

HOUSE No. 2031

The Commonwealth of Massachusetts

In the Year Two Thousand Nine

An Act establishing a patient care commission.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. For the purposes of this Act, the following terms should have the following
2 meanings:

3 “Direct patient care nurse”, a registered or licensed practical nurse who has accepted
4 direct

5 responsibility and accountability to carry out medical regimens, nursing or other bedside
6 care for patients.

7 “Indirect patient care nurse”, a registered or licensed practical nurse who has a presence
8 in patient care areas but does not provide treatment and other bedside clinical care.

9 “Direct patient care staffing levels”, the ratio between direct-patient care nurses and the
10 number of patients cared for by the direct patient care nurses.

11 SECTION 2. There is hereby established a special, temporary commission entitled the
12 patient care commission, hereafter referred to as the commission, consisting of 7 persons as
13 follows: 1 appointed by the governor; 3 appointed by the speaker of the house of representatives;

and 3 appointed by the president of the senate. Of the 7 members, there shall be no more than 2 direct patient care nurses and 1 indirect patient care nurse. The members shall elect a chairman and vice-chairman.

Members shall be subject to the provisions of chapter 268A as they apply to special state employees. Each member shall have experience in healthcare, public policy, nursing, or hospital management.

SECTION 3. In the course of its deliberations, the commission shall be charged with the following duties:

to study and evaluate the acuity of patients in acute-care hospitals and the efficiency of current direct patient care staffing levels within said hospitals;

to study and evaluate the quality of patient care at the bedside;

to determine the risks and benefits of varying staffing and direct patient care levels to patients;

to determine the risk and benefits of varying staffing and direct-patient care levels to licensed staff and direct patient care team, with specific focus given to potential impact on professional licensure and hospital liability in dollars to patients; and

to determine the risks and benefits of varying staffing and direct patient care levels to acute-care hospitals.

SECTION 4. The commission may hold public meetings and hold fact-finding hearings to assist in the collection and evaluation of data and testimony as it may deem necessary. Any

research, analysis or other staff support that the Commission reasonably requires shall be provided by the department of public health.

SECTION 5. The governmental bodies having authority to make appointments to the Commission shall make said appointments within sixty days of the effective date of this act. After 60 days has elapsed from the effective date of this act, the failure of one or more appointing authorities to make an appointment shall not prevent the commission from meeting or beginning its work and a quorum of the commission shall be comprised of at least one half of the actually sitting members of the commission.

SECTION 7. The commission shall submit its findings and final recommendations in a report to the governor, members of the general court, the secretary of the health and human services, and the commissioner of public health within 18 months after the first meeting of the commission.