HOUSE No. 2004

The Commonwealth of Massachusetts

PRESENTED BY:

Daniel J. Ryan

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 workforce development and patient safety.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Daniel J. Ryan	2nd Suffolk	1/17/2019
Denise C. Garlick	13th Norfolk	1/29/2019
John J. Mahoney	13th Worcester	1/31/2019
Walter F. Timilty	Norfolk, Bristol and Plymouth	1/28/2019
Dylan A. Fernandes	Barnstable, Dukes and Nantucket	1/28/2019
Tram T. Nguyen	18th Essex	1/28/2019
Timothy R. Whelan	1st Barnstable	1/28/2019
Mary S. Keefe	15th Worcester	1/28/2019
Brian M. Ashe	2nd Hampden	1/28/2019
Tackey Chan	2nd Norfolk	1/28/2019
Christina A. Minicucci	14th Essex	1/29/2019
Angelo J. Puppolo, Jr.	12th Hampden	1/29/2019
Kevin G. Honan	17th Suffolk	1/29/2019
Kenneth I. Gordon	21st Middlesex	1/29/2019
Thomas M. Stanley	9th Middlesex	1/29/2019
Sarah K. Peake	4th Barnstable	1/29/2019
Natalie M. Higgins	4th Worcester	1/29/2019
Peter Capano	11th Essex	1/30/2019

Patrick M. O'Connor	Plymouth and Norfolk	1/30/2019
Carmine Lawrence Gentile	13th Middlesex	1/30/2019
Gerard J. Cassidy	9th Plymouth	1/30/2019
Edward F. Coppinger	10th Suffolk	1/30/2019
Bruce J. Ayers	1st Norfolk	1/30/2019
Sal N. DiDomenico	Middlesex and Suffolk	1/31/2019
Steven Ultrino	33rd Middlesex	1/31/2019
Denise Provost	27th Middlesex	1/31/2019
David Allen Robertson	19th Middlesex	1/31/2019
Adrian C. Madaro	1st Suffolk	1/31/2019
Daniel R. Cullinane	12th Suffolk	1/31/2019
James M. Murphy	4th Norfolk	1/31/2019
Aaron Vega	5th Hampden	1/31/2019
David Biele	4th Suffolk	1/31/2019
David Henry Argosky LeBoeuf	17th Worcester	1/31/2019
Antonio F. D. Cabral	13th Bristol	1/31/2019
Michael S. Day	31st Middlesex	1/31/2019
Mike Connolly	26th Middlesex	1/31/2019
Sean Garballey	23rd Middlesex	1/31/2019
Lindsay N. Sabadosa	1st Hampshire	2/1/2019
Daniel M. Donahue	16th Worcester	2/1/2019
Natalie M. Blais	1st Franklin	2/1/2019
Michael D. Brady	Second Plymouth and Bristol	2/1/2019
Marjorie C. Decker	25th Middlesex	2/1/2019
James B. Eldridge	Middlesex and Worcester	2/1/2019
David M. Rogers	24th Middlesex	2/1/2019
Jack Patrick Lewis	7th Middlesex	2/1/2019
Marc R. Pacheco	First Plymouth and Bristol	2/1/2019
Harold P. Naughton, Jr.	12th Worcester	2/1/2019
James K. Hawkins	2nd Bristol	2/1/2019
John J. Lawn, Jr.	10th Middlesex	2/1/2019
Nika C. Elugardo	15th Suffolk	2/1/2019
Carlos González	10th Hampden	2/1/2019
Stephan Hay	3rd Worcester	2/1/2019
Carolyn C. Dykema	8th Middlesex	2/1/2019
Rebecca L. Rausch	Norfolk, Bristol and Middlesex	2/1/2019
Patrick Joseph Kearney	4th Plymouth	2/1/2019
Paul W. Mark	2nd Berkshire	2/1/2019
Michelle M. DuBois	10th Plymouth	2/1/2019

Jonathan D. Zlotnik	2nd Worcester	2/1/2019
Danielle W. Gregoire	4th Middlesex	2/1/2019
Joan Meschino	3rd Plymouth	2/1/2019
Julian Cyr	Cape and Islands	2/1/2019
Daniel R. Carey	2nd Hampshire	2/1/2019

HOUSE No. 2004

By Mr. Ryan of Boston, a petition (accompanied by bill, House, No. 2004) of Daniel J. Ryan and others relative to workforce development and patient safety. Public Health.

The Commonwealth of Massachusetts

In the One Hundred and Ninety-First General Court (2019-2020)

An Act relative to workforce development and patient safety.

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

SECTION 1: To ensure a stable, diverse workforce of nurses for citizens of the Commonwealth wherever they may be receiving health services, ensure safe patient care, and avoid complications and preventable hospital readmissions, the department shall commission, in consultation with the health policy commission, at least three independent studies designed to determine: (1) the makeup of the current licensed nursing workforce, including, but not limited to: its diversity, skill mix, specialization, classification, work hours, education and student debt burden; (2) estimated licensed nurses required to meet the health care needs for the citizens of the commonwealth from now through the year 2050, with attention to graduation rates, nurse recruitment and retention, turnover, attrition by leaving the profession and attrition by retirement; (3) workplace injuries and quality of work life; (4) data on the current direct care staffing plan for all units for all shifts in each acute care hospital and the actual staffing of all units for all shifts in each acute care hospital; (5) best practice for maximum nurse-to-patient limits for direct care licensed nurses in acute care hospitals for each type of unit, taking into account the ability to

adjust such limits based on the acuity of the patients cared for, and excluding the limits established under section 231 of chapter 111 of the General Laws; and (6) the cost and timing to establish maximum limits, including implementation costs, cost savings associated with such limits and the impact on patient outcomes. The studies' design and implementation shall include a review of current best available research, data on current hospital practices including staffing plans for each unit and be done in consultation with core stakeholders, including, but not limited to, the Massachusetts Nurses Association (MNA), Massachusetts Health and Hospital Association (MHA), and the respective professional associations of the various specialty areas of nursing for each unit, excluding the limits established under section 231 of chapter 111 of the General Laws, to develop research specific to Massachusetts. Such research studies shall include longitudinal design analysis over a minimum of ten years to determine patterns among nurse-sensitive outcomes, reviewing not less than 5 of the nurse sensitive outcomes that are the most empirically associated with nurse staffing by specialty in all Massachusetts acute care hospitals.

The studies shall be completed no later than January 1, 2022 and released to the public no later than 12 months from the commencement of each study. The department shall subsequently develop a plan and timeframe to implement the best practice limits as well as other recommendations established in the study including patient and public awareness and enforcement mechanisms, including, but not limited to, the ability to assess fines for noncompliance.