

HOUSE BILL 138

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

INTRODUCED BY

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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 Chapter 24 NMSA 1978 is
enacted to read:

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

SECTION 2. A new section of Chapter 24 NMSA 1978 is
enacted to read:

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

A. "critical care unit" means a unit that is

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1 established to safeguard and protect patients whose severity of
2 medical conditions requires continuous monitoring and complex
3 intervention by licensed nurses;

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

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

11 (2) licensed practical nurses; and

12 (3) certified nurse assistants;

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

17 D. "hospital" means a facility offering in-patient
18 services, nursing, overnight care on a twenty-four-hour basis
19 for diagnosing, treating and providing medical, psychological
20 or surgical care for three or more individuals, whether the
21 facility is designated as a public, private for-profit, private
22 not-for-profit, acute care, rehabilitation, limited services,
23 critical access, general or specific facility;

24 E. "hospital unit" means a critical care unit, burn
25 unit, labor and delivery room, post-anesthesia service area,

1 emergency department, operating room, pediatric unit, step-down
2 or intermediate care unit, specialty care unit, telemetry unit,
3 general medical care unit, subacute care unit, transitional
4 inpatient care unit or any other unit designation used by a
5 hospital;

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

9 (1) predict the nursing care requirements of
10 individual patients;

11 (2) determine that the amount of nursing care
12 needed for each category of patient is validated for each unit
13 and for each shift;

14 (3) discern trends and patterns of nursing
15 care delivery by licensed and unlicensed staff;

16 (4) evaluate the accuracy of the predicted
17 nursing care requirements described in Paragraph (1) of this
18 subsection;

19 (5) determine staff resource allocations based
20 on nursing care requirements; and

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

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

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

6 SECTION 3. A new section of Chapter 24 NMSA 1978 is
7 enacted to read:

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

10 A. Each hospital licensed pursuant to the Public
11 Health Act shall establish a hospital nursing staffing
12 committee.

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

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

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

23 E. If a hospital's direct care nursing staff are
24 represented by an exclusive representative certified or
25 recognized by the hospital pursuant to the National Labor

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1 Relations Act or the Public Employee Bargaining Act, the
2 exclusive representative shall select the direct care nursing
3 staff members to serve on the hospital nursing staffing
4 committee. In the absence of an exclusive representative,
5 members of the direct care nursing staff shall select the
6 direct care nursing staff members to serve on the hospital
7 nursing staffing committee by affirmation or election.

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

15 G. The hospital nursing staffing committee shall
16 meet at least once every three months at a time and place
17 agreed to by the co-chairs. A majority of the members of a
18 hospital nursing staffing committee constitutes a quorum for
19 the transaction of business; provided that at least fifty-one
20 percent of the members present are direct care nursing staff.
21 All decisions of the hospital nursing staffing committee shall
22 be made by majority vote of the members present.

23 H. The hospital nursing staffing committee shall
24 keep written minutes of all meetings, to be approved at the
25 following meeting and made available in a timely manner to

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1 hospital staff upon request. Those minutes shall include:

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

4 (2) a summary of discussions.

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

12 J. A hospital nursing staffing committee shall:

13 (1) develop a written nursing staffing plan
14 prioritizing patient safety; and

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

17 (a) nursing-sensitive patient outcomes;

18 (b) internal or external complaints from
19 staff or the public regarding staffing involving delays in or
20 the absence of the provision of direct care nursing;

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

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

25 (e) the percentage of shifts in each

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1 hospital unit in which staffing levels differed from staffing
2 levels established by the nursing staffing plan; and

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

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

8 SECTION 4. A new section of Chapter 24 NMSA 1978 is
9 enacted to read:

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

12 A. Each hospital licensed pursuant to the Public
13 Health Act shall establish a professional and technical
14 staffing committee.

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

18 C. Direct care professional and technical staff
19 shall comprise at least fifty-one percent of the members of a
20 professional and technical staffing committee. The
21 professional and technical staffing committee shall represent
22 all hospital units and a variety of job titles, when
23 practicable.

24 D. Hospital manager members of a professional and
25 technical staffing committee shall include the hospital's chief

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1 financial officer, chief nursing officers and hospital unit
2 directors or managers, when practicable.

3 E. If the direct care professional and technical
4 staff at a hospital are represented by an exclusive
5 representative certified or recognized by the hospital pursuant
6 to the National Labor Relations Act or the Public Employee
7 Bargaining Act, the exclusive representative shall select the
8 direct care professional and technical staff to serve on the
9 professional and technical staffing committee. In the absence
10 of an exclusive representative, members of the hospital's
11 direct care professional and technical staff shall select the
12 direct care professional and technical staff members to serve
13 on the professional and technical staffing committee by
14 affirmation or election.

15 F. A professional and technical staffing committee
16 shall have two co-chairs. One co-chair shall be a professional
17 and technical manager elected by the hospital manager members
18 of the committee and one co-chair shall be a direct care
19 professional and technical staff member elected by the direct
20 care professional and technical staff members of the committee.
21 Both co-chairs shall have had direct patient care experience
22 within three years of being elected.

23 G. A professional and technical staffing committee
24 shall meet at least once every three months at a time and place
25 agreed to by the two co-chairs. A majority of the members of a

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1 professional and technical staffing committee constitutes a
2 quorum for the transaction of business; provided that at least
3 fifty-one percent of the members present are direct care
4 professional and technical staff. All decisions of the
5 committee shall be made by majority vote of the members
6 present.

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

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

13 (2) a summary of discussions.

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

21 J. A professional and technical staffing committee
22 shall:

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

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

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

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

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

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

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

19 (f) the number of meal breaks and rest
20 break periods missed by direct care professional and technical
21 staff."

22 SECTION 5. A new section of Chapter 24 NMSA 1978 is
23 enacted to read:

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

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1 A. Each hospital licensed pursuant to the Public
2 Health Act shall establish a hospital service staffing
3 committee.

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

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

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

14 E. If the service staff at a hospital are
15 represented by an exclusive representative certified or
16 recognized by the hospital pursuant to the National Labor
17 Relations Act or the Public Employee Bargaining Act, the
18 exclusive representative shall select the service staff members
19 to serve on the hospital's hospital service staffing committee.
20 In the absence of an exclusive representative, the members of
21 the service staff shall select the service staff members to
22 serve on the hospital service staffing committee by affirmation
23 or election.

24 F. A hospital service staffing committee shall have
25 two co-chairs. One co-chair shall be a hospital manager

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1 elected by the hospital manager members of the committee. One
2 co-chair shall be a service staff member elected by the service
3 members of the committee.

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

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

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

18 (2) a summary of discussions.

19 I. A hospital shall release a member of the
20 hospital's hospital service staffing committee from that
21 member's assignment and ensure adequate staffing to cover the
22 member's work assignment. The hospital shall pay the member
23 the member's regular rate of pay, plus any differentials and
24 including overtime, for time spent at the meetings of the
25 committee.

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1 J. A hospital service staffing committee shall:

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

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

7 (a) patient outcomes;

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

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

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

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

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

20 SECTION 6. A new section of Chapter 24 NMSA 1978 is
21 enacted to read:

22 "[NEW MATERIAL] NURSING STAFFING PLANS.--

23 A. Starting on January 1, 2026 and on every January
24 1 and July 1 thereafter, all hospitals licensed pursuant to the
25 Public Health Act shall, as a condition of licensing, submit to

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1 the department a nursing staffing plan prioritizing patient
2 safety developed and approved by the hospital's hospital
3 nursing staffing committee. The nursing staffing plan shall
4 include certification that the plan is sufficient to provide
5 safe, adequate and appropriate health care services to patients
6 for the upcoming six-month period.

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

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

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

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

18 (3) nursing skill mix;

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

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

25 (6) the availability of other staff supporting

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1 nursing services on the unit.

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

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

10 (1) in an emergency department:

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

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

17 (c) direct care registered nurses
18 assigned to trauma patients may not be taken into account in
19 determining the average ratio;

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

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

25 (a) two patients if the patients are not

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1 in active labor or experiencing complications; or

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

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

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

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

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

17 (8) in a post-anesthesia service unit, a
18 direct care registered nurse shall be assigned to no more than
19 two patients;

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

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

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

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

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

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

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

18 G. The ratios set forth in Subsection E of this
19 section shall constitute the minimum number of registered and
20 licensed nurses and unlicensed employees involved in direct
21 patient care. Additional staff shall be assigned in accordance
22 with a documented patient classification system for determining
23 nursing care requirements, including the severity of the
24 condition; the need for specialized equipment and technology;
25 the complexity of clinical judgment needed to design, implement

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1 and evaluate the patient care plan; the ability for patient
2 self-care; and the type of licensure required for care.

3 H. A hospital shall not:

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

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

10 (a) administration of medication;
11 (b) venipuncture or intravenous therapy;
12 (c) parenteral or tube feedings;
13 (d) invasive procedures, including
14 inserting nasogastric tubes, inserting catheters or tracheal
15 suctioning;

16 (e) assessment of patient condition;
17 (f) sedation, recovery and monitoring;
18 (g) educating a patient and that
19 patient's caregivers concerning the patient's health care
20 problems, including post-discharge care; or

21 (h) performance of moderate-complexity
22 laboratory tests.

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

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1 J. Hospitals licensed pursuant to the Public Health
2 Act shall adopt written policies and procedures for the
3 training and orientation of direct care nursing staff and
4 unlicensed employees involved in direct patient care. The
5 written policies and procedures for orientation of direct care
6 nursing staff and unlicensed employees involved in direct
7 patient care shall require that all temporary personnel receive
8 orientation and be subject to competency validation.

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

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

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

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

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

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1 SECTION 7. A new section of Chapter 24 NMSA 1978 is
2 enacted to read:

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

5 A. Starting on January 1, 2026 and on every January
6 1 and July 1 thereafter, all hospitals licensed pursuant to the
7 Public Health Act shall, as a condition of licensing, submit to
8 the department a professional and technical staffing plan
9 prioritizing patient safety that has been developed and
10 approved by the hospital's professional and technical staffing
11 committee. A professional and technical staffing plan shall
12 include a written certification that the plan is sufficient to
13 provide safe, adequate and appropriate health care services to
14 patients for the upcoming six-month period.

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

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

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

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

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

8 (3) applicable national staffing standards;

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

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

13 (6) feedback received from staff during
14 committee meetings.

15 E. A hospital shall post its approved professional
16 and technical staffing plan in publicly accessible areas of the
17 hospital and on the hospital's website. Each hospital shall
18 make the hospital's professional and technical staffing plan
19 accessible to staff in either written or electronic form."

20 SECTION 8. A new section of Chapter 24 NMSA 1978 is
21 enacted to read:

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

23 A. Starting on January 1, 2026 and on every January
24 1 and July 1 thereafter, all hospitals licensed pursuant to the
25 Public Health Act shall, as a condition of licensure, submit to

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1 the department a hospital service staffing plan that has been
2 developed and approved by the hospital's hospital service
3 staffing committee. The hospital service staffing plan shall
4 include a written certification that the plan is sufficient to
5 provide adequate and appropriate delivery of health care
6 services to patients for the upcoming six-month period.

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

13 C. Factors to be considered in the development of a
14 hospital service staffing plan include the following:

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

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

22 (3) applicable national staffing standards;

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

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

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1 and

2 (6) feedback received from staff during
3 committee meetings.

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

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

11 "[NEW MATERIAL] DEPARTMENT PROMULGATION OF RULES TO
12 ESTABLISH A PROCESS FOR REPORTING, INVESTIGATING AND REMEDYING
13 VIOLATIONS OF THE HOSPITAL PATIENT SAFETY ACT, INCLUDING THE
14 IMPOSITION OF PENALTIES--GRANTING WAIVERS FOR CERTAIN
15 HOSPITALS.--

16 A. The department shall, no later than January 1,
17 2026, promulgate rules that establish a process for reporting,
18 investigating and remedying violations of the Hospital Patient
19 Safety Act, including the imposition of penalties.

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

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

24 (2) sudden and unforeseen adverse weather
25 conditions; or

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

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

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

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