

**SENATE, No. 3022**

**STATE OF NEW JERSEY**  
**222nd LEGISLATURE**

PRE-FILED FOR INTRODUCTION IN THE 2026 SESSION

**Sponsored by:**

**Senator JOSEPH F. VITALE**

**District 19 (Middlesex)**

**Senator LINDA R. GREENSTEIN**

**District 14 (Mercer and Middlesex)**

**SYNOPSIS**

Establishes “Patient Protection and Safe Staffing Act.”

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 5/4/2026)**

1 AN ACT concerning staffing standards in certain health care facilities  
2 and supplementing Titles 26 and 30 of the Revised Statutes.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State  
5 of New Jersey:

6

7 1. This act shall be known and may be cited as the “Patient  
8 Protection and Safe Staffing Act.”

9

10 2. The Legislature finds and declares that:

11 a. Because of recent changes in the health care delivery system,  
12 patients in general and special hospitals and ambulatory surgery  
13 facilities in the State, and in State developmental centers and  
14 psychiatric hospitals, generally have higher acuity levels than in the  
15 past;

16 b. Recent studies demonstrate the link between adequate  
17 registered professional nurse staffing and improved mortality rates  
18 and quality of care among patients in health care facilities;

19 c. Inadequate nurse staffing can result in dangerous medical  
20 errors, patient infections, and increased injuries to patients and  
21 caregivers;

22 d. Inadequate and poorly monitored nurse staffing practices  
23 jeopardize the delivery of health care services and adversely impact  
24 the health of patients;

25 e. The establishment of staffing standards for registered  
26 professional nurses in hospitals, ambulatory surgery facilities, and  
27 State developmental centers and psychiatric hospitals should not be  
28 construed as justifying understaffing with respect to other critical  
29 health care workers; safe staffing practices recognize the importance  
30 of all health care workers in providing quality patient care because  
31 the availability of these other health care workers enables registered  
32 professional nurses to focus on the nursing care functions that only  
33 these nurses, by law, are permitted to perform; and

34 f. Understaffing at hospitals, ambulatory surgery facilities, and  
35 State developmental centers and psychiatric hospitals has been  
36 demonstrated to be an underlying cause of the current nursing  
37 shortage, since higher patient assignments create higher levels of job  
38 dissatisfaction, burnout, and turnover rates among nurses.

39

40 3. As used in this act:

41 “Commissioner” means the Commissioner of Health.

42 “Department” means the Department of Health.

43 “Direct care registered professional nurse” means a registered  
44 professional nurse who is assigned to provide care for one or more  
45 patients in a specific unit, service, or department and is directly  
46 responsible for carrying out procedures, assessments, or other  
47 nursing protocols.

1 “Unlicensed assistive personnel” means any unlicensed or  
2 uncertified personnel employed by a licensed health care facility that  
3 perform nursing tasks which do not require the skill or judgment of a  
4 registered professional nurse and which are assigned to them by, and  
5 carried out under the supervision of, a registered professional nurse,  
6 in accordance with regulations promulgated by the Commissioner of  
7 Health pursuant to section 2 of P.L.1999, c.436 (C.26:2H-12.15).

8  
9 4. a. In addition to staffing requirements provided by law or  
10 regulation on the effective date of this act, the Commissioner of  
11 Health shall adopt regulations that provide minimum direct care  
12 registered professional nurse-to-patient staffing ratios and unlicensed  
13 assistive personnel-to-patient staffing ratios for all patient units in  
14 general and special hospitals and ambulatory surgical facilities in  
15 accordance with the requirements of this act. The regulations shall  
16 not decrease any nurse-to-patient staffing ratios or unlicensed  
17 assistive personnel-to-patient staffing ratios in effect on the effective  
18 date of this act.

19 b. The regulations adopted pursuant to this section shall, at a  
20 minimum, provide for the following nurse-to-patient staffing ratios:

21 (1) one registered professional nurse for every four patients on a  
22 medical-surgical unit;

23 (2) one registered professional nurse for every three patients in a  
24 step down, telemetry, progressive care, or intermediate care unit;

25 (3) one registered professional nurse for every four patients in an  
26 emergency department, one registered professional nurse for every  
27 two patients in a critical care service of an emergency department,  
28 and one registered professional nurse for every patient in a trauma  
29 service of an emergency department;

30 (4) one registered professional nurse for every five patients in a  
31 behavioral health or psychiatric unit;

32 (5) one registered professional nurse for every two patients in a  
33 critical care, intensive care, neonatal, or burn unit;

34 (6) one registered professional nurse for every patient under  
35 anesthesia in an operating room, and one registered professional  
36 nurse for every one post-anesthesia patient in a recovery room or  
37 post-anesthesia care unit;

38 (7) one registered professional nurse for every one patient in a  
39 labor and delivery unit, one registered professional nurse for every  
40 three couplet patients, including infants, in a postpartum unit in  
41 which the mother and infant share the same room,; and one registered  
42 professional nurse for every five patients in a mothers-only unit; and

43 (8) one registered professional nurse for every four patients in a  
44 pediatric or intermediate care nursery unit, and one registered  
45 professional nurse for every five patients in a well-baby nursery.

46 c. The regulations adopted pursuant to this section shall, at a  
47 minimum, provide for the following unlicensed assistive personnel-  
48 to-patient staffing ratios:

1 (1) one unlicensed assistive personnel for every seven patients for  
2 the day shift of any patient unit; and

3 (2) one unlicensed assistive personnel for every 11 patients for  
4 the night shift of any patient unit.

5

6 5. a. The Commissioner of Health shall require all general and  
7 special hospitals and ambulatory surgical facilities to employ an  
8 acuity and staffing system, approved by the commissioner, for the  
9 purpose of increasing direct care registered professional nurse and  
10 unlicensed assistive personnel staffing levels above the minimum  
11 levels established in section 2 of this act, or otherwise provided by  
12 law or regulation, to ensure adequate staffing of each unit, service,  
13 or department, as applicable.

14 The acuity and staffing system shall meet the following  
15 requirements:

16 (1) be based on: patient classification or acuity; professional  
17 nurse staffing standards adopted by nurse specialty organizations;  
18 skill mix; and the staffing levels of other health care personnel and  
19 the use of agency or temporary staff;

20 (2) be established in the facility by the department of nursing with  
21 a majority of the unit staff nurses' approval, or with the approval of  
22 the collective bargaining agent for registered professional nurses at  
23 the facility;

24 (3) allow forecasting of staffing levels and provide a method to  
25 adjust staff for each patient care unit based on objective criteria,  
26 including, but not limited to:

27 (a) documented skills, training, and competency of staff to plan  
28 and provide nursing services in the nursing areas where they  
29 function;

30 (b) a patient database incorporating objective factors such as the  
31 case mix index, specific or aggregate patient diagnostic  
32 classifications or acuity levels, patient profiles, critical pathways or  
33 care progression plans, length of stay, and discharge plans;

34 (c) operational factors, such as unit size, design, and capacity, the  
35 admission-discharge-transfer index, and support service availability;

36 (d) contingency plans to address critical departures from the  
37 staffing plan, including policies and procedures to regulate closure of  
38 available beds if staffing levels fall below specified levels; and

39 (e) policies and procedures for the reassignment of staff,  
40 including float and agency staff; and

41 (4) permit waiver of minimum staffing level requirements in the  
42 event of an unforeseen emergent circumstance which causes  
43 significant changes in the patient census for a regular shift. Waiver  
44 shall not be permitted unless the facility has made reasonable efforts  
45 to provide sufficient additional staff to meet the required minimum  
46 staffing levels, including seeking volunteers and making use of on-  
47 call staff, per-diem staff, agency staff, and float pools. As used in  
48 this subsection, "unforeseeable emergent circumstance" means an

- 1 unpredictable or unavoidable occurrence requiring immediate action.
- 2 b. A hospital or facility shall maintain a float pool of qualified  
3 registered professional nurses to accommodate changes in staffing  
4 needs.
- 5 c. A nurse who is assigned the duty of maintaining unit census  
6 for patients and staff or supervisory functions, or who spends a  
7 significant amount of time on non-nursing tasks, shall not be factored  
8 into the required staffing levels.
- 9 d. A registered professional nurse shall not be assigned to a unit,  
10 service, or department, or considered in the count of nursing staff in  
11 a unit, service, or department, unless that nurse has received prior  
12 orientation in the applicable clinical area and has demonstrated  
13 current competence in providing care in that unit, service, or  
14 department.
- 15 e. A hospital or facility shall not reduce the number of ancillary  
16 nursing personnel, which shall include, but not be limited to, nurse  
17 assistants, unit clerks, monitor technicians, and transport teams, on  
18 duty to meet the required staffing levels.
- 19
- 20 6. a. The Department of Health shall monitor and enforce the  
21 minimum staffing level requirements or the staffing and acuity  
22 system requirements established by this act through periodic  
23 inspection and in response to any complaint filed pursuant to  
24 subsection b. of this section.
- 25 b. A registered professional nurse or other staff member, a  
26 collective bargaining agent of a staff member, or a member of the  
27 public, who believes that the hospital or facility in which the nurse  
28 or staff member is employed is in violation of the staffing level  
29 requirements or the staffing and acuity system requirements  
30 established pursuant to this act, may file a complaint with the  
31 Commissioner of Health. The complaint shall be filed no later than  
32 60 days after the date of the alleged violation, in a form and manner  
33 determined by the commissioner. c. No later than 14 days after the  
34 filing of a complaint pursuant to subsection b. of this section, the  
35 department shall send a copy of the complaint to the collective  
36 bargaining agent of the staff member, who filed a complaint, if  
37 applicable.
- 38 d. (1) Within 30 days of the filing of a complaint pursuant to  
39 subsection b. of this section, the commissioner shall:
- 40 (a) commence an investigation of the complaint to determine  
41 whether or not a hospital or facility is in violation of the provisions  
42 of this act; and
- 43 (b) provide a notice of the investigation to the hospital or facility  
44 and any collective bargaining agent of any staff member employed at  
45 the hospital or facility, if applicable.
- 46 (2) In conducting the investigation, the department may conduct  
47 on-site inspections of the patient unit identified in the complaint,  
48 conduct interviews, compel the production of documents and records

1 pertaining to the complaint, and take any other action as may be  
2 necessary to ensure compliance with the provisions of this act.

3 (3) The department shall conclude any investigation conducted  
4 pursuant to this subsection no later than 60 days after the  
5 commencement of such investigation.

6 (4) Following the completion of an investigation conducted  
7 pursuant to this subsection, in which investigation the department  
8 determines a hospital or facility to be in violation of the staffing level  
9 requirements or the staffing and acuity system requirements  
10 established pursuant to this act, the hospital or facility shall be issued  
11 a warning for a first offense and liable to a civil penalty of no more  
12 than \$1,750 for a second offense occurring within a four-year period,  
13 no more than \$2,500 for a third offense occurring within a four-year  
14 period, and no more than \$5,000 for a fourth offense or subsequent  
15 offense occurring within a four-year period. For the purposes of this  
16 paragraph, each violation shall constitute a separate offense. The  
17 civil penalty shall be collected in a summary proceeding, brought in  
18 the name of the State in a court of competent jurisdiction pursuant to  
19 the "Penalty Enforcement Law of 1999," P.L.1999, c.274 (C.2A:58-  
20 10 et seq.). Any money collected by the court in payment of a civil  
21 penalty imposed pursuant to this paragraph shall be conveyed to the  
22 State Treasurer for deposit into the Patient Protection and Staffing  
23 Fund, established pursuant to section 7 of this act. Nothing in this  
24 act shall be construed to limit the ability to bring any civil, criminal,  
25 or administrative action for conduct constituting a violation of any  
26 other provision of law.

27 (5) The department shall prepare and provide to the complainant  
28 and the complainant's collective bargaining agent, if applicable, a  
29 written report of the department's findings from the investigation,  
30 which report shall include a summary of the complaint, the  
31 department's findings and the factual basis of those findings, any  
32 penalties imposed on the hospital or facility, and any other  
33 information the department determines to be necessary to include in  
34 the report. The report shall not include any personally identifiable  
35 information.

36 The department shall post on its Internet website any report  
37 prepared pursuant to this paragraph for any investigation, in which  
38 investigation the department found a violation of the staffing levels  
39 requirements or the staffing and acuity system requirements  
40 established pursuant to this act.

41

42 7. a. There is created in the Department of the Treasury a  
43 dedicated, non-lapsing fund to be known as the "Patient Protection  
44 and Staffing Fund."

45 b. The fund shall be credited with monies collected by the court  
46 in payment of any civil penalty imposed pursuant to paragraph (4) of  
47 subsection d. of section 6 of this act.

1 c. The State Treasurer shall be the custodian of the fund and all  
2 disbursements from the fund shall be made by the State Treasurer  
3 upon vouchers signed by the Commissioner of Health. The monies  
4 in the fund shall be invested and reinvested by the Director of the  
5 Division of Investment in the Department of the Treasury as are other  
6 trust funds in the custody of the State Treasurer in the manner  
7 provided by law. Interest received on the monies in the fund shall be  
8 credited to the fund.

9 d. Moneys in the fund shall be dedicated and used only for the  
10 purposes of: increasing the number of inspectors employed by the  
11 Department of Health to enforce the provisions of this act; advancing  
12 nursing recruitment and retentions programs; supporting student loan  
13 forgiveness for nursing students; and increasing pay for nursing  
14 teaching staff.

15  
16 8. The Commissioner of Health shall, pursuant to the  
17 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et  
18 seq.), adopt regulations, within 90 days of the effective date of this  
19 act, as necessary to carry out the provisions of this act.

20 The commissioner shall hold a public hearing on the proposed  
21 regulations within 30 days of their publication in the New Jersey  
22 Register.

23  
24 9. The Commissioner of Human Services shall conduct a review  
25 of Department of Human Services regulations concerning registered  
26 professional nurse staffing standards in developmental centers and  
27 State psychiatric hospitals, and shall revise the regulations, as  
28 appropriate, to reflect safe staffing practices and assure adequate  
29 staffing at the facilities.

30  
31 10. This act shall take effect on the first day of the 12th month  
32 after enactment, but the Commissioners of Health and Human  
33 Services may take such anticipatory administrative action in advance  
34 as shall be necessary for the implementation of this act.

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STATEMENT

38  
39 This bill establishes the "Patient Protection and Safe Staffing  
40 Act," which provides certain staffing standards in State hospitals,  
41 ambulatory surgical facilities, developmental centers, and psychiatric  
42 hospitals.

43 Specifically, the bill provides that, in addition to existing staffing  
44 requirements provided by law or regulation, the Commissioner of  
45 Health is to adopt regulations that provide minimum direct care  
46 registered professional nurse-to-patient staffing ratios and unlicensed  
47 assistive personnel-to-patient staffing ratios for all patient units in  
48 general and special hospitals and ambulatory surgical facilities, in

1 accordance with the minimum staffing requirements that are  
2 established by the bill. The regulations adopted by the Commissioner  
3 of Health are not to decrease any staffing ratios that are already in  
4 effect on the bill's effective date.

5 The bill provides that the Commissioner of Health is to require all  
6 general and special hospitals and ambulatory surgical facilities to  
7 employ an acuity and staffing system for the purpose of increasing  
8 staffing levels above the minimum levels established in the bill, or  
9 otherwise provided by law or regulation, in order to ensure adequate  
10 staffing of each unit, service, or department.

11 The bill requires the Department of Health to enforce the bill's  
12 requirements by conducting periodic inspections and responding to  
13 complaints. A registered professional nurse or other staff member, a  
14 collective bargaining agent of a staff member, or a member of the  
15 public, who believes that the hospital or facility in which the nurse  
16 or staff member is employed is in violation of the requirements  
17 established by the bill, may file a complaint with the Commissioner  
18 of Health. In responding to a complaint, the commissioner will be  
19 required to conduct an investigation to determine whether or not a  
20 hospital or facility is in violation.

21 Following the completion of an investigation, in which  
22 investigation the department determines a hospital or facility to be in  
23 violation of the requirements established by the bill, the hospital or  
24 facility may be issued a civil penalty in increasing amounts for repeat  
25 violations. Any money collected by the court in payment of a civil  
26 penalty imposed will be conveyed to the State Treasurer for deposit  
27 into the Patient Protection and Staffing Fund (fund) established by  
28 the bill.

29 Moneys in the fund will be dedicated and used only for the  
30 purposes of increasing the number of inspectors employed by the  
31 Department of Health to enforce the provisions of the bill, advancing  
32 nursing recruitment and retentions programs, supporting student loan  
33 forgiveness for nursing students, and increasing pay for nursing  
34 teaching staff.

35 Finally, in addition to the above-described requirements  
36 applicable to the Commissioner of Health, the bill requires the  
37 Commissioner of Human Services to conduct a review of Department  
38 of Human Services regulations concerning registered professional  
39 nurse staffing standards in developmental centers and State  
40 psychiatric hospitals, and to revise the regulations, as appropriate, to  
41 reflect safe staffing practices and assure adequate staffing at the  
42 facilities.