LFC Requester:	Harry Rommel

AGENCY BILL ANALYSIS - 2025 REGULAR SESSION

WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO
AgencyAnalysis.nmlegis.gov and email to **billanalysis@dfa.nm.gov**
(Analysis must be uploaded as a PDF)

SECTION I: GENERAL INFORMATION

{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}

Date Prepared: *1/30/2025* *Check all that apply:*
Bill Number: *HB 138* Original *X* Correction ___
Amendment ___ Substitute ___

Sponsor: Kathleen Cates and Leo Jaramillo
Short Title: Hospital Patient Safety Act

Agency Name and Code Number: Board of Nursing 449
Person Writing Sheena Ferguson
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SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	**FY26**		
0	0	N/A	0

(Parenthesis ( ) indicate expenditure decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	**FY26**	**FY27**		
0	**0**	**0**	N/A	0

(Parenthesis ( ) indicate revenue decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	0	0	0	0	N/A	N/A

(Parenthesis ( ) Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to:
Duplicates/Relates to Appropriation in the General Appropriation Act

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis:

This bill requires hospitals (under a broad definition) to establish staffing committees for nursing, support staff and service staff for the purpose of developing staffing plans with the intent of improving patient safety. This will create a new section in the public health act to require the department of health to promulgate rules and enforce a minimum staff to patient ratio for nursing, as well as staffing committees for support staff, and service staff in hospitals (three committees). In addition, this bill requires the department of health, based on recommendations from the advisory committees, to go into effect immediately.

FISCAL IMPLICATIONS

None affecting the BON.
Significant impact to health care facilities for a conversion to all RN staff.

Note: major assumptions underlying fiscal impact should be documented.

Note: if additional operating budget impact is estimated, assumptions and calculations should be reported in this section.

SIGNIFICANT ISSUES

There is some confusion about the current scope of practice of unlicensed assistive personnel. For example, venipuncture is performed across the country by unlicensed assistive personnel in a variety of roles, including beyond health care. This includes nurse aides, nurse technicians, nurses in training: nurse interns and nurse externs, and others that are not listed, who currently and for years have performed some of the duties that would not be permitted, such as nurse techs who perform venipuncture, insert urinary catheters, and basic wound care, among many other tasks. Non-traditional health professions students benefit from pipeline and pathway programs through stacked credential approaches to traditional college. This exclusion of UAP roles may interrupt or negatively impact that option.

The definitions and procedures listed within this contract language bill imposes scope of practice decisions outside of the Nursing Practice Act. There is no discussion about Licensed Practical Nurse (LPN) roles, with the similar argument of LPN to RN opportunities. Inclusion of a discussion on the roles and competencies of LPNs and RNs appear to be an important oversight, and may be counter to established national trends towards certification of unlicensed assistive personnel (e.g. Nurse Support Technician). In order to meet the proposed RN ratio requirement, the LPN role may be costed out of a staffing plan. Additionally, facilities differ in other types of patient care supports. Some organizations have lifting teams, transport teams to diagnostics, rapid response teams, vascular access/PICC teams, on-unit lactation nurses on women's units, on-unit physical therapy techs orthopedic units, wound care teams, in-unit care management and/or social work, and telemonitor staff that may be impacted by this act on those types of teams.

Behavioral health care teams often include mental health technicians as part of the staffing composition. Mental health technicians may have associate degrees in other fields. This act may negatively impact that role and progress to higher degrees.

Also, patient location to determine patient-to-nurse ratio is often inappropriate due to the availability of rooms to transfer patients off a unit to a down-acuity unit. For example, critical care units may hold subacute level patients waiting for a bed.

This bill also mandates orientation for a nurse or unlicensed employee to a specific clinical unit with written policies and procedures which are already in place. In addition, this bill outlines the limits to deviation of staffing ratios, an investigational process of violation of staffing ratios, and penalties for violations of staffing ratios. These proposed changes may offer some degree of patient safety and provide for measurement of outcomes.

There have been several studies evaluating the outcomes of nurse staffing and patient mortality, nurse burnout, and nurse job satisfaction over the past twenty years (Aiken, Clarke, Sloane, Sochalski, & Silver, 2002). Specific evaluations have been conducted for Illinois state legislation (Lasater, Aiken, Sloane, French, Martin, Alexander, & McHugh, 2021). And better nurse staffing can be a tool used to reduce poor health outcomes related to health disparities (Carthon, Brom, McHugh, Sloane, Berg, Merchant, Girotra, Y Aiken, 2021; and Carthon, Brom, McHugh, Daus, French, Sloane, Berg, Merchant & Aiken, 2022). All these studies show that patients are the beneficiaries of better staffing and nurses experience less burnout. One preliminary finding is that better staff could result in cost savings for hospitals (Lasater, et al, 2021).

The state with the longest experience with nurse to patient ratios suggests that since the ‘safest” hospitals in the country are not solely within that state, other factors may be contributory. Provider support, specialty teams, nurse education level, nurse certification, continuing education, adequate equipment, and forensic patient care all contribute to improved patient safety and staff well-being.

References

Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silver, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. JAMA, 288 (16), 1987-1993.

Carthon, J. M., Brom, H., McHugh, M., Daus, M., French, R., Sloane, D. M., . . . Aiken, L. H. (2022). Racial disparities in stroke readmission reduced in hospitals with better nurse staffing. Nursing Research, 71(1), 33-42.

Carthon, J. M., Brom, H., McHugh, M., Sloane, D. M., Merchant, R., Girotra, S., & Aiken, L. H. (2021). Better nurse staffing is associated with survival for black patients and diminishes racial disparities in survival after in-hospital cardiac arrests. Medical Care, 59(2), 169- 176.

Lasater, K. B., Aiken, L. H., Sloane, D., French, R., M. B., Alexander, M., & McHugh, M. D. (2021). Patient outcomes and cost saving associated with hospital safe nurse staffing legislation: an observational study. BMJ Open, 11:e052899. doi: 10.1136/bmjopen-2021-052899.

PERFORMANCE IMPLICATIONS

None for the agency.

It might benefit the state to measure the patient outcomes over time to evaluate the impact of the legislation. Other potential measurable outcomes would be nurse job satisfaction, nurse burnout, and nurse retention.

ADMINISTRATIVE IMPLICATIONS

The data requirement as currently proposed may be overly burdensome and require extensive resources, particularly for facilities who do not have IT/data systems that are set-up to provide this level of detail. The cost of implementing the bill as written may be challenging. Hospitals that currently collect data for a national program, such as the National Database for Nurse quality Indicators (NDNQI) may have the burden of duplication.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None

TECHNICAL ISSUES

None

OTHER SUBSTANTIVE ISSUES

ALTERNATIVES

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

The consequences of not enacting this bill are that patient outcomes may need improvement, and hospital understaffing may lead to staff instability.

AMENDMENTS