



General Assembly

Substitute Bill No. 5313

February Session, 2022



AN ACT CONCERNING REGISTRATION OF TEMPORARY NURSING SERVICES AGENCIES AND MAXIMUM RATES FOR TEMPORARY NURSING SERVICES AT NURSING HOME FACILITIES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2022*) (a) As used in this section and
2 sections 2 and 3 of this act, (1) "health care facility" means a hospital,
3 residential care home or nursing home facility as those terms are defined
4 in section 19a-490 of the general statutes; (2) "fixed-term nursing
5 services" means services provided under contract for not less than
6 ninety consecutive days exclusively to a health care facility by nursing
7 personnel (A) whose permanent residence is at least two hundred miles
8 from the health care facility, and (B) who establish a temporary
9 residence and incur expenses for temporary accommodations paid for
10 by a temporary nursing services agency to provide such services; (3)
11 "nursing personnel" means an advanced practice registered nurse, a
12 licensed practical nurse or a registered nurse licensed or issued a
13 temporary permit to practice pursuant to chapter 378 of the general
14 statutes or a nurse's aide registered pursuant to chapter 378a of the
15 general statutes; (4) "temporary nursing services" means services
16 provided to a health care facility on a per diem or other temporary basis
17 but does not include fixed-term nursing services; and (5) "temporary
18 nursing services agency" means any person, firm, corporation, limited

19 liability company, partnership or association that is engaged for hire in
20 the business of procuring or providing temporary nursing services to a
21 health care facility but does not include (A) a health care facility or
22 subsidiary thereof that supplies nursing personnel to its own facility
23 only and does not charge a fee to such facility, or (B) an individual who
24 offers only his or her own temporary nursing services.

25 (b) Not later than October 1, 2022, the Commissioner of Public Health
26 shall develop a system for a temporary nursing services agency that
27 provides services in the state to register annually with the Department
28 of Public Health. The commissioner may assess an annual registration
29 fee of not more than seven hundred fifty dollars.

30 (c) Not later than January 1, 2023, no temporary nursing services
31 agency shall provide temporary nursing services in the state unless it is
32 registered pursuant to subsection (b) of this section.

33 (d) The Commissioner of Public Health shall adopt regulations, in
34 accordance with the provisions of chapter 54 of the general statutes, to
35 establish requirements for a temporary nursing services agency,
36 including, but not limited to: (1) Minimum qualifications for nursing
37 personnel provided by such agency, and (2) an annual cost report for
38 the previous calendar year to be filed by such agency not later than
39 January fifteenth with the commissioner. Such report shall detail (A)
40 revenues and costs in the state, (B) average fees charged by such agency
41 to a health care facility in the state by type of nursing personnel, and (C)
42 the states of the permanent residences of nursing personnel supplied by
43 the agency to health care facilities in the state, aggregated by type of
44 nursing personnel. Each such agency shall make available records,
45 books, reports and other data relating to its operation at the request of
46 the commissioner or the commissioner's designee.

47 Sec. 2. (NEW) (*Effective July 1, 2022*) (a) A temporary nursing services
48 agency shall enter into a written agreement with each health care facility
49 to which the agency assigns its nursing personnel. The agreement shall
50 contain an assurance that assigned nursing personnel have appropriate

51 credentials. The agreement shall be on file at both the temporary nursing
52 services agency and the health care facility not later than fourteen days
53 from the date of assignment.

54 (b) Any health care facility that fails to have the agreement described
55 in subsection (a) of this section on file may be subject to disciplinary
56 action in accordance with the provisions of chapter 368v of the general
57 statutes and any applicable licensing regulations.

58 Sec. 3. (NEW) (*Effective July 1, 2022*) (a) Any person aggrieved by any
59 action of a temporary nursing services agency may petition the superior
60 court for the judicial district in which the agency's temporary nursing
61 services were rendered for relief, including temporary and permanent
62 injunctions, or may bring a civil action for damages.

63 (b) Any temporary nursing services agency that violates any
64 provision of section 1 or 2 of this act may be assessed a civil penalty by
65 the court not to exceed three hundred dollars for each offense. Each
66 violation shall be a separate and distinct offense and, in the case of a
67 continuing violation, each day of continuance thereof shall be deemed
68 to be a separate and distinct offense. The Commissioner of Public Health
69 may request the Attorney General to bring a civil action in the superior
70 court for the judicial district of Hartford for injunctive relief to restrain
71 any further violation of section 1 or 2 of this act. The Superior Court shall
72 grant such relief upon notice and hearing.

73 Sec. 4. (NEW) (*Effective July 1, 2022*) (a) As used in this section,
74 "temporary nursing services agency", "fixed-term nursing services" and
75 "nursing personnel" have the same meaning as provided in section 1 of
76 this act and "nursing home facility" has the same meaning as provided
77 in section 19a-490 of the general statutes. Not later than January 1, 2023,
78 the Commissioner of Social Services, in consultation with the
79 Commissioner of Public Health, shall establish maximum rates a
80 temporary nursing services agency may charge a nursing home facility
81 in the state by type of nursing personnel provided by such agency. The
82 rates shall include an allowance for wages, payroll taxes, workers'

83 compensation insurance, training and fringe benefits, which shall be
84 based upon median wages, payroll taxes and fringe benefits paid to
85 permanent staff nursing personnel of the same type at nursing home
86 facilities in the same geographic region.

87 (b) The Commissioner of Social Services shall include in the rates an
88 allowance for reasonable administrative expenses and a reasonable
89 profit factor for a temporary nursing services agency, as determined by
90 the commissioner, but in no event shall the profit factor exceed fifteen
91 per cent. The commissioner may set higher rates for certain fixed-term
92 nursing services personnel who work exclusively at a nursing home
93 facility under a contract with such facility for a period of not less than
94 ninety days.

95 (c) The Commissioner of Social Services may adopt regulations in
96 accordance with the provisions of chapter 54 of the general statutes to
97 implement the provisions of this section. Beginning January 15, 2024,
98 temporary nursing services agencies shall submit to the commissioner
99 annual cost reports, which may be subject to audit, that include data on
100 average fees charged by such agencies to nursing home facilities in the
101 state by type of nursing personnel such agencies supply to such facilities
102 and wages paid and benefits provided to such nursing personnel. The
103 commissioner shall consider such reports and annual nursing home
104 facility cost reports, provided by such facilities to the commissioner
105 pursuant to section 17b-340 of the general statutes, as amended by this
106 act, when adjusting maximum rates temporary nursing services
107 agencies may charge such facilities for nursing personnel.

108 Sec. 5. Subsection (a) of section 17b-340 of the 2022 supplement to the
109 general statutes is repealed and the following is substituted in lieu
110 thereof (*Effective July 1, 2022*):

111 (a) For purposes of this subsection, (1) a "related party" includes, but
112 is not limited to, any company related to a chronic and convalescent
113 nursing home through family association, common ownership, control
114 or business association with any of the owners, operators or officials of

115 such nursing home; (2) "company" means any person, partnership,
116 association, holding company, limited liability company or corporation;
117 (3) "family association" means a relationship by birth, marriage or
118 domestic partnership; and (4) "profit and loss statement" means the
119 most recent annual statement on profits and losses finalized by a related
120 party before the annual report mandated under this subsection. The
121 rates to be paid by or for persons aided or cared for by the state or any
122 town in this state to licensed chronic and convalescent nursing homes,
123 to chronic disease hospitals associated with chronic and convalescent
124 nursing homes, to rest homes with nursing supervision, to licensed
125 residential care homes, as defined by section 19a-490, and to residential
126 facilities for persons with intellectual disability that are licensed
127 pursuant to section 17a-227 and certified to participate in the Title XIX
128 Medicaid program as intermediate care facilities for individuals with
129 intellectual disabilities, for room, board and services specified in
130 licensing regulations issued by the licensing agency shall be determined
131 annually, except as otherwise provided in this subsection by the
132 Commissioner of Social Services, to be effective July first of each year
133 except as otherwise provided in this subsection. Such rates shall be
134 determined on a basis of a reasonable payment for such necessary
135 services, which basis shall take into account as a factor the costs of such
136 services. Cost of such services shall include reasonable costs mandated
137 by collective bargaining agreements with certified collective bargaining
138 agents or other agreements between the employer and employees,
139 provided "employees" shall not include persons employed as managers
140 or chief administrators or required to be licensed as nursing home
141 administrators, and compensation for services rendered by proprietors
142 at prevailing wage rates, as determined by application of principles of
143 accounting as prescribed by said commissioner. Cost of such services
144 shall not include amounts paid by the facilities to employees as salary,
145 or to attorneys or consultants as fees, where the responsibility of the
146 employees, attorneys, or consultants is to persuade or seek to persuade
147 the other employees of the facility to support or oppose unionization.
148 Nothing in this subsection shall prohibit inclusion of amounts paid for
149 legal counsel related to the negotiation of collective bargaining

150 agreements, the settlement of grievances or normal administration of
151 labor relations. The commissioner may, in the commissioner's
152 discretion, allow the inclusion of extraordinary and unanticipated costs
153 of providing services that were incurred to avoid an immediate negative
154 impact on the health and safety of patients. The commissioner may, in
155 the commissioner's discretion, based upon review of a facility's costs,
156 direct care staff to patient ratio and any other related information, revise
157 a facility's rate for any increases or decreases to total licensed capacity
158 of more than ten beds or changes to its number of licensed rest home
159 with nursing supervision beds and chronic and convalescent nursing
160 home beds. The commissioner may, in the commissioner's discretion,
161 revise the rate of a facility that is closing. An interim rate issued for the
162 period during which a facility is closing shall be based on a review of
163 facility costs, the expected duration of the close-down period, the
164 anticipated impact on Medicaid costs, available appropriations and the
165 relationship of the rate requested by the facility to the average Medicaid
166 rate for a close-down period. The commissioner may so revise a facility's
167 rate established for the fiscal year ending June 30, 1993, and thereafter
168 for any bed increases, decreases or changes in licensure effective after
169 October 1, 1989. Effective July 1, 1991, in facilities that have both a
170 chronic and convalescent nursing home and a rest home with nursing
171 supervision, the rate for the rest home with nursing supervision shall
172 not exceed such facility's rate for its chronic and convalescent nursing
173 home. All such facilities for which rates are determined under this
174 subsection shall report on a fiscal year basis ending on September
175 thirtieth. Such report shall be submitted to the commissioner by
176 February fifteenth. Each for-profit chronic and convalescent nursing
177 home that receives state funding pursuant to this section shall include
178 in such annual report a profit and loss statement from each related party
179 that receives from such chronic and convalescent nursing home fifty
180 thousand dollars or more per year for goods, fees and services. No cause
181 of action or liability shall arise against the state, the Department of Social
182 Services, any state official or agent for failure to take action based on the
183 information required to be reported under this subsection. The
184 commissioner may reduce the rate in effect for a facility that fails to

185 submit a complete and accurate report on or before February fifteenth
186 by an amount not to exceed ten per cent of such rate. If a licensed
187 residential care home fails to submit a complete and accurate report, the
188 department shall notify such home of the failure and the home shall
189 have thirty days from the date the notice was issued to submit a
190 complete and accurate report. If a licensed residential care home fails to
191 submit a complete and accurate report not later than thirty days after
192 the date of notice, such home may not receive a retroactive rate increase,
193 in the commissioner's discretion. The commissioner shall, annually, on
194 or before April first, report the data contained in the reports of such
195 facilities on the department's Internet web site. For the cost reporting
196 year commencing October 1, 1985, and for subsequent cost reporting
197 years, facilities shall report the cost of using the services of any [nursing
198 pool employee] nursing personnel supplied by a temporary nursing
199 services agency by separating said cost into two categories, the portion
200 of the cost equal to the salary of the employee for whom the [nursing
201 pool employee] nursing personnel supplied by a temporary nursing
202 services agency is substituting shall be considered a nursing cost and
203 any cost in excess of such salary shall be further divided so that seventy-
204 five per cent of the excess cost shall be considered an administrative or
205 general cost and twenty-five per cent of the excess cost shall be
206 considered a nursing cost, provided if the total [nursing pool] costs of a
207 facility for nursing personnel supplied by a temporary nursing services
208 agency in any cost year are equal to or exceed fifteen per cent of the total
209 nursing expenditures of the facility for such cost year, no portion of
210 [nursing pool] such costs in excess of fifteen per cent shall be classified
211 as administrative or general costs. The commissioner, in determining
212 such rates, shall also take into account the classification of patients or
213 boarders according to special care requirements or classification of the
214 facility according to such factors as facilities and services and such other
215 factors as the commissioner deems reasonable, including anticipated
216 fluctuations in the cost of providing such services. The commissioner
217 may establish a separate rate for a facility or a portion of a facility for
218 traumatic brain injury patients who require extensive care but not acute
219 general hospital care. Such separate rate shall reflect the special care

220 requirements of such patients. If changes in federal or state laws,
221 regulations or standards adopted subsequent to June 30, 1985, result in
222 increased costs or expenditures in an amount exceeding one-half of one
223 per cent of allowable costs for the most recent cost reporting year, the
224 commissioner shall adjust rates and provide payment for any such
225 increased reasonable costs or expenditures within a reasonable period
226 of time retroactive to the date of enforcement. Nothing in this section
227 shall be construed to require the Department of Social Services to adjust
228 rates and provide payment for any increases in costs resulting from an
229 inspection of a facility by the Department of Public Health. Such
230 assistance as the commissioner requires from other state agencies or
231 departments in determining rates shall be made available to the
232 commissioner at the commissioner's request. Payment of the rates
233 established pursuant to this section shall be conditioned on the
234 establishment by such facilities of admissions procedures that conform
235 with this section, section 19a-533 and all other applicable provisions of
236 the law and the provision of equality of treatment to all persons in such
237 facilities. The established rates shall be the maximum amount
238 chargeable by such facilities for care of such beneficiaries, and the
239 acceptance by or on behalf of any such facility of any additional
240 compensation for care of any such beneficiary from any other person or
241 source shall constitute the offense of aiding a beneficiary to obtain aid
242 to which the beneficiary is not entitled and shall be punishable in the
243 same manner as is provided in subsection (b) of section 17b-97.
244 Notwithstanding any provision of this section, the Commissioner of
245 Social Services may, within available appropriations, provide an interim
246 rate increase for a licensed chronic and convalescent nursing home or a
247 rest home with nursing supervision for rate periods no earlier than April
248 1, 2004, only if the commissioner determines that the increase is
249 necessary to avoid the filing of a petition for relief under Title 11 of the
250 United States Code; imposition of receivership pursuant to sections 19a-
251 542 and 19a-543; or substantial deterioration of the facility's financial
252 condition that may be expected to adversely affect resident care and the
253 continued operation of the facility, and the commissioner determines
254 that the continued operation of the facility is in the best interest of the

255 state. The commissioner shall consider any requests for interim rate
256 increases on file with the department from March 30, 2004, and those
257 submitted subsequently for rate periods no earlier than April 1, 2004.
258 When reviewing an interim rate increase request the commissioner
259 shall, at a minimum, consider: (A) Existing chronic and convalescent
260 nursing home or rest home with nursing supervision utilization in the
261 area and projected bed need; (B) physical plant long-term viability and
262 the ability of the owner or purchaser to implement any necessary
263 property improvements; (C) licensure and certification compliance
264 history; (D) reasonableness of actual and projected expenses; and (E) the
265 ability of the facility to meet wage and benefit costs. No interim rate
266 shall be increased pursuant to this subsection in excess of one hundred
267 fifteen per cent of the median rate for the facility's peer grouping,
268 established pursuant to subdivision (2) of subsection (f) of this section,
269 unless recommended by the commissioner and approved by the
270 Secretary of the Office of Policy and Management after consultation
271 with the commissioner. Such median rates shall be published by the
272 Department of Social Services not later than April first of each year. In
273 the event that a facility granted an interim rate increase pursuant to this
274 section is sold or otherwise conveyed for value to an unrelated entity
275 less than five years after the effective date of such rate increase, the rate
276 increase shall be deemed rescinded and the department shall recover an
277 amount equal to the difference between payments made for all affected
278 rate periods and payments that would have been made if the interim
279 rate increase was not granted. The commissioner may seek recovery of
280 such payments from any facility with common ownership. With the
281 approval of the Secretary of the Office of Policy and Management, the
282 commissioner may waive recovery and rescission of the interim rate for
283 good cause shown that is not inconsistent with this section, including,
284 but not limited to, transfers to family members that were made for no
285 value. The commissioner shall provide written quarterly reports to the
286 joint standing committees of the General Assembly having cognizance
287 of matters relating to aging, human services and appropriations and the
288 budgets of state agencies, that identify each facility requesting an
289 interim rate increase, the amount of the requested rate increase for each

290 facility, the action taken by the commissioner and the secretary pursuant
291 to this subsection, and estimates of the additional cost to the state for
292 each approved interim rate increase. Nothing in this subsection shall
293 prohibit the commissioner from increasing the rate of a licensed chronic
294 and convalescent nursing home or a rest home with nursing supervision
295 for allowable costs associated with facility capital improvements or
296 increasing the rate in case of a sale of a licensed chronic and convalescent
297 nursing home or a rest home with nursing supervision if receivership
298 has been imposed on such home. For purposes of this section,
299 "temporary nursing services agency" and "nursing personnel" have the
300 same meaning as provided in section 1 of this act.

301 Sec. 6. Subdivision (1) of subsection (f) of section 17b-340 of the 2022
302 supplement to the general statutes is repealed and the following is
303 substituted in lieu thereof (*Effective July 1, 2022*):

304 (1) Allowable costs shall be divided into the following five cost
305 components: (A) Direct costs, which shall include salaries for nursing
306 personnel, related fringe benefits and [nursing pool] costs for nursing
307 personnel supplied by a temporary nursing services agency; (B) indirect
308 costs, which shall include professional fees, dietary expenses,
309 housekeeping expenses, laundry expenses, supplies related to patient
310 care, salaries for indirect care personnel and related fringe benefits; (C)
311 fair rent, which shall be defined in accordance with subsection (f) of
312 section 17-311-52 of the regulations of Connecticut state agencies; (D)
313 capital-related costs, which shall include property taxes, insurance
314 expenses, equipment leases and equipment depreciation; and (E)
315 administrative and general costs, which shall include (i) maintenance
316 and operation of plant expenses, (ii) salaries for administrative and
317 maintenance personnel, and (iii) related fringe benefits. The
318 commissioner may provide a rate adjustment for nonemergency
319 transportation services required by nursing facility residents. Such
320 adjustment shall be a fixed amount determined annually by the
321 commissioner based upon a review of costs and other associated
322 information. Allowable costs shall not include costs for ancillary

323 services payable under Part B of the Medicare program.

324 Sec. 7. Subdivision (4) of subsection (a) of section 17b-340d of the 2022
325 supplement to the general statutes is repealed and the following is
326 substituted in lieu thereof (*Effective July 1, 2022*):

327 (4) Allowable costs shall be divided into the following five cost
328 components: (A) Direct costs, which shall include salaries for nursing
329 personnel, related fringe benefits and [nursing pool] costs for nursing
330 personnel supplied by a temporary nursing services agency; (B) indirect
331 costs, which shall include professional fees, dietary expenses,
332 housekeeping expenses, laundry expenses, supplies related to patient
333 care, salaries for indirect care personnel and related fringe benefits; (C)
334 fair rent, which shall be defined in regulations adopted in accordance
335 with subsection (b) of this section; (D) capital-related costs, which shall
336 include property taxes, insurance expenses, equipment leases and
337 equipment depreciation; and (E) administrative and general costs,
338 which shall include maintenance and operation of plant expenses,
339 salaries for administrative and maintenance personnel and related
340 fringe benefits. For (i) direct costs, the maximum cost shall be equal to
341 one hundred thirty-five per cent of the median allowable cost of that
342 peer grouping; (ii) indirect costs, the maximum cost shall be equal to one
343 hundred fifteen per cent of the state-wide median allowable cost; (iii)
344 fair rent, the amount shall be calculated utilizing the amount approved
345 pursuant to section 17b-353; (iv) capital-related costs, there shall be no
346 maximum; and (v) administrative and general costs, the maximum shall
347 be equal to the state-wide median allowable cost. For purposes of this
348 subdivision, "temporary nursing services agency" and "nursing
349 personnel" have the same meaning as provided in section 1 of this act.

350 Sec. 8. Subsection (a) of section 51-344a of the 2022 supplement to the
351 general statutes is repealed and the following is substituted in lieu
352 thereof (*Effective July 1, 2022*):

353 (a) Whenever the term "judicial district of Hartford-New Britain" or
354 "judicial district of Hartford-New Britain at Hartford" is used or referred

355 to in the following sections of the general statutes, it shall be deemed to
356 mean or refer to the judicial district of Hartford on and after September
357 1, 1998: Sections 1-205, 1-206, 2-48, 3-21a, 3-62d, 3-70a, 3-71a, 4-61, 4-160,
358 4-164, 4-177b, 4-180, 4-183, 4-197, 5-202, 5-276a, 8-30g, 9-7a, 9-7b, 9-369b,
359 10-153e, 12-208, 12-237, 12-268l, 12-312, 12-330m, 12-405k, 12-422, 12-448,
360 12-454, 12-456, 12-463, 12-489, 12-522, 12-554, 12-565, 12-572, 12-586f, 12-
361 597, 12-730, 13b-34, 13b-235, 13b-315, 13b-375, 14-57, 14-66, 14-67u, 14-
362 110, 14-195, 14-311, 14-311c, 14-324, 14-331, 15-125, 15-126, 16-41, 16a-5,
363 17b-60, 17b-100, 17b-238, 17b-531, 19a-85, 19a-86, [19a-123d,] 19a-425,
364 19a-498, 19a-517, 19a-526, 19a-633, 20-12f, 20-13e, 20-29, 20-40, 20-45, 20-
365 59, 20-73a, 20-86f, 20-99, 20-114, 20-133, 20-154, 20-156, 20-162p, 20-192,
366 20-195p, 20-202, 20-206c, 20-227, 20-238, 20-247, 20-263, 20-271, 20-307,
367 20-341f, 20-363, 20-373, 20-404, 20-414, 21a-55, 21a-190i, 22-7, 22-228, 22-
368 248, 22-254, 22-320d, 22-326a, 22-344b, 22-386, 22a-6b, 22a-7, 22a-16, 22a-
369 30, 22a-34, 22a-53, 22a-60, 22a-62, 22a-63, 22a-66h, 22a-106a, 22a-119,
370 22a-180, 22a-182a, 22a-184, 22a-220a, 22a-220d, 22a-225, 22a-226, 22a-
371 226c, 22a-227, 22a-250, 22a-255l, 22a-276, 22a-310, 22a-342a, 22a-344, 22a-
372 361a, 22a-374, 22a-376, 22a-408, 22a-430, 22a-432, 22a-438, 22a-449f, 22a-
373 449g, 22a-459, 23-5e, 23-65m, 25-32e, 25-36, 28-5, 29-143j, 29-158, 29-161z,
374 29-323, 30-8, 31-109, 31-249b, 31-266, 31-266a, 31-270, 31-273, 31-284, 31-
375 285, 31-339, 31-355a, 31-379, 35-3c, 35-42, 36a-186, 36a-187, 36a-471a, 36a-
376 494, 36a-587, 36a-647, 36a-684, 36a-718, 36a-807, 36b-26, 36b-27, 36b-30,
377 36b-50, 36b-71, 36b-72, 36b-74, 36b-76, 38a-41, 38a-52, 38a-134, 38a-139,
378 38a-140, 38a-147, 38a-150, 38a-185, 38a-209, 38a-225, 38a-226b, 38a-241,
379 38a-337, 38a-470, 38a-620, 38a-657, 38a-687, 38a-774, 38a-776, 38a-817,
380 38a-843, 38a-868, 38a-906, 38a-994, 42-103c, 42-110d, 42-110k, 42-110p,
381 42-182, 46a-56, 46a-100, 47a-21, 49-73, 51-44a, 51-81b, 51-194, 52-146j, 53-
382 392d and 54-211a.

383 Sec. 9. Sections 19a-123, 19a-123b and 19a-123d of the general statutes
384 are repealed. (Effective July 1, 2022)

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2022	New section

Sec. 2	July 1, 2022	New section
Sec. 3	July 1, 2022	New section
Sec. 4	July 1, 2022	New section
Sec. 5	July 1, 2022	17b-340(a)
Sec. 6	July 1, 2022	17b-340(f)(1)
Sec. 7	July 1, 2022	17b-340d(a)(4)
Sec. 8	July 1, 2022	51-344a(a)
Sec. 9	July 1, 2022	Repealer section

Statement of Legislative Commissioners:

In Section 1(d)(2)(C), "state of permanent residency" was changed to "the states of the permanent residences" for consistency; in Section 2(a), "a health care facility" was changed to "each health care facility" for clarity; and in Section 3(a), "nursing personnel service was" was changed to "temporary nursing services were" for consistency.

AGE *Joint Favorable Subst.*