

HOUSE BILL 138

57TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2025

INTRODUCED BY

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and Cynthia Borrego and Anita Gonzales

This document may incorporate amendments proposed by a committee, but not yet adopted, as well as amendments that have been adopted during the current legislative session. The document is a tool to show amendments in context and cannot be used for the purpose of adding amendments to legislation.

AN ACT

RELATING TO HEALTH; ENACTING THE HOSPITAL PATIENT SAFETY ACT;  
REQUIRING HOSPITALS TO ESTABLISH HOSPITAL STAFFING COMMITTEES  
FOR THE PURPOSE OF DEVELOPING HOSPITAL STAFFING PLANS TO  
PRIORITIZE PATIENT SAFETY; DECLARING AN EMERGENCY.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. A new section of HHHC → ~~Chapter 24 NMSA~~

~~1978~~ ← HHHC HHHC → the Health Care Code ← HHHC is enacted to read:

"[NEW MATERIAL] SHORT TITLE.--This act may be cited as the

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"Hospital Patient Safety Act".

SECTION 2. A new section of HHHC→Chapter 24 NMSA  
1978←HHHC HHHC→the Health Care Code←HHHC is enacted to read:

"[NEW MATERIAL] DEFINITIONS.--As used in the Hospital  
Patient Safety Act:

A. "critical care unit" means a unit that is  
established to safeguard and protect patients whose severity of  
medical conditions requires continuous monitoring and complex  
intervention by licensed nurses;

B. "direct care nursing staff" means nurses who are  
routinely assigned to patient care and are replaced when those  
nurses are absent, including:

(1) registered nurses, including registered  
nurses that do not assume primary responsibility for a  
patient's care but have the responsibility of consulting on  
patient care;

(2) licensed practical nurses; and

(3) certified nurse assistants;

C. "direct care professional and technical staff"  
means any licensed or certified member of a hospital's staff  
who provides care that is within the scope of the license or  
certification held by the member;

D. "hospital" means a facility offering in-patient  
services, nursing, overnight care on a twenty-four-hour basis  
for diagnosing, treating and providing medical, psychological

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or surgical care for three or more individuals, whether the facility is designated as a public, private for-profit, private not-for-profit, acute care, rehabilitation, limited services, critical access, general or specific facility;

E. "hospital unit" means a critical care unit, burn unit, labor and delivery room, post-anesthesia service area, emergency department, operating room, pediatric unit, step-down or intermediate care unit, specialty care unit, telemetry unit, general medical care unit, subacute care unit, transitional inpatient care unit or any other unit designation used by a hospital;

F. "patient classification system" means a system for establishing staffing requirements by hospital unit, patient care requirements and shifts that includes methods to:

- (1) predict the nursing care requirements of individual patients;
- (2) determine that the amount of nursing care needed for each category of patient is validated for each unit and for each shift;
- (3) discern trends and patterns of nursing care delivery by licensed and unlicensed staff;
- (4) evaluate the accuracy of the predicted nursing care requirements described in Paragraph (1) of this subsection;
- (5) determine staff resource allocations based

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on nursing care requirements; and

(6) validate the reliability of the patient classification system for each hospital unit and for each shift; and

G. "service staff" includes staff who provide the following services:

- (1) housekeeping;
- (2) dietary;
- (3) maintenance; or
- (4) other essential services to hospital

operations."

SECTION 3. A new section of HHHC→~~Chapter 24 NMSA~~  
~~1978~~←HHHC HHHC→~~the Health Care Code~~←HHHC is enacted to read:

"[NEW MATERIAL] HOSPITAL NURSING STAFFING COMMITTEES--  
ESTABLISHMENT--MEMBERSHIP--RESPONSIBILITIES.--

A. Each hospital licensed pursuant to the  
HHHC→~~Public Health Act~~←HHHC HHHC→~~Health Care Code~~←HHHC shall  
establish a hospital nursing staffing committee.

B. A hospital nursing staffing committee shall  
include hospital managers and direct care nursing staff.

C. Direct care nursing staff shall comprise at  
least fifty-one percent of the members of the hospital nursing  
staffing committee and shall represent all hospital units when  
practicable.

D. Hospital manager members of a hospital nursing

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staffing committee shall include the hospital's chief financial officer, chief nursing officers and hospital unit directors or managers when practicable.

E. If a hospital's direct care nursing staff are represented by an exclusive representative certified or recognized by the hospital pursuant to the National Labor Relations Act or the Public Employee Bargaining Act, the exclusive representative shall select the direct care nursing staff members to serve on the hospital nursing staffing committee. In the absence of an exclusive representative, members of the direct care nursing staff shall select the direct care nursing staff members to serve on the hospital nursing staffing committee by affirmation or election.

F. A hospital nursing staffing committee shall have two co-chairs. One co-chair shall be a hospital nurse manager elected by the hospital manager members of the committee. One co-chair shall be a direct care registered nurse elected by the direct care nursing staff members of the committee. Both co-chairs shall have had direct patient care experience within three years of being elected.

G. The hospital nursing staffing committee shall meet at least once every three months at a time and place agreed to by the co-chairs. A majority of the members of a hospital nursing staffing committee constitutes a quorum for the transaction of business; provided that at least fifty-one

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percent of the members present are direct care nursing staff. All decisions of the hospital nursing staffing committee shall be made by majority vote of the members present.

H. The hospital nursing staffing committee shall keep written minutes of all meetings, to be approved at the following meeting and made available in a timely manner to hospital staff upon request. Those minutes shall include:

- (1) motions made and the outcomes of votes taken; and
- (2) a summary of discussions.

I. A hospital shall release a member of the hospital's hospital nursing staffing committee from the member's work assignment and ensure adequate staffing to cover the member's work assignment. The hospital shall pay the member the member's regular rate of pay, plus any differentials and including overtime wages, for time spent at the hospital nursing staffing committee meeting.

J. A hospital nursing staffing committee shall:

- (1) develop a written nursing staffing plan prioritizing patient safety; and
- (2) review the plan on an ongoing basis, using data to be provided by the hospital, including:
  - (a) nursing-sensitive patient outcomes;
  - (b) internal or external complaints from staff or the public regarding staffing involving delays in or

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the absence of the provision of direct care nursing;

(c) the aggregate hours of mandatory overtime worked by the direct care nursing staff;

(d) the aggregate hours of voluntary overtime worked by the direct care nursing staff;

(e) the percentage of shifts in each hospital unit in which staffing levels differed from staffing levels established by the nursing staffing plan; and

(f) the number of meal breaks and rest breaks missed by direct care nursing staff.

K. A hospital nursing staffing committee shall develop and recertify the efficacy of the hospital's patient classification system at least annually."

SECTION 4. A new section of HHHC→~~Chapter 24 NMSA~~  
~~1978~~←HHHC HHHC→~~the Health Care Code~~←HHHC is enacted to read:

"[NEW MATERIAL] PROFESSIONAL AND TECHNICAL STAFFING COMMITTEE--ESTABLISHMENT--MEMBERSHIP--RESPONSIBILITIES.--

A. Each hospital licensed pursuant to the HHHC→~~Public Health Act~~←HHHC HHHC→~~Health Care Code~~←HHHC shall establish a professional and technical staffing committee.

B. A professional and technical staffing committee shall consist of hospital managers and direct care professional and technical staff.

C. Direct care professional and technical staff shall comprise at least fifty-one percent of the members of a

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professional and technical staffing committee. The professional and technical staffing committee shall represent all hospital units and a variety of job titles, when practicable.

D. Hospital manager members of a professional and technical staffing committee shall include the hospital's chief financial officer, chief nursing officers and hospital unit directors or managers, when practicable.

E. If the direct care professional and technical staff at a hospital are represented by an exclusive representative certified or recognized by the hospital pursuant to the National Labor Relations Act or the Public Employee Bargaining Act, the exclusive representative shall select the direct care professional and technical staff to serve on the professional and technical staffing committee. In the absence of an exclusive representative, members of the hospital's direct care professional and technical staff shall select the direct care professional and technical staff members to serve on the professional and technical staffing committee by affirmation or election.

F. A professional and technical staffing committee shall have two co-chairs. One co-chair shall be a professional and technical manager elected by the hospital manager members of the committee and one co-chair shall be a direct care professional and technical staff member elected by the direct

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care professional and technical staff members of the committee. Both co-chairs shall have had direct patient care experience within three years of being elected.

G. A professional and technical staffing committee shall meet at least once every three months at a time and place agreed to by the two co-chairs. A majority of the members of a professional and technical staffing committee constitutes a quorum for the transaction of business; provided that at least fifty-one percent of the members present are direct care professional and technical staff. All decisions of the committee shall be made by majority vote of the members present.

H. A professional and technical staffing committee shall keep written minutes of all meetings, to be approved at the following meeting and made available in a timely manner to hospital staff upon request. Those minutes shall include:

(1) motions made and the outcomes of votes taken; and

(2) a summary of discussions.

I. A hospital shall release a member of the hospital's professional and technical staffing committee from that member's assignment and ensure adequate staffing to cover the member's assignment. The hospital shall pay the member the member's regular rate of pay, including any differentials and overtime wages, for time spent at a meeting of the professional

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and technical staffing committee.

J. A professional and technical staffing committee shall:

(1) develop a written professional and technical staffing plan focused on prioritizing patient safety; and

(2) review the plan on an ongoing basis using data to be provided by the hospital, including:

(a) patient outcomes reasonably related to care provided by direct care professional and technical staff;

(b) internal or external complaints from staff or the public regarding staffing involving complaints about delays in or the absence of the provision of professional and technical services;

(c) the aggregate hours of mandatory overtime worked by the direct care professional and technical staff;

(d) the aggregate hours of voluntary overtime worked by the direct care professional and technical staff;

(e) the percentage of shifts in each hospital unit in which staffing levels differed from staffing levels established by the staffing plan; and

(f) the number of meal breaks and rest

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break periods missed by direct care professional and technical staff."

SECTION 5. A new section of HHHC→~~Chapter 24 NMSA~~  
~~1978~~←HHHC HHHC→the Health Care Code←HHHC is enacted to read:

"[NEW MATERIAL] HOSPITAL SERVICE STAFFING COMMITTEES--  
ESTABLISHMENT--MEMBERSHIP--RESPONSIBILITIES.--

A. Each hospital licensed pursuant to the  
HHHC→~~Public Health Act~~←HHHC HHHC→Health Care Code←HHHC shall  
establish a hospital service staffing committee.

B. A hospital service staffing committee shall  
include hospital managers and service staff.

C. Service staff shall comprise at least fifty-one  
percent of the members of a hospital service staffing committee  
and represent a variety of job titles and hospital units, when  
practicable.

D. Hospital manager members of a hospital service  
staffing committee shall include the hospital's chief financial  
officer, chief nursing officers and hospital unit directors or  
managers, when practicable.

E. If the service staff at a hospital are  
represented by an exclusive representative certified or  
recognized by the hospital pursuant to the National Labor  
Relations Act or the Public Employee Bargaining Act, the  
exclusive representative shall select the service staff members  
to serve on the hospital's hospital service staffing committee.

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In the absence of an exclusive representative, the members of the service staff shall select the service staff members to serve on the hospital service staffing committee by affirmation or election.

F. A hospital service staffing committee shall have two co-chairs. One co-chair shall be a hospital manager elected by the hospital manager members of the committee. One co-chair shall be a service staff member elected by the service members of the committee.

G. A hospital service staffing committee shall meet at least once every three months at a time and place agreed to by the co-chairs. A majority of the members of a hospital service staffing committee constitutes a quorum for the transaction of business; provided that at least fifty-one percent of the members present are service staff. All decisions of the committee shall be made by majority vote of the members present.

H. A hospital service staffing committee shall keep written minutes of all meetings, to be approved at the following meeting and made available to hospital staff upon request. Those minutes shall include:

- (1) motions made and the outcomes of votes taken; and
- (2) a summary of discussions.

I. A hospital shall release a member of the

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hospital's hospital service staffing committee from that member's assignment and ensure adequate staffing to cover the member's work assignment. The hospital shall pay the member the member's regular rate of pay, plus any differentials and including overtime, for time spent at the meetings of the committee.

J. A hospital service staffing committee shall:

(1) develop a written hospital service staffing plan prioritizing patient safety; and

(2) review the plan on an ongoing basis and consider using data to be provided to the committee by the hospital regarding:

(a) patient outcomes;

(b) internal or external complaints regarding staffing involving delays in or the absence of the provision of services;

(c) the aggregate hours of mandatory overtime worked by the hospital's service staff;

(d) the aggregate hours of voluntary overtime worked by the hospital's service staff;

(e) the percentage of shifts in each hospital unit for which staffing levels differed from staffing levels established by the hospital's staffing plan; and

(f) the number of meal breaks and rest breaks missed by service staff."

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SECTION 6. A new section of HHHC→~~Chapter 24 NMSA~~

~~1978~~←HHHC HHHC→**the Health Care Code**←HHHC is enacted to read:

"[NEW MATERIAL] NURSING STAFFING PLANS.--

A. Starting on January 1, 2026 and on every January 1 and July 1 thereafter, all hospitals licensed pursuant to the HHHC→~~Public Health Act~~←HHHC HHHC→**Health Care Code**←HHHC shall, as a condition of licensing, submit to the

HHHC→~~department~~←HHHC HHHC→**authority**←HHHC a nursing staffing plan prioritizing patient safety developed and approved by the hospital's hospital nursing staffing committee. The nursing staffing plan shall include certification that the plan is sufficient to provide safe, adequate and appropriate health care services to patients for the upcoming six-month period.

B. A hospital's nursing staffing plan shall be the primary basis for the hospital's nursing staffing budget.

C. Factors to be considered in the development of a hospital's nursing staffing plan include the following:

(1) patient census, including total numbers of patients on each hospital unit and on each shift and patient activity, including discharges, admissions and transfers;

(2) patient acuity levels as measured by the hospital's patient classification system, including the intensity of care needs and the type of care to be delivered on each shift;

(3) nursing skill mix;

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(4) the level of experience and specialty certification or training of nursing and patient care staff;

(5) staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations and other health professional organizations that prioritize patient safety; and

(6) the availability of other staff supporting nursing services on the unit.

D. Any portion of a nursing staffing plan that governs psychiatric units shall be approved by a subcommittee of the hospital nursing staffing committee consisting of direct care nursing staff and managers who work in the psychiatric unit.

E. Each nursing staffing plan shall establish minimum staffing ratios to prioritize patient safety as follows:

(1) in an emergency department:

(a) a direct care registered nurse shall be assigned to not more than one trauma patient;

(b) the ratio of direct care registered nurses to patients shall average no more than one-to-four over a twelve-hour shift and a single direct care registered nurse may not be assigned more than five patients at a time; and

(c) direct care registered nurses assigned to trauma patients may not be taken into account in

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determining the average ratio;

(2) in an intensive care unit, a direct care registered nurse shall be assigned to no more than two patients;

(3) in a labor and delivery unit, a direct care registered nurse shall be assigned no more than:

(a) two patients if the patients are not in active labor or experiencing complications; or

(b) one patient if the patient is in active labor or is at any stage of labor and is experiencing complications;

(4) in a postpartum, antepartum or well-baby nursery, a direct care registered nurse shall be assigned to no more than six patients, counting mother and baby as separate patients;

(5) in a mother-baby unit, a direct care registered nurse shall be assigned to no more than eight patients, counting mother and baby as separate patients;

(6) in an operating room, a direct care registered nurse shall be assigned to no more than one patient;

(7) in an oncology unit, a direct care registered nurse shall be assigned to no more than four patients;

(8) in a post-anesthesia service unit, a direct care registered nurse shall be assigned to no more than

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two patients;

(9) in an intermediate care unit, a direct care registered nurse shall be assigned to no more than three patients;

(10) in a medical-surgical unit, a direct care registered nurse shall be assigned to no more than four patients;

(11) in a cardiac telemetry unit, a direct care registered nurse shall be assigned to no more than four patients;

(12) in a pediatric unit, a direct care registered nurse shall be assigned to no more than four patients;

(13) in a behavioral health unit, a direct care registered nurse shall be assigned to no more than four patients; and

(14) in a psychiatric unit, a direct care registered nurse shall be assigned to no more than four patients.

F. A hospital's nursing staffing plan shall allocate direct care nursing staff to hospital units with adjustable patient acuity levels according to the highest patient acuity level that exists within the hospital unit during a shift.

G. The ratios set forth in Subsection E of this

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section shall constitute the minimum number of registered and licensed nurses and unlicensed employees involved in direct patient care. Additional staff shall be assigned in accordance with a documented patient classification system for determining nursing care requirements, including the severity of the condition; the need for specialized equipment and technology; the complexity of clinical judgment needed to design, implement and evaluate the patient care plan; the ability for patient self-care; and the type of licensure required for care.

H. A hospital shall not:

(1) assign unlicensed personnel to perform nursing functions in lieu of a registered nurse; or

(2) allow unlicensed personnel to perform functions under the direct clinical supervision of a registered nurse that require a substantial amount of scientific knowledge and technical skills, including the following functions:

- (a) administration of medication;
- (b) venipuncture or intravenous therapy;
- (c) parenteral or tube feedings;
- (d) invasive procedures, including inserting nasogastric tubes, inserting catheters or tracheal suctioning;
- (e) assessment of patient condition;
- (f) sedation, recovery and monitoring;
- (g) educating a patient and that

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patient's caregivers concerning the patient's health care problems, including post-discharge care; or

(h) performance of moderate-complexity laboratory tests.

I. This section shall not preclude any person from performing any act or function that the person is authorized to perform pursuant to existing statute or regulation.

J. Hospitals licensed pursuant to the ~~HHHC~~→Public Health Act←HHHC HHHC→Health Care Code←HHHC shall adopt written policies and procedures for the training and orientation of direct care nursing staff and unlicensed employees involved in direct patient care. The written policies and procedures for orientation of direct care nursing staff and unlicensed employees involved in direct patient care shall require that all temporary personnel receive orientation and be subject to competency validation.

K. A registered nurse or an unlicensed employee involved in direct patient care shall not be assigned to a nursing unit or clinical area unless that nurse or unlicensed employee has:

(1) received orientation in that clinical area sufficient to provide competent care to patients in that area; and

(2) demonstrated current competence in providing care in that area.

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L. In case of conflict between this section and any statute or rule defining the scope of nursing practice, the scope of practice provisions shall control.

M. Each hospital shall post its approved nursing staffing plan in publicly accessible areas of the hospital and on the hospital's website. Each hospital shall make the nursing staffing plan accessible to staff in either written or electronic form."

SECTION 7. A new section of HHHC→~~Chapter 24 NMSA~~  
~~1978~~←HHHC HHHC→the Health Care Code←HHHC is enacted to read:

"[NEW MATERIAL] HOSPITAL PROFESSIONAL AND TECHNICAL STAFFING PLANS.--

A. Starting on January 1, 2026 and on every January 1 and July 1 thereafter, all hospitals licensed pursuant to the HHHC→~~Public Health Act~~←HHHC HHHC→Health Care Code←HHHC shall, as a condition of licensing, submit to the HHHC→~~department~~←HHHC HHHC→~~authority~~←HHHC a professional and technical staffing plan prioritizing patient safety that has been developed and approved by the hospital's professional and technical staffing committee. A professional and technical staffing plan shall include a written certification that the plan is sufficient to provide safe, adequate and appropriate health care services to patients for the upcoming six-month period.

B. A professional and technical staffing plan shall

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be developed to ensure that the hospital is staffed sufficiently to meet the health care needs of the hospital's patients. The professional and technical staffing plan shall be consistent with the hospital's approved nursing staffing plan and hospital service staffing plan.

C. A hospital's professional and technical staffing plan shall be the primary basis for the hospital's professional and technical staffing budget.

D. Factors to be considered in the development of a professional and technical staffing plan include the following:

(1) patient census, including total numbers of patients on each hospital unit and on each shift and patient activity, including discharges, admissions and transfers;

(2) patient acuity levels as measured by the hospital's patient classification system, including the intensity of care needs and the type of care to be delivered on each shift;

(3) applicable national staffing standards;

(4) the size and square footage of the hospital;

(5) policies to ensure patient access to care; and

(6) feedback received from staff during committee meetings.

E. A hospital shall post its approved professional

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and technical staffing plan in publicly accessible areas of the hospital and on the hospital's website. Each hospital shall make the hospital's professional and technical staffing plan accessible to staff in either written or electronic form."

SECTION 8. A new section of HHC→~~Chapter 24 NMSA~~  
~~1978~~←HHC HHC→the Health Care Code←HHC is enacted to read:

"[NEW MATERIAL] HOSPITAL SERVICE STAFFING PLANS.--

A. Starting on January 1, 2026 and on every January 1 and July 1 thereafter, all hospitals licensed pursuant to the HHC→~~Public Health Act~~←HHC HHC→Health Care Code←HHC shall, as a condition of licensure, submit to the HHC→~~department~~←HHC HHC→~~authority~~←HHC a hospital service staffing plan that has been developed and approved by the hospital's hospital service staffing committee. The hospital service staffing plan shall include a written certification that the plan is sufficient to provide adequate and appropriate delivery of health care services to patients for the upcoming six-month period.

B. A hospital service staffing plan shall be developed to ensure that the hospital is staffed sufficiently to meet the health care needs of the hospital's patients. The hospital service staffing plan shall be consistent with the hospital's approved nursing staffing plan and approved professional and technical staffing plan.

C. Factors to be considered in the development of a

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hospital service staffing plan include the following:

(1) patient census, including total numbers of patients on each hospital unit and on each shift and patient activity, including discharges, admissions and transfers;

(2) patient acuity levels as measured by the hospital's patient classification system, including the intensity of care needs and the type of care to be delivered on each shift;

(3) applicable national staffing standards;

(4) the size and square footage of the hospital;

(5) policies to ensure patient access to care; and

(6) feedback received from staff during committee meetings.

D. A hospital shall post its approved hospital service staffing plan in publicly accessible areas of the hospital and on the hospital's website. Each hospital shall make the hospital's hospital service staffing plan accessible to staff in either written or electronic form."

HHHC → ~~SECTION 9. A new section of Chapter 24 NMSA 1978 is enacted to read:~~

~~"[NEW MATERIAL] DEPARTMENT PROMULGATION OF RULES TO ESTABLISH A PROCESS FOR REPORTING, INVESTIGATING AND REMEDYING VIOLATIONS OF THE HOSPITAL PATIENT SAFETY ACT, INCLUDING THE~~

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~~IMPOSITION OF PENALTIES--GRANTING WAIVERS FOR CERTAIN  
HOSPITALS.--~~

~~A. The department shall, no later than January 1, 2026, promulgate rules that establish a process for reporting, investigating and remedying violations of the Hospital Patient Safety Act, including the imposition of penalties.~~

~~B. A hospital shall not be required to follow any staffing plan in the event of:~~

~~(1) a national or state emergency requiring the implementation of a facility disaster plan;~~

~~(2) sudden and unforeseen adverse weather conditions; or~~

~~(3) an infectious disease epidemic suffered by hospital staff.~~

~~C. In the event of an emergency circumstance not described in Subsection B of this section, either co-chair of any staffing committee may specify a time and place to meet to review and potentially modify the committee's approved staffing plan in response to the emergency circumstance.~~

~~D. The department may grant waivers to rural or critical access hospitals for compliance with the Hospital Patient Safety Act if the hospital is able to document reasonable efforts to obtain adequate staff."~~←HHHC

HHHC→SECTION 9. A new section of the Health Care Code is

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enacted to read:

"[NEW MATERIAL] HOSPITAL STAFFING PLANS--ENFORCEMENT.--

A. A hospital unit shall not deviate from any staffing plan more than six times during a rolling thirty-day period without being in violation of the staffing plan. The unit manager shall notify the relevant hospital staffing committee and the authority of the deviation no later than ten days after each deviation. Each subsequent deviation during the thirty-day period shall constitute a separate violation.

B. The authority shall, no later than January 1, 2026, adopt rules that establish a process for investigating and remedying any violation of a hospital staffing plan. Such rules shall specify reporting requirements for deviations, consistent with this section, and allow for the acceptance, investigation and resolution of complaints from hospital staff, the exclusive representatives of hospital staff or members of the public.

C. If the authority determines, whether through a complaint process, hospital reporting or its own independent investigation, that a hospital has been in violation of a staffing plan or has failed to adopt a staffing plan in accordance with the Hospital Patient Safety Act the authority shall:

- (1) issue a warning for the first violation in

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a four-year period;

(2) impose a civil penalty of one thousand seven hundred fifty dollars (\$1,750) for the second violation in a four-year period;

(3) impose a civil penalty of two thousand five hundred dollars (\$2,500) for the third violation in a four-year period; and

(4) impose a civil penalty of five thousand dollars (\$5,000) for the fourth and subsequent violations in a four-year period.

D. If the authority finds that a hospital has committed multiple violations of the Hospital Patient Safety Act that are of a similar nature, the authority shall require the hospital to submit a corrective action plan for the authority's approval. If a hospital does not follow the corrective plan of action approved by the authority, the hospital shall be fined fifty thousand dollars (\$50,000) per each thirty-day period until the hospital complies.

E. The requirements of this section or any rules adopted pursuant to it may be enforced by a civil action brought by any interested party for injunctive relief. In the event that such action is partially successful, the court may award the prevailing party litigation costs and reasonable attorney fees.

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F. A hospital shall not be required to follow any staffing plan developed and approved by a staffing committee in the event of:

(1) a national or state emergency requiring the implementation of a facility disaster plan;

(2) sudden and unforeseen adverse weather conditions; or

(3) an infectious disease epidemic suffered by hospital staff.

G. In the event of an emergency circumstance not described in Subsection F of this section, either co-chair of any staffing committee may specify a time and place for the committee to meet to review and consider modifications to the staffing plan while the emergency is in effect.

H. The authority may grant waivers to rural or critical access hospitals for portions of the Hospital Patient Safety Act if the hospital is able to document reasonable efforts to obtain. ←HHHC

SECTION 10. EMERGENCY.--It is necessary for the public peace, health and safety that this act take effect immediately.