HOUSE No. 1958

The Commonwealth of Massachusetts

PRESENTED BY:

Denise C. Garlick

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to patient safety.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Denise C. Garlick	13th Norfolk	1/14/2015
Paul W. Mark	2nd Berkshire	10/9/2019
Michael J. Finn	6th Hampden	10/9/2019
Gailanne M. Cariddi	1st Berkshire	10/9/2019
Ann-Margaret Ferrante	5th Essex	10/9/2019
Brian M. Ashe	2nd Hampden	10/9/2019
Sarah K. Peake	4th Barnstable	1/15/2015
Chris Walsh	6th Middlesex	10/9/2019
Claire D. Cronin	11th Plymouth	10/9/2019
Benjamin Swan	11th Hampden	10/9/2019
Louis L. Kafka	8th Norfolk	10/9/2019
Denise Provost	27th Middlesex	10/9/2019
Marjorie C. Decker	25th Middlesex	10/9/2019
John J. Lawn, Jr.	10th Middlesex	10/9/2019
Tackey Chan	2nd Norfolk	10/9/2019
Daniel J. Hunt	13th Suffolk	10/9/2019
Aaron Vega	5th Hampden	10/9/2019
Robert M. Koczera	11th Bristol	10/9/2019

Geoff Diehl	7th Plymouth	10/9/2019
Sean Garballey	23rd Middlesex	10/9/2019
James J. Dwyer	30th Middlesex	10/9/2019
Michael D. Brady	Second Plymouth and Bristol	10/9/2019
William C. Galvin	6th Norfolk	10/9/2019
Lori A. Ehrlich	8th Essex	10/9/2019
David Paul Linsky	5th Middlesex	10/9/2019
John C. Velis	4th Hampden	10/9/2019
Angelo J. Puppolo, Jr.	12th Hampden	10/9/2019
David M. Rogers	24th Middlesex	10/9/2019
Peter V. Kocot	1st Hampshire	10/9/2019
Diana DiZoglio	14th Essex	10/9/2019
Carmine L. Gentile	13th Middlesex	10/9/2019
RoseLee Vincent	16th Suffolk	10/9/2019
Michael F. Rush	Norfolk and Suffolk	10/9/2019
James B. Eldridge	Middlesex and Worcester	10/9/2019
Edward F. Coppinger	10th Suffolk	10/9/2019
James J. O'Day	14th Worcester	10/9/2019
Ruth B. Balser	12th Middlesex	10/9/2019
Danielle W. Gregoire	4th Middlesex	10/9/2019
Brian R. Mannal	2nd Barnstable	10/9/2019
Mary S. Keefe	15th Worcester	10/9/2019
Kevin G. Honan	17th Suffolk	10/9/2019
John J. Mahoney	13th Worcester	1/30/2015
Tom Sannicandro	7th Middlesex	10/9/2019
Michael O. Moore	Second Worcester	10/9/2019
Timothy J. Toomey, Jr.	26th Middlesex	10/9/2019
Brendan P. Crighton	11th Essex	10/9/2019
Marc R. Pacheco	First Plymouth and Bristol	10/9/2019
Aaron Michlewitz	3rd Suffolk	10/9/2019
Timothy R. Madden	Barnstable, Dukes and Nantucket	10/9/2019
Jeffrey N. Roy	10th Norfolk	10/9/2019
Daniel Cullinane	12th Suffolk	10/9/2019
Marcos A. Devers	16th Essex	10/9/2019
Jay D. Livingstone	8th Suffolk	10/9/2019
James M. Cantwell	4th Plymouth	10/9/2019
Thomas M. Stanley	9th Middlesex	10/9/2019
Christine P. Barber	34th Middlesex	10/9/2019
Walter F. Timilty	7th Norfolk	10/9/2019

Daniel M. Donahue	16th Worcester	10/9/2019
Josh S. Cutler	6th Plymouth	10/9/2019
John H. Rogers	12th Norfolk	2/4/2015
Stephen L. DiNatale	3rd Worcester	2/3/2015
Daniel A. Wolf	Cape and Islands	2/2/2015
Jonathan D. Zlotnik	2nd Worcester	2/4/2015
Nick Collins	4th Suffolk	2/3/2015
Paul McMurtry	11th Norfolk	2/3/2015
Harold P. Naughton, Jr.	12th Worcester	10/9/2019
Frank I. Smizik	15th Norfolk	2/3/2015
Daniel J. Ryan	2nd Suffolk	2/3/2015
Mark J. Cusack	5th Norfolk	2/4/2015
Dennis A. Rosa	4th Worcester	2/4/2015
Kimberly N. Ferguson	1st Worcester	10/9/2019
Michelle M. DuBois	10th Plymouth	10/9/2019
Thomas A. Golden, Jr.	16th Middlesex	10/9/2019
Antonio F. D. Cabral	13th Bristol	10/9/2019
Elizabeth A. Malia	11th Suffolk	10/9/2019
Ellen Story	3rd Hampshire	10/9/2019

HOUSE No. 1958

By Ms. Garlick of Needham, a petition (accompanied by bill, House, No. 1958) of Denise C. Garlick and others relative to the maximum number of patients assigned to registered nurses or hospital care attendants. Public Health.

The Commonwealth of Alassachusetts

In the One Hundred and Eighty-Ninth General Court (2015-2016)

An Act relative to patient safety.

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. Chapter 111 of the General Laws, as appearing in the 2012 Official Edition, is
- 2 hereby amended by adding the following sections 229 to 235:-
- 3 Section 229. Definitions
- 4 As used in sections 229 through 235 the following words shall have the following
- 5 meanings:
- 6 "Facility", a hospital licensed under Section 51, of Chapter 111 of the General Laws, the
- 7 teaching hospital of the University of Massachusetts medical school, any licensed private or
- 8 state-owned and state-operated general acute care hospital, an acute psychiatric hospital, an acute
- 9 care specialty hospital, or any acute care unit within a state operated healthcare facility. This
- definition shall not include rehabilitation facilities or long-term care facilities.

"Health Care Workforce", personnel employed by or contracted to work at a facility that have an effect upon the delivery of quality care to patients, including but not limited to registered nurses, licensed practical nurses, unlicensed assistive personnel, service, maintenance, clerical, professional and technical workers, or other health care workers.

"Nursing care", care which falls within the scope of practice as defined in Section 80B of Chapter 112 of the General Laws or is otherwise encompassed within recognized standards of nursing practice, including assessment, nursing diagnosis, planning, intervention, evaluation and patient advocacy.

For the purpose of Section 229 through 235 a patient is said to be assigned to a registered nurse if the registered nurse accepts responsibility for the patient's nursing care.

Section 230: The maximum number of patients assigned to a registered nurse in a facility shall not exceed the limits enumerated in this section. However, nothing shall preclude a facility from assigning fewer patients to a registered nurse than the limits enumerated in this section.

A. In all units with step-down/intermediate care patients, the maximum patient assignment of step-down/intermediate patients is three (3).

B. In all units with post anesthesia care (PACU) patients, the maximum patient assignment of PACU patients under anesthesia is one (1). The maximum patient assignment of PACU patients post anesthesia is two (2).

C. In all units with operating room (OR) patients, the maximum patient assignment of OR patients under anesthesia is one (1). The maximum patient assignment of OR patients post anesthesia is two (2).

32	D. In the Emergency Department:
33	The maximum patient assignment of critical unstable or intensive care patients is one (1).
34	A registered nurse may accept a second critical or intensive care patient if that nurse assesses that
35	each patient's condition is stable.
36	The maximum patient assignment of critical stable patients is two (2).
37	The maximum patient assignment of urgent stable patients is three (3).
38	The maximum patient assignment of non-urgent stable patients is four (4).
39	E. As used in this subsection, couplet shall mean one mother and one baby. In all units
40	with maternal child care patients:
41	The maximum patient assignment of active labor patients is one (1) patient.
42	The maximum patient assignment during birth is one nurse responsible for the mother
43	and, for each baby, one nurse whose sole responsibility is the baby.
44	The maximum patient assignment of immediate postpartum patients is one couplet, and
45	in the case of multiple births, one nurse for each additional baby.
46	The maximum patient assignment of postpartum patients is six (6) patients or three (3)
47	couplets.
48	The maximum patient assignment of intermediate care babies is three (3) babies. The
49	nurse may accept a fourth intermediate care baby if the nurse assesses that each baby's condition
50	is stable.

51 The maximum patient assignment of well-baby patients is six (6) babies. 52 F. In all units with pediatric patients, the maximum patient assignment of pediatric 53 patients is four (4). 54 G. In all units with psychiatric patients, the maximum patient assignment of psychiatric 55 patients is five (5). 56 H. In all units with medical, surgical and telemetry patients, the maximum patient 57 assignment of medical, surgical and telemetry patients is four (4). 58 I. In all units with observational/outpatient treatment patients, the maximum patient 59 assignment of observational/outpatient treatment patients is four (4). 60 J. In all units with transitional care patients the maximum patient assignment of 61 transitional care patients is five (5). 62 K. In all units with rehabilitation patients, the maximum patient assignment of 63 rehabilitation patients is five (5). 64 L. In any unit not otherwise listed, the maximum patient assignment is four (4). 65 Section 231: Each facility shall implement the patient limits established by Section 230 66 without diminishing the staffing levels of its health care workforce. 67 Section 232: The Massachusetts Health Policy Commission shall promulgate regulations 68 governing the implementation and operation of this act. 69 Section 233: Patient Acuity System. Each facility shall develop a patient acuity system, 70 to determine if the maximum number of patients that may be assigned to a unit's registered

nurses on a particular shift should be lower than the limits specified in Section 230, in which case that lower number will govern for the duration of that shift. The patient acuity system shall be written so as to be readily used and understood by registered nurses, and it shall consider criteria including, but not limited to,: (1) the need for specialized equipment and technology; (2) the intensity of nursing interventions required and the complexity of clinical nursing judgment needed to design, implement and evaluate patients nursing care plans consistent with professional standards of care; (3) the skill mix of members of the health care workforce necessary to the delivery of quality care for each patient; (4) the proximity of patients, the proximity and availability of other healthcare resources, and facility design; and (5) patient and family communication skills and cultural/linguistic characteristics. A facility's patient acuity system shall, prior to implementation, be certified by the Health Policy Commission as meeting the above criteria, and the Commission may issue regulations governing such systems, including their content and implementation.

Section 234: This act shall not be construed to impair any collective bargaining agreement or any other contract in effect upon passage of this act that permits fewer patients to be assigned to a registered nurse than the limits established by this act but shall have full force and effect upon the earliest expiration date of any such collective bargaining agreement or other contract. Nothing in this act shall prevent the enforcement of terms in a collective bargaining agreement or other contract that provides for fewer patients to be assigned to a registered nurse than those established by this act.

Section 235: Enforcement. A facility's failure to adhere to the limits set by Section 230 and adjusted pursuant to Section 233 and those limits established in Chapter 155 of the Acts of 2014, shall be reported by the Health Policy Commission to the Attorney General for

enforcement, for which the Attorney General may bring a Superior Court action seeking injunctive relief and civil penalties. A separate and distinct violation, for which the facility shall be subject to a civil penalty of up to twenty-five thousand dollars, shall be deemed to have been committed on each day during which any violation continues after written notice thereof by the Health Policy Commission to the authority in charge of the facility is received. The requirements of this act, and its enforcement, shall be suspended during a state or nationally declared public health emergency.

Section 2: Severability. The provisions of this law are severable, and if any clause, sentence, paragraph or section of this law or an application thereof shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair, or invalidate the remainder thereof but shall be confined in its operation to the clause, sentence, paragraph, section or application adjudged invalid and such clause, sentence, paragraph, section or application shall be reformed and construed so that it would be valid to the maximum extent permitted.

Section 3: The provisions of Sections 229 to 235 shall be effective commencing upon passage of this act, except that regulations required by Section 232 and 233 shall be promulgated to be effective no later than 180 days following the passage of this act.