



# Hospital Nurse Staffing Standards

ISSUE BRIEF | House Bill 22-1401

## Background

Over the past two years, CHA, with a coalition of stakeholders, has worked to address current workforce concerns and build the health care workforce of the future. That began with an extensive process to re-write the Chapter 4 regulations governing hospitals and nurse staffing in 2020. Those updated rules took effect October 2021 and empower nurses through shared governance, increased staffing standards, and increased reporting to the Colorado Department of Public Health and Environment (CDPHE). HB 22-1401 builds on that work. While the initial bill draft contained legislatively mandated nurse-to-patient ratios, CHA successfully worked with the bill sponsor and proponents to remove that language prior to introduction.

## HB 22-1401: Hospital Nurse Staffing Standards

HB 22-1401, as finalized, builds on work from the past two years to update the nursing section of the Chapter 4 regulations and addresses “hospital readiness” for pandemic response and future emergency preparedness.

### Chapter 4/Nurse Staffing Standards

The bill codifies the existing requirement for each hospital to establish a nurse staffing committee by Sept. 1, 2022. The nurse staffing committee is required to develop and oversee a master nurse staffing plan for the hospital; describe in writing the process for receiving, tracking, and resolving complaints and receiving feedback on the staffing plan from direct-care nurses and other staff; and make the complaint and feedback process available to all direct-care providers. CDPHE is required to investigate each hospital as necessary to ensure compliance with nurse staffing standards.

### Hospital Readiness

The bill also requires each hospital with more than 25 beds to expand its emergency plan to describe the facility’s ability to increase its capacity in certain circumstances, such as a public health emergency across the state. Hospitals must update their emergency plans on an annual basis.

## What You Need to Know

### **Nurse Staffing Committee Obligations:**

- Annually develop and oversee a master nurse staffing plan for the hospital to be submitted to the hospital’s senior nurse executive and governing body for approval;
- Describe in writing the process for receiving, tracking, and resolving complaints and receiving feedback on the staffing plan from direct-care nurses and other staff; and,
- Make the complaint and feedback process available to all direct-care providers, including direct-care nurses, direct-care nurse aides, and EMS providers.

For more information, contact Bridget Garcia, CHA manager, public policy, at [bridget.garcia@cha.com](mailto:bridget.garcia@cha.com), or Joshua Ewing, CHA vice president, legislative affairs, at [joshua.ewing@cha.com](mailto:joshua.ewing@cha.com).



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### **Nurse Staffing Plan Requirements:**

- Must be recommended by at least 60 percent of the nurse staffing committee;
- Includes unit-based staffing plans for each inpatient unit and emergency department;
- Includes strategies that promote the health, safety, and welfare of the hospital’s employees and patients;
- Includes guidance and a process for reducing nurse-to-patient assignments to align with the demand based on patient acuity; and
- May include innovative staffing models.

### **New General Requirements:**

- Hospitals must evaluate the staffing plan and prepare a report for internal review by the nurse staffing committee on a quarterly basis;
- Hospitals must provide the relevant unit-based staffing plan to each applicant for a nursing position on a given unit upon an offer of employment and to a patient, upon request; and,
- Hospitals are prohibited from assigning a direct-care nurse, a direct-care nurse aide, or an EMS provider to a nursing unit or a clinical area without sufficient orientation and ability to provide competent care.

### **Reporting to CDPHE:**

- Hospitals must submit the final, approved nurse staffing plan on an annual basis;
- Hospitals must prepare and submit an annual report containing the details of a quarterly evaluation of the staffing plan by the nurse staffing committee;
- Hospitals are required to report the baseline number of beds the hospital can staff in order to provide patient care and the hospital’s current bed capacity by Sept. 1, 2022; and,
- Beginning Sept. 1, 2022, the hospital must notify CDPHE if the hospital’s ability to meet staffed-bed capacity falls below 80 percent of the hospital’s reported baseline for between 7-14 days. The hospital must also submit:
  - A plan to ensure staff is available to return to a staffed-bed capacity level that is 80 percent of the reported baseline within 30 days or a request for a waiver due to a hardship that makes the hospital unable to meet the required staffed-bed capacity.
  - CDPHE can impose fines up to \$1,000 per day for a hospital’s failure to meet the reported staffed-bed capacity of 80 percent or more or to accurately report a hospital’s baseline staffed-bed capacity.

## HB 22-1401: Hospital Nurse Staffing Standards – *continued*

### Emergency Plan Requirements:

- Hospitals with more than 25 beds must include a description of their demonstrated ability to expand the hospital’s staffed-bed capacity up to 125 percent of the hospital’s baseline staffed-bed capacity and ICU capacity within 14 days of:
  - A statewide public health emergency (PHE) is declared, or the hospital is notified by CDPHE that surge capacity is needed, and the state has used all available authority to expedite workforce availability and maximize hospital throughput and capacity.
- Hospitals must include the actions the hospital will take to maximize staffed-bed capacity and appropriate utilization of hospital beds to the extent necessary for a PHE through the following activities:
  - Cross-training, just-in-time training, and redeployment of staff;
  - Supporting all hospital facilities to provide necessary, available, and appropriate preventive care, vaccine administration, diagnostic testing, and therapeutics;
  - Maximizing hospital throughput by discharging patients to skilled nursing, post-acute, and other step-down facilities; and,
  - Reducing the number of scheduled procedures in the hospital.
- Hospitals must update their emergency plan at a minimum on a yearly basis.
- Beginning Sept. 1, 2022, CDPHE may fine a hospital up to \$10,000/day for failure to:
  - Achieve the required staffed-bed capacity within 14 days of a declared statewide PHE or notification from CDPHE that surge capacity is needed;
  - Include the amount of necessary vaccines for administration in its annual emergency plan and have the vaccines available at each facility site during and outside of the PHE, as determined by forthcoming rules from CDPHE; or,
  - Include the necessary testing capabilities in its annual emergency plan and at each facility site during and outside of the PHE, as determined by forthcoming rules from CDPHE.

### Implementation Timeline

- **July/August 2022** – The State Board of Health will adopt emergency rules necessary for implementation.
- **Sept. 1, 2022** – Hospitals must establish a nurse staffing committee, begin reporting to CDPHE on staffed-bed capacity, and be in compliance with update emergency plan requirements.
- **Fall 2022** – The State Board of Health will adopt final rules necessary for implementation.
- **Jan. 1, 2023 (and annually thereafter)** – The Office of Saving People Money on Health Care will release a report on hospital preparedness and continuing effects of the COVID-19 pandemic.

### Additional Resources

- [Final bill](#)
- [Fiscal note](#)