



FAQs

on Washington State's New Hospital Staffing Law

Is Washington State experiencing a health care worker shortage?

The United States is experiencing a severe shortage of nursing and health care workers.¹ In fact, Washington state is facing a deficit of more than 10,000 registered nurses (RNs) projected to grow to more than 20,000 by 2030.² The pandemic accelerated the need to make investments in the health care workforce to ensure people in communities across the state continue to have access to health care services, which is why hospitals are making major investments and changes to retain and recruit staff, including significant pay increases and working collaboratively with teams to establish new care models. Washington State is also among the top five highest-paying states for nurses, with the median nurse earning about \$101,230 per year.³

What is Washington's new hospital staffing law, Senate Bill 5236 (2023)?

In April 2023, Governor Jay Inslee signed Senate Bill 5236 – Washington State's Hospital Staffing law – which builds on the state's existing staffing committee law that was passed in 2008 and updated in 2017. Under the law, hospitals will expand staffing committees, with collaborative input from health care personnel and administrators, to develop staffing plans that uphold high-quality patient care in urban and rural settings. The law also expands uninterrupted meal & rest breaks, mandatory overtime restrictions, compliance reporting and more.

As of January 1, 2024, hospitals must establish a hospital staffing committee, which expands existing nurse staffing committees by adding licensed practical nurses (LPNs), certified nursing assistants (CNAs), and unlicensed assistive nursing personnel employed by the hospital. The committee must continue to perform a semiannual review and submit an updated staffing plan to the Department of Health (DOH) if any changes are made throughout the calendar year.

Beginning July 1, 2025, hospitals must assign staff according to their staffing plan, track compliance with these assignments, and report to DOH if they are compliant with assignments less than 80 percent of the time in a month. Hospitals will be required to submit and follow a corrective action plan (CAP). If they fail to submit or follow the CAP, they will be subject to fines.

The new law also expands existing uninterrupted meal & rest break law to more hospital staff and requires quarterly compliance reporting beginning July 1, 2024. Failure to achieve 80 percent compliance with required meal & rest breaks will result in technical assistance, followed by fines levied against the hospital.

1. American Association of Colleges of Nursing (AACN). October 2022. "Fact Sheet: Nursing Shortage." <https://bit.ly/48ZYFR2>

2. Washington Center for Nursing. March 2023. "Washington Licensed Practical Nurse (LPN) and Registered Nurse (RN) Supply and Demand Projections 2020-2030." Page 4. <https://bit.ly/3ueZOFt>

3. Becker's Hospital Review. December 19, 2023, "RN median wage for all 50 states." <https://bit.ly/3OyQe71>

What is the purpose of hospital staffing committees?

Hospital staffing committees promote a safe care environment for patients and staff by establishing a mechanism to convene direct care nursing staff and hospital management to participate in a collaborative process regarding decisions about nurse staffing. Responsibilities of a hospital staffing committee include:

- Developing an annual staffing plan for nursing staff using a standard form
- Reviewing and evaluating the effectiveness of the staffing plan semi-annually against patient needs and known evidence-based data
- Reviewing, assessing, and responding to staffing variations, concerns or complaints presented to the committee

How will hospital staffing committees improve patient care and worker safety?

Washington relies on a strong health care workforce to deliver quality care, and staffing care settings is a complex, multifaceted, and dynamic process. Hospital staffing committees allow direct care nursing staff and hospital leaders to engage in an informed, collaborative decision making process, keeping decisions about staffing in the hands of the individuals who best understand the unique patient care needs and staffing challenges of each hospital. Staffing committees allow hospitals to maintain flexibility to implement innovative staffing strategies to ensure patients retain access to high quality, safe, reliable, and effective care.

Who participates on the hospital staffing committee?

Hospital staffing committees are to be composed of:

- Fifty percent direct care nursing staff to be selected by employees or their labor representatives (if applicable), and must include RNs, LPNs, CNAs and unlicensed assistive nursing staff if employed at the hospital.
- Fifty percent hospital management to be selected by hospital administration, and must include Chief Financial Officers (CFOs), Chief Nursing Officers (CNOs), and Department Managers/Directors or their designees.

Additionally, the law requires the committee to draft a charter that serves as a resource guide for how the committee operates and resolves disputes. An effective charter promotes accountability and professional governance, particularly when used to evaluate the committee's performance and progress towards meeting key objectives.

Do hospital employees participate in a hospital staffing committee on their personal time?

No. Participation in hospital staffing committees by hospital employees shall be on scheduled work time and compensated at the appropriate rate of pay. Hospital staffing committee members shall be relieved of all other work duties during meetings of the committee. Additional staffing relief must be provided if necessary to ensure committee members are able to attend meetings.

What is the role of the hospital CEO during this process?

The hospital staffing committee works on the staffing plan and then submits it to the hospital Chief Executive Officer (CEO) by July 1 each year. As part of the law, the CEO reviews the plan and provides written feedback to the committee that includes:

- Elements of the proposed staffing plan requested to be changed (if any)
- Elements that cause concern regarding financial feasibility, closure of units or patient care risk (if any concerns exist)
- Status report on implementation of the current staffing plan including nurse sensitive quality indicators, patient surveys, recruitment and retention efforts, and hospital success over the previous six months in filling approved open positions covered by the staffing plan

Following review of the plan, if no concerns exist, the CEO adopts the plan as submitted. If the CEO does have concerns, those are shared with the staffing committee in writing with the request for revisions.

What happens if the CEO does not adopt the hospital staffing plan proposed by the HSC or the HSC cannot agree on a plan?

If a hospital is unable to approve an annual staffing plan, the hospital staffing plan will revert to the most recent of the following;

- Nurse staffing plan that was in effect January 1, 2023; or
- The last hospital staffing plan approved by hospital staffing committee majority vote and adopted by the hospital

What are the new meal & rest break provisions?

The new hospital staffing law expands uninterrupted meal & rest break requirements to all staff paid hourly or covered by a collective bargaining agreement who are involved in direct patient care activities or clinical services and expands compliance mechanisms by requiring hospitals to provide quarterly reports. Failure to achieve 80 percent compliance with required meal & rest breaks will result in technical assistance, followed by fines.

What are some of the new compliance and enforcement provisions?

Under the new law, hospitals must adopt a policy regarding compliance with the staffing plan. Department of Labor and Industries (L&I) will also have a more significant role in investigating complaints alongside the DOH. Beginning July 1, 2025, hospitals must assign nursing staff according to their staffing plan, track compliance with these assignments, and report to DOH if they fall below compliance with 80 percent of the assignments in a month. Hospitals will be required to submit and follow a corrective action plan (CAP). If they fail to submit or follow the CAP, they will be subject to fines. Hospitals are also required to report staffing plan compliance rates semiannually every January and July beginning in 2026.

What happens if the hospital is unable to follow the staffing plan due to an unforeseeable emergency circumstance?

In the event of an unforeseeable emergent circumstance lasting for 15 days or more, the hospital incident command is required to report within 30 days to the co-chairs of the hospital staffing committee an assessment of the staffing needs arising from the circumstance and the hospital's plan to address those identified staffing needs. Upon receipt of the report, the hospital staffing committee shall convene to develop a contingency staffing plan to address the needs arising from the unforeseeable emergent circumstance. The hospital's deviation from its staffing plan may not be in effect for more than 90 days without the review of the hospital staffing committee. Within 90 days of an initial deviation under this section the hospital must report to DOH the basis for the deviation and must report to DOH again once the deviation under this section is no longer in effect.

Are hospital staffing committees “one-size-fits-all”?

Hospital staffing committees are not “one-size-fits-all.” Each hospital is required to develop a comprehensive, fact-informed staffing plan that's tailored to the unique needs of patients and workers in their hospital. Staffing committees allow hospitals to maintain flexibility to implement innovative staffing strategies to ensure patients retain access to high quality, safe, reliable, and effective care.

Is this the same as staffing ratios?

No. Statewide, one-size-fits-all, mandatory ratios are not the right approach to addressing staffing. Hospitals are complex organizations with unique and individualized staffing needs that change on a shift-by-shift basis

and require close coordination between management and workers based on a variety of factors. Hospital staffing committees and staffing plans provide hospital leadership and caregivers with a modern strategy to address staffing needs while prioritizing patient care and worker safety.

In addition to hospital staffing committees, how are Washington hospitals working to improve staffing and retention?

Washington hospitals are committed to exploring and implementing innovative care delivery models and new staffing solutions, including recruitment, retention, workflow improvements, supportive technology and telehealth services, nursing school partnerships, clinical placement enhancements, professional licensure and development opportunities, etc.

Additionally, hospitals have undertaken a multi-year statewide initiative, Committing Action for Resilient Environments for Patients & Staff (CARE), based on listening sessions held with staff. Some actions arising from those sessions include providing trauma support services on paid time or paid time off for staff and participating in a nurse staffing committee best practice gap assessment and learning process to ensure hospital staffing committees are operating optimally.

If I have questions about the new hospital staffing law and hospital staffing committees, who should I contact?

If you have questions, please contact info@wsha.org and please visit TogetherForPatientCareWA.com for additional resources.