

MAINE STATE LEGISLATURE

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132nd MAINE LEGISLATURE

FIRST SPECIAL SESSION-2025

Legislative Document

No. 1281

S.P. 509

In Senate, March 25, 2025

An Act to Address the Safety of Nurses and Improve Patient Care by Enacting the Maine Quality Care Act

Reference to the Committee on Health and Human Services suggested and ordered printed.

A handwritten signature in black ink, appearing to read "D M Grant", is positioned above the printed name of the Secretary of the Senate.

DAREK M. GRANT
Secretary of the Senate

Presented by Senator BRENNER of Cumberland.

Cosponsored by Senator: President DAUGHTRY of Cumberland, Representatives: BECK of South Portland, FRIEDMANN of Bar Harbor, GEIGER of Rockland, ROEDER of Bangor, WEBB of Durham.

1 Be it enacted by the People of the State of Maine as follows:

2 Sec. 1. 22 MRSA c. 404-A is enacted to read:

3 **CHAPTER 404-A**

4 **HEALTH CARE FACILITY DIRECT CARE NURSE STAFFING**

5 **§1791. Short title**

6 This chapter may be known and cited as "the Maine Quality Care Act."

7 **§1792. Application and construction**

8 **1. Application.** All health care facilities are subject to the requirements of this chapter.

9 **2. Construction.** This chapter may not be construed to:

10 A. Change the scope of practice of registered nurses licensed under Title 32, chapter
11 31, subchapters 2-A and 3; or

12 B. Provide an exemption from the minimum staffing requirements of direct care
13 registered nurses if the patient condition or patient care unit name is different from the
14 term used in this chapter but the services provided are substantially similar.

15 **§1793. Definitions**

16 As used in this chapter, unless the context otherwise indicates, the following terms
17 have the following meanings.

18 **1. Ancillary staff person.** "Ancillary staff person" means any person who supports
19 patient care services in a health care facility through regular, delegated tasks performed
20 under the coordination of a direct care registered nurse for the delivery of safe, therapeutic
21 and effective patient care.

22 **2. Competency.** "Competency" means the ability of a direct care registered nurse to
23 integrate and act on the nurse's knowledge, skills, professional judgment and experience to
24 ensure safe, therapeutic and effective care to a specific patient population and for the
25 severity of illness in each patient care unit.

26 **3. Critical access hospital.** "Critical access hospital" has the same meaning as in
27 section 7932, subsection 10.

28 **4. Declared state of emergency.** "Declared state of emergency" means an emergency
29 declared by an authorized person within federal, state or local government relating to
30 circumstances that are unpredictable and unavoidable, affect the delivery of medical care
31 and require an immediate or exceptional level of emergency or other medical services at a
32 particular health care facility. "Declared state of emergency" does not include an
33 emergency relating to a labor dispute in the health care industry or consistent understaffing
34 in a health care facility.

35 **5. Direct care registered nurse.** "Direct care registered nurse" means a registered
36 nurse licensed under Title 32, chapter 31, subchapter 3 who is primarily responsible for
37 providing direct, in-person, hands-on patient care in a health care facility by engaging in

1 the nursing process within the nurse's scope of practice while exercising professional
2 judgment in the best interests of the patient at all times.

3 **6. Health care facility.** "Health care facility" means a hospital licensed under chapter
4 405, a freestanding emergency department or an ambulatory surgical facility licensed under
5 chapter 405. "Health care facility" does not include a state institution as defined in Title
6 34-B, section 1001, subsection 8.

7 **7. Patient care unit.** "Patient care unit" means any area of a health care facility in
8 which a patient receives care.

9 **8. Professional judgment.** "Professional judgment" means the application of a direct
10 care registered nurse's knowledge, expertise and experience and the nurse's assessment of
11 a patient, data, information and scientific evidence to understand the problems, issues or
12 concerns of a patient, to ensure safe, therapeutic and effective patient care and to make
13 decisions about a patient's care.

14 **§1794. Minimum staffing requirements of direct care registered nurses in health care**
15 **facilities**

16 Except as provided in sections 1795 and 1796, a health care facility shall assign at least
17 the number of direct care registered nurses at all times during every shift consistent with
18 the minimum requirements established in this section and at no time may a health care
19 facility assign fewer than 2 direct care registered nurses in a patient care unit.

20 **1. Requirements.** A health care facility shall assign a direct care registered nurse to
21 no more than:

22 A. One patient when:

23 (1) The patient is receiving critical care or intensive care; or

24 (2) The nurse is assigned to a patient care unit, other than a unit providing
25 emergency services, that receives patients requiring critical care or intensive care,
26 including, but not limited to, a critical care unit, an intensive care unit or a patient
27 care unit with neonatal intensive care or pediatric intensive care patients;

28 B. One patient when:

29 (1) The patient is in an operating room; or

30 (2) The nurse is assigned to an operating room.

31 The health care facility shall assign a minimum of one scrub assistant for each patient
32 in an operating room in addition to the assigned direct care registered nurse;

33 C. One patient when the patient is receiving conscious sedation;

34 D. One patient when:

35 (1) The patient is receiving phase 1 postanesthesia care; or

36 (2) The patient is receiving postanesthesia care and has not attained 18 years of
37 age;

38 E. Two patients when the patients have attained 18 years of age and are receiving phase
39 2 postanesthesia care;

40 F. Three patients when:

- 1 (1) The patients are receiving step-down or intermediate care; or
2 (2) The nurse is assigned to a patient care unit that receives patients requiring step-
3 down or intermediate care, including, but not limited to, a step-down or
4 intermediate care unit;
- 5 G. Three patients when:
- 6 (1) The patients are receiving emergency services and do not require critical care
7 or trauma services; or
- 8 (2) The nurse is assigned to a patient care unit that receives patients requiring
9 emergency services, including, but not limited to, an emergency department or
10 emergency room;
- 11 H. One patient when the patient is receiving emergency services and requires critical
12 care;
- 13 I. One patient when the patient is receiving emergency services and requires trauma
14 services;
- 15 J. Three patients when the patients are antepartum and not in active labor;
- 16 K. Two patients when the patients are antepartum and require continuous fetal
17 monitoring;
- 18 L. One patient when the nurse is assigned to initiate the patient for epidural anesthesia
19 or the nurse is assigned as the circulating nurse for a cesarean delivery;
- 20 M. One patient when the patient is in active labor;
- 21 N. One patient who is giving birth when the nurse has been assigned only to that patient
22 and one newborn patient when the nurse has been assigned only to that newborn
23 patient;
- 24 O. One newborn patient when the patient is unstable, as determined by the nurse;
- 25 P. One patient couplet of one parent and one newborn when the parent has given birth
26 within the previous 2 hours. In the case of multiple births, one nurse must be assigned
27 for each additional newborn when the nurse has been assigned only to that newborn;
- 28 Q. Two patient couplets of one parent and one newborn when the parent patients are
29 postpartum;
- 30 R. Four patients when the patients are receiving postpartum or postoperative
31 gynecological care and when the nurse has been assigned only to patients receiving
32 postpartum or postoperative gynecological care;
- 33 S. Two newborn patients when:
- 34 (1) The patients are receiving intermediate care; or
35 (2) The nurse has been assigned to a patient care unit that receives newborn
36 patients requiring intermediate care, including, but not limited to, a nursery that
37 provides intermediate care;
- 38 T. Three patients when:
- 39 (1) The patients have not attained 18 years of age; or

- 1 (2) The nurse is assigned to a patient care unit that receives patients who have not
2 attained 18 years of age, including, but not limited to, a pediatric unit;
- 3 U. Two patients who have not attained 18 years of age when:
- 4 (1) The patients are receiving bone marrow transplant services; or
5 (2) The nurse is assigned to a patient care unit that receives bone marrow transplant
6 patients who have not attained 18 years of age;
- 7 V. One patient when:
- 8 (1) The patient is receiving coronary care services; or
9 (2) The nurse is assigned to a patient care unit that receives patients requiring
10 coronary care services;
- 11 W. One patient when:
- 12 (1) The patient requires burn care services; or
13 (2) The nurse is assigned to a patient care unit that receives patients requiring burn
14 care services;
- 15 X. One patient when:
- 16 (1) The patient is receiving acute respiratory care services; or
17 (2) The nurse is assigned to a patient care unit that receives patients requiring acute
18 respiratory care services;
- 19 Y. Three patients when:
- 20 (1) The patients are receiving telemetry services; or
21 (2) The nurse is assigned to a patient care unit that receives patients requiring
22 telemetry services;
- 23 Z. Four patients when:
- 24 (1) The patients are receiving medical surgical care services; or
25 (2) The nurse is assigned to a patient care unit that receives patients requiring
26 medical surgical care services;
- 27 AA. Three patients when:
- 28 (1) The patients are receiving observational care services; or
29 (2) The nurse is assigned to a patient care unit that receives patients requiring
30 observational care services;
- 31 BB. Four patients when:
- 32 (1) The patients are receiving acute rehabilitation services; or
33 (2) The nurse is assigned to a patient care unit that receives patients requiring acute
34 rehabilitation services;
- 35 CC. Four patients when:
- 36 (1) The patients are receiving specialty care services; or

(2) The nurse is assigned to a patient care unit receiving patients requiring specialty care services, including, but not limited to, a specialty care unit, neurological care unit, gastrointestinal unit, orthopedic unit or any other unit that is organized, operated and maintained to provide care for a specific medical condition or a specific patient population;

DD. Four patients when:

(1) The patients are receiving presurgical admissions services; or

(2) The nurse is assigned to a patient care unit that receives patients requiring presurgical admissions services;

EE. Four patients when:

(1) The patients are receiving ambulatory surgical care services or procedures; or

(2) The nurse is assigned to a patient care unit that provides ambulatory surgical care services or procedures;

FF. Four patients when:

(1) The patients are receiving psychiatric treatment or services; or

(2) The nurse is assigned to a patient care unit that receives patients requiring psychiatric treatment or services; and

GG. Four patients in any other patient care unit or for any other patient condition.

A health care facility may assign a direct care registered nurse to patients receiving triage services as long as the nurse is performing only triage functions and is able to be immediately available to patients requiring triage services arriving in a patient care unit that receives patients requiring emergency services, including, but not limited to, an emergency department or emergency room.

2. Intensity of care. A health care facility shall assign direct care registered nurses in a patient care unit in accordance with subsection 1 in order to meet the highest level of intensity and type of care provided in the patient care unit. If more than one requirement in subsection 1 applies to a patient, a health care facility shall assign a direct care registered nurse in accordance with the lowest numerical patient assignment applicable to the patient.

3. Patient need. If, in the professional judgment of a direct care registered nurse, a patient requires the assignment of more than the minimum number of direct care registered nurses required in accordance with this section, a health care facility shall assign additional direct care registered nurses to the patient consistent with the direct care registered nurse's professional judgment.

§1795. Exception to staffing requirements

1. Declared state of emergency. It is a defense to a complaint alleging a violation of section 1794 or 1796 filed against a health care facility under chapter 405 if the facility demonstrates that:

A. The violation resulted from a declared state of emergency; and

B. The facility undertook prompt and diligent efforts to maintain the staffing assignments required pursuant to sections 1794 and 1796, despite the declared state of emergency.

1 **2. Local emergency event.** It is a defense to a complaint alleging a violation of section
2 1794 or 1796 filed against a health care facility under chapter 405 if the facility
3 demonstrates that:

4 A. The violation resulted from an unpredictable and uncontrollable rapid increase in
5 patient levels at the health care facility due to a local emergency event; and

6 B. The health care facility undertook prompt and diligent efforts to maintain the
7 staffing assignments required pursuant to sections 1794 and 1796, despite the local
8 emergency event.

9 For purposes of this subsection, "local emergency event" is as defined by the department
10 by rule.

11 **§1796. Minimum staffing requirements of direct care registered nurses in critical**
12 **access hospitals**

13 A critical access hospital shall assign at least the number of direct care registered nurses
14 at all times during every shift consistent with the minimum requirements established in this
15 section. A critical access hospital may not at any time assign fewer than 2 direct care
16 registered nurses in a patient care unit.

17 **1. Requirements beginning July 2026.** Beginning July 1, 2026, a critical access
18 hospital shall assign a direct care registered nurse to no more than:

19 A. Two patients when the patients are receiving neonatal intensive care;

20 B. Four patients when:

21 (1) The patients are receiving step-down or intermediate care; or

22 (2) The nurse is assigned to a patient care unit that receives patients requiring step-
23 down or intermediate care, including, but not limited to, a step-down or
24 intermediate care unit;

25 C. Four patients when:

26 (1) The patients are receiving telemetry services; or

27 (2) The nurse is assigned to a patient care unit that receives patients requiring
28 telemetry services;

29 D. Five patients when:

30 (1) The patients are receiving medical surgical care services; or

31 (2) The nurse is assigned to a patient care unit that receives patients requiring
32 medical surgical care services; and

33 E. Five patients when:

34 (1) The patients are receiving specialty care services; or

35 (2) The nurse is assigned to a patient care unit receiving patients requiring
36 specialty care services, including, but not limited to, a specialty care unit,
37 neurological care unit, gastrointestinal unit, orthopedic unit or any other unit that
38 is organized, operated and maintained to provide care for a specific medical
39 condition or a specific patient population.

40 This subsection is repealed July 1, 2027.

1 **2. Requirements beginning July 2027.** Beginning July 1, 2027, a critical access
2 hospital shall assign a direct care registered nurse to no more than:

3 A. One patient when the patient is receiving neonatal intensive care;

4 B. Three patients when:

5 (1) The patients are receiving step-down or intermediate care; or

6 (2) The nurse is assigned to a patient care unit that receives patients requiring step-
7 down or intermediate care, including, but not limited to, a step-down or
8 intermediate care unit;

9 C. Three patients when:

10 (1) The patients are receiving telemetry services; or

11 (2) The nurse is assigned to a patient care unit that receives patients requiring
12 telemetry services;

13 D. Four patients when:

14 (1) The patients are receiving medical surgical care services; or

15 (2) The nurse is assigned to a patient care unit that receives patients requiring
16 medical surgical care services; and

17 E. Four patients when:

18 (1) The patients are receiving specialty care services; or

19 (2) The nurse is assigned to a patient care unit receiving patients requiring
20 specialty care services, including, but not limited to, a specialty care unit,
21 neurological care unit, gastrointestinal unit, orthopedic unit or any other unit that
22 is organized, operated and maintained to provide care for a specific medical
23 condition or a specific patient population.

24 **§1797. Department to establish critical access hospital flexibility**

25 **1. Department to establish critical access hospital flexibility.** The department shall
26 establish a process for critical access hospitals to request flexibility regarding the direct
27 care registered nurse minimum staffing requirements set forth in section 1796.

28 **2. Criteria.** In establishing the process, the department must include the following
29 criteria:

30 A. The department may, on a case-by-case basis, approve flexibility requests related
31 to the direct care registered nurse minimum staffing requirements;

32 B. The flexibility allowances must cover a period of time not to exceed 6 months;

33 C. Only flexibility requests that do not jeopardize the health, safety or well-being of
34 patients affected may be considered;

35 D. A critical access hospital seeking flexibility shall submit a written request with
36 supporting evidence to the department;

37 E. A critical access hospital that has laid off any clinical staff within the previous 6
38 months is not eligible for a flexibility allowance; and

1 F. Where applicable, the department shall solicit comments from the collective
2 bargaining agent that represents the registered nurses in a critical access hospital that
3 is seeking flexibility.

4 **§1798. Staffing calculation requirements**

5 The following provisions apply to the calculation of the direct care registered nurse
6 minimum staffing assignments required pursuant to sections 1794 and 1796.

7 **1. Assignment.** A patient must be assigned to a direct care registered nurse. A patient
8 is considered to be assigned to a direct care registered nurse if the nurse accepts
9 responsibility for the patient's care and meets the requirements under section 1799.

10 **2. Averaging prohibited.** For the purpose of calculating staffing, a health care facility
11 may not average the number of patients or number of direct care registered nurses in a
12 patient care unit during any one shift or over any period of time.

13 **3. Direct care required.** A health care facility may not include in the calculation an
14 ancillary staff person or a nurse who does not provide direct, in-person, hands-on patient
15 care, including, but not limited to, a nurse administrator, nurse supervisor, nurse manager,
16 charge nurse or case manager. A registered nurse who is also a nurse administrator, nurse
17 supervisor, nurse manager, charge nurse, case manager or any other health care facility
18 administrator or supervisor may be included in the calculation of the direct care registered
19 nurse minimum staffing assignments required pursuant to sections 1794 and 1796 if the
20 registered nurse:

21 A. Has a current and active direct patient care assignment;

22 B. Provides direct patient care in compliance with the requirements of this chapter;

23 C. Has demonstrated current competency in providing care in the assigned patient care
24 unit and has received orientation to the patient care unit sufficient to provide safe,
25 therapeutic and effective care to patients in the patient care unit;

26 D. Has the principal responsibility of providing direct patient care and has no
27 additional job duties during the time period during which the nurse has a patient
28 assignment; and

29 E. Is providing relief for a direct care registered nurse during breaks, meals and other
30 routine or expected absences from the patient care unit.

31 **4. Prohibited assignments.** A health care facility may not assign an ancillary staff
32 person to perform tasks that involve the professional judgment or skill of a direct care
33 registered nurse, including, but not limited to, patient assessment, evaluation and
34 implementation of a nursing care plan and administration of medications, even if the
35 provision of care is under the oversight of a direct care registered nurse.

36 **5. Additional duties.** A health care facility may not include a direct care registered
37 nurse in the calculation unless the nurse has the principal responsibility of providing direct
38 patient care to the assigned patient and has no additional job duties other than direct patient
39 care, such as a nurse with triage, external communications or emergency transport duties.

40 **6. Mandatory overtime prohibited.** A health care facility may not impose a
41 mandatory overtime requirement on a direct care registered nurse.

1 **7. Layoffs prohibited.** A health care facility may not lay off or otherwise reduce the
2 availability of ancillary staff persons in order to meet the direct care registered nurse
3 minimum staffing assignments required pursuant to sections 1794 and 1796.

4 **8. Electronic monitoring prohibited.** A health care facility may not use any form of
5 electronic monitoring, including, but not limited to, video monitoring or other remote
6 monitoring, to fulfill the minimum staffing requirements.

7 **9. Planning required.** A health care facility shall plan for routine fluctuations in the
8 number of patients being treated in the facility resulting from circumstances such as
9 admissions, discharges and transfers of patients in order to maintain minimum staffing
10 requirements pursuant to sections 1794 and 1796.

11 **§1799. Assignment of direct care registered nurses**

12 A health care facility shall, no less frequently than once per shift, assign to a patient a
13 direct care registered nurse responsible for the provision of care to the patient in accordance
14 with this section.

15 **1. Assignment of direct care registered nurses generally.** A health care facility may
16 not assign a direct care registered nurse to a patient unless the nurse has demonstrated
17 current competency in providing care to patients in the patient care unit and has also
18 received orientation to the patient care unit sufficient to provide care to patients.

19 **2. Assignment and relief of direct care registered nurses during absences.** A health
20 care facility may assign a direct care registered nurse to relieve the originally assigned
21 direct care registered nurse for breaks, meals or other routine or expected absences only if
22 the relieving nurse has demonstrated to the facility current competency in providing care
23 to patients in the patient care unit and received orientation to the patient care unit sufficient
24 to provide care to patients.

25 **3. Criteria.** A health care facility shall include criteria for making a staffing
26 assignment under this section in its policies and procedures.

27 **§1800. Use of technology**

28 **1. Electronic monitoring prohibited for patient protection.** A health care facility
29 may not use any form of electronic monitoring, including, but not limited to, video
30 monitoring or other remote monitoring to substitute for the direct observation by a direct
31 care registered nurse or an ancillary staff person that is required for patient protection.

32 **2. Technology prohibited for nursing process.** A health care facility may not adopt
33 policies or practices that:

34 A. Employ health information technology, algorithms used to achieve a medical or
35 nursing care objective, systems based on artificial intelligence or clinical practice
36 guidelines that limit or substitute for the direct patient care provided by an assigned
37 direct care registered nurse in the performance of functions that are part of the nursing
38 process, including the full exercise of professional judgment, or that limit a direct care
39 registered nurse from acting as a patient advocate under section 1801 in the exclusive
40 interests of the patient; or

41 B. Penalize a direct care registered nurse for overriding technology or guidelines
42 prohibited in paragraph A if in the direct care registered nurse's professional judgment

1 and in accordance with the direct care registered nurse's scope of practice in accordance
2 with Title 32, chapter 31 it is in the best interests of the patient to do so.

3 **3. Construction.** This Act may not be construed to limit the use of technology by a
4 direct care registered nurse as part of the direct care registered nurse's typical duties and
5 scope of practice.

6 **§1801. Patient advocacy**

7 **1. Patient advocacy.** A direct care registered nurse has a duty and right to act based
8 on the direct care registered nurse's professional judgment, provide care in the exclusive
9 interests of the patient and act as the patient's advocate.

10 **2. Professional judgment.** A direct care registered nurse shall exercise professional
11 judgment in the performance of the direct care registered nurse's duties within the direct
12 care registered nurse's scope of practice in accordance with Title 32, chapter 31 in the
13 exclusive interests of the patient. A direct care registered nurse's actions under this
14 subsection may not, for any purpose, be considered, relied upon or represented as a job
15 function, authority, responsibility or activity undertaken for the purpose of serving the
16 business, commercial, operational or other institutional interests of the direct care
17 registered nurse's employer.

18 **3. Nursing care.** A direct care registered nurse shall provide competent, safe,
19 therapeutic and effective nursing care to an assigned patient. Before accepting a patient
20 assignment, a direct care registered nurse must:

21 A. Have the necessary knowledge, judgment, skills and ability to provide the required
22 care;

23 B. Determine, based on the nurse's professional judgment, whether the nurse is
24 competent to perform the nursing care needed by a patient who is in a particular patient
25 care unit or who has a particular diagnosis, condition, prognosis or other determinative
26 characteristic affecting nursing care; and

27 C. Determine, based on the nurse's professional judgment, whether acceptance of a
28 patient assignment would expose the patient or nurse to the risk of harm.

29 **4. Objections.** As part of a direct care registered nurse's patient advocacy, a direct
30 care registered nurse may object to or refuse to accept or participate in any activity, policy,
31 practice, assignment or task in a health care facility if the direct care registered nurse:

32 A. Believes, based on the nurse's professional judgment, that the activity, policy,
33 practice, assignment or task would violate Title 32, chapter 31 or rules adopted
34 pursuant to that chapter or be outside the nurse's scope of practice;

35 B. Believes, based on the nurse's professional judgment, that the activity, policy,
36 practice, assignment or task would violate the minimum staffing requirements under
37 section 1794 or 1796 or would violate any other provision of this chapter; or

38 C. Believes, based on the nurse's professional judgment, that the nurse is not prepared
39 by education, training or experience to fulfill the assignment without compromising
40 the safety of a patient or jeopardizing the license of the nurse.

1 **5. Interference and retaliation prohibited.** A health care facility, an employee of a
2 health care facility who is primarily responsible for managing the facility or an employee
3 of the facility who is primarily responsible for managing patient care services may not:

4 A. Interfere with or prevent a direct care registered nurse from exercising professional
5 judgment under this section;

6 B. Limit a direct care registered nurse in performing duties that are a part of the nursing
7 process, including full exercise of professional judgment in assessment, planning,
8 implementation and evaluation of care;

9 C. Limit a direct care registered nurse in acting as a patient advocate in the exclusive
10 interests of the patient; or

11 D. Discharge from duty, threaten or otherwise retaliate against a direct care registered
12 nurse who reports an unsafe practice or a violation of policy, federal or state law,
13 federal regulation or state rule.

14 **6. Application of Whistleblowers' Protection Act.** A violation of subsection 5 is a
15 violation of Title 26, chapter 7, subchapter 5-B.

16 **§1802. Record and notice requirements**

17 A health care facility shall maintain and disclose records relating to actual staffing
18 assignments and any method used to meet the requirements of this chapter in accordance
19 with this section and rules adopted by the department.

20 **1. Record contents.** Records maintained and disclosed under this section must
21 include:

22 A. The number of patients in each patient care unit during each shift;

23 B. The identity and duty hours of each direct care registered nurse assigned to each
24 patient in each patient care unit during each shift;

25 C. The identity and duty hours of each ancillary staff person for each patient care unit
26 during each shift;

27 D. Certification that each direct care registered nurse received rest and meal breaks and
28 the identity and duty hours of each direct care registered nurse who provided relief
29 during the breaks;

30 E. A copy of each notice required under subsection 4; and

31 F. A description, including a list of actions taken and the date of each action, of efforts
32 made by the health care facility to maintain the staffing assignments required pursuant
33 to sections 1794 and 1796, if a facility does not maintain the staffing assignments
34 required pursuant to sections 1794 and 1796 during a declared state of emergency or
35 local emergency event pursuant to section 1795, subsection 2.

36 **2. Required duration of records maintenance.** Records under this section must be
37 maintained for at least 3 years.

38 **3. Records submitted to department.** A health care facility shall submit all records
39 under this section to the department as a condition of licensure under chapter 405. The
40 chief nursing officer shall certify that records submitted to the department pursuant to this
41 subsection completely and accurately reflect staffing assignments in each patient care unit.

1 The certification must be executed under penalty of perjury and must contain an express
2 acknowledgment that any false statement constitutes fraud and is subject to criminal
3 prosecution or civil penalties.

4 **4. Notice requirements.** A health care facility shall post in each patient care unit a
5 notice in a form specified by department rule that:

6 A. Explains the requirements of record maintenance under this section;

7 B. Includes actual direct care registered nurse staffing assignments in each patient care
8 unit during each shift;

9 C. Includes the actual number of ancillary staff persons and the skill mix of the
10 ancillary staff persons in each patient care unit during each shift;

11 D. Identifies the variance between the required and actual staffing assignments in each
12 patient care unit during each shift; and

13 E. Is visible, conspicuous and accessible to health care facility staff, patients and the
14 public.

15 **5. Records publicly accessible.** Records maintained under this section must be made
16 available to the department, direct care registered nurses, a nurse's collective bargaining
17 agent and the public.

18 **§1803. Audits**

19 The department shall conduct periodic audits to ensure that a health care facility has
20 implemented the direct care registered nurse minimum staffing requirements pursuant to
21 this chapter.

22 **§1804. Administrative sanctions; investigation**

23 In addition to the penalties provided under section 1806 and licensure requirements
24 under section 1817, the department may impose a sanction under this section in conformity
25 with Title 5, chapter 375, subchapter 4.

26 **1. Notice.** The department may direct by written notice a health care facility to correct
27 any violations under this chapter and any rules adopted under this chapter in a manner and
28 within a time frame that the department determines appropriate to ensure compliance or
29 protect the public health. The health care facility shall correct any violations within the
30 time frame determined by the department.

31 **2. Investigation.** The department may investigate complaints against a health care
32 facility in order to ensure compliance with this chapter and any rules adopted under this
33 chapter.

34 **3. Administrative penalties.** The department may impose the following
35 administrative penalties on a health care facility.

36 A. Beginning July 1, 2026, except as provided in paragraph C, for violations of
37 subsection 1 or sections 1794, 1796, 1798, 1799, 1800, 1801 and 1802 or rules adopted
38 to implement this section or those sections, the department may assess a fine of not
39 more than \$5,000 per violation. Each day a health care facility violates subsection 1 or
40 section 1794, 1796, 1798, 1799, 1800, 1801 or 1802 constitutes a separate offense.

41 This paragraph is repealed July 1, 2027.

1 B. Beginning July 1, 2027, except as provided in paragraph D, for violations of
2 subsection 1 or sections 1794, 1796, 1798, 1799, 1800, 1801 and 1802 or rules adopted
3 to implement this section or those sections, the department may assess a fine of not
4 more than \$10,000 per violation. Each day a health care facility violates subsection 1
5 or section 1794, 1796, 1798, 1799, 1800, 1801 or 1802 constitutes a separate offense.

6 C. Beginning July 1, 2026, for violations of section 1801, subsection 5 or a rule
7 adopted to implement that subsection, the department may assess a fine of not more
8 than \$12,500 per nursing shift.

9 This paragraph is repealed July 1, 2027.

10 D. Beginning July 1, 2027, for violations of section 1801, subsection 5 or a rule
11 adopted to implement that subsection, the department may assess a fine of not more
12 \$25,000 per nursing shift.

13 **§1805. Civil violations**

14 This section governs civil violations under this chapter.

15 **1. Violation of health care facility staffing requirements.** This subsection applies
16 to violations of sections 1794, 1796, 1798, 1799, 1800 and 1802 and section 1804,
17 subsection 1.

18 A. A health care facility may not violate section 1794, 1796, 1798, 1799, 1800 or 1802
19 or section 1804, subsection 1 or a rule adopted to implement those sections.

20 B. A health care facility that violates paragraph A commits a civil violation for which
21 a fine may be adjudged as follows:

22 (1) Beginning July 1, 2026, not more than \$5,000 per nursing shift in violation.
23 This subparagraph is repealed July 1, 2027; and

24 (2) Beginning July 1, 2027, not more than \$10,000 per nursing shift in violation.

25 Each day a health care facility violates paragraph A is a separate offense.

26 **2. Violation for interference with or retaliation against direct care registered**
27 **nurse for objection or refusal.** This subsection applies to violations of section 1801,
28 subsection 5.

29 A. A health care facility, an employee of a health care facility who is primarily
30 responsible for managing the health care facility or an employee of a health care facility
31 who is primarily responsible for managing patient care services may not violate section
32 1801, subsection 5 or any rules adopted to implement that subsection.

33 B. A health care facility, an employee of a health care facility who is primarily
34 responsible for managing the health care facility or an employee of a health care facility
35 who is primarily responsible for managing patient care services who violates paragraph
36 A commits a civil violation for which a fine may be adjudged as follows:

37 (1) Beginning July 1, 2026, not more than \$12,500 per violation. This
38 subparagraph is repealed July 1, 2027; and

39 (2) Beginning July 1, 2027, not more than \$25,000 per violation.

40 **§1806. Enforcement**

1 The Attorney General may file a complaint with the District Court seeking civil
2 penalties or injunctive relief or both for violations of this chapter.

3 **§1807. Complaints**

4 A person may file a complaint with the department against a health care facility for
5 violations of this chapter. The department shall refer any complaint alleging a violation of
6 section 1801, subsection 5 to the Maine Human Rights Commission.

7 **§1808. Rulemaking**

8 The department may adopt rules to implement this chapter. The department shall rely
9 on and incorporate principles of the nursing profession in rules adopted pursuant to this
10 section. Rules adopted pursuant to this section are major substantive rules as defined in
11 Title 5, chapter 375, subchapter 2-A.

12 **§1809. Applicability**

13 The minimum staffing requirements in section 1794 apply for patients or units not
14 mentioned in section 1796 and for all other health care facilities except for critical access
15 hospitals. If a requirement in section 1794 and a separate requirement in section 1796 both
16 apply to a patient, the health care facility shall assign a direct care registered nurse in
17 accordance with the lowest numerical patient assignment applicable to the patient.

18 **Sec. 2. 22 MRSA §1817**, as repealed and replaced by PL 2007, c. 324, §4, is
19 amended to read:

20 **§1817. Issuance of licenses**

21 The department is authorized to issue licenses to operate hospitals, sanatoriums,
22 convalescent homes, rest homes, nursing homes, ambulatory surgical facilities and other
23 related institutions that, after inspection, are found to comply with this chapter, chapter
24 404-A and any rules adopted by the department. An initial license may be issued for up to
25 12 months. A license may be renewed for up to 24 months. The fee for this temporary or
26 conditional license is \$15 and is payable at the time of issuance of the license regardless of
27 the term. When an institution, upon inspection by the department, is found not to meet all
28 requirements of this chapter or department rules, the department is authorized to issue
29 either:

30 **1. Temporary license.** A temporary license for a specified period not to exceed 90
31 days, during which time corrections specified by the department must be made by the
32 institution for compliance with this chapter, chapter 404-A and departmental rules, if in the
33 judgment of the commissioner the best interests of the public will be so served; or

34 **2. Conditional license.** A conditional license setting forth conditions that must be
35 met by the institution to the satisfaction of the department.

36 Failure of the institution to meet any of the department's conditions immediately voids
37 the temporary or conditional license by written notice by the department to the licensee or,
38 if the licensee cannot be reached for personal service, by notice left at the licensed premises.
39 A new application for a regular license may be considered by the department if, when and
40 after the conditions set forth by the department at the time of the issuance of this temporary
41 or conditional license have been met and satisfactory evidence of this fact has been
42 furnished to the department. The department may amend, modify or refuse to renew a
43 license in conformity with the Maine Administrative Procedure Act, or file a complaint

1 with the District Court requesting suspension or revocation of any license on any of the
2 following grounds: violation of this chapter or the rules ~~issued~~ adopted pursuant to this
3 chapter; violation of chapter 404-A or the rules adopted by the department pursuant to
4 chapter 404-A; permitting, aiding or abetting the commission of any illegal act in that
5 institution; or conduct of practices detrimental to the welfare of a patient. Whenever, on
6 inspection by the department, conditions are found to exist that violate this chapter or
7 department rules ~~issued~~ adopted pursuant to this chapter or violate chapter 404-A or the
8 rules adopted by the department pursuant to chapter 404-A that, in the opinion of the
9 commissioner, immediately endanger the health or safety of patients in an institution or
10 create an emergency, the department by its duly authorized agents may, under the
11 emergency provisions of Title 4, section 184, subsection 6, request that the District Court
12 suspend or revoke the license. Rules adopted pursuant to this section are routine technical
13 rules as defined in Title 5, chapter 375, subchapter 2-A.

14 SUMMARY

15 This bill establishes the Maine Quality Care Act to ensure adequate direct care
16 registered nurse staffing assignments in health care facilities, including hospitals,
17 freestanding emergency departments and ambulatory surgical facilities, and critical access
18 hospitals to provide safe and effective patient care. It establishes minimum staffing
19 requirements for direct care registered nurses based on patient care unit and patient needs,
20 specifies the method to calculate a health care facility's compliance with the staffing
21 requirements, protects direct care registered nurses from retaliation and includes notice,
22 record-keeping and enforcement requirements. The bill also directs the Department of
23 Health and Human Services to establish a process for critical access hospitals to request
24 flexibility regarding the minimum staffing requirements.