

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 106 Session of 2023

INTRODUCED BY MEHAFFIE, TOMLINSON, KOSIEROWSKI, KHAN, CIRESI, FIEDLER, FLEMING, HOGAN, HOHENSTEIN, ISAACSON, KIM, MATZIE, NEILSON, PROBST, RABB, SANCHEZ, SMITH-WADE-EL, SOLOMON, VENKAT, WARREN, MULLINS, DONAHUE, KRAJEWSKI, BENHAM, FREEMAN, HARKINS, ZABEL, KINKEAD, ORTITAY, OTTEN, KENYATTA, GALLOWAY, CEPEDA-FREYTIZ, McNEILL, GIRAL, O'MARA, WEBSTER, BOYLE, BOROWSKI, KINSEY, T. DAVIS, HANBIDGE, YOUNG, RADER, BRIGGS, LABS, CURRY, MUNROE, PASHINSKI, CERRATO, WAXMAN, GREEN, PARKER, CONKLIN, STEELE, SIEGEL, KULIK, BULLOCK, STURLA, SAPPEY, SHUSTERMAN, KAUFER, KRUEGER, GUENST, DALEY, BRENNAN, BURGOS, MADDEN, FRIEL, MALAGARI, MAYES, N. NELSON, D. MILLER, GALLAGHER, MERSKI, PISCIOTTANO, BELLMON, SCOTT, DELLOSO, KAZEEM, ROZZI, HADDOCK, MADSEN, C. WILLIAMS, CEPHAS, DEASY, ABNEY, WHITE, MARSHALL, FLICK, MAJOR, DELOZIER, MUSTELLO, EMRICK, McANDREW, D. WILLIAMS, SALISBURY, GERGELY, PIELLI, VITALI, MARKOSEK, TAKAC, FRANKEL, INNAMORATO, HOWARD, SCHWEYER, HILL-EVANS, SAMUELSON, DAWKINS, GUZMAN AND RYNCAVAGE, APRIL 28, 2023

AS REPORTED FROM COMMITTEE ON HEALTH, HOUSE OF REPRESENTATIVES, AS AMENDED, JUNE 6, 2023

AN ACT

1 Amending the act of July 19, 1979 (P.L.130, No.48), entitled "An
2 act relating to health care; prescribing the powers and
3 duties of the Department of Health; establishing and
4 providing the powers and duties of the State Health
5 Coordinating Council, health systems agencies and Health Care
6 Policy Board in the Department of Health, and State Health
7 Facility Hearing Board in the Department of Justice;
8 providing for certification of need of health care providers
9 and prescribing penalties," providing for hospital patient
10 protection provisions; and imposing penalties.

11 The General Assembly of the Commonwealth of Pennsylvania

12 hereby enacts as follows:

13 Section 1. The act of July 19, 1979 (P.L.130, No.48), known

1 as the Health Care Facilities Act, is amended by adding a
2 chapter to read:

3 CHAPTER 8-C

4 HOSPITAL PATIENT PROTECTION PROVISIONS

5 Section 801-C. Definitions.

6 The following words and phrases when used in this chapter
7 shall have the meanings given to them in this section unless the
8 context clearly indicates otherwise:

9 "Acuity." The measure of a patient's severity of illness or
10 medical conditions, including, but not limited to, the stability
11 of physiological and psychological parameters and the dependency
12 needs of the patient and the patient's family.

13 "Ancillary staff." Personnel employed by or contracted to
14 work at a facility who have an effect on the delivery of care to
15 patients. The term does not include physicians and registered
16 nurses.

17 "Charge nurse." A registered nurse responsible for the
18 management of a patient care unit.

19 "Department." The Department of Health of the Commonwealth.

20 "Direct care registered nurse." A registered nurse who is
21 engaged in direct patient care responsibilities in an inpatient
22 hospital unit setting for more than 50% of the registered
23 nurse's working hours.

24 "Direct care staff." Any of the following individuals who
25 are routinely assigned to patient care and are replaced when
26 they are absent:

27 (1) registered nurses;

28 (2) licensed practical nurses; or

29 (3) nursing assistants.

30 "Exclusive representative." A labor organization that is:

1 (1) certified as an exclusive representative by the
2 National Labor Relations Board; or

3 (2) a party to a collective bargaining agreement.

4 "Hospital." An institution licensed by this act as a health
5 care facility and having an organized medical staff established
6 for the purpose of providing, by or under the supervision of
7 physicians or advanced practice nurses, diagnostic and <--
8 therapeutic services for the care of individuals who are
9 injured, disabled, pregnant, diseased, sick or mentally ill or
10 rehabilitation services for the rehabilitation of individuals
11 who are injured, disabled, pregnant, diseased, sick or mentally
12 ill. The term includes a private psychiatric hospital and public
13 psychiatric hospital as defined by 55 Pa. Code § 1151.2
14 (relating to definitions).

15 "Intensive care unit." A unit of a hospital that provides
16 care to critically ill patients who require advanced treatments
17 such as mechanical ventilation, vasoactive infusions or
18 continuous renal replacement treatment or who require frequent
19 assessment and monitoring.

20 "Intermediate care unit." A unit of a hospital that provides
21 progressive care, intensive specialty care or step-down care.

22 "Medical-surgical unit." An inpatient unit in which general
23 medical or post-surgical level of care is provided, excluding a
24 critical care unit and any unit referred to in sections 802-C,
25 803-C, ~~804-C~~ and ~~805-C~~ AND 804-C. <--

26 "Safe harbor." A process that protects a direct care
27 registered nurse from adverse action by the health care facility
28 where the direct care registered nurse accepts an assignment
29 despite objection over the ratios prescribed in section 802-C or
30 the staffing requirements prescribed by the staffing plan in

1 section 804-C 803-C.

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2 "Unit clerk." A worker on a nursing unit who schedules
3 patients for prescribed studies, prepares charts for patients,
4 answers the phone on the unit and handles other general clerical
5 tasks.

6 Section 802-C. Staffing ratios.

7 (a) General requirement.--A unit and criteria for patients
8 on units shall be consistent with the types of units and
9 patients contained in the Centers for Disease Control and
10 Prevention Locations and Descriptions and Instructions for
11 Mapping Patient Care Locations for types of hospital units.

12 (b) Direct care registered nurses.--A hospital nurse
13 staffing plan must ensure that at any given time:

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14 (1) In an emergency department, a direct care registered
15 nurse is assigned to no more than four patients or no more
16 than one trauma patient.

17 (2) In an intensive care unit, a direct care registered
18 nurse is assigned to no more than two patients.

19 (3) In a labor and delivery unit, a direct care
20 registered nurse is assigned to no more than:

21 (i) two patients, if the patients are not in active
22 labor, experiencing complications or in immediate
23 postpartum;

24 (ii) one patient if:

25 (A) the patient is in active labor; or

26 (B) the patient is at any stage of labor and is
27 experiencing complications; or

28 (iii) one patient for the initiation of epidural
29 anesthesia and circulation for cesarean delivery.

30 (4) In a postpartum, antepartum and well-baby nursery, a

1 direct care registered nurse is assigned to no more than six
2 patients, counting mother and baby each as separate patients.

3 (5) In an operating room, a direct care registered nurse
4 is assigned to no more than one patient.

5 (6) In an oncology unit, a direct care registered nurse
6 is assigned to no more than four patients.

7 (7) In a post-anesthesia care unit, a direct care
8 registered nurse is assigned to no more than two patients.

9 (8) In an intermediate care unit, a direct care
10 registered nurse is assigned to no more than three patients.

11 (9) In a medical-surgical unit, a direct care registered
12 nurse is assigned to no more than four patients.

13 (10) In a cardiac telemetry unit, a direct care
14 registered nurse is assigned to no more than three patients.

15 (11) In a pediatric unit, a direct care registered nurse
16 is assigned to no more than three patients.

17 (12) In a presurgical and admissions unit or ambulatory
18 surgical unit, a direct care registered nurse is assigned to
19 no more than four patients.

20 (13) In a burn unit, a direct care registered nurse is
21 assigned to no more than two patients.

22 (14) Any other specialty unit, a direct care registered
23 nurse is assigned to no more than four patients.

24 (15) In an in-patient psychiatric unit, a direct care
25 registered nurse is assigned to no more than four patients.

26 (16) In an in-patient rehabilitation unit, a direct care
27 registered nurse is assigned to no more than five patients.

28 (17) In an operating room, a direct care registered
29 nurse is assigned to no more than one patient.

30 (18) In a unit where a patient is receiving conscious

1 sedation, a direct care registered nurse is assigned to no
2 more than one patient.

3 (c) Assignment of patients.--Patients must be assigned to
4 the appropriate unit to meet care needs.

5 (d) Minimums.--The direct care registered nurse ratios
6 specified in subsection (b) are the minimum required number of
7 nurses.

8 (e) Additional staff.--Additional registered nursing staff
9 in excess of the prescribed ratios in subsection (b) shall be
10 assigned to direct patient care in accordance with the patient's <--
11 PATIENTS' acuity and care needs. <--

12 Section 803 C. Nurse staffing committee. <--

13 ~~(a) Establishment.--~~

14 ~~(1) A hospital shall establish a hospital nurse staffing~~
15 ~~committee.~~

16 ~~(2) The staffing committee shall:~~

17 ~~(i) consist of hospital nurse managers and~~
18 ~~registered nurse direct care staff;~~

19 ~~(ii) include at least one direct care registered~~
20 ~~nurse from each hospital nurse specialty or unit; and~~

21 ~~(iii) include direct care registered nursing staff~~
22 ~~who must comprise at least 50% of the total membership of~~
23 ~~the committee.~~

24 ~~(3) If any of the direct care registered nurses who work~~
25 ~~at a hospital are represented under a collective bargaining~~
26 ~~agreement, the exclusive representative shall select the~~
27 ~~direct care registered nurse members of the committee.~~

28 ~~(4) If the direct care registered nurses who work at a~~
29 ~~hospital are not represented by an exclusive representative,~~
30 ~~the direct care registered nurses belonging to a hospital~~

~~nurse specialty or unit shall elect each member of the committee from their peers through an anonymous process.~~

~~(b) Staffing plan. A hospital nurse staffing committee shall develop a written hospital wide staffing plan for direct care staff in accordance with this section and sections 802 C and 804 C. The committee's primary goal in developing the staffing plan shall be to ensure that the hospital is staffed to meet the health care needs of patients. The committee shall review and modify the staffing plan in accordance with this section.~~

~~(c) Quorum. A majority of the members of a hospital nurse staffing committee constitutes a quorum for the transaction of business.~~

~~(d) Cochairs to be elected. A hospital nurse staffing committee must have two cochairs. One cochair must be a hospital nurse manager elected by the members of the committee who are hospital nurse managers and one cochair must be a direct care registered nurse elected by the members of the committee who are direct care staff.~~

~~(e) Voting. A decision made by a hospital nurse staffing committee must be made by a vote of a majority of the members of the committee present at a meeting. If the members present at a meeting consists of less than 50% direct care registered nurses, the vote shall be held by a group of the members, who must be at least 50% direct care registered nurses.~~

~~(f) Meetings. A hospital nurse staffing committee shall meet:~~

~~(1) At least once every three months.~~

~~(2) At any time and place specified by either cochair.~~

~~(g) Open meetings. A hospital nurse staffing committee~~

1 ~~meeting shall be open to:~~

2 ~~(1) The hospital direct care staff, as observers.~~

3 ~~(2) Other observers or presenters, upon invitation by~~
4 ~~either cochair.~~

5 ~~(h) Excluded individuals. At any time, either cochair may~~
6 ~~exclude individuals described in subsection (g) from a committee~~
7 ~~meeting for purposes related to deliberation and voting.~~

8 ~~(i) Minutes. The minutes of a hospital nurse staffing~~
9 ~~committee meeting shall:~~

10 ~~(1) Include motions made and outcomes of votes taken.~~

11 ~~(2) Summarize discussions.~~

12 ~~(3) Be posted online and in a physical location visible~~
13 ~~to hospital staff in a timely manner.~~

14 ~~(j) Release required. A hospital shall release a member of~~
15 ~~a hospital nurse staffing committee from the member's duties to~~
16 ~~attend a committee meeting and provide paid leave.~~

17 ~~Section 804-C 803-C. Staffing plans.~~

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18 ~~(a) Duty of hospital.--A HOSPITAL SHALL DEVELOP A WRITTEN~~
19 ~~HOSPITAL-WIDE STAFFING PLAN FOR DIRECT CARE AND OTHER ANCILLARY~~
20 ~~STAFF IN ACCORDANCE WITH THIS SECTION AND SECTION 802-C. THE~~
21 ~~HOSPITAL'S PRIMARY GOAL IN DEVELOPING THE STAFFING PLAN SHALL BE~~
22 ~~TO ENSURE THAT THE HOSPITAL IS STAFFED TO MEET THE HEALTH CARE~~
23 ~~NEEDS OF PATIENTS. A hospital shall implement the written~~
24 ~~hospital-wide staffing plan for nursing services that meets the~~
25 ~~requirements of this chapter and that has been developed and~~
26 ~~approved by the hospital nurse staffing committee.~~

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27 ~~(b) Requirements.--The staffing plan shall:~~

28 ~~(1) Be based on the specialized qualifications and~~
29 ~~competencies of the nursing staff and provide for the skill~~
30 ~~mix and level of competency necessary to ensure that the~~

1 hospital is staffed to meet the health care needs of
2 patients.

3 (2) Be based on the size of the hospital and a
4 measurement of hospital unit activity that quantifies the
5 rate of admissions, discharges and transfers for each
6 hospital unit and the time required for a direct care
7 registered nurse belonging to a hospital unit to complete
8 admissions, discharges and transfers for that hospital unit.

9 (3) Be based on total diagnoses for each hospital unit
10 and the nursing staff required to manage the set of diagnoses
11 and the unit's general and predominant patient population as
12 defined by the Medicare severity diagnosis-related groups
13 adopted by the Centers for Medicare and Medicaid Services, or
14 by other measures for patients who are not classified in the
15 Medicare severity diagnosis-related groups.

16 (4) Be consistent with any nationally recognized
17 evidence-based standards and guidelines established by
18 professional nursing specialty organizations and
19 credentialing bodies.

20 (5) Recognize differences in patient acuity.

21 (6) Recognize the availability of ancillary staff
22 support on the unit.

23 (7) Provide for additional registered nursing staff in
24 excess of the prescribed staffing ratios in section 802-C
25 when necessary, based on patient acuity and nursing care
26 requirements.

27 (8) Establish a minimum number of additional direct care
28 staff, unit clerks and charge nurses required on specified
29 shifts, provided that at least one direct care registered
30 nurse and one other nonregistered nurse direct care staff is

1 on duty in a unit when a patient is present. Additional
2 direct care staff requirements shall be based on the direct
3 care staff needs of individual patients, and patient nursing
4 care requirements and shall provide for shift-by-shift
5 staffing for each unit. THE STAFFING PLAN SHALL ENSURE THAT <--
6 THE HOSPITAL IMPLEMENTS THE REQUIREMENTS WITHOUT DIMINISHING
7 THE STAFFING LEVELS OF ITS ANCILLARY STAFF.

8 (9) Not base nursing staff requirements solely on
9 external benchmarking data.

10 (10) Comply with section 802-C.
11 Section ~~805-C~~ 804-C. Staffing transparency. <--

12 (a) Duty of hospital.--A hospital shall maintain and post,
13 in a physical location in each unit and a publicly accessible
14 Internet website:

15 (1) A list of on-call nursing staff or staffing agencies
16 to provide replacement nursing staff in the event of a
17 vacancy. The list of on-call nursing staff or staffing
18 agencies shall be sufficient to provide for replacement
19 nursing staff.

20 (2) Staffing requirements, as determined by the staffing
21 plan for each unit, on a day-to-day, shift-by-shift basis.

22 (3) The actual staff and staff mix provided for each
23 unit, on a day-to-day, shift-by-shift basis.

24 (4) The variance between required and actual staffing
25 patterns, on a day-to-day, shift-by-shift basis.

26 (b) When notice of changes required.--If any of the direct
27 care staff who work at a hospital are represented under a
28 collective bargaining agreement, the hospital may not change the
29 direct care staff's wages, hours or other terms and conditions
30 of employment under the staffing plan unless the hospital first

1 provides notice to and, upon request, bargains with the direct
2 care staff in the bargaining unit and their exclusive
3 representative.

4 (c) Relationship of staffing plan to collective bargaining
5 agreement.--A staffing plan does not create, preempt or modify a
6 collective bargaining agreement or require a union or hospital
7 to bargain over the staffing plan while a collective bargaining
8 agreement is in effect.

9 (d) Submission of staffing plan to department.--A hospital
10 shall submit to the department a staffing plan adopted in
11 accordance with this section and submit any change to the plan
12 no later than 30 days after approval of the changes by the
13 hospital nurse staffing committee. <--

14 Section 806 C 805-C. Review of staffing plan. <--

15 (a) Duty of hospital nurse staffing committee. A hospital <--
16 nurse staffing committee established in section 803 C shall
17 review the written hospital wide staffing plan:

18 (1) At least once every year.

19 (2) At any other date and time specified by either
20 cochair of the committee.

21 (A) DUTY OF HOSPITAL.--A HOSPITAL SHALL REVIEW THE WRITTEN <--
22 HOSPITAL-WIDE STAFFING PLAN AT LEAST ONCE EVERY YEAR.

23 (b) Matters to be reviewed.--In reviewing a staffing plan, a
24 hospital nurse staffing committee shall consider: <--

25 (1) Patient outcomes, including nursing quality
26 indicators.

27 (2) Complaints regarding staffing and reports of safe
28 harbor, including complaints about a delay in direct care
29 nursing or an absence of direct care nursing.

30 (3) The number of hours of nursing care provided through

1 a hospital unit compared with the number of patients served
2 by the hospital unit during a 24-hour period.

3 (4) The aggregate hours of mandatory overtime worked by
4 the nursing staff.

5 (5) The aggregate hours of voluntary overtime worked by
6 the nursing staff.

7 (6) The percentage of shifts for each hospital unit for
8 which staffing differed from what is required by the staffing
9 plan.

10 (7) Any other matter determined by the ~~committee~~ <--
11 HOSPITAL to be necessary to ensure that the hospital is <--
12 staffed to meet the health care needs of patients.

13 (c) Outcome of review.--Upon conclusion of its review of a
14 staffing plan, a hospital ~~nurse staffing committee~~ shall: <--

15 (1) Report whether the staffing plan ensures that the
16 hospital is staffed to meet the health care needs of
17 patients.

18 (2) Modify the staffing plan as necessary to ensure that
19 the hospital is staffed to meet the health care needs of
20 patients.

21 Section ~~807-C~~ 806-C. Safe harbor provisions. <--

22 (a) Duty of department.--The department shall develop a form
23 to be used by direct care registered nurses invoking safe
24 harbor. The form shall include the following information:

25 (1) The name and signature of the direct care registered
26 nurse making the request.

27 (2) The date and time of the request.

28 (3) The location where the conduct or assignment that is
29 the subject of the request occurred.

30 (4) The name of the individual who requested the direct

1 care registered nurse to engage in the conduct or made the
2 assignment that is the subject of the request.

3 (5) The name of the supervisor recording the request, if
4 applicable.

5 (6) An explanation of why the direct care registered
6 nurse is requesting safe harbor.

7 (7) A description of the collaboration between the
8 direct care registered nurse and the supervisor, if
9 applicable.

10 (b) Time period for suspension of form.--The direct care
11 registered nurse invoking safe harbor must submit the form
12 within 24 hours of the incident cited.

13 (c) Duty of facility to retain copy of form.--The facility
14 of the direct care registered nurse invoking safe harbor must
15 retain a copy of the request for safe harbor.

16 (d) Prohibited conduct.--A hospital may not discharge from
17 duty or otherwise retaliate against an employee for invoking
18 safe harbor or filing a complaint for violations of this
19 chapter.

20 Section ~~808-C~~ 807-C. Enforcement. <--

21 (a) Duties of department.--The department shall:

22 (1) Establish a method by which a complaint may be filed
23 along with supporting documentation through the department's
24 publicly accessible Internet website regarding a violation
25 ~~listed in section 807-C OF THIS CHAPTER.~~ <--

26 (2) No later than 30 days after receiving a complaint of
27 a violation ~~listed in section 807-C OF THIS CHAPTER,~~ open an <--
28 investigation of the hospital and provide a notice of the
29 investigation to the complainant, the hospital and the <--
30 cochairs of the nurse staffing committee established under

1 ~~section 803-C,~~ and to the exclusive representative, if any,
2 of the employee filing the complaint. The notice shall
3 include a summary of the complaint but not the complainant's
4 name or the specific date, shift or unit, and the calendar
5 week in which the complaint arose.

6 (3) Conclude the investigation no later than 60 days
7 after opening the investigation. The department shall provide
8 a written report on the complaint to the ~~cochairs of the~~ <--
9 ~~hospital staffing committee~~ COMPLAINANT and the exclusive <--
10 representative if any, of the complainant. The report:

11 (i) Shall include a summary of the complaint.

12 (ii) Shall include the nature of the alleged
13 violation or violations.

14 (iii) Shall include the department's findings and
15 factual bases for the findings.

16 (iv) Shall include other information the department
17 determines is appropriate to include in the report.

18 (v) May not include the name of any complainant who
19 is a patient or the name of any individual that the
20 department interviewed in investigating the complaint.

21 (vi) Shall, if the department imposes one or more
22 civil penalties, include a notice of the civil penalties
23 that complies with this chapter.

24 (4) In conducting an investigation, make on-site
25 inspections of the unit, conduct interviews, compel the
26 production of documents and records pertaining to the
27 complaint and take any other steps deemed necessary to
28 investigate the complaint.

29 (b) Time period for filing complaints.--A complaint must be
30 filed no later than 60 days after the date of the violation

1 alleged in the complaint. The department may not investigate a
2 complaint or take enforcement action with respect to a complaint
3 that has not been filed in accordance with this chapter.

4 Section 809 C. Violations and right to issue penalties. <--

5 (a) Duty of department. The department shall impose civil
6 penalties or suspend or revoke a license of a hospital for a
7 violation of any provision of this chapter. The department shall
8 adopt by rule a schedule establishing the amount of civil
9 penalty that may be imposed for a violation as described in this
10 section when there is a reasonable belief that safe patient care
11 has been or may be negatively impacted, except that a civil
12 penalty may not exceed \$15,000 per violation.

13 (b) Separate violations. Each violation of a written
14 hospital wide staffing plan shall be considered a separate
15 violation, and there is no cap on the times that a penalty may
16 be imposed for a repeat of a violation.

17 (c) Evidence that may be considered. In determining whether
18 to impose a civil penalty, the department shall consider all
19 relevant evidence, including, but not limited to, witness
20 testimony, written documents and the observations of the
21 investigator.

22 (d) Penalties. Following the receipt of a complaint and
23 completion of an investigation described in section 808 C for a
24 violation described in subsection (b), the department shall:

25 (1) Issue a warning for the first violation.

26 (2) Impose a civil penalty of \$7,500 for a second
27 violation of the same provision.

28 (3) Impose a civil penalty of \$15,000 for each third and
29 subsequent violation of the same provision.

30 (e) Other penalties.

1 ~~(1) The department shall take the actions described in~~
2 ~~subsection (a) for any violation of this chapter, including,~~
3 ~~but not limited to, the following:~~

4 ~~(i) Failure to establish a nurse staffing committee.~~

5 ~~(ii) Failure to adopt a staffing plan in a timely~~
6 ~~manner.~~

7 ~~(iii) Failure to comply with the staffing level in~~
8 ~~the staffing plan, including the nurse to patient~~
9 ~~staffing ratios prescribed in section 802 C, if~~
10 ~~applicable.~~

11 ~~(2) If a direct care registered nurse at a hospital is~~
12 ~~unable to attend a staffing committee meeting because the~~
13 ~~direct care registered nurse was not released from other~~
14 ~~hospital duties to attend the committee, in violation of~~
15 ~~section 803 C, the department shall:~~

16 ~~(i) Issue a warning for the first violation.~~

17 ~~(ii) Impose a civil penalty of up to \$1,500 for a~~
18 ~~second and each subsequent violation.~~

19 ~~(iii) Maintain for public inspection records of any~~
20 ~~civil penalties or license suspensions or revocations~~
21 ~~imposed on hospitals penalized under this chapter.~~

22 SECTION 808-C. VIOLATIONS AND RIGHT TO ISSUE PENALTIES.

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23 THE DEPARTMENT MAY IMPOSE CIVIL AND ADMINISTRATIVE PENALTIES
24 TO ENSURE COMPLIANCE WITH THIS CHAPTER, INCLUDING, BUT NOT
25 LIMITED TO:

26 (1) CORRECTIVE ACTION PLANS.

27 (2) CIVIL PENALTIES.

28 (3) DECLARATION OF IMMEDIATE JEOPARDY.

29 (4) SUSPENSION OR REVOCATION OF A HOSPITAL LICENSE.

30 PENALTIES SHALL INCREASE IN SEVERITY FOR REPEAT VIOLATIONS. THE

1 DEPARTMENT SHALL ADOPT BY RULE A SCHEDULE ESTABLISHING THE
2 AMOUNT OF CIVIL PENALTY THAT MAY BE IMPOSED FOR A VIOLATION,
3 EXCEPT THAT A CIVIL PENALTY MAY BE NO LESS THAN \$2,000 PER
4 VIOLATION.

5 Section ~~810-C~~ 809-C. Public posting. <--

6 The department shall post on a publicly accessible Internet
7 website maintained by the department:

8 (1) The hospital staffing plans received by the
9 department.

10 (2) Any report, described in section ~~806-C~~ 807-C, made <--
11 pursuant to an investigation of a complaint for which the
12 department issued a warning or imposed a civil OR <--
13 ADMINISTRATIVE penalty under sections 807-C and 808-C.

14 (3) Any order requiring a hospital to remedy a violation
15 as described in section ~~808-C~~ 807-C. <--

16 ~~(4) Any order imposing a civil penalty against a~~ <--
17 ~~hospital or suspending or revoking the license of a hospital~~
18 ~~pursuant to the violations as described in section 808-C.~~

19 (4) THE DEPARTMENT SHALL MAINTAIN FOR PUBLIC INSPECTION <--
20 AND MAKE PUBLICLY AVAILABLE RECORDS OF CIVIL OR
21 ADMINISTRATIVE PENALTIES, INCLUDING LICENSE SUSPENSIONS,
22 REVOCATIONS, CORRECTIVE ACTION PLANS OR OTHER ENFORCEMENT
23 ACTIONS IMPOSED ON HOSPITALS THAT VIOLATE THIS CHAPTER.

24 Section ~~811-C~~ 810-C. Emergency declarations. <--

25 ~~(a) Duty of hospital nurse staffing committee. Upon the~~ <--
26 ~~occurrence of an emergency declaration either cochair of the~~
27 ~~hospital nurse staffing committee may require the hospital nurse~~
28 ~~staffing committee to meet to review and potentially modify the~~
29 ~~staffing plan in response to the emergency declaration or~~
30 ~~circumstances.~~

1 ~~(b) Duties of hospital.~~

2 ~~(1) If an emergency causes a significant and atypical~~
3 ~~change in the number of patients on a unit, the hospital~~
4 ~~shall demonstrate that immediate and diligent efforts were~~
5 ~~made to maintain required staffing levels.~~

6 ~~(2) No later than 30 days after a hospital deviates from~~
7 ~~a written hospital wide staffing plan under section 804 C,~~
8 ~~the hospital incident command shall report an assessment of~~
9 ~~the nurse staffing needs arising from the emergency~~
10 ~~declaration to the cochairs of the hospital nurse staffing~~
11 ~~committee established under section 803 C.~~

12 ~~(c) Limitations.~~

13 ~~(1) The hospital's deviation from the written hospital~~
14 ~~wide staffing plan under subsection (b) may not be in effect~~
15 ~~for more than 90 days without the approval of the hospital~~
16 ~~nurse staffing committee.~~

17 ~~(2) Any contingency staffing plans or modified staffing~~
18 ~~plans will terminate when the Federal Government or the head~~
19 ~~of a State, local, county or municipal government ends the~~
20 ~~emergency declaration.~~

21 (A) DUTIES OF HOSPITAL.--IF AN EMERGENCY CAUSES A <--
22 SIGNIFICANT AND ATYPICAL CHANGE IN THE NUMBER OF PATIENTS ON A
23 UNIT, THE HOSPITAL SHALL DEMONSTRATE THAT IMMEDIATE AND DILIGENT
24 EFFORTS WERE MADE TO MAINTAIN REQUIRED STAFFING LEVELS. THE
25 HOSPITAL MUST MAINTAIN SUCH DILIGENT EFFORTS TO MEET THE
26 REQUIREMENTS OF THIS CHAPTER FOR THE FULL DURATION OF THE
27 EMERGENCY.

28 ~~(d)~~ (B) Definitions.--As used in this section, the following <--
29 words and phrases shall have the meanings given to them in this
30 subsection unless the context clearly indicates otherwise:

1 "Emergency." An event declared an emergency by the Federal
2 Government or the head of a State, local, county or municipal
3 government.

4 Section ~~812-C~~ 811-C. Implementation.

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5 The department may adopt regulations necessary to carry out
6 this chapter.

7 Section 2. This act shall take effect in six months.