specifying nurse-to-patient ratios; specifying circumstances under which a direct-care nurse may refuse a work assignment; requiring each health care facility to adopt a work-assignment policy; prohibiting a facility from penalizing or retaliating against an employee who reports certain violations or participates in investigations or proceedings; providing that an employee may obtain legal or equitable relief against a health care facility for certain violations of the act; providing for attorney's fees and costs; requiring health care facilities to post a notice of the requirements of the act and the daily staffing levels of the facility; authorizing the Agency for Health Care Administration to adopt rules with respect to enforcement of staffing requirements; authorizing the agency to revoke the license of a facility in violation of the act; providing for fines for certain

violations; providing for the agency to require that a facility take corrective action; providing for additional sanctions against a facility that fails to take corrective action; providing that certain violations of the act are a third-degree misdemeanor; providing for a facility to be terminated from the Medicaid program following a violation of the act; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Short title.--This act may be cited as the "Safe Staffing for Intensive Care and Life-Preserving Monitored Care."

Section 2. <u>Legislative findings.--The Legislature</u> finds that:

- (1) The state has a substantial interest in assuring that the delivery of health care services to patients in health care facilities located within this state is adequate and safe and that health care facilities retain sufficient nursing staff in intensive care units and other situations in which continuous cardiac monitors are used in order to ensure an adequate response to life-threatening incidents.
- (2) Recent changes in our health-care-delivery system are resulting in a higher acuity level among patients in health care facilities.
- (3) Inadequate hospital staffing results in dangerous medical errors and patient infections and in intensive care units and other situations in which cardiac monitors are used, an inadequate number of nursing personnel results in death.

1 (4) To ensure the adequate protection and care for 2 patients in health care facilities it is essential that 3 qualified licensed and adequately trained registered nurses be accessible and available to meet the nursing needs of 4 5 patients, particularly in intensive care units and other 6 situations in which cardiac monitors are used. 7 Section 3. Facility staffing standards. --8 (1) As a condition of licensing, each health care 9 facility licensed under chapter 395, Florida Statutes, shall 10 annually submit to the Agency for Health Care Administration a 11 documented staffing plan, together with a written certification that the staffing plan is sufficient to provide 12 adequate and appropriate delivery of health care services to 13 patients for the ensuing year. The staffing plan must: 14 (a) Meet the minimum requirements set forth in 15 subsection (2); 16 17 (b) Be adequate to meet any additional requirements provided by other laws or rules; 18 Employ and identify an approved acuity system for 19 addressing fluctuations in actual patient acuity levels and 20 21 nursing-care requirements requiring increased staffing levels above the minimums set forth in the plan; 22 23 (d) Factor in other unit or department activity, such as discharges, transfers, and admissions of patients and 24 25 administrative and support tasks, which is expected to be done by direct-care nurses and is in addition to direct nursing 26 27 care; (e) Identify the assessment tool used to validate the 28 29 acuity system relied on in the plan;

1	(f) Identify the system that will be used to document
2	actual staffing on a daily basis within each department or
3	unit;
4	(g) Include a written assessment of the accuracy of
5	the prior year's staffing plan in light of actual staffing
6	needs;
7	(h) Identify each nurse-staff classification
8	referenced in the plan, together with a statement setting
9	forth minimum qualifications for each such classification; and
10	(i) Be developed in consultation with the direct-care
11	nursing staff within each department or unit or, if such staff
12	is represented, with the applicable recognized or certified
13	collective bargaining representative of the direct-care
14	nursing staff.
15	(2)(a) The health care facility's staffing plan must
16	incorporate, at a minimum, the following direct-care
17	registered nurse-to-patient ratios:
18	1. One registered nurse to one patient - operating
19	rooms and trauma or emergency units;
20	2. One registered nurse to two patients - all
21	intensive care units and critical care areas in which patients
22	are at serious risk of immediate loss of life or loss of a
23	major bodily function, including emergency critical care,
24	labor and delivery units, and postanesthesia units;
25	3. One nurse to three patients - step-down units from
26	intensive care units in which continuous cardiac monitoring is
27	used to ensure immediate response to life-threatening
28	incidents and telemetry units; and
29	4. One nurse to four patients - any other units in
30	which continuous cardiac monitoring is used to ensure

immediate response to life-threatening incidents, including
intermediate-care nursery and medical or surgical floors.

Section 4. Employee rights.--

- (1)(a) As a condition of licensure, each health care facility shall adopt and disseminate to direct-care nursing staff a written policy that complies with paragraphs (b) and (c) and that details the circumstances under which a direct-care nurse may refuse a work assignment.
- (b) At a minimum, the work-assignment policy must permit a direct-care nurse to refuse an assignment for which:
- 1. The nurse is not prepared by education, training, or experience to safely fulfill the assignment without compromising or jeopardizing patient safety, the nurse's ability to meet forseeable patient needs, or the nurse's license;
- 2. The nurse has volunteered to work overtime but determines that his or her level of fatigue or decreased alertness would compromise or jeopardize patient safety, the nurse's ability to meet foreseeable patient needs, or the nurse's license; or
- $\underline{\mbox{3. The assignment would otherwise violate requirements}}$ set forth in this act.
- (c) At a minimum, the work-assignment policy must
 provide:
- 1. Reasonable requirements for prior notice to the nurse's supervisor regarding the nurse's request and supporting reasons for being relieved of the assignment or continued duty.
- 2. Where feasible, an opportunity for the supervisor to review the specific conditions supporting the nurse's request, and to decide whether to remedy the conditions, to

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request	to	be	rel	ieve	ed o	f the	assign	ment	or	cont	cinue	ed du	ty.

- 3. A process that permits the nurse to exercise the right to refuse the assignment or continued on-duty status when the supervisor denies the request to be relieved if:
- a. The supervisor rejects the request without proposing a remedy or the proposed remedy would be inadequate or untimely;
- b. A complaint and investigation process with a regulatory agency would be untimely to address the concern; and
- c. The employee in good faith believes that the assignment meets conditions that justify the refusal.
- (2)(a) A health care facility may not penalize,
 discriminate, or retaliate in any manner against an employee
 with respect to compensation, terms, conditions, or privileges
 of employment, who, in good faith, individually or in
 conjunction with another person or persons:
- 1. Reports a violation or suspected violation of this act to a public regulatory agency, a private accreditation body, or management personnel of the health care facility;
- 2. Initiates, cooperates, or otherwise participates in an investigation or proceeding brought by a regulatory agency or private accreditation body concerning matters covered by this act;
- 3. Informs or discusses with other employees, representatives of employees, patients, patient representatives, or the public violations or suspected violations of this act; or
- 4. Otherwise avails himself or herself of the rights31 set forth in this act.

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1	(b) For purposes of this section, an employee is
2	deemed to have acted in good faith if the employee reasonably
3	believes:
4	1. That the information reported or disclosed is true;
5	and
6	2. That a violation has occurred or may occur.
7	Section 5. Private right of action
8	(1) A health care facility that violates section 2 or
9	section 3 may be held liable to the employee affected in an
LO	action brought in a court of competent jurisdiction for such
L1	<u>legal</u> or equitable relief as is appropriate to effectuate the
L2	purposes of this act, including, but not limited to,
L3	reinstatement, promotion, lost wages and benefits, and
L4	compensatory and consequential damages resulting from the
L5	violation, together with an equal amount in liquidated
L6	damages. The court in such action shall, in addition to any
L7	judgment awarded to the plaintiff, award reasonable attorney's
L8	fees and costs of action to be paid by the defendant.
L9	(2) The employee's right to institute a private action
20	under this section is not limited by any other rights granted
21	under this act.
22	Section 6. <u>Enforcement</u>
23	(1)(a)1. Each health care facility must post in a
24	conspicuous place that is readily accessible to the general
25	public, a notice prepared by the Agency for Health Care
26	Administration setting forth in summary form the mandatory
27	provisions of this act.
28	The mandatory and actual nurse staffing levels in

each nursing department or unit must be posted daily in a
conspicuous place that is readily accessible to the public.

1	(b)1. Each health care facility must make copies of
2	its staffing plan filed with the Agency for Health Care
3	Administration available to the public upon request.
4	2. Each nursing department or unit within a facility
5	must post or otherwise make readily available to the nursing
6	staff, during each work shift:
7	a. A copy of the current staffing plan for that
8	department or unit;
9	b. Documentation of the number of direct-care nursing
10	staff members required to be present during the shift, based
11	on the approved adopted acuity system; and
12	c. Documentation of the actual number of direct-care
13	nursing staff members who are present during the shift.
14	(2)(a) The Agency for Health Care Administration shall
15	ensure general compliance with section 3, relating to staffing
16	plans and standards, and may adopt rules to administer this
17	act. At a minimum, the rules must provide for:
18	1. Unannounced, random compliance site visits of
19	health care facilities;
20	2. An accessible and confidential system for the
21	public and nursing staff to report a health facility's failure
22	to comply with the requirements of the act;
23	3. A systematic means for investigating and correcting
24	violations of the act;
25	4. Public access to information regarding reports of
26	inspections, results, deficiencies, and corrections; and
27	5. Imposing the penalties for violations of the
28	staffing requirements of this act.
29	(b) The Agency for Health Care Administration has
30	iurisdiction to ensure compliance with this act and to

31 administer rules necessary to carry out this function.

- - (b)1. A health care facility that violates any staffing requirements set forth in section 3 shall be punished by a fine of not less than \$15,000 per violation for each day that the violation occurs or continues.
 - 2. A health care facility that fails to post a notice required under this act is subject to a fine of \$1,000 per day for each day that the required notice is not posted.
 - 3. A person or health care facility that fails to report or falsifies information or that coerces, threatens, intimidates, or otherwise influences another person to fail to report or to falsify information required to be reported under this act is subject to a fine of up to \$15,000 for each such incident.
 - (c)1. Upon investigation, the Agency for Health Care
 Administration shall notify the health care facility of all
 deficiencies in its compliance with this act and the rules
 adopted under this act. The notice may include an order to
 take corrective action within a time specific, including, but
 not limited to:
 - a. Revising the facility staffing plan;
 - b. Reducing the number of patients within a nursing department or unit;
 - c. Temporarily closing a nursing department or unit to any further patient admissions until corrections are made; or
 - d. Temporarily transferring patients to another nursing department or unit within the facility until corrections are made.

1	2. The agency may issue an order of correction:
2	a. On an emergency basis, without prior notice or
3	opportunity for a hearing, if the investigation shows that
4	patient care is being compromised in a manner that poses an
5	immediate jeopardy to the health or safety of patients.
6	b. In accordance with chapter 395, Florida Statutes.
7	3. The order of correction must be in writing and
8	contain a statement of the reasons for the order.
9	4. Upon the failure of a health care facility to
10	comply with an order of correction in a timely manner, the
11	Agency for Health Care Administration may take any action it
12	deems appropriate, including, but not limited to:
13	a. Appointing an administrative overseer for the
14	health care facility;
15	b. Closing the health care facility or a department or
16	unit within the facility to patient admissions;
17	c. Placing the health care facility's emergency room
18	on bypass status; or
19	d. Revoking the health care facility's license.
20	(4) Any person who willfully violates this act in a
21	manner that evidences a pattern or practice of violations and
22	that is likely to have serious and adverse impact on patient
23	care or the potential for serious injury or death for patients
24	or employees commits a misdemeanor of the first degree,
25	punishable as provided in section 775.082 or section 775.083,
26	Florida Statutes.
27	(5)(a) A determination that a health care facility has
28	violated this act shall result in an order of reimbursement to
29	the Medicaid program or in termination from participation in
30	the Medicaid program for a period of time determined by the
31	Agency for Health Care Administration.

(b) Any health care facility that falsifies or causes to be falsified documentation required by this act may not receive any Medicaid reimbursement for 6 months. Section 7. This act shall take effect October 1, 2002. SENATE SUMMARY Creates an act entitled "Safe Staffing for Intensive Care and Life-Preserving Monitored Care." Requires that health care facilities licensed under ch. 395, F.S., maintain specified ratios of nurses to patients. Requires that each facility report its staffing levels to the Agency for Health Care Administration and make the information available to the public. Provides that an employee may seek legal and equitable relief against a health care facility for certain violations. Requires that the Agency for Health Care Administration adopt rules to enforce and administer the act. (See bill for details.)