



General Assembly

Raised Bill No. 1067

January Session, 2023

LCO No. 4107



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

AN ACT CONCERNING ADEQUATE AND SAFE HEALTH CARE STAFFING.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-89e of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2023*):

3 (a) For purposes of this section:

4 (1) "Department" means the Department of Public Health; [and]

5 (2) "Hospital" means an establishment for the lodging, care and
6 treatment of persons suffering from disease or other abnormal physical
7 or mental conditions and includes inpatient psychiatric services in
8 general hospitals;

9 (3) "Assistive personnel" means personnel who are not licensed by
10 the Department of Public Health, but who work under the direct
11 supervision of a registered nurse to implement specifically delegated
12 patient care activities; and

13 (4) "Professional judgment" means the application of knowledge,

14 expertise and experience, in accordance with the provisions of the
15 general statutes and regulations of Connecticut state agencies
16 concerning the practice of nursing, in conducting a comprehensive
17 nursing assessment of each patient and making independent decisions
18 about patient care, including, but not limited to, the need for
19 additional staff providing patient care.

20 (b) Each hospital licensed by the department pursuant to chapter
21 368v shall report, annually, to the department on a prospective nurse
22 staffing plan with a written certification that the nurse staffing plan is
23 sufficient to provide adequate and appropriate delivery of health care
24 services to patients in the ensuing period of licensure. Such plan shall
25 promote a collaborative practice in the hospital that enhances patient
26 care and the level of services provided by nurses and other members of
27 the hospital's patient care team. Nurse staffing plans developed and
28 implemented on or after January 1, 2028, shall require the following
29 ratios of (1) patients to registered nurses providing direct patient care
30 per corresponding patient care unit: (A) Four to one for the emergency
31 department; (B) two to one for patients requiring intensive care in the
32 emergency department; (C) one to one for trauma patients in the
33 emergency department; (D) two to one for the intensive care unit; (E)
34 three to one for the progressive care unit; (F) four to one for the
35 telemetry unit; (G) five to one for the medical-surgical unit; (H) four to
36 one for the pediatric unit; (I) one to one for the operating room; (J) two
37 to one for the post-anesthesia recovery unit; (K) five to one for the
38 oncology unit; (L) five to one for the orthopedics unit; (M) six to one
39 for the psychiatry unit; (N) two to one for the labor and delivery unit;
40 (O) four to one for the postpartum unit; (P) four to one for the nursery
41 unit; and (Q) two to one for the neonatal intensive care unit; and (2)
42 patients to assistive personnel providing patient care per
43 corresponding patient care unit: (A) Eight to one for the emergency
44 department; (B) eight to one for the intensive care unit; (C) six to one
45 for the progressive care unit; (D) eight to one for the telemetry unit; (E)
46 eight to one for the medical-surgical unit; (F) eight to one for the
47 pediatric unit; (G) eight to one for the oncology unit; (H) six to one for

48 the orthopedics unit; (I) eight to one for the psychiatric unit; and (I)
49 twelve to one for the obstetrics unit.

50 (c) Each hospital shall establish a hospital staffing committee to
51 assist in the preparation of the nurse staffing plan required pursuant to
52 subsection (b) of this section. Registered nurses employed by the
53 hospital whose primary responsibility is to provide direct patient care
54 shall account for not less than fifty per cent of the membership of each
55 hospital's staffing committee. In order to comply with the requirement
56 that a hospital establish a hospital staffing committee, a hospital may
57 utilize an existing committee or committees to assist in the preparation
58 of the nurse staffing plan, provided not less than fifty per cent of the
59 members of such existing committee or committees are registered
60 nurses employed by the hospital whose primary responsibility is to
61 provide direct patient care. When registered nurses employed by the
62 hospital are members of a collective bargaining unit, a representative
63 of the collective bargaining unit shall select the registered nurses who
64 shall be members of the hospital staffing committee, provided such
65 selection shall not be construed to permit conduct prohibited under the
66 National Labor Relations Act, 29 USC 151 et seq., as amended from
67 time to time, or 5 USC Chapter 71, as amended from time to time. Each
68 hospital, in collaboration with its staffing committee, shall develop and
69 implement to the best of its ability the prospective nurse staffing plan.
70 Such plan shall: (1) Include the minimum professional skill mix for
71 each patient care unit in the hospital, including, but not limited to,
72 inpatient services, critical care and the emergency department; (2)
73 identify the hospital's employment practices concerning the use of
74 temporary and traveling nurses; (3) set forth the level of administrative
75 staffing in each patient care unit of the hospital that ensures direct care
76 staff are not utilized for administrative functions; (4) set forth the
77 hospital's process for internal review of the nurse staffing plan; and (5)
78 include the hospital's mechanism of obtaining input from direct care
79 staff, including nurses and other members of the hospital's patient care
80 team, in the development of the nurse staffing plan. In addition to the
81 information described in subdivisions (1) to (5), inclusive, of this

82 subsection, nurse staffing plans developed and implemented after
83 January 1, 2016, shall include: (A) The number of registered nurses
84 providing direct patient care and the ratio of patients to such
85 registered nurses by patient care unit; (B) the number of licensed
86 practical nurses providing direct patient care and the ratio of patients
87 to such licensed practical nurses, by patient care unit; (C) the number
88 of assistive personnel providing direct patient care and the ratio of
89 patients to such assistive personnel, by patient care unit; (D) the
90 method used by the hospital to determine and adjust direct patient
91 care staffing levels; and (E) a description of supporting personnel
92 assisting on each patient care unit. In addition to the information
93 described in subdivisions (1) to (5), inclusive, of this subsection and
94 subparagraphs (A) to (E), inclusive, of this subdivision, nurse staffing
95 plans developed and implemented after January 1, 2017, shall include:
96 (i) A description of any differences between the staffing levels
97 described in the staffing plan and actual staffing levels for each patient
98 care unit; and (ii) any actions the hospital intends to take to address
99 such differences or adjust staffing levels in future staffing plans.

100 (d) Each hospital shall post the nurse staffing plan developed
101 pursuant to subsections (b) and (c) of this section on each patient care
102 unit in a conspicuous location visible and accessible to staff, patients
103 and members of the public. Each hospital shall maintain accurate
104 records, for at least the preceding three years, of the ratios of patients
105 to registered nurses providing direct patient care and patients to
106 assistive personnel providing patient care in each direct care unit for
107 each shift. Such records shall include the number of (1) patients in each
108 unit on each shift; (2) registered nurses providing direct patient care
109 assigned to each patient in each unit on each shift; and (3) assistive
110 personnel providing patient care assigned to each patient in each unit
111 on each shift. Each hospital shall make such records available, upon
112 request, to the Department of Public Health, the staff of the hospital,
113 any collective bargaining unit representing such staff, the patients of
114 the hospital and members of the general public.

115 (e) A registered nurse may object to or refuse to participate in any
116 activity, policy, practice or task assigned by a hospital, provided the
117 registered nurse acts in good faith and, in the registered nurse's
118 professional judgment, the registered nurse (1) reasonably believes
119 participation in the activity, policy, practice or task would violate a
120 provision of this section, or (2) is not prepared by education, training
121 or experience to participate in the activity, policy, practice or task
122 without compromising the safety of a patient or jeopardizing the
123 registered nurse's license. No hospital shall discharge, retaliate against,
124 discriminate against or take any other adverse action against a
125 registered nurse or any aspect of the registered nurse's employment,
126 including, but not limited to, discharge, promotion, reduction in
127 compensation or revisions to terms, conditions or privileges of
128 employment, as a result of such objection or refusal by the registered
129 nurse. No hospital shall file a complaint or report against a registered
130 nurse with the Department of Public Health as a result of such
131 objection or refusal. Any registered nurse or collective bargaining
132 representative or legal representative of a registered nurse who has
133 been discharged, discriminated against or retaliated against in
134 violation of the provisions of this subsection, or against whom a
135 complaint or report has been filed in violation of such provisions, may
136 bring a cause of action against the hospital. A registered nurse who
137 prevails in such cause of action shall be entitled to one or more of the
138 following: (A) Reinstatement of employment, (B) reimbursement of
139 lost wages, compensation and benefits, (C) attorneys' fees, (D) court
140 costs, and (E) any other relevant damages.

141 [(d)] (f) On or before January 1, 2016, and annually thereafter, the
142 Commissioner of Public Health shall report, in accordance with the
143 provisions of section 11-4a, to the joint standing committee of the
144 General Assembly having cognizance of matters relating to public
145 health concerning hospital compliance with reporting requirements
146 under this section and recommendations concerning any additional
147 reporting requirements.

148 Sec. 2. Section 19a-490l of the general statutes is repealed and the
149 following is substituted in lieu thereof (*Effective October 1, 2023*):

150 (a) As used in this section:

151 (1) "Nurse" means a registered nurse or a practical nurse licensed
152 pursuant to chapter 378, or a nurse's aide registered pursuant to
153 chapter 378a; [and]

154 (2) "Hospital" has the same meaning as set forth in section 19a-490i;
155 and

156 (3) "Overtime" means working (A) in excess of a predetermined
157 scheduled work shift, regardless of the length of such scheduled work
158 shift, provided such scheduled work shift is determined and
159 communicated not less than forty-eight hours prior to the
160 commencement of such scheduled work shift, (B) more than twelve
161 hours in a twenty-four-hour period, (C) during the ten-hour period
162 immediately following the end of the previous work shift of eight
163 hours or more, or (D) more than forty-eight hours in any hospital-
164 defined work week.

165 (b) [No] Except as provided in this section, no hospital [may] shall
166 require a nurse to work [in excess of a predetermined scheduled work
167 shift, provided such scheduled work shift is determined and
168 promulgated not less than forty-eight hours prior to the
169 commencement of such scheduled work shift] overtime. No hospital
170 shall discriminate against, discharge, discipline, threaten to discharge
171 or discipline or otherwise retaliate against a nurse for refusing to work
172 overtime.

173 (c) Any nurse may volunteer or agree to work [hours in addition to
174 such scheduled work shift but the refusal by a nurse to accept such
175 additional hours shall not be grounds for discrimination, dismissal,
176 discharge or any other penalty or employment decision adverse to the
177 nurse] overtime.

178 [(c) The] (d) When the safety of a patient requires and when there is
179 no reasonable alternative, the provisions of subsection (b) of this
180 section shall not apply: (1) To any nurse participating in [a] an ongoing
181 surgical procedure until such procedure is completed; (2) to any nurse
182 working in a critical care unit until such nurse is relieved by another
183 nurse who is commencing a scheduled work shift; (3) in the case of a
184 public health emergency; or (4) in the case of an institutional
185 emergency, including, but not limited to, adverse weather conditions,
186 catastrophe or widespread illness, that in the opinion of the hospital
187 administrator will significantly reduce the number of nurses available
188 for a scheduled work shift, provided the hospital administrator has
189 made a good faith effort to mitigate the impact of such institutional
190 emergency on the availability of nurses. [; or (5) to any nurse who is
191 covered by a collective bargaining agreement that contains provisions
192 addressing the issue of mandatory overtime.]

193 (e) Before requiring a nurse to work overtime in accordance with the
194 provisions of subsection (d) of this section, a hospital shall make a
195 good faith effort to have such overtime hours covered on a voluntary
196 basis. Mandatory overtime shall not be required as a regular practice
197 for providing appropriate staffing for the necessary level of patient
198 care or in any situation that is the result of routine staffing needs
199 caused by typical staffing patterns, expected levels of absenteeism or
200 time off typically approved by the hospital for vacation, holidays, sick
201 leave and personal leave.

202 (f) (1) The provisions of this section shall not be construed to alter or
203 impair the terms of any bona fide collective bargaining agreement that
204 places additional restrictions or limitations on the use of mandatory
205 overtime.

206 (2) The provisions of this section shall not prohibit mandatory
207 overtime with respect to any nurse who is covered by a bona fide
208 collective bargaining agreement in effect prior to July 1, 2022,
209 containing provisions addressing the issue of mandatory overtime,
210 until the expiration date of the collective bargaining agreement.

211 (3) The provisions of this section shall not prohibit mandatory
212 overtime with respect to any nurse who is covered by a bona fide
213 collective bargaining agreement under chapter 68 to the extent such
214 collective bargaining agreement permits mandatory overtime,
215 provided mandatory overtime for reasons set forth in subsection (d) of
216 this section shall be a mandatory subject of bargaining, and mandatory
217 overtime for reasons other than those set forth in subsection (d) of this
218 section shall be a permissible subject of bargaining.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2023</i>	19a-89e
Sec. 2	<i>October 1, 2023</i>	19a-490l

PH *Joint Favorable*