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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 2505

03/23/2017 Authored by Murphy, E.; Davids; Davnie; Ward; Olson and others
The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.1 A bill for an act
1.2 relating to health; establishing requirements for the assignment of direct-care
1.3 registered nurses; prohibiting retaliation; proposing coding for new law in
1.4 Minnesota Statutes, chapter 144.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. [144.591] REQUIREMENTS FOR ASSIGNMENT OF NURSING
1.7 PERSONNEL.

1.8 Subdivision 1. Definition. For purposes of this section and section 144.592, "direct-care
1.9 registered nurse" means a registered nurse, as defined in section 148.171, subdivision 20,
1.10 who is nonsupervisory and nonmanagerial and who directly provides nursing care to patients
1.11 more than 60 percent of the time.

1.12 Subd. 2. Requirements; factors. A hospital must assign nursing personnel to each
1.13 patient care unit consistent with the hospital's staffing plan. For each patient care unit, a
1.14 direct-care registered nurse shall evaluate the following factors to assess and determine the
1.15 adequacy of staffing levels to meet patient care needs:

- 1.16 (1) composition of skill mix and roles available;
1.17 (2) patient acuity;
1.18 (3) experience level of registered nurse staff;
1.19 (4) unit activity level, such as admissions, discharges, and transfers;
1.20 (5) variable staffing grids;
1.21 (6) availability of a registered nurse to accept an assignment; and

2.1 (7) nursing intensity.

2.2 Subd. 3. **Prohibited acts.** A hospital shall not:

2.3 (1) assign a direct-care registered nurse to a hospital unit unless the direct-care registered  
2.4 nurse is able to demonstrate current competence in providing care in that unit and has  
2.5 received orientation to that hospital's unit sufficient to provide competent care to the patients  
2.6 in that unit;

2.7 (2) assign nursing personnel from a supplemental nursing services agency to provide  
2.8 patient care on a hospital unit until the agency nurse is able to demonstrate validated  
2.9 competence in providing care in the assigned unit, and has received orientation to that  
2.10 hospital's unit sufficient to provide competent care to patients in that unit; or

2.11 (3) assign unlicensed personnel to:

2.12 (i) perform direct-care registered nurse functions in lieu of care delivered by a direct-care  
2.13 registered nurse;

2.14 (ii) perform tasks that require the assessment, judgment, or skill of a direct-care registered  
2.15 nurse; or

2.16 (iii) perform functions of a direct-care registered nurse under the supervision of a  
2.17 direct-care registered nurse.

2.18 Subd. 4. **Inadequate staffing.** (a) If any direct-care registered nurse determines that  
2.19 staffing levels are inadequate and so notifies the unit's charge nurse and a manager or  
2.20 administrative supervisor, the manager or administrative supervisor shall consider the  
2.21 following:

2.22 (1) current patient care assignments for potential redistribution;

2.23 (2) the ability to facilitate discharges, transfers, and admissions;

2.24 (3) the availability of additional staffing resources; and

2.25 (4) the hospital-wide census and staffing.

2.26 (b) If the staffing inadequacies cannot be resolved and resources cannot be reallocated  
2.27 by the manager or administrative supervisor after considering the factors in paragraph (a),  
2.28 the hospital shall call in extra staff to ensure adequate staffing to meet safe patient standards.

2.29 (c) Until extra staff arrive and begin to receive patient assignments:

2.30 (1) the hospital must suspend nonemergency admissions and elective surgeries that  
2.31 routinely lead to in-patient hospitalization;

3.1 (2) the charge nurse for the unit with inadequate staffing levels is authorized to close  
3.2 the unit to new patient admissions and in-hospital transfers; and

3.3 (3) a direct-care registered nurse is authorized to refuse an assignment that is unsafe, in  
3.4 the nurse's professional judgment.

3.5 **Sec. 2. [144.592] RETALIATION PROHIBITED.**

3.6 A hospital shall not retaliate against or discipline a direct-care registered nurse, either  
3.7 formally or informally, for:

3.8 (1) refusing to accept an assignment if, in good faith and in the nurse's professional  
3.9 judgment, the nurse determined that the assignment is unsafe for patients due to patient  
3.10 acuity and nursing intensity; or

3.11 (2) reporting a concern regarding safe staffing levels.