

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

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

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

**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 Massachusetts**

**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  
10 definition shall not include rehabilitation facilities or long-term care facilities.

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

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

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

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

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

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

29           C. In all units with operating room (OR) patients, the maximum patient assignment of OR  
30 patients under anesthesia is one (1). The maximum patient assignment of OR patients post  
31 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

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

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

91       Section 235: Enforcement. A facility's failure to adhere to the limits set by Section 230  
92 and adjusted pursuant to Section 233 and those limits established in Chapter 155 of the Acts of  
93 2014, shall be reported by the Health Policy Commission to the Attorney General for



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

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

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