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HUMAN RESOURCES

HOUSE FILE 2324  
BY WARNSTADT

Passed House, Date \_\_\_\_\_ Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved \_\_\_\_\_

**A BILL FOR**

1 An Act relating to health care delivery, including staffing  
2 requirements, and providing penalties.

3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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HF 2324

1 Section 1. NEW SECTION. 135M.1 TITLE.

2 This chapter shall be known and may be cited as the "Safe  
3 Staffing for Quality Care Act".

4 Sec. 2. NEW SECTION. 135M.2 FINDINGS.

5 The general assembly finds that:

6 1. The state has a substantial interest in assuring that  
7 delivery of health care services to patients in health  
8 facilities is adequate and safe and that health facilities  
9 retain sufficient nursing staff in order to promote optimal  
10 health care outcomes.

11 2. Inadequate and poorly monitored nurse staffing  
12 practices jeopardize delivery of quality health care services  
13 and adversely impact the health of patients who use health  
14 facilities.

15 3. Research indicates that health facility nurses work  
16 substantial overtime hours and that nurses working twelve-hour  
17 shifts work the most overtime hours per week.

18 4. Mandatory overtime and lengthy work hours for direct-  
19 care nurses constitute a threat to the health and safety of  
20 patients, adversely impact the general well-being of nurses  
21 and their families, and result in greater turnover, which  
22 increases long-term shortages of nursing personnel.

23 5. Inadequate health facility staffing results in  
24 dangerous medical errors and patient infections.

25 6. Recent changes in the health care delivery system are  
26 resulting in a higher acuity level among patients in health  
27 facilities.

28 7. The basic principles of staffing in health facilities  
29 should focus on patient health care needs and be based on  
30 consideration of patient acuity levels and the services  
31 necessary to ensure optimal health care outcomes.

32 8. A substantial number of nurses indicate that patient  
33 acuity measurements are inadequate and that many health  
34 facilities rarely, if ever, staff according to an acuity  
35 measurement tool.

1 9. To ensure adequate protection and care for patients in  
2 health facilities, it is essential that qualified licensed  
3 nurses be accessible and available to meet the nursing needs  
4 of patients.

5 10. Establishing staffing standards will ensure that  
6 health facilities throughout the state operate in a manner  
7 that guarantees the public safety and the delivery of quality  
8 health care services.

9 Sec. 3. NEW SECTION. 135M.3 DEFINITIONS.

10 As used in this chapter, unless the context otherwise  
11 requires:

12 1. "Acuity system" means an established measurement  
13 instrument that does all of the following:

14 a. Predicts nursing care requirements for individual  
15 patients based on severity of patient illness, need for  
16 specialized equipment and technology, intensity of nursing  
17 interventions required, and the complexity of clinical nursing  
18 judgment needed to design, implement, and evaluate the  
19 patient's nursing care plan.

20 b. Specifies the amount of nursing care needed, both in  
21 number of nurses and in skill mix of nursing personnel  
22 required, on a daily basis, for each patient in a nursing  
23 department or unit.

24 c. Is stated in terms that readily can be used and  
25 understood by direct-care nursing staff.

26 2. "Assessment tool" means a measurement system that  
27 compares the staffing level in each nursing department or unit  
28 against actual patient nursing care requirements in order to  
29 review the accuracy of an acuity system.

30 3. "Critical care unit" means a unit of a hospital that is  
31 established to safeguard and protect patients whose severity  
32 of medical conditions requires continuous monitoring and  
33 complex nursing intervention.

34 4. "Declared state of emergency" means an officially  
35 designated state of emergency that has been declared by a

1 federal, state, or local government official having authority  
2 to declare that the state, county, municipality, or locality  
3 is in a state of emergency, but does not include a state of  
4 emergency which results from a labor dispute in the health  
5 care industry.

6 5. "Direct-care nurse" and "direct-care nursing staff"  
7 include any nurse who has direct responsibility to oversee or  
8 carry out medical regimens or nursing care for one or more  
9 patients.

10 6. "Documented staffing plan" means a detailed, written  
11 plan that specifies the minimum number, skill mix, and  
12 classification of licensed nurses required in each nursing  
13 department or unit in the health facility for a given year,  
14 based on reasonable projections derived from the patient  
15 census and average acuity level within each department or unit  
16 during the prior year, the department or unit size and  
17 geography, the nature of services provided, and any  
18 foreseeable changes in department or unit size or function  
19 during the year.

20 7. "Health facility" means an acute care hospital, an  
21 outpatient surgical facility, or an institution operating as a  
22 psychiatric hospital or operating a designated psychiatric  
23 unit, regulated by the department of inspections and appeals.

24 8. "Nurse" means either a registered nurse or a licensed  
25 practical nurse.

26 9. "Nursing care" means care which falls within the scope  
27 of practice set forth in chapter 152 or is otherwise  
28 encompassed within recognized professional standards of  
29 nursing practice, including assessment, nursing diagnosis,  
30 planning, intervention, evaluation, and patient advocacy.

31 10. "Off-duty" means, with reference to a health facility  
32 employee, that the individual has no restrictions placed on  
33 the individual and is free of all duty on behalf of the health  
34 facility.

35 11. "On-duty" means, with reference to a health facility

1 employee, that the individual is required to be available and  
2 ready to perform services on request within or on behalf of  
3 the health facility and includes any rest periods or breaks  
4 during which the individual's ability to leave the health  
5 facility is restricted either expressly or by work-related  
6 circumstances beyond the individual's control.

7 12. "Outpatient surgical facility" means the same as  
8 defined in section 135.61.

9 13. "Skill mix" means the combination of licensing,  
10 specialty, and experience levels among direct-care nurses.

11 14. "Staffing level" means the actual numerical nurse-to-  
12 patient ratio by nurse classification within a nursing  
13 department or unit.

14 Sec. 4. NEW SECTION. 135M.4 HEALTH FACILITY STAFFING  
15 STANDARDS.

16 1. a. Each health facility shall ensure that the facility  
17 is staffed in a manner that provides sufficient, appropriately  
18 qualified nursing staff of each classification in each  
19 department or unit within the facility, to meet the  
20 individualized care needs of the patients in the facility and  
21 to meet the requirements of this section.

22 b. As a condition of licensure, each health facility  
23 shall, annually, submit to the department of inspections and  
24 appeals a documented staffing plan accompanied by written  
25 certification that the staffing plan is sufficient to provide  
26 adequate and appropriate delivery of health care services to  
27 patients for the subsequent year. The staffing plan shall:

28 (1) Meet the minimum requirements pursuant to subsection  
29 2.

30 (2) Comply with all additional requirements established by  
31 state or federal law or regulation.

32 (3) Identify and utilize an approved acuity system to  
33 address fluctuations in actual patient acuity levels and  
34 nursing care requirements that necessitate increased staffing  
35 levels above the minimums specified in the plan.

1 (4) Factor in other unit or department activities such as  
2 discharges, transfers and admissions, and administrative and  
3 support tasks that are expected to be performed by direct-care  
4 nurses, in addition to direct-care nursing staff activities.

5 (5) Identify the assessment tool used to validate the  
6 acuity system on which the plan is based.

7 (6) Identify the system which will be used to document  
8 actual staffing on a daily basis within each department or  
9 unit.

10 (7) Include a written assessment of the accuracy of the  
11 prior year's staffing plan compared with the prior year's  
12 actual staffing needs.

13 (8) Identify each nursing staff classification referenced  
14 in the plan accompanied by a statement specifying minimum  
15 qualifications for each referenced classification.

16 (9) Be developed in consultation with the direct-care  
17 nursing staff within each department or unit or, if the staff  
18 is represented, with the applicable recognized or certified  
19 collective bargaining representative of the direct-care  
20 nursing staff.

21 2. a. The staffing plan shall allocate a sufficient  
22 number of direct-care nurses to provide for a ratio of one  
23 direct-care nurse to one patient in a pediatric recovery room,  
24 in an operating room, and for special procedures; and a ratio  
25 of one direct-care nurse to two patients in a burn unit and an  
26 adult recovery room. The health facility, in consultation  
27 with the direct-care nursing staff within each nursing  
28 department or unit or, if staff is represented, with the  
29 recognized or certified collective bargaining representative  
30 of the direct-care nursing staff, shall establish minimum,  
31 specific, numerical direct-care nurse-to-patient ratios for  
32 other health facility nursing departments and units and shall  
33 incorporate the ratios in the staffing plan.

34 b. The minimum number of direct-care nurse-to-patient  
35 staff established in paragraph "a" shall constitute the

1 minimum number of direct-care nursing staff that shall be  
2 assigned to and present within a nursing department or unit.  
3 If the approved acuity system adopted by the facility  
4 indicates that additional staff is required, the health  
5 facility shall staff at the higher staffing level.

6 c. The department of inspections and appeals shall adopt  
7 rules prescribing the method by which the department shall  
8 approve a health facility's acuity system. The rules may  
9 include a method for categorical approval of acuity systems.

10 d. (1) The skill mix reflected in a staffing plan shall  
11 assure that all of the following elements of the nursing  
12 process are performed in the planning and delivery of care for  
13 each patient: assessment, nursing diagnosis, planning,  
14 intervention, evaluation, and patient advocacy.

15 (2) Registered nurses shall constitute at least fifty  
16 percent of the direct-care nurses included in the staffing  
17 plan.

18 (3) The skill mix shall not incorporate or assume that  
19 nursing care functions required by state or federal law or  
20 regulation, or accepted standards of practice that are  
21 required to be performed by a licensed nurse, may be performed  
22 by unlicensed assistive personnel.

23 3. a. As a condition of licensure, a health facility  
24 shall at all times staff in accordance with its staffing plan  
25 and the staffing standards specified in the plan, provided,  
26 however, that nothing in this chapter shall be deemed to  
27 preclude a health facility from implementing higher direct-  
28 care nurse-to-patient staffing levels.

29 b. A nurse shall not be assigned or included in the count  
30 of assigned nursing staff for purposes of compliance with  
31 minimum staffing requirements in a nursing department or unit  
32 or a clinical area within the health facility, without  
33 appropriate licensing, prior orientation, and verification  
34 that the nurse is capable of providing competent nursing care  
to patients.

1 4. a. As a condition of licensure, each health facility  
2 shall maintain accurate daily records showing all of the  
3 following:

4 (1) The number of patients admitted, released, and present  
5 in each nursing department or unit within the facility.

6 (2) The individual acuity level of each patient present in  
7 each nursing department or unit within the facility.

8 (3) The identity and duty hours of each direct-care nurse  
9 in each nursing department or unit within the facility.

10 b. As a condition of licensure, each health facility shall  
11 maintain daily statistics, by nursing department and unit, of  
12 mortality, morbidity, infection, accident, injury, and medical  
13 errors.

14 c. All records required under this subsection shall be  
15 maintained for a period of seven years.

16 d. All records required under this subsection shall be  
17 made available upon request to the department of inspections  
18 and appeals and to the public, provided, however, that  
19 information released to the public shall not contain the name  
20 or other personal identifying information, apart from acuity  
21 level, for any individual patient.

22 Sec. 5. NEW SECTION. 135M.5 MANDATORY OVERTIME AND  
23 EXCESSIVE DUTY HOURS.

24 1. a. Notwithstanding any other provision of law to the  
25 contrary and subject only to the exceptions in this section, a  
26 health facility shall not directly or indirectly mandate or  
27 otherwise require a health facility employee to work or be in  
28 on-duty status, in excess of any of the following:

29 (1) The scheduled work shift or duty period.

30 (2) Twelve hours in a twenty-four-hour period.

31 (3) Eighty hours in a fourteen-consecutive-day period.

32 b. As used in this section, "mandatory" or "mandate" means  
33 any request which, if refused or declined by the health  
34 facility employee, may result in discharge, discipline, loss  
35 of promotion, or other adverse employment consequence.

1 c. Nothing in this subsection is intended to prohibit a  
2 health facility employee from voluntarily working overtime.

3 2. a. A health facility employee shall not work or be in  
4 on-duty status in excess of sixteen hours in any twenty-four-  
5 hour period.

6 b. A health facility employee working sixteen hours in any  
7 twenty-four-hour period shall be given at least eight  
8 consecutive hours off duty before being required to return to  
9 duty.

10 c. A health facility employee shall not be required to  
11 work or be on duty more than seven consecutive days without at  
12 least one consecutive twenty-four-hour period off duty within  
13 that time.

14 3. a. During a declared state of emergency in which a  
15 health facility is requested or otherwise reasonably may be  
16 expected to provide an exceptional level of emergency or other  
17 medical services to the community, the mandatory overtime  
18 prohibition specified in subsection 1, paragraph "a", shall  
19 not apply to the following extent:

20 (1) Health facility employees may be required to work or  
21 be on duty up to the maximum hours limitation specified in  
22 subsection 2, paragraph "a", provided the health facility has  
23 taken the steps specified in paragraph "b" of this subsection.

24 (2) Prior to requiring any health facility employee to  
25 work mandatory overtime, the health facility shall make  
26 reasonable efforts to fill the health facility's immediate  
27 staffing needs through alternative efforts, including  
28 requesting off-duty staff to voluntarily report to work,  
29 requesting on-duty staff to volunteer for overtime hours, and  
30 recruiting per diem and registry staff to report to work.

31 (3) The exemption under this paragraph "a" shall not  
32 exceed the duration of the declared state of emergency or the  
33 health facility's direct role in responding to medical needs  
34 resulting from the declared state of emergency, whichever is  
less.

1 b. During a declared state of emergency for which a health  
2 facility is requested or otherwise reasonably may be expected  
3 to provide an exceptional level of emergency or other medical  
4 services to the community, the maximum hours limitation in  
5 subsection 2, paragraph "a", shall be lifted to the following  
6 extent:

7 (1) Health facility employees may work or remain on duty  
8 for more than the maximum hour limitations set forth in  
9 subsection 2, paragraph "a", provided that all of the  
10 following conditions are met:

11 (a) The decision to work the additional time is  
12 voluntarily made by the individual health facility employee  
13 affected.

14 (b) The health facility employee is given at least one  
15 uninterrupted four-hour rest period before commencing the  
16 first sixteen hours of duty and an uninterrupted eight-hour  
17 rest period at the completion of twenty-four hours of duty.

18 (c) A health facility employee shall not work or remain on  
19 duty for more than twenty-eight consecutive hours in a  
20 seventy-two-hour period.

21 (d) A health facility employee who has been on duty for  
22 more than sixteen hours in a twenty-four-hour period who  
23 informs the health facility that the employee requires  
24 immediate rest must be relieved from duty as soon as possible,  
25 consistent with patient safety needs, and given at least eight  
26 uninterrupted hours off duty before being required to return  
27 for duty.

28 (2) As used in this paragraph "b", "rest period" means a  
29 period in which an individual may be required to remain on the  
30 premises of the health facility, but is not subject to  
31 restraint or duty or responsibility for work or duty should  
32 the occasion arise.

33 (3) The exemption in this paragraph "b" shall not exceed  
34 the duration of the declared state of emergency or the health  
35 facility's direct role in responding to medical needs

1 resulting from the declared state of emergency, whichever is  
2 less.

3 4. A work shift schedule or overtime program established  
4 pursuant to a collective bargaining agreement negotiated on  
5 behalf of the health facility employees by a bona fide labor  
6 organization may provide for mandatory on-duty hours in excess  
7 of those permitted under this section, provided adequate  
8 measures are included in the agreement to ensure against  
9 excessive fatigue on the part of the affected employees.

10 Sec. 6. NEW SECTION. 135M.6 EMPLOYEE RIGHTS.

11 1. As a condition of licensure, each health facility shall  
12 adopt and disseminate to direct-care nursing staff a written  
13 policy that complies with the requirements set forth in this  
14 section detailing the circumstances under which a direct-care  
15 nurse may refuse a work assignment. At a minimum, the work  
16 assignment policy shall permit a direct-care nurse to refuse  
17 an assignment for which:

18 a. The nurse is not prepared by education, training, or  
19 experience to safely fulfill the assignment without  
20 compromising or jeopardizing patient safety, the nurse's  
21 ability to meet foreseeable patient needs, or the nurse's  
22 license.

23 b. The nurse has volunteered to work overtime but  
24 determines that the nurse's level of fatigue or decreased  
25 alertness would compromise or jeopardize patient safety, the  
26 nurse's ability to meet foreseeable patient needs, or the  
27 nurse's license.

28 c. The assignment otherwise would violate requirements  
29 specified in this chapter.

30 2. At a minimum, the work assignment policy shall contain  
31 procedures for all of the following:

32 a. Reasonable requirements for prior notice to the nurse's  
33 supervisor regarding the nurse's request and supporting  
34 reasons for being relieved of the assignment or continued  
35 duty.

1 b. If feasible, an opportunity for the supervisor to  
2 review the specific conditions supporting the nurse's request  
3 to be relieved of the assignment or continued duty, and to  
4 decide whether to remedy the conditions, to relieve the nurse  
5 of the assignment, or to deny the nurse's request.

6 c. A process which permits the nurse to exercise the right  
7 to refuse the assignment or continued on-duty status when the  
8 supervisor denies the request to be relieved if all of the  
9 following apply:

10 (1) The supervisor rejects the request without proposing a  
11 remedy or the proposed remedy would be inadequate or untimely.

12 (2) The complaint and investigation process provided  
13 through the department of inspections and appeals would be  
14 untimely to address the concern.

15 (3) The employee in good faith believes that the  
16 assignment meets the conditions justifying refusal.

17 3. A health facility shall not penalize or discriminate or  
18 retaliate in any manner against a health facility employee  
19 with respect to compensation, terms, conditions, or privileges  
20 of employment, who in good faith, individually, or in  
21 conjunction with another person or persons does any of the  
22 following:

23 a. Reports a violation or suspected violation of this  
24 chapter to a public regulatory agency, a private accreditation  
25 body, or management personnel of the health facility.

26 b. Initiates, cooperates with, or otherwise participates  
27 in an investigation or proceeding brought by a regulatory  
28 agency or private accreditation body concerning matters  
29 covered by this chapter.

30 c. Informs or discusses with other employees, with a  
31 representative of the employees, with patients or a patient  
32 representative, or with the public, violations or suspected  
33 violations of this chapter.

34 d. Otherwise avails the employee of the rights established  
35 in this chapter.

1 4. For the purposes of this section, a health facility  
2 employee is deemed to act in good faith if the employee  
3 reasonably believes all of the following:

4 a. That the information reported or disclosed is true.

5 b. That a violation has occurred or may occur.

6 5. a. Any health facility that violates section 135M.5 or  
7 this section may be held liable to any employee affected in an  
8 action brought in a court of competent jurisdiction for such  
9 legal or equitable relief as may be appropriate to effectuate  
10 the purposes of this chapter, including but not limited to  
11 reinstatement, promotion, payment of lost wages and benefits,  
12 and payment of compensatory and consequential damages  
13 resulting from the violation together with an equal amount in  
14 liquidated damages. The court in such action shall, in  
15 addition to any judgment awarded to the plaintiff, award  
16 reasonable attorney fees and costs of action to be paid by the  
17 defendant.

18 b. The employee's right to institute a private action  
19 under this subsection is not limited by any other rights  
20 granted under this chapter.

21 Sec. 7. NEW SECTION. 135M.7 ENFORCEMENT -- PENALTIES.

22 1. A health facility shall post in a conspicuous place  
23 readily accessible to the general public, a notice prepared by  
24 the department of inspections and appeals specifying in  
25 summary form the mandatory provisions of this chapter.

26 2. Mandatory and actual nurse staffing levels in each  
27 nursing department or unit shall be posted daily in a  
28 conspicuous place readily accessible to the general public.

29 3. a. Upon request, the health facility shall make copies  
30 of the staffing plan, filed with the department of inspections  
31 and appeals, available to the general public.

32 b. Each nursing department or unit within a health  
33 facility shall post or otherwise make readily available to the  
34 nursing staff, during each work shift, all of the following:

35 (1) A copy of the current staffing plan for that

- 1 department or unit.
- 2 (2) Documentation of the number of direct-care nursing  
3 staff required to be present during the shift, based on the  
4 approved adopted acuity system.
- 5 (3) Documentation of the actual number of direct-care  
6 nursing staff present during the shift.
- 7 4. The department of inspections and appeals shall enforce  
8 this chapter and shall adopt rules necessary for enforcement.  
9 At a minimum, the rules shall provide for:
- 10 a. Unannounced, random compliance site visits to health  
11 facilities.
- 12 b. An accessible and confidential system for the public  
13 and nursing staff to report a health facility's failure to  
14 comply with this chapter.
- 15 c. A systematic means for investigating and correcting  
16 violations of this chapter.
- 17 d. Public access to information regarding reports of  
18 inspections, results, deficiencies, and corrections.
- 19 e. A process for imposing penalties for violations of the  
20 staffing requirements of this chapter.
- 21 f. Establishment of penalties, by rule, for all of the  
22 following:
- 23 (1) Violation by a health facility of any staffing  
24 requirements specified in section 135M.4.
- 25 (2) Failure of a health facility to post a notice required  
26 under this chapter.
- 27 (3) Violation of section 135M.5 or 135M.6 by a health  
28 facility.
- 29 (4) Failure of a person or health facility to report  
30 information required to be reported under this chapter,  
31 falsification by a person or health facility of information  
32 required to be reported under this chapter, or the coercing,  
33 threatening, intimidating, or otherwise influencing of another  
34 person by a person or health facility to fail to report or to  
35 falsify information required to be reported under this

1 chapter.

2 5. The department of inspections and appeals and the  
3 department of workforce development shall have concurrent  
4 jurisdiction to ensure compliance with this chapter and to  
5 implement rules and regulations as necessary or appropriate to  
6 carry out this function.

7 6. a. A determination that a health facility has violated  
8 this chapter may result in revocation of the health facility's  
9 licensure.

10 b. Upon investigation, the department of inspections and  
11 appeals shall notify the health facility of all deficiencies  
12 in the facility's compliance with this chapter and the rules  
13 adopted under this chapter. The notice may include an order  
14 to take corrective action within a specified time period,  
15 including but not limited to any of the following:

16 (1) Revising the facility staffing plan.

17 (2) Reducing the number of patients within a nursing  
18 department or unit.

19 (3) Temporarily closing a nursing department or unit to  
20 any further patient admissions until corrections are made.

21 (4) Temporarily transferring patients to another nursing  
22 department or unit within the facility until corrections are  
23 made.

24 c. (1) The department of inspections and appeals may  
25 issue an order of correction as follows:

26 (a) On an emergency basis, without prior notice or  
27 opportunity for a hearing, if an investigation determines that  
28 patient care is being compromised in a manner that poses an  
29 immediate jeopardy to the health or safety of patients.

30 (b) In accordance with the provisions for suspension of  
31 licensure of a health facility in chapter 135B.

32 (2) The order of correction shall be in writing and shall  
33 contain a statement of the reasons for the order.

34 (3) Upon the failure of a health facility to comply with  
an order of correction in a timely manner, the department of

1 inspections and appeals may take such action the department  
2 deems appropriate, including but not limited to:

3 (a) Appointing an administrative overseer for the  
4 facility.

5 (b) Closing the facility or unit to patient admissions.

6 (c) Placing the health facility's emergency room on bypass  
7 status.

8 (d) Revoking the health facility's license.

9 d. Any person who willfully violates this chapter in a  
10 manner that evidences a pattern or practice of violations  
11 which is likely to have a serious and adverse impact on  
12 patient care or the potential for serious injury or death for  
13 patients or employees is guilty of an aggravated misdemeanor.

14 e. (1) A determination that a health facility has  
15 violated the provisions of this chapter shall result in an  
16 order of reimbursement to the medical assistance program or in  
17 termination from participation in the medical assistance  
18 program for a period of time to be determined by the  
19 department of inspections and appeals in consultation with the  
20 department of human services.

21 (2) A health facility that falsifies or causes to be  
22 falsified documentation required by this chapter shall be  
23 prohibited from receiving any medical assistance reimbursement  
24 for a period of six months.

25 EXPLANATION

26 This bill relates to staffing requirements for health  
27 facilities. For the purposes of the bill, "health facility"  
28 means an acute care hospital, an outpatient surgical facility,  
29 or an institution operating as a psychiatric hospital or  
30 operating a designated psychiatric unit, regulated by the  
31 department of inspections and appeals.

32 The bill specifies facility staffing standards, prohibits  
33 mandatory overtime, specifies maximum hours that a health  
34 facility employee may work or be on duty, provides for  
35 exceptions under a state of emergency, establishes rights for

1 nursing staff of a health facility, and protects health  
2 facility employees from retaliation for reporting or otherwise  
3 publicizing violations or suspected violations.

4 The bill provides for a private right of action for a nurse  
5 if a health facility violates the provisions of the bill,  
6 provides for public disclosure of violations of the bill,  
7 provides for regulatory oversight by the department of  
8 inspections and appeals, provides civil penalties, and  
9 provides a criminal penalty of an aggravated misdemeanor which  
10 carries with it a maximum penalty not to exceed two years and  
11 a fine of at least \$500 but not to exceed \$5,000 for a willful  
12 violation of the Code chapter that evidences a pattern or  
13 practice of violation and is likely to have serious and  
14 adverse impact on patient care or the potential for serious  
15 injury or death for patients or employees. The bill also  
16 provides for the loss of reimbursement for a health facility  
17 under the medical assistance program for violation of the  
18 chapter.

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