

EFFECT: Requires the hospital staffing charter to be filed with L&I by January 1, 2025 and modifies provisions for what the charter must include. Requires L&I to provide technical assistance to staffing committees to assist in compliance with the staffing committee statutes. Provides that the hospital staffing plan must be adopted by a 50-percent-plus-one vote of the staffing committee, rather than a consensus of the staffing committee. Modifies the anti-retaliation provision of the staffing committee statute to prohibit retaliation, intimidation, or taking an adverse action against an employee performing hospital staffing committee duties or voicing staffing concerns. Allows L&I to investigate violations of the nurse staffing committee statutes and minimum staffing standards without a complaint if it discovers information suggesting a violation occurred. Modifies the definition of "unforeseeable emergent circumstance" to exclude a declared national, state, or municipal emergency or when a health care facility disaster plan is activated if the events persist more than 90 days.

Requires L&I to engage in negotiated rulemaking to establish the minimum staffing standards for nurses and nursing assistants. Requires L&I to convene a negotiated rulemaking committee (NRC) that includes representatives of: the hospitals and hospital systems; frontline hospital patient care staff; L&I; the Department of Health; and the Washington State Institute for Public Policy (WSIPP). Adds requirements around the NRC's processes for reaching consensus, voting, and recommending rules to L&I.

Requires L&I to establish an advisory committee on hospital staffing by September 1, 2023 to advise L&I on the development of the uniform hospital staffing plan form and any rulemaking not covered by the NRC, and to review and make recommendations on variances or innovative hospital staffing models. Requires WSIPP to survey hospitals and report to the advisory committee on hospital staffing and existing uses of innovative hospital staffing models by December 1, 2023. Allows L&I to grant variances from the minimum staffing standards for innovative staff and care delivery models.

Changes the definition of overtime to mean any of the following: (a) hours worked in excess of an agreed upon, predetermined, regularly scheduled shift; (b) hours worked in excess of 12 hours in a 24-hour period; or (c) hours worked in excess of 80 hours in a consecutive 14-day period. Changes the effective date of most of the bill from January 1, 2024 to July 1, 2024. Requires WSIPP to conduct a study on hospital staffing standards for direct care registered nurses and direct care nursing assistants.

1 AN ACT Relating to improving nurse and health care worker safety
2 and patient care by establishing minimum staffing standards in
3 hospitals, requiring hospital staffing committees to develop staffing
4 plans, addressing mandatory overtime and meal and rest breaks, and
5 providing for enforcement; amending RCW 70.41.410, 70.41.420,
6 70.41.425, 49.12.480, 49.28.130, 49.28.140, and 49.28.150; adding a
7 new chapter to Title 49 RCW; creating a new section; recodifying RCW
8 70.41.410, 70.41.420, 70.41.425, 49.12.480, 49.28.130, 49.28.140, and
9 49.28.150; repealing 2017 c 249 s 4 (uncodified); prescribing
10 penalties; providing effective dates; and declaring an emergency.

11 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

12 NEW SECTION. **Sec. 1.** The legislature recognizes that the
13 COVID-19 public health emergency pushed our health care system to its
14 breaking point. Our nurses and health care workers who directly care
15 for and support patients have continued to provide high quality care
16 despite the incredible challenges; however, it has not been without
17 significant sacrifice. Nurses and health care workers are facing
18 unprecedented levels of stress and job turnover. These concerns
19 existed before the pandemic and have only worsened during this public
20 health emergency. The legislature finds that improving nurse and
21 health care worker safety and working conditions leads to better

1 patient care. Specifically, establishing minimum nurse-to-patient
2 staffing standards, expanding break and overtime laws for certain
3 health care workers, and requiring hospital staffing committees to
4 create staffing plans, all of which are subject to enforcement and
5 penalties for violations, will better serve patients and our
6 community.

7 **Sec. 2.** RCW 70.41.410 and 2008 c 47 s 2 are each amended to read
8 as follows:

9 The definitions in this section apply throughout this section
10 ~~((and)),~~ RCW 70.41.420, and 70.41.425 (as recodified by this act)
11 unless the context clearly requires otherwise.

12 (1) "Department" means the department of labor and industries.

13 (2) "Director" means the director of the department of labor and
14 industries or the director's authorized representative or designee.

15 (3) "Hospital" has the same meaning as defined in RCW 70.41.020,
16 and also includes state hospitals as defined in RCW 72.23.010.

17 ~~((+2))~~ (4) "Hospital staffing committee" means the committee
18 established by a hospital under RCW 70.41.420 (as recodified by this
19 act).

20 (5) "Intensity" means the level of patient need for nursing care,
21 as determined by the nursing assessment.

22 ~~((+3))~~ (6) "Nursing ~~((personnel))~~ and patient care staff" means
23 ~~((registered nurses, licensed practical nurses, and unlicensed~~
24 ~~assistive nursing personnel providing direct patient care))~~ a person
25 who is providing direct care or supportive services to patients but
26 is not a physician licensed under chapter 18.71 or 18.57 RCW, a
27 physician's assistant licensed under chapter 18.71A RCW, or an
28 advanced registered nurse practitioner licensed under RCW 18.79.250
29 unless working as a direct care registered nurse.

30 ~~((+4))~~ "Nurse staffing committee" means the committee established
31 by a hospital under RCW 70.41.420.

32 ~~((+5))~~ (7) "Patient care unit" means any unit or area of the
33 hospital that provides patient care by registered nurses.

34 ~~((+6))~~ (8) (a) "Reasonable efforts" means that the employer
35 exhausts and documents all of the following but is unable to obtain
36 staffing coverage:

37 (i) Seeks individuals to consent to work additional time from all
38 available qualified staff who are working;

1 (ii) Contacts qualified employees who have made themselves
2 available to work additional time;

3 (iii) Seeks the use of per diem staff; and

4 (iv) Seeks personnel from a contracted temporary agency when such
5 staffing is permitted by law or an applicable collective bargaining
6 agreement, and when the employer regularly uses a contracted
7 temporary agency.

8 (b) "Reasonable efforts" does not mean circumstances when an
9 employer is chronically short staffed with vacancies that persist
10 longer than 90 days or have frequently recurring absences.

11 (9) "Skill mix" means the experience of, and number and relative
12 percentages of ((registered nurses, licensed practical nurses, and
13 unlicensed assistive personnel among the total number of nursing
14 personnel)), nursing and patient care staff.

15 (10) (a) "Unforeseeable emergent circumstance" means:

16 (i) Any unforeseen declared national, state, or municipal
17 emergency; or

18 (ii) When a hospital disaster plan is activated.

19 (b) "Unforeseeable emergent circumstance" does not mean a
20 declared national, state, or municipal emergency or when a health
21 care facility disaster plan is activated, if the events persist
22 longer than 90 days.

23 **Sec. 3.** RCW 70.41.420 and 2017 c 249 s 2 are each amended to
24 read as follows:

25 (1) By September 1, ((2008)) 2024, each hospital shall establish
26 a ((nurse)) hospital staffing committee, either by creating a new
27 committee or assigning the functions of ((a)) the hospital staffing
28 committee to an existing nurse staffing committee ((to an existing
29 committee)). Hospital staffing committees must be comprised of:

30 (a) At least ((one-half)) 50 percent of the members of the
31 ((nurse)) hospital staffing committee shall be ((registered nurses))
32 nursing and patient care staff, who are nonsupervisory and
33 nonmanagerial, currently providing direct patient care ((and up to
34 one-half of the members shall be determined by the hospital
35 administration)). The selection of the ((registered nurses providing
36 direct patient care)) nursing and patient care staff shall be
37 according to the collective bargaining ((agreement)) representative
38 or representatives if there is one ((in effect)) or more at the
39 hospital. If there is no ((applicable)) collective bargaining

1 ((agreement)) representative, the members of the ((nurse)) hospital
2 staffing committee who are ((registered nurses)) nursing and patient
3 care staff providing direct patient care shall be selected by their
4 peers.

5 (b) Up to 50 percent of the members of the hospital staffing
6 committee shall be determined by the hospital administration and
7 shall include but not be limited to the chief financial officer, the
8 chief nursing officers, and patient care unit directors or managers
9 or their designees.

10 (2) Participation in the ((nurse)) hospital staffing committee by
11 a hospital employee shall be on scheduled work time and compensated
12 at the appropriate rate of pay. ((Nurse)) Hospital staffing committee
13 members shall be relieved of all other work duties during meetings of
14 the committee. Additional staffing relief must be provided if
15 necessary to ensure committee members are able to attend hospital
16 staffing committee meetings.

17 (3) Primary responsibilities of the ((nurse)) hospital staffing
18 committee shall include:

19 (a) Development and oversight of an annual patient care unit and
20 shift-based ((nurse)) hospital staffing plan, based on the needs of
21 patients, to be used as the primary component of the staffing budget.
22 The hospital staffing committee shall use a uniform format or form,
23 created by the department in consultation with the advisory committee
24 established in section 6 of this act, for complying with the
25 requirement to submit the annual staffing plan. The uniform format or
26 form must allow for variations in service offerings, facility design,
27 and other differences between hospitals, but must allow patients and
28 the public to clearly understand and compare staffing plans.
29 Hospitals may include a description of additional resources available
30 to support unit-level patient care and a description of the hospital,
31 including the size and type of facility. Factors to be considered in
32 the development of the plan should include, but are not limited to:

33 (i) Census, including total numbers of patients on the unit on
34 each shift and activity such as patient discharges, admissions, and
35 transfers;

36 (ii) ((Level of intensity of all patients and nature of the))
37 Patient acuity level, intensity of care needs, and the type of care
38 to be delivered on each shift;

39 (iii) Skill mix;

1 (iv) Level of experience and specialty certification or training
2 of nursing (~~(personnel)~~) and patient care staff providing care;

3 (v) The need for specialized or intensive equipment;

4 (vi) The architecture and geography of the patient care unit,
5 including but not limited to placement of patient rooms, treatment
6 areas, nursing stations, medication preparation areas, and equipment;

7 (vii) Staffing guidelines adopted or published by national
8 nursing professional associations, specialty nursing organizations,
9 and other health professional organizations;

10 (viii) Availability of other personnel supporting nursing
11 services on the unit; and

12 (ix) (~~(Strategies to enable registered nurses to take meal and
13 rest breaks as required by law or)~~) Compliance with the terms of an
14 applicable collective bargaining agreement, if any, (~~(between the
15 hospital and a representative of the nursing staff)~~) and relevant
16 state and federal laws and rules, including those regarding meal and
17 rest breaks and use of overtime and on-call shifts;

18 (b) Semiannual review of the staffing plan against patient need
19 and known evidence-based staffing information, including the nursing
20 sensitive quality indicators collected by the hospital; and

21 (c) Review, assessment, and response to staffing variations or
22 (~~(concerns)~~) complaints presented to the committee.

23 (4) In addition to the factors listed in subsection (3)(a) of
24 this section, hospital finances and resources must be taken into
25 account in the development of the (~~(nurse)~~) staffing plan.

26 (5) The staffing plan must not diminish other standards contained
27 in state or federal law and rules, or the terms of an applicable
28 collective bargaining agreement (~~(, if any, between the hospital and a
29 representative of the nursing staff)~~).

30 (6) (a) The committee (~~(will)~~) shall produce the hospital's annual
31 (~~(nurse)~~) staffing plan. If this staffing plan is not adopted by 50
32 percent plus one vote of the hospital (~~(, the)~~) staffing committee,
33 the prior annual staffing plan remains in effect and the hospital is
34 subject to daily fines of \$5,000 for hospitals licensed under chapter
35 70.41 RCW or daily fines of \$100 for: (i) Hospitals certified as
36 critical access hospitals; (ii) hospitals with fewer than 25 acute
37 care beds in operation; and (iii) hospitals certified by the centers
38 for medicare and medicaid services as sole community hospitals as of
39 January 1, 2013, that: Have had less than 150 acute care licensed
40 beds in fiscal year 2011; have a level III adult trauma service

1 designation from the department of health as of January 1, 2014; and
2 are owned and operated by the state or a political subdivision. The
3 daily fines must be assessed until adoption of a new annual staffing
4 plan by consensus of the committee.

5 (b) The chief executive officer or their designee shall provide
6 ((a written explanation of the reasons why the plan was not adopted
7 to the committee)) written feedback to the hospital staffing
8 committee on a semiannual basis, prior to the committee's semiannual
9 review and adoption of an annual staffing plan. The ((chief executive
10 officer)) feedback must then either: ((-a-)) (i) Identify those
11 elements of the ((proposed plan being changed prior to adoption of
12 the plan by the hospital or (b) prepare an alternate annual staffing
13 plan that must be adopted by the hospital.)) staffing plan the chief
14 executive officer requests changes to; and (ii) provide a status
15 report on implementation of the staffing plan including nursing
16 sensitive quality indicators collected by the hospital, patient
17 surveys, and recruitment and retention efforts.

18 (c) Beginning ((January 1, 2019)) July 1, 2025, each hospital
19 shall submit its staffing plan to the department and thereafter on an
20 annual basis and at any time in between that the plan is updated.

21 (7) Beginning ((January 1, 2019)) July 1, 2025, each hospital
22 shall implement the staffing plan and assign nursing ((personnel))
23 and patient care staff to each patient care unit in accordance with
24 the plan except in instances of unforeseeable emergent circumstances.

25 (a) A registered nurse, patient care staff, collective bargaining
26 representative, patient, or other individual may report to the
27 hospital staffing committee any variations where the ((nurse))
28 personnel assignment in a patient care unit is not in accordance with
29 the adopted staffing plan and may make a complaint to the committee
30 based on the variations.

31 (b) Shift-to-shift adjustments in staffing levels required by the
32 plan may be made by the appropriate hospital personnel overseeing
33 patient care operations. If a registered nurse or patient care staff
34 on a patient care unit objects to a shift-to-shift adjustment, the
35 registered nurse may submit the complaint to the hospital staffing
36 committee.

37 (c) ((Staffing)) Hospital staffing committees shall develop a
38 process to examine and respond to data submitted under (a) and (b) of
39 this subsection, including the ability to determine if a specific
40 complaint is resolved or dismissing a complaint based on

1 unsubstantiated data. All complaints submitted to the hospital
2 staffing committee must be reviewed by the staffing committee,
3 regardless of what format the complainant uses to submit the
4 complaint.

5 (d) In the event of an unforeseeable emergent circumstance, the
6 hospital incident command shall report within 30 days to the cochairs
7 of the hospital staffing committee an assessment of the staffing
8 needs arising from the unforeseeable emergent circumstance and the
9 hospital's plan to address those identified staffing needs. Upon
10 receipt of the report, the hospital staffing committee shall convene
11 to develop a contingency staffing plan to address the needs arising
12 from the unforeseeable emergent circumstance. The hospital's
13 deviation from its staffing plan may not be in effect for more than
14 90 days without the approval of the hospital staffing committee.

15 (8) Each hospital shall post, in a public area on each patient
16 care unit, the ((nurse)) staffing plan and the ((nurse)) staffing
17 schedule for that shift on that unit, as well as the relevant
18 clinical staffing for that shift. The staffing plan and current
19 staffing levels must also be made available to patients and visitors
20 upon request.

21 (9) A hospital may not retaliate against or engage in any form of
22 intimidation ((of)) or otherwise take any adverse action against:

23 (a) An employee for performing any duties or responsibilities in
24 connection with the ((nurse)) hospital staffing committee; or

25 (b) An employee, patient, or other individual who notifies the
26 ((nurse)) hospital staffing committee or the hospital administration
27 of his or her concerns on nurse or patient care staffing.

28 (10) This section is not intended to create unreasonable burdens
29 on critical access hospitals under 42 U.S.C. Sec. 1395i-4. Critical
30 access hospitals may develop flexible approaches to accomplish the
31 requirements of this section that may include but are not limited to
32 having ((nurse)) hospital staffing committees work by video
33 conference, telephone, or email.

34 (11) By January 1, 2025, the hospital staffing committee shall
35 file with the department a charter that must include, but is not
36 limited to:

37 (a) A process for electing cochairs and their terms;

38 (b) Roles, responsibilities, and processes by which the hospital
39 staffing committee functions, including which job classes will be
40 represented on the committee, how many members will serve on the

1 committee, processes to ensure adequate quorum and ability of
2 committee members to attend, and processes for replacing members who
3 do not regularly attend;

4 (c) Schedule for monthly meetings with more frequent meetings as
5 needed that ensures committee members have 30 days' notice of
6 meetings;

7 (d) Processes by which all staffing complaints will be reviewed,
8 investigated, and resolved, noting the date received as well as
9 initial, contingent, and final disposition of complaints and
10 corrective action plan where applicable;

11 (e) Processes by which complaints will be resolved within 90 days
12 of receipt, or longer with majority approval of the committee, and
13 processes to ensure the complainant receives a letter stating the
14 outcome of the complaint;

15 (f) Processes for attendance by any employee, and a labor
16 representative if requested by the employee, who is involved in a
17 complaint;

18 (g) Processes for the hospital staffing committee to conduct
19 quarterly reviews of: Staff turnover rates including new hire
20 turnover rates during first year of employment; exit interviews; and
21 hospital plans regarding workforce development;

22 (h) Standards for hospital staffing committee approval of meeting
23 documentation including meeting minutes, attendance, and actions
24 taken;

25 (i) Policies for retention of meeting documentation for a minimum
26 of three years and consistent with each hospital's document retention
27 policies; and

28 (j) Processes for the hospital to provide the hospital staffing
29 committee with information regarding patient complaints involving
30 staffing made to the hospital through the patient grievance process
31 required under 42 C.F.R. 482.13(a)(2).

32 (12) The department must provide technical assistance to hospital
33 staffing committees to assist with compliance with this section.

34 **Sec. 4.** RCW 70.41.425 and 2017 c 249 s 3 are each amended to
35 read as follows:

36 (1) (a) The department shall investigate a complaint submitted
37 under this section for violation of RCW 70.41.420 (as recodified by
38 this act) following receipt of a complaint with documented evidence
39 of failure to:

- 1 (i) Form or establish a hospital staffing committee;
2 (ii) Conduct a semiannual review of a ((nurse)) staffing plan;
3 (iii) Submit a ((nurse)) staffing plan on an annual basis and any
4 updates; or
5 (iv) ((A)) Follow the ((nursing)) personnel assignments in a
6 patient care unit in violation of RCW 70.41.420(7)(a) (as recodified
7 by this act) or shift-to-shift adjustments in staffing levels in
8 violation of RCW 70.41.420(7)(b) (as recodified by this act).

9 ~~((B) The department may only investigate a complaint under this~~
10 ~~subsection (1)(a)(iv) after making an assessment that the submitted~~
11 ~~evidence indicates a continuing pattern of unresolved violations of~~
12 ~~RCW 70.41.420(7)(a) or (b), that were submitted to the nurse~~
13 ~~staffing committee excluding complaints determined by the nurse~~
14 ~~staffing committee to be resolved or dismissed. The submitted~~
15 ~~evidence must include the aggregate data contained in the complaints~~
16 ~~submitted to the hospital's nurse staffing committee that indicate a~~
17 ~~continuing pattern of unresolved violations for a minimum sixty-day~~
18 ~~continuous period leading up to receipt of the complaint by the~~
19 ~~department.~~

20 ~~(C) The department may not investigate a complaint under this~~
21 ~~subsection (1)(a)(iv) in the event of unforeseeable emergency~~
22 ~~circumstances or if the hospital, after consultation with the nurse~~
23 ~~staffing committee, documents it has made reasonable efforts to~~
24 ~~obtain staffing to meet required assignments but has been unable to~~
25 ~~do so.))~~

26 (b) The department may investigate and take appropriate
27 enforcement action without any complaint if the department discovers
28 information suggesting any violation of RCW 70.41.420 (as recodified
29 by this act).

30 (c) After an investigation conducted under (a) of this
31 subsection, if the department determines that there has been a
32 violation, the department shall require the hospital to submit a
33 corrective plan of action within ((forty-five)) 45 days of the
34 presentation of findings from the department to the hospital.

35 (d) Hospitals will not be found in violation of RCW 70.41.420 (as
36 recodified by this act) if it has been determined, following an
37 investigation, that:

38 (i) There were unforeseeable emergent circumstances and the
39 process under (e) of this subsection has been followed, if
40 applicable; or

1 (ii) The hospital, after consultation with the hospital staffing
2 committee, documents that the hospital has made reasonable efforts to
3 obtain and retain staffing to meet required personnel assignments but
4 has been unable to do so.

5 (e) No later than 30 days after a hospital deviates from its
6 staffing plan as adopted by the hospital staffing committee under RCW
7 70.41.420 (as recodified by this act), the hospital incident command
8 shall report to the cochairs of the hospital staffing committee an
9 assessment of the staffing needs arising from the unforeseeable
10 emergent circumstance and the hospital's plan to address those
11 identified staffing needs. Upon receipt of the report, the hospital
12 staffing committee shall convene to develop a contingency staffing
13 plan to address the needs arising from the unforeseeable emergent
14 circumstance. The hospital's deviation from its staffing plan may not
15 be in effect for more than 90 days without the approval of the
16 hospital staffing committee.

17 (2) In the event that a hospital fails to submit or submits but
18 fails to follow such a corrective plan of action in response to a
19 violation or violations found by the department based on a complaint
20 filed pursuant to subsection (1) of this section, the department may
21 impose, for all violations asserted against a hospital at any time, a
22 civil penalty of ~~((one hundred dollars))~~ \$5,000 per day for hospitals
23 licensed under chapter 70.41 RCW, or \$100 per day for: (a) Hospitals
24 certified as critical access hospitals; (b) hospitals with fewer than
25 25 acute care beds in operation; and (c) hospitals certified by the
26 centers for medicare and medicaid services as sole community
27 hospitals as of January 1, 2013, that: Have had less than 150 acute
28 care licensed beds in fiscal year 2011; have a level III adult trauma
29 service designation from the department of health as of January 1,
30 2014; and are owned and operated by the state or a political
31 subdivision. Civil penalties apply until the hospital submits ~~((or~~
32 ~~begins to follow))~~ a corrective plan of action ~~((or takes other~~
33 ~~action agreed to))~~ that has been approved by the department and
34 follows the corrective plan of action for 90 days. Once the approved
35 corrective action plan has been followed by the hospital for 90 days,
36 the department may reduce the accumulated fine. The fine shall
37 continue to accumulate until the 90 days have passed. Revenue from
38 these fines must be deposited into the supplemental pension fund
39 established under RCW 51.44.033.

1 (3) The department shall maintain for public inspection records
2 of any civil penalties(~~(7)~~) and administrative actions(~~(, or license~~
3 ~~suspensions or revocations)~~) imposed on hospitals under this section.
4 In addition, the department must post violations of this section on
5 its website.

6 (4) (~~For purposes of this section, "unforeseeable emergency~~
7 ~~circumstance" means:~~

8 ~~(a) Any unforeseen national, state, or municipal emergency;~~

9 ~~(b) When a hospital disaster plan is activated;~~

10 ~~(c) Any unforeseen disaster or other catastrophic event that~~
11 ~~substantially affects or increases the need for health care services;~~
12 ~~or~~

13 ~~(d) When a hospital is diverting patients to another hospital or~~
14 ~~hospitals for treatment or the hospital is receiving patients who are~~
15 ~~from another hospital or hospitals.~~

16 ~~(5))~~ Nothing in this section shall be construed to preclude the
17 ability to otherwise submit a complaint to the department for failure
18 to follow RCW 70.41.420 (as recodified by this act).

19 (~~(6) The department shall submit a report to the legislature on~~
20 ~~December 31, 2020. This report shall include the number of complaints~~
21 ~~submitted to the department under this section, the disposition of~~
22 ~~these complaints, the number of investigations conducted, the~~
23 ~~associated costs for complaint investigations, and recommendations~~
24 ~~for any needed statutory changes. The department shall also project,~~
25 ~~based on experience, the impact, if any, on hospital licensing fees~~
26 ~~over the next four years. Prior to the submission of the report, the~~
27 ~~secretary shall convene a stakeholder group consisting of the~~
28 ~~Washington state hospital association, the Washington state nurses~~
29 ~~association, service employees international union healthcare 1199NW,~~
30 ~~and united food and commercial workers 21. The stakeholder group~~
31 ~~shall review the report prior to its submission to review findings~~
32 ~~and jointly develop any legislative recommendations to be included in~~
33 ~~the report.~~

34 ~~(7) No fees shall be increased to implement chapter 249, Laws of~~
35 ~~2017 prior to July 1, 2021.)~~

36 NEW SECTION. **Sec. 5.** (1) The definitions in this subsection
37 apply throughout this chapter unless the context clearly requires
38 otherwise.

39 (a) "Department" means the department of labor and industries.

1 (b) "Direct care nursing assistant-certified" means an individual
2 certified under chapter 18.88A RCW who provides direct care to
3 patients.

4 (c) "Direct care registered nurse" means an individual licensed
5 as a nurse under chapter 18.79 RCW who provides direct care to
6 patients.

7 (d) "Director" means the director of the department of labor and
8 industries or the director's authorized representative or designee.

9 (e) "Hospital" has the same meaning as defined in RCW 70.41.020.

10 (f) "Hospital staffing committee" means the committee established
11 by a hospital under RCW 70.41.420 (as recodified by this act).

12 (g) "Patient care unit" means any unit or area of the hospital
13 that provides patient care by registered nurses, including but not
14 limited to a critical care unit, burn unit, labor and delivery room,
15 postanesthesia service area, emergency department, operating room,
16 pediatric unit, step-down/intermediate care unit, specialty care
17 unit, telemetry unit, general medical care unit, subacute care unit,
18 and transitional inpatient care unit.

19 (h) (i) "Unforeseeable emergent circumstances" means:

20 (A) Any unforeseen declared national, state, or municipal
21 emergency; or

22 (B) When a health care facility disaster plan is activated.

23 (ii) "Unforeseeable emergent circumstance" does not mean a
24 declared national, state, or municipal emergency or when a health
25 care facility disaster plan is activated, if the events persist
26 longer than 90 days.

27 (2) The department shall adopt and implement rules establishing
28 minimum staffing standards for direct care registered nurses and
29 direct care nursing assistants-certified in patient care units no
30 later than January 1, 2027. These minimum staffing standards shall be
31 numerical and represent the maximum number of patients to which a
32 direct care registered nurse or direct care nursing assistant-
33 certified may be assigned at all times during a shift except in the
34 event of unforeseeable emergent circumstances. The department may
35 consider sources that include but are not limited to existing and
36 historical staffing plans, standards in other jurisdictions, academic
37 research, stakeholder input, and staffing guidelines adopted or
38 published by national nursing professional associations, specialty
39 nursing organizations, and other health professional organizations
40 when establishing its rules.

1 (3) (a) A hospital shall comply with minimum staffing standards in
2 accordance with this section no later than July 1, 2027.

3 (b) The department shall enforce compliance with this section
4 under sections 12 through 14 of this act.

5 (4) These staffing standards shall constitute the minimum number
6 of direct care registered nurses and direct care nursing assistants-
7 certified that shall be allocated.

8 (a) Additional staff shall be assigned in accordance with a
9 hospital's documented patient classification system for determining
10 nursing care requirements, including the severity of the illness, the
11 need for specialized equipment and technology, the complexity of
12 clinical judgment needed to design, implement, and evaluate the
13 patient care plan and the ability for self-care, and the licensure of
14 the personnel required for care.

15 (b) Nothing in this section precludes a hospital from assigning
16 fewer patients to a direct care registered nurse or direct care
17 nursing assistant-certified than the limits established in this
18 section.

19 (5) The minimum staffing standards established in this section
20 may not replace any more favorable nurse-to-patient staffing levels:

21 (a) Established pursuant to a collective bargaining agreement; or

22 (b) Established under a hospital's staffing plan in effect as of
23 January 1, 2022, unless a hospital staffing committee in full
24 compliance with the standards under RCW 70.41.420 (as recodified by
25 this act) takes a 50 percent plus one vote after January 1, 2027.

26 (6) A direct care registered nurse or direct care nursing
27 assistant-certified may not be assigned by hospitals to a nursing
28 unit or clinical area unless that nurse has first received
29 orientation in that clinical area sufficient to provide competent
30 care to patients in that area and has demonstrated current competence
31 in providing care in that area. Hospital staffing committees shall
32 adopt written policies and procedures under this section no later
33 than July 1, 2027.

34 (7) The department must adopt and implement rules to define
35 variance and innovative hospital staffing and care delivery criteria.
36 Requests for variances and innovative staffing and care delivery
37 models to this section that do not jeopardize the health, safety, and
38 well-being of patients affected and that are needed for increased
39 operational efficiency may be granted by the department to hospitals
40 in accordance with rules adopted by the department.

1 (8) The director shall engage in negotiated rule making under RCW
2 34.05.310(2)(a) to adopt the rules required by this section. The
3 negotiated rule-making topics must include the nurse staffing ratios
4 and the requirements for variances and innovative hospital staffing
5 and care delivery models as required by this section.

6 (a) The department must convene a group of affected stakeholders
7 to ensure balanced representation of individuals who have direct
8 expertise in hospital staffing and working conditions and should
9 reflect a diversity of hospital settings.

10 (b) The negotiated rule-making committee shall hold its first
11 meeting by January 1, 2025.

12 (c) Membership of the negotiated rule-making committee must
13 include:

14 (i) Six members representing hospitals and hospital systems and
15 their alternates, selected from a list of nominees submitted by the
16 Washington state hospital association;

17 (ii) Six members representing frontline hospital patient care
18 staff and their alternates, selected from a list of nominees
19 submitted by collective bargaining representatives of frontline
20 hospital nursing staff;

21 (iii) A representative from the department, serving as a voting
22 member;

23 (iv) A representative from the department of health, serving as a
24 nonvoting ex officio member; and

25 (v) A representative from the Washington state institute for
26 public policy, serving as a nonvoting ex officio member.

27 (d) Any list submitted to the department for the initial
28 appointment of members pursuant to this subsection (8) must be
29 provided by November 1, 2024.

30 (e) If any member of the negotiated rule-making committee is
31 unable to continue to serve on the committee, the director must
32 select a new member based on the recommendations of either the
33 hospital association for members appointed under (c)(i) of this
34 subsection (8) or the collective bargaining representative for
35 members appointed under (c)(ii) of this subsection (8).

36 (f)(i) The negotiated rule-making committee shall discuss and
37 propose rules on the topics required by this section and shall
38 attempt to reach unanimous consensus on these matters.

39 (ii) If unanimous consensus cannot be reached, then a vote from
40 the department and a two-thirds majority of the rest of the

1 committee, with at least four votes from the members appointed
2 pursuant to (c)(i) of this subsection (8) and at least four votes
3 from members appointed pursuant to (c)(ii) of this subsection (8) is
4 required to reach a consensus.

5 (iii) If a consensus is reached, the committee must provide the
6 department with a report containing the proposed rule and the
7 department must file proposed rules based on the consensus draft.

8 (iv) In the event the committee is unable to reach a consensus,
9 the committee must provide a report on any topics in which there is
10 agreement as well as details on the areas of disagreement to inform
11 the department in their rule making. The department must draft rules
12 considering the information provided by the committee, the advisory
13 committee established in section 6 of this act, the Washington
14 institute for public policy, and any additional relevant information.

15 (g)(i) The department must provide administrative support for the
16 negotiated rule making.

17 (ii) The department may hire a facilitator to chair the
18 negotiated rule-making meetings, impartially assist the members of
19 the committee in conducting discussions and negotiations, and manage
20 the keeping of minutes and records.

21 (h) If changes or updates are needed to the rules adopted under
22 this section, the department may conduct additional rule making as
23 needed.

24 NEW SECTION. **Sec. 6.** (1) The department must establish an
25 advisory committee on hospital staffing by September 1, 2023.

26 (2) Appointments to the advisory committee on hospital staffing
27 shall be made by the director. Members of the committee must have
28 expertise in hospital staffing and working conditions and should
29 reflect a diversity of hospital settings. The committee must include
30 the following membership:

31 (a) Six members representing hospitals and hospital systems and
32 their alternates, selected from a list of nominees submitted by the
33 Washington state hospital association;

34 (b) Six members representing frontline hospital patient care
35 staff and their alternates, selected from a list of nominees
36 submitted by collective bargaining representatives of frontline
37 hospital nursing staff; and

38 (c) A representative from the department of health, serving as a
39 nonvoting ex officio member.

1 (3) Any list submitted to the department for the initial
2 appointment under this section must be provided by July 1, 2023.

3 (4) If any member of the negotiated rule-making committee is
4 unable to continue to serve on the committee the director shall
5 select a new member based on the recommendations of either the
6 hospital association for members appointed under subsection (2)(a) of
7 this section or the collective bargaining representative for members
8 appointed under subsection (2)(b) of this section.

9 (5) The advisory committee on hospital staffing shall meet at
10 least once per month until the hospital staffing plan uniform form is
11 developed.

12 (6) The advisory committee on hospital staffing shall advise the
13 department on its development of the uniform hospital staffing plan
14 form.

15 (7) At the discretion of the department, the advisory committee
16 on hospital staffing may advise on any rule making undertaken by the
17 department that is not covered by the negotiated rule-making
18 committee established under section 5 of this act.

19 (8) The department shall provide any necessary documentation to
20 the advisory committee on hospital staffing in advance of the
21 meetings to discuss technical assistance so that the advisory
22 committee may consider areas of needed information.

23 (9) After January 1, 2027, when the forms and rules are developed
24 and effective, the advisory committee on hospital staffing may meet
25 on a quarterly basis as needed, if it is determined by the department
26 and committee members that such meetings are necessary.

27 (10) The advisory committee on hospital staffing may review and
28 make recommendations on variances or innovative hospital staffing and
29 care delivery models. These recommendations are not final, the final
30 determination of the variance or innovative hospital staffing and
31 care delivery model approval lies solely with the department.

32 (11) The department must provide the advisory committee on
33 hospital staffing with data on a quarterly basis related to
34 compliance with this chapter, complaint filing and disposition
35 trends, and reporting metrics on any approved variances and
36 innovative hospital staffing and care delivery models.

37 (12) By December 1, 2023, the Washington state hospital
38 association shall survey hospitals in Washington state and report to
39 the advisory committee on hospital staffing on Washington hospitals'
40 existing use of innovative hospital staffing and care delivery models

1 including, but not limited to, integration of patient monitoring
2 equipment, remote patient monitoring, team-based care models,
3 apprenticeship and career ladder programs, and virtual or remote care
4 delivery models, and any challenges with implementing the models.

5 (13) By December 1, 2024, the advisory committee on hospital
6 staffing must review the report prepared by the Washington state
7 institute for public policy as required by section 17 of this act.

8 NEW SECTION. **Sec. 7.** (1)(a) The department shall review each
9 hospital staffing plan submitted by a hospital to ensure it is
10 received by the appropriate deadline and is completed on the
11 department-issued staffing plan form.

12 (b) The hospital must complete all portions of the staffing plan
13 form. The department may determine that a hospital has failed to
14 timely submit its staffing plan if the staffing plan form is
15 incomplete.

16 (c) Failure to submit the staffing plan by the appropriate
17 deadline will result in a violation and civil penalty of \$25,000
18 issued by the department. Revenue from these fines must be deposited
19 into the supplemental pension fund established under RCW 51.44.033.

20 (2) Failure to submit a hospital staffing committee charter to
21 the department by the appropriate deadline will result in a violation
22 and a civil penalty of \$25,000 issued by the department. Revenue from
23 these fines must be deposited into the supplemental pension fund
24 established under RCW 51.44.033.

25 (3) The department must post on its website:

26 (a) Hospital staffing plans;

27 (b) Hospital staffing committee charters; and

28 (c) Violations of this section.

29 (4) The department must apply the civil penalties described in
30 this section and enforce any violation of this section using the
31 procedures in sections 12 through 14 of this act and any applicable
32 rules. The department may also investigate and take appropriate
33 enforcement action under sections 12 through 14 of this act without
34 any complaint if the department discovers information suggesting any
35 violation of this section.

36 **Sec. 8.** RCW 49.12.480 and 2019 c 296 s 1 are each amended to
37 read as follows:

1 (1) An employer shall provide employees with meal and rest
2 periods as required by law, subject to the following:

3 (a) Rest periods must be scheduled at any point during each work
4 period during which the employee is required to receive a rest
5 period;

6 (b) Employers must provide employees with uninterrupted meal and
7 rest breaks. This subsection (1)(b) does not apply in the case of:

8 (i) An unforeseeable emergent circumstance, as defined in RCW
9 49.28.130 (as recodified by this act); or

10 (ii) ~~((A clinical circumstance, as determined by the employee,
11 employer, or employer's designee, that may lead to a significant
12 adverse effect on the patient's condition:~~

13 ~~(A) Without the knowledge, specific skill, or ability of the
14 employee on break; or~~

15 ~~(B) Due to an unforeseen or unavoidable event relating to patient
16 care delivery requiring immediate action that could not be planned
17 for by an employer;~~

18 ~~(c) For any rest break that is interrupted before ten complete
19 minutes by an employer or employer's designee under the provisions of
20 (b)(ii) of this subsection, the employee must be given an additional
21 ten minute uninterrupted rest break at the earliest reasonable time
22 during the work period during which the employee is required to
23 receive a rest period. If the elements of this subsection are met, a
24 rest break shall be considered taken for the purposes of the minimum
25 wage act as defined by chapter 49.46 RCW.)) An unforeseeable clinical
26 circumstance, as determined by the employee that may lead to a
27 significant adverse effect on the patient's condition, unless the
28 employer or employer's designee determines that the patient may
29 suffer life-threatening adverse effects;~~

30 (c) For any work period for which an employee is entitled to one
31 or more meal periods and more than one rest period, the employee and
32 the employer may agree that a meal period may be combined with a rest
33 period. This agreement may be revoked at any time by the employee. If
34 the employee is required to remain on duty during the combined meal
35 and rest period, the time shall be paid. If the employee is released
36 from duty for an uninterrupted combined meal and rest period, the
37 time corresponding to the meal period shall be unpaid, but the time
38 corresponding to the rest period shall be paid.

39 (2) The employer shall provide a mechanism to record when an
40 employee misses a meal or rest period and maintain these records.

1 (3) For purposes of this section, the following terms have the
2 following meanings:

3 (a) "Employee" means a person who:

4 (i) Is employed by (~~a health care facility~~) an employer;

5 (ii) Is involved in direct patient care activities or clinical
6 services; and

7 (iii) Receives an hourly wage or is covered by a collective
8 bargaining agreement (~~;~~ and

9 ~~(iv) Is a licensed practical nurse or registered nurse licensed
10 under chapter 18.79 RCW, a surgical technologist registered under
11 chapter 18.215 RCW, a diagnostic radiologic technologist or
12 cardiovascular invasive specialist certified under chapter 18.84 RCW,
13 a respiratory care practitioner licensed under chapter 18.89 RCW, or
14 a nursing assistant certified as defined in RCW 18.88A.020).~~

15 (b) "Employer" means hospitals licensed under chapter 70.41
16 RCW (~~, except that the following hospitals are excluded until July 1,
17 2021:~~

18 ~~(i) Hospitals certified as critical access hospitals under 42
19 U.S.C. Sec. 1395i-4;~~

20 ~~(ii) Hospitals with fewer than twenty-five acute care beds in
21 operation; and~~

22 ~~(iii) Hospitals certified by the centers for medicare and
23 medicaid services as sole community hospitals as of January 1, 2013,
24 that: Have had less than one hundred fifty acute care licensed beds
25 in fiscal year 2011; have a level III adult trauma service
26 designation from the department of health as of January 1, 2014; and
27 are owned and operated by the state or a political subdivision).~~

28 **Sec. 9.** RCW 49.28.130 and 2019 c 296 s 2 are each amended to
29 read as follows:

30 The definitions in this section apply throughout this section and
31 RCW 49.28.140 and 49.28.150 (as recodified by this act) unless the
32 context clearly requires otherwise.

33 (1) (a) "Employee" means a person who:

34 (i) Is employed by a health care facility;

35 (ii) Is involved in direct patient care activities or clinical
36 services; and

37 (iii) Receives an hourly wage or is covered by a collective
38 bargaining agreement (~~;~~ and

39 ~~(iv) Is either:~~

1 ~~(A) A licensed practical nurse or registered nurse licensed under~~
2 ~~chapter 18.79 RCW; or~~

3 ~~(B) Beginning July 1, 2020, a surgical technologist registered~~
4 ~~under chapter 18.215 RCW, a diagnostic radiologic technologist or~~
5 ~~cardiovascular invasive specialist certified under chapter 18.84 RCW,~~
6 ~~a respiratory care practitioner licensed under chapter 18.89 RCW, or~~
7 ~~a nursing assistant certified as defined in RCW 18.88A.020).~~

8 (b) "Employee" does not mean a person who is both:

9 (i) ~~((Is employed))~~ Employed by a health care facility as defined
10 in subsection (3) (a) (v) of this section; and

11 (ii) ~~((Is a))~~ A surgical technologist registered under chapter
12 18.215 RCW, a diagnostic radiologic technologist or cardiovascular
13 invasive specialist certified under chapter 18.84 RCW, a respiratory
14 care practitioner licensed under chapter 18.89 RCW, or a certified
15 nursing assistant as defined in RCW 18.88A.020.

16 (2) "Employer" means an individual, partnership, association,
17 corporation, the state, a political subdivision of the state, or
18 person or group of persons, acting directly or indirectly in the
19 interest of a health care facility.

20 (3) (a) "Health care facility" means the following facilities, or
21 any part of the facility, including such facilities if owned and
22 operated by a political subdivision or instrumentality of the state,
23 that operate on a twenty-four hours per day, seven days per week
24 basis:

25 (i) Hospices licensed under chapter 70.127 RCW;

26 (ii) Hospitals licensed under chapter 70.41 RCW ~~((, except that~~
27 ~~until July 1, 2021, the provisions of section 3, chapter 296, Laws of~~
28 ~~2019 do not apply to:~~

29 ~~(A) Hospitals certified as critical access hospitals under 42~~
30 ~~U.S.C. Sec. 1395i-4;~~

31 ~~(B) Hospitals with fewer than twenty-five acute care beds in~~
32 ~~operation; and~~

33 ~~(C) Hospitals certified by the centers for medicare and medicaid~~
34 ~~services as sole community hospitals as of January 1, 2013, that:~~
35 ~~Have had less than one hundred fifty acute care licensed beds in~~
36 ~~fiscal year 2011; have a level III adult trauma service designation~~
37 ~~from the department of health as of January 1, 2014; and are owned~~
38 ~~and operated by the state or a political subdivision));~~

39 (iii) Rural health care facilities as defined in RCW 70.175.020;

40 (iv) Psychiatric hospitals licensed under chapter 71.12 RCW; or

1 (v) Facilities owned and operated by the department of
2 corrections or by a governing unit as defined in RCW 70.48.020 in a
3 correctional institution as defined in RCW 9.94.049 that provide
4 health care services.

5 (b) If a nursing home regulated under chapter 18.51 RCW or a home
6 health agency regulated under chapter 70.127 RCW is operating under
7 the license of a health care facility, the nursing home or home
8 health agency is considered part of the health care facility for the
9 purposes of this subsection.

10 (4) "Overtime" means (~~the hours~~) any of the following:

11 (a) Hours worked in excess of an agreed upon, predetermined,
12 regularly scheduled shift (~~within a twenty-four hour period not to~~
13 ~~exceed twelve hours in a twenty-four hour period or eighty hours in a~~
14 ~~consecutive fourteen-day period)~~;

15 (b) Hours worked in excess of 12 hours in a 24-hour period; or

16 (c) Hours worked in excess of 80 hours in a consecutive 14-day
17 period.

18 (5) "On-call time" means time spent by an employee who is not
19 working on the premises of the place of employment but who is
20 compensated for availability or who, as a condition of employment,
21 has agreed to be available to return to the premises of the place of
22 employment on short notice if the need arises.

23 (6) "Reasonable efforts" means that the employer(~~, to the extent~~
24 ~~reasonably possible, does~~) exhausts and documents all of the
25 following but is unable to obtain staffing coverage:

26 (a) Seeks individuals to volunteer to work (~~extra~~) additional
27 time from all available qualified staff who are working;

28 (b) Contacts qualified employees who have made themselves
29 available to work (~~extra~~) additional time;

30 (c) Seeks the use of per diem staff; and

31 (d) Seeks personnel from a contracted temporary agency when such
32 staffing is permitted by law or an applicable collective bargaining
33 agreement, and when the employer regularly uses a contracted
34 temporary agency.

35 (7) (a) "Unforeseeable emergent circumstance" means (~~(a)~~) (i)
36 any unforeseen declared national, state, or municipal emergency;
37 (~~(b)~~) or (ii) when a health care facility disaster plan is
38 activated(~~; or (c) any unforeseen disaster or other catastrophic~~
39 ~~event which substantially affects or increases the need for health~~
40 ~~care services)~~).

1 (b) "Unforeseeable emergent circumstance" does not mean a
2 declared national, state, or municipal emergency or when a health
3 care facility disaster plan is activated, if the events persist
4 longer than 90 days.

5 **Sec. 10.** RCW 49.28.140 and 2019 c 296 s 3 are each amended to
6 read as follows:

7 (1) No employee of a health care facility may be required to work
8 overtime. Attempts to compel or force employees to work overtime are
9 contrary to public policy, and any such requirement contained in a
10 contract, agreement, or understanding is void.

11 (2) The acceptance by any employee of overtime is strictly
12 voluntary, and the refusal of an employee to accept such overtime
13 work is not grounds for discrimination, dismissal, discharge, or any
14 other penalty, threat of reports for discipline, or employment
15 decision adverse to the employee.

16 (3) This section does not apply to overtime work that occurs:

17 (a) Because of any unforeseeable emergent circumstance;

18 (b) Because of mandatory prescheduled on-call time not to exceed
19 more than 60 hours per month, subject to the following:

20 (i) Mandatory prescheduled on-call time may not be used in lieu
21 of scheduling employees to work regularly scheduled shifts when a
22 staffing plan indicates the need for a scheduled shift unless the
23 classification of the worker is not subject to an annual staffing
24 plan; ((and))

25 (ii) Mandatory prescheduled on-call time may not be used to
26 address regular changes in patient census or patient acuity or
27 expected increases in the number of employees not reporting for
28 predetermined scheduled shifts; and

29 (iii) Mandatory prescheduled on-call time may not be used when an
30 employer schedules a nonemergent patient procedure that is expected
31 to exceed the employee's regular scheduled hours of work;

32 (c) When the employer documents that the employer has used
33 reasonable efforts to obtain and retain staffing. An employer has not
34 used reasonable efforts if overtime work is used to fill vacancies
35 resulting from chronic staff shortages; or

36 (d) When an employee is required to work overtime to complete a
37 patient care procedure already in progress where the absence of the
38 employee could have an adverse effect on the patient.

1 (4) An employee accepting overtime who works more than twelve
2 consecutive hours shall be provided the option to have at least eight
3 consecutive hours of uninterrupted time off from work following the
4 time worked.

5 **Sec. 11.** RCW 49.28.150 and 2002 c 112 s 4 are each amended to
6 read as follows:

7 The department of labor and industries shall investigate
8 complaints of violations of RCW 49.28.140 (as recodified by this act)
9 as provided under sections 12 through 14 of this act. ((A violation
10 of RCW 49.28.140 is a class 1 civil infraction in accordance with
11 chapter 7.80 RCW, except that the maximum penalty is one thousand
12 dollars for each infraction up to three infractions. If there are
13 four or more violations of RCW 49.28.140 for a health care facility,
14 the employer is subject to a fine of two thousand five hundred
15 dollars for the fourth violation, and five thousand dollars for each
16 subsequent violation. The department of labor and industries is
17 authorized to issue and enforce civil infractions according to
18 chapter 7.80 RCW.))

19 NEW SECTION. **Sec. 12.** (1)(a) If a complainant files a complaint
20 with the department of labor and industries alleging a violation of
21 this chapter, the department shall investigate the complaint.

22 (b) The department may not investigate any such alleged violation
23 of rights that occurred more than three years before the date that
24 the complainant filed the complaint.

25 (c) Upon the investigation of a complaint, the department shall
26 issue either a citation and notice of assessment or a closure letter,
27 within 90 days after the date on which the department received the
28 complaint, unless the complaint is otherwise resolved. The department
29 may extend the period by providing advance written notice to the
30 complainant and the employer setting forth good cause for an
31 extension of the period, and specifying the duration of the
32 extension.

33 (d) The department shall send a citation and notice of assessment
34 or the closure letter to both the employer and the complainant by
35 service of process or using a method by which the mailing can be
36 tracked, or the delivery can be confirmed to their last known
37 addresses.

1 (2) If the department of labor and industry's investigation finds
2 that the complainant's allegation cannot be substantiated, the
3 department shall issue a closure letter to the complainant and the
4 employer detailing such finding.

5 (3) (a) If the department of labor and industries finds a
6 violation of this chapter, the department shall order the employer to
7 pay the department a civil penalty.

8 (b) Except as provided otherwise in this chapter, the maximum
9 penalty is \$1,000 for each violation up to three violations. If there
10 are four or more violations of this chapter for a health care
11 facility, the employer is subject to a civil penalty of \$2,500 for
12 the fourth violation, and \$5,000 for each subsequent violation.

13 (4) The department of labor and industries may, at any time,
14 waive or reduce a civil penalty assessed under this section if the
15 director of the department determines that the employer has taken
16 corrective action to resolve the violation.

17 (5) The department of labor and industries shall deposit all
18 civil penalties paid under this chapter in the supplemental pension
19 fund established under RCW 51.44.033.

20 NEW SECTION.

Sec. 13.

(1) A person, firm, or corporation
21 aggrieved by a citation and notice of assessment by the department of
22 labor and industries under this chapter may appeal the citation and
23 notice of assessment to the director of the department by filing a
24 notice of appeal with the director within 30 days of the department's
25 issuance of the citation and notice of assessment. A citation and
26 notice of assessment not appealed within 30 days is final and
27 binding, and not subject to further appeal.

28 (2) A notice of appeal filed with the director of the department
29 of labor and industries under this section shall stay the
30 effectiveness of the citation and notice of assessment pending final
31 review of the appeal by the director as provided for in chapter 34.05
32 RCW.

33 (3) Upon receipt of a notice of appeal, the director of the
34 department of labor and industries shall assign the hearing to an
35 administrative law judge of the office of administrative hearings to
36 conduct the hearing and issue an initial order. The hearing and
37 review procedures shall be conducted in accordance with chapter 34.05
38 RCW, and the standard of review by the administrative law judge of an
39 appealed citation and notice of assessment shall be de novo. Any

1 party who seeks to challenge an initial order shall file a petition
2 for administrative review with the director within 30 days after
3 service of the initial order. The director shall conduct
4 administrative review in accordance with chapter 34.05 RCW.

5 (4) The director of the department of labor and industries shall
6 issue all final orders after appeal of the initial order. The final
7 order of the director is subject to judicial review in accordance
8 with chapter 34.05 RCW.

9 (5) Orders that are not appealed within the time period specified
10 in this section and chapter 34.05 RCW are final and binding, and not
11 subject to further appeal.

12 (6) An employer who fails to allow adequate inspection of records
13 in an investigation by the department of labor and industries under
14 this chapter within a reasonable time period may not use such records
15 in any appeal under this section to challenge the correctness of any
16 determination by the department of the penalty assessed.

17 NEW SECTION. **Sec. 14.** Collections of unpaid citations assessing
18 civil penalties will be pursuant to RCW 49.48.086.

19 NEW SECTION. **Sec. 15.** The department of labor and industries
20 may adopt and implement rules to carry out and enforce the provisions
21 of this chapter, including but not limited to protecting employees
22 from retaliation for filing complaints under this chapter.

23 NEW SECTION. **Sec. 16.** The department may contract with
24 consultants to support administration of its responsibilities under
25 this chapter. The department may not contract with any entity that
26 has financial interests that may create a potential conflict of
27 interest.

28 NEW SECTION. **Sec. 17.** The Washington state institute for public
29 policy shall conduct a study on hospital staffing standards for
30 direct care registered nurses and direct care nursing assistants.

31 (1) The institute must review current and historical staffing
32 plans filed with the department of health under chapter 70.41 RCW and
33 describe:

- 34 (a) Timeliness and completeness of filed forms;
- 35 (b) Format of filed forms;

- 1 (c) Staffing ratios related to the maximum number of patients to
2 which a direct care nursing or nursing assistant may be assigned;
3 (d) Descriptive statistics on submissions by hospital unit type;
4 (e) Trends over time, if any;
5 (f) Legal minimum staffing standards for registered nurses and
6 nursing assistants in other jurisdictions; and
7 (g) Relevant professional association guidance, recommendations,
8 or best practices.

9 (2) The institute must provide a report on its findings to the
10 department and relevant committees of the legislature by June 30,
11 2024.

12 (3) In addition to the report, the institute must participate on
13 the negotiated rule-making committee established under section 5 of
14 this act and provide consultation to help inform the negotiated rule-
15 making committee's work.

16 NEW SECTION. **Sec. 18.** 2017 c 249 s 4 (uncodified) is repealed.

17 NEW SECTION. **Sec. 19.** Sections 5 through 7 and 12 through 17 of
18 this act constitute a new chapter in Title 49 RCW.

19 NEW SECTION. **Sec. 20.** RCW 70.41.410, 70.41.420, and 70.41.425
20 are each recodified as sections in chapter 49.--- RCW (the new
21 chapter created in section 19 of this act).

22 NEW SECTION. **Sec. 21.** RCW 49.12.480, 49.28.130, 49.28.140, and
23 49.28.150 are each recodified as sections in chapter 49.--- RCW (the
24 new chapter created in section 19 of this act).

25 NEW SECTION. **Sec. 22.** Except for section 18 of this act, this
26 act takes effect July 1, 2024.

27 NEW SECTION. **Sec. 23.** Section 18 of this act is necessary for
28 the immediate preservation of the public peace, health, or safety, or
29 support of the state government and its existing public institutions,
30 and takes effect June 1, 2023.

--- END ---