

1 A bill to be entitled
2 An act relating to delivery of patient protection;
3 providing a short title; creating s. 395.1013, F.S.;
4 providing legislative findings; providing definitions;
5 requiring health care facilities to implement staffing
6 plans that comply with specified minimum staffing
7 levels for direct care registered nurses; providing
8 construction; prohibiting health care facilities from
9 taking specified actions; requiring such facilities to
10 ensure that certain staffing is maintained; specifying
11 minimum staffing levels for direct care registered
12 nurses based on the hospital or clinical unit setting;
13 requiring that patients be cared for only in hospital
14 or clinical units that meet the specified minimum
15 staffing levels; prohibiting health care facilities
16 from using video cameras or monitors as a substitute
17 for direct observation and assessment by a direct care
18 registered nurse; exempting health care facilities
19 from the minimum staffing level requirements during a
20 declared state of emergency under certain
21 circumstances; providing requirements for any acuity-
22 based patient classification system adopted by a
23 health care facility; providing whistle-blower
24 protections; creating a cause of action; providing
25 remedies; providing for complaints to and

26 administrative actions by the Agency for Health Care
 27 Administration; providing civil penalties; requiring
 28 the agency to post specified information on its
 29 website; providing construction with respect to
 30 collective bargaining agreements; prohibiting
 31 employers from taking specified actions with respect
 32 to employment for certain unionized staff; providing
 33 an effective date.

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

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37 **Section 1.** This act may be cited as the "Florida Patient
 38 Protection Act."

39 **Section 2. Section 395.1013, Florida Statutes, is created**
 40 **to read:**

41 395.1013 Health care facility patient care standards.—

42 (1) LEGISLATIVE FINDINGS.—The Legislature finds that:

43 (a) The state has a substantial interest in ensuring that,
 44 in the delivery of health care services to patients, health care
 45 facilities retain sufficient nursing staff to promote optimal
 46 health care outcomes.

47 (b) The basic principles of staffing in health care
 48 facility settings should be based on the health care needs of
 49 each patient, the severity of the patient's condition, the
 50 services needed, and the complexity of providing those services.

51 (c) Mandating the adoption of uniform, minimum, numerical,
52 and specific registered nurse-to-patient staffing ratios by
53 health care facilities is necessary for competent, safe,
54 therapeutic, and effective professional nursing care and for the
55 retention and recruitment of qualified direct care registered
56 nurses.

57 (d) Direct care registered nurses must be able to advocate
58 for their patients without fear of retaliation from their
59 employers. Whistle-blower protections that encourage registered
60 nurses and patients to notify governmental and private
61 accreditation entities of suspected unsafe patient conditions,
62 including protection against retaliation for refusing unsafe
63 patient care assignments, will greatly enhance the health,
64 safety, and welfare of patients.

65 (e) Direct care registered nurses have an irrevocable duty
66 and right to advocate on behalf of their patients' interests,
67 and this duty and right may not be encumbered by cost-saving
68 practices.

69 (2) DEFINITIONS.—As used in this section, the term:

70 (a) "Acuity-based patient classification system" or
71 "patient classification system" means an established measurement
72 tool that:

73 1. Predicts registered nursing care requirements for a
74 patient based on the severity of the patient's illness; the need
75 for specialized equipment and technology; the intensity of

76 required nursing interventions; the complexity of clinical
77 nursing judgment required to design, implement, and evaluate a
78 patient nursing care plan consistent with professional
79 standards; the ability for self-care, including motor, sensory,
80 and cognitive deficits; and the need for advocacy intervention.

81 2. Details the amount of nursing care needed and the
82 additional number of direct care registered nurses and other
83 licensed and unlicensed nursing staff that a health care
84 facility must assign, based on the independent professional
85 judgment of a direct care registered nurse, in order to meet the
86 needs of each patient at all times.

87 3. Can be readily understood and used by direct care
88 nursing staff.

89 (b) "Ancillary support staff" means the personnel assigned
90 to assist in providing nursing services for the delivery of
91 safe, therapeutic, and effective patient care, including, but
92 not limited to, unit or ward clerks and secretaries, clinical
93 technicians, respiratory therapists, and radiology, laboratory,
94 housekeeping, and dietary personnel.

95 (c) "Clinical supervision" means the assignment and
96 direction of a patient care task required in the implementation
97 of nursing care for a patient to other licensed nursing staff or
98 to unlicensed staff by a direct care registered nurse in the
99 exclusive interest of the patient.

100 (d) "Competence" means the ability of a direct care

101 registered nurse to act and integrate the knowledge, skill,
102 abilities, and independent professional judgment that underpin
103 safe, therapeutic, and effective patient care.

104 (e) "Declared state of emergency" means an officially
105 designated state of emergency that has been declared by a
106 federal, state, or local government official who has the
107 authority to declare the state of emergency. The term does not
108 include a state of emergency that results from a labor dispute
109 in the health care industry.

110 (f) "Direct care registered nurse" means a licensed
111 registered nurse whose competence has been documented and who
112 has accepted a direct, hands-on patient care assignment to
113 implement medical and nursing regimens and provide related
114 clinical supervision of patient care while exercising
115 independent professional judgment at all times in the exclusive
116 interest of the patient.

117 (g) "Health care facility" means an acute care hospital,
118 including, but not limited to, a long-term acute care hospital,
119 a hospital-based off-campus emergency department, an ambulatory
120 surgical center, or a psychiatric facility licensed under
121 chapter 394.

122 (h) "Hospital unit or clinical unit" means a critical care
123 unit or intensive care unit, labor and delivery room, antepartum
124 and postpartum unit, newborn nursery, postanesthesia unit,
125 emergency department, operating room, observation unit,

126 pediatric unit, medical-surgical unit, rehabilitation unit,
127 skilled nursing unit, specialty care unit, step-down unit or
128 intermediate intensive care unit, telemetry unit, or psychiatric
129 unit.

130 1. "Critical care unit" and "intensive care unit" mean a
131 nursing unit established to safeguard and protect a patient
132 whose severity of medical condition requires continuous
133 monitoring and complex intervention by a direct care registered
134 nurse and whose restorative measures and level of nursing
135 intensity require intensive care through direct observation and
136 complex monitoring, intensive intricate assessment, evaluation,
137 specialized rapid intervention, and education or teaching of the
138 patient, the patient's family, or other representatives by a
139 direct care registered nurse. The terms include a burn unit, a
140 coronary care unit, an acute respiratory unit, and other
141 critical care settings.

142 2. "Medical-surgical unit" means a unit established to
143 safeguard and protect a patient whose severity of illness,
144 including all co-occurring morbidities, restorative measures,
145 and level of nursing intensity, requires continuous care through
146 direct observation by a direct care registered nurse and
147 monitoring, multiple assessments, specialized interventions,
148 evaluations, and education or teaching of the patient, the
149 patient's family, or other representatives by a competent and
150 experienced direct care registered nurse. These units may

151 include patients requiring less than intensive care or step-down
152 care; patients receiving 24-hour inpatient general medical care,
153 postsurgical care, or both general medical and postsurgical
154 care; and mixed populations of patients of diverse diagnoses and
155 diverse age groups, but excluding pediatric patients.

156 3. "Rehabilitation unit" means a functional clinical unit
157 established to provide rehabilitation services that restore an
158 ill or injured patient to the highest level of self-sufficiency
159 or gainful employment of which he or she is capable in the
160 shortest possible time, compatible with his or her physical,
161 intellectual, and emotional or psychological capabilities, and
162 in accordance with planned goals and objectives.

163 4. "Skilled nursing unit" means a functional clinical unit
164 established to provide skilled nursing care and supportive care
165 to patients whose primary need is for skilled nursing care on a
166 long-term basis and who are admitted after at least a 48-hour
167 period of continuous inpatient care. The term includes, but is
168 not limited to, a unit established to provide medical, nursing,
169 dietary, and pharmaceutical services and activity programs.

170 5. "Specialty care unit" means a unit established to
171 safeguard and protect a patient whose severity of illness,
172 including all co-occurring morbidities and restorative measures,
173 requires direct observation by a direct care registered nurse
174 and monitoring, multiple assessments, specialized interventions,
175 evaluations, and education or teaching of the patient, the

176 patient's family, or other representatives by a competent and
177 experienced direct care registered nurse. The term includes, but
178 is not limited to, a unit, such as a transplant unit,
179 established to provide the intensity of care required for a
180 specific medical condition or a specific patient population or
181 to provide more comprehensive care for a specific condition or
182 disease than the care required in a medical-surgical unit.

183 6. "Step-down unit" or "intermediate intensive care unit"
184 means a unit established to safeguard and protect a patient
185 whose severity of illness, including all co-occurring
186 morbidities, restorative measures, and level of nursing
187 intensity, requires intermediate intensive care through direct
188 observation and monitoring, multiple assessments, specialized
189 interventions, evaluations, and education or teaching of the
190 patient, the patient's family, or other representatives by a
191 direct care registered nurse. The term includes units
192 established to provide care to patients who have moderate or
193 potentially severe physiological instability requiring technical
194 support, which means the use of specialized equipment by a
195 direct care registered nurse in providing for invasive
196 monitoring, telemetry, and mechanical ventilation for the
197 immediate amelioration or remediation of severe pathology for a
198 patient requiring less care than intensive care but more care
199 than that provided in a medical-surgical unit.

200 7. "Telemetry unit" means a unit established to safeguard

201 and protect a patient whose severity of illness, including all
202 co-occurring morbidities, restorative measures, and level of
203 nursing intensity, requires intermediate intensive care through
204 direct observation by a direct care registered nurse and
205 monitoring, multiple assessments, specialized interventions,
206 evaluations, and education or teaching of the patient, the
207 patient's family, or other representatives by a competent and
208 experienced direct care registered nurse. A telemetry unit
209 includes the equipment used to provide for the electronic
210 monitoring, recording, retrieval, and display of cardiac
211 electrical signals.

212 (i) "Long-term acute care hospital" means a hospital or
213 health care facility that specializes in providing long-term
214 acute care to medically complex patients. The term includes a
215 freestanding hospital and a hospital-within-hospital model of a
216 long-term acute care facility.

217 (j) "Overtime" means the hours worked in excess of 40
218 hours per week.

219 (k) "Patient assessment" means the process of actively and
220 skillfully interpreting, applying, analyzing, synthesizing, or
221 evaluating data obtained through direct observation and
222 communication with others.

223 (l) "Professional judgment" means the intellectual,
224 educated, informed, and experienced process that a direct care
225 registered nurse exercises in forming an opinion and reaching a

226 clinical decision that is in the patient's best interest and is
227 based upon analysis of data, information, and scientific
228 evidence.

229 (3) MINIMUM DIRECT CARE REGISTERED NURSE STAFFING LEVEL
230 REQUIREMENTS.—

231 (a) Each health care facility shall implement a staffing
232 plan that provides for minimum direct care registered nurse
233 staffing levels in accordance with the requirements of this
234 subsection.

235 (b) Staffing levels for patient care tasks that do not
236 require a direct care registered nurse are not included within
237 these ratios and must be determined pursuant to an acuity-based
238 patient classification system defined by agency rule.

239 (c) The direct care registered nurse staffing levels
240 represent the maximum number of patients that may be assigned to
241 one direct care registered nurse at any one time.

242 (d) A health care facility:

243 1. May not average the number of patients and the total
244 number of direct care registered nurses assigned to patients in
245 a hospital unit or clinical unit during any period of time for
246 purposes of meeting the requirements under this subsection.

247 2. May not impose mandatory overtime in order to meet the
248 minimum direct care registered nurse staffing levels in a
249 hospital unit or clinical unit which are required under this
250 subsection.

251 3. May not terminate employment of or refuse to fill
252 vacancies for licensed practical nurses, licensed psychiatric
253 technicians, certified nursing assistants, or other ancillary
254 support staff in order to meet the direct care registered nurse
255 staffing levels in a hospital unit or clinical unit, as required
256 under this subsection.

257 4. Shall ensure that only a direct care registered nurse
258 may relieve another direct care registered nurse during breaks,
259 meals, and routine absences from a hospital unit or clinical
260 unit.

261 (e) Only a direct care registered nurse may be assigned to
262 an intensive care newborn nursery service unit. Such units must
263 have a direct care registered nurse staffing level of one nurse
264 to two or fewer infants at all times.

265 (f) Only a direct care registered nurse may be assigned to
266 a triage patient, and only a direct care registered nurse may be
267 assigned to a critical care patient in the emergency department.

268 1. The direct care registered nurse staffing level for
269 triage patients or critical care patients in the emergency
270 department must be one nurse to two or fewer patients at all
271 times.

272 2. At least two direct care registered nurses must be
273 physically present in the emergency department when a patient is
274 present.

275 3. Registered nurses providing triage, telehealth, private

276 duty, rapid response, or flight services do not count in the
277 calculation of direct care registered nurse staffing levels in
278 the emergency department.

279 4. Triage registered nurses may not be assigned the
280 responsibility of the base radio for the emergency department.

281 (g) Only direct care registered nurses may be assigned to
282 a labor and delivery unit.

283 1. The direct care registered nurse staffing level must be
284 one nurse to one active labor patient or to one patient having
285 medical or obstetrical complications during the initiation of
286 epidural anesthesia and during circulation for a caesarean
287 section delivery.

288 2. The direct care registered nurse staffing level for
289 antepartum patients who are not in active labor must be one
290 nurse to three or fewer patients at all times.

291 3. In the event of a caesarean delivery, the direct care
292 registered nurse staffing level must be one nurse to two or
293 fewer mother-plus-infant couplets.

294 4. In the event of multiple births, the direct care
295 registered nurse staffing level must be one nurse to three or
296 fewer mother-plus-infant couplets.

297 5. The direct care registered nurse staffing level for
298 postpartum areas in which the direct care registered nurse's
299 assignment only consists of mothers must be one nurse to four or
300 fewer patients at all times.

301 6. The direct care registered nurse staffing level for
302 postpartum patients or postsurgical gynecological patients must
303 be one nurse to four or fewer patients at all times.

304 7. The direct care registered nurse staffing level for the
305 well-baby nursery must be one nurse to five or fewer patients at
306 all times.

307 8. The direct care registered nurse staffing level for
308 unstable newborns and newborns in the resuscitation period, as
309 assessed by a direct care registered nurse, must be at least one
310 nurse to one patient at all times.

311 9. The direct care registered nurse staffing level for
312 newborn infants not otherwise described in this paragraph must
313 be one nurse to four or fewer patients at all times.

314 (h) The direct care registered nurse staffing level for
315 patients receiving conscious sedation must be at least one nurse
316 to one patient at all times.

317 (i) A health care facility's staffing plan must provide
318 that, at all times during each shift within a unit of the
319 facility, a direct care registered nurse is assigned to no more
320 than:

321 1. One patient in a trauma emergency unit.

322 2. One patient in an operating room unit. The operating
323 room must have at least one direct care registered nurse
324 assigned to the duties of the circulating registered nurse and
325 at least one additional person as a scrub assistant for each

326 patient-occupied operating room.

327 3. Two patients in a critical care unit, including a
328 neonatal intensive care unit, an emergency critical care unit,
329 and an intensive care unit; a labor and delivery unit; a
330 coronary care unit; an acute respiratory care unit;
331 postanesthesia unit, regardless of the type of anesthesia
332 received; and a postpartum unit, so that the direct care
333 registered nurse staffing level is one nurse to two or fewer
334 patients at all times.

335 4. Four patients in an emergency room unit, a pediatrics
336 unit, a telemetry unit, an oncology unit, or a combined labor,
337 delivery, and postpartum unit, so that the direct care
338 registered nurse staffing level is one nurse to four or fewer
339 patients at all times.

340 5. Three patients in a step-down unit or an intermediate
341 intensive care unit so that the direct care registered nurse
342 staffing level is one nurse to three or fewer patients at all
343 times.

344 6. Four patients in a medical-surgical unit, an antepartum
345 unit, an intermediate care nursery unit, a psychiatric unit, or
346 a presurgical or other specialty care unit, so that the direct
347 care registered nurse staffing level is one nurse to four or
348 fewer patients at all times.

349 7. Five patients in a rehabilitation unit and skilled
350 nursing unit, so that the direct care registered nurse staffing

351 level is one nurse to five or fewer patients at all times.

352 (j) Identifying a hospital unit or clinical unit by a name
353 or term does not affect the requirement of direct care
354 registered nurse staffing level identified for the level of
355 intensity or type of care.

356 (k) Patients must be cared for only in hospital units or
357 clinical units in which the level of intensity, type of care,
358 and direct care registered nurse staffing levels meet the
359 individual requirements and needs of each patient.

360 (l) A health care facility may not use a video camera or
361 monitor or any form of electronic visualization of a patient to
362 substitute for the direct observation required for patient
363 assessment by the direct care registered nurse or for patient
364 protection requiring an in-person attendant.

365 (m) The requirements established under this subsection do
366 not apply during a declared state of emergency if a health care
367 facility is requested or expected to provide an exceptional
368 level of emergency or other medical services.

369 (n) Any acuity-based patient classification system adopted
370 by a health care facility under this subsection must be
371 transparent in all respects, including disclosure of detailed
372 documentation of the methodology used to predict nursing
373 staffing; an identification of each factor, assumption, and
374 value used in applying such methodology; an explanation of the
375 scientific and empirical basis for each such assumption and

376 value; and certification by a knowledgeable and authorized
377 representative of the health care facility that the disclosures
378 regarding methods used for testing and validating the accuracy
379 and reliability of the system are true and complete.

380 (4) WHISTLE-BLOWER PROTECTIONS.—

381 (a) A health care facility may not:

382 1. Discharge, discriminate against, or retaliate against
383 in any manner, with respect to any aspect of employment,
384 including discharge; promotion; compensation; or terms,
385 conditions, or privileges of employment, a direct care
386 registered nurse based on the nurse's refusal of a work
387 assignment pursuant to this section.

388 2. File a complaint or a report against a direct care
389 registered nurse with the Board of Nursing or the agency because
390 of the nurse's refusal of a work assignment pursuant to this
391 section.

392 (b) A direct care registered nurse who has been
393 discharged, disciplined, discriminated against, or retaliated
394 against in violation of this subsection or against whom a
395 complaint or a report has been filed in violation of this
396 subsection may bring a cause of action in a state court and does
397 not need to exhaust any other cause of action to do so. A direct
398 care registered nurse who prevails in the cause of action is
399 entitled to the following:

400 1. Reinstatement.

401 2. Reimbursement of lost wages, compensation, and
402 benefits.

403 3. Attorney fees.

404 4. Court costs.

405 5. Other damages.

406 (c) A direct care registered nurse, patient, or other
407 individual may file a complaint with the agency against a health
408 care facility that violates this section. For any complaint
409 filed, the agency shall:

410 1. Receive and investigate the complaint;

411 2. Determine whether a violation of this section as
412 alleged in the complaint has occurred; and

413 3. If such a violation has occurred, issue an order that
414 the complaining nurse, patient, or other individual not suffer
415 any retaliation.

416 (d) A health care facility may not discriminate or
417 retaliate in any manner against any patient, employee, or
418 contract employee of the facility, or any other individual, on
419 the basis that such individual, in good faith, individually or
420 in conjunction with another individual or individuals, has
421 presented a grievance or complaint; initiated or cooperated in
422 an investigation or proceeding by a governmental entity,
423 regulatory agency, or private accreditation body; made a civil
424 claim or demand; or filed an action relating to the care,
425 services, or conditions of the health care facility or of any

426 affiliated or related facilities. For purposes of this
427 paragraph, an individual is deemed to be acting in good faith if
428 the individual reasonably believes the information reported or
429 disclosed is true and that a violation of this section has
430 occurred or may occur.

431 (5) ENFORCEMENT.—

432 (a) In addition to any other penalties prescribed by law,
433 the agency may impose a civil penalty of up to \$25,000 for each
434 violation of this section; however, the agency shall impose a
435 civil penalty of at least \$25,000 for each such violation if the
436 agency determines that the health care facility has a pattern of
437 practice of such violation.

438 (b) The agency shall post on its website the names of
439 health care facilities against which civil penalties have been
440 imposed under this subsection and any other information the
441 agency deems necessary.

442 (6) COLLECTIVE BARGAINING AGREEMENTS.—If any provision of
443 this section is in conflict with any collective bargaining
444 agreement applying to employees covered by this section, the
445 terms and conditions of that collective bargaining agreement
446 prevail over this section except when this section provides for
447 a lower ratio of patients to employee staffing. An employer may
448 not impose upon any unionized nursing staff or other unionized
449 staff any changes in wages, hours, or other terms and conditions
450 of employment pursuant to this section.

451

Section 3. This act shall take effect January 1, 2026.