



## 14 "ARTICLE 2

15 ~~31-7-23.~~16 ~~Reserved.~~17 31-7-30.18 As used in this article, the term:19 (1) 'Committee' means a nurse staffing committee established pursuant to Code Section  
20 31-7-32.21 (2) 'Hospital' means a hospital which is permitted to operate by the department pursuant  
22 to Article 1 of this chapter, including a hospital maintained or operated by this state or  
23 a hospital authority.24 (3) 'Nurse services staffing plan' means the staffing plan required to be established by a  
25 hospital pursuant to Code Section 31-7-31.26 (4) 'Nurse staffing committee' means the standing committee established by a hospital  
27 pursuant to Code Section 31-7-32.28 (5) 'Patient care unit' means a unit or area of a hospital in which registered nurses provide  
29 patient care.30 31-7-31.31 (a) The governing body of a hospital shall adopt, implement, and enforce a written nurse  
32 services staffing plan to ensure that an adequate number and skill mix of nurses are  
33 available to meet the level of patient care needed. Such plan shall include a process for:34 (1) Requiring the hospital to give significant consideration to the nurse services staffing  
35 plan recommended by the hospital's nurse staffing committee and to that committee's  
36 evaluation of any existing plan;

37 (2) Adopting, implementing, and enforcing an official nurse services staffing plan that  
38 is based on the needs of each patient care unit and shift and on evidence relating to  
39 patient care needs;

40 (3) Using the official nurse services staffing plan as a component in setting the nurse  
41 staffing budget;

42 (4) Encouraging nurses to provide input to the committee relating to nurse staffing  
43 concerns;

44 (5) Protecting nurses who provide input to the committee from retaliation; and

45 (6) Ensuring compliance with any rules and regulations adopted by the department  
46 relating to nurse staffing.

47 (b) The written nurse services staffing plan adopted pursuant to subsection (a) of this Code  
48 section shall:

49 (1) Reflect current standards established by private accreditation organizations,  
50 governmental entities, national nursing professional associations, and other health  
51 professional organizations;

52 (2) Set minimum staffing levels for patient care units that are:

53 (A) Based on multiple nurse and patient considerations; and

54 (B) Determined by the nursing assessment and in accordance with evidence based safe  
55 nursing standards;

56 (3) Include a method for adjusting the nurse services staffing plan for each patient care  
57 unit to provide staffing flexibility to meet patient needs; and

58 (4) Include a contingency plan when patient care needs unexpectedly exceed direct  
59 patient care staff resources.

60 (c) A hospital shall:

61 (1) Use the official nurse services staffing plan:

62 (A) As a component in setting the nurse staffing budget; and

63 (B) To guide the hospital in assigning nurses hospital-wide; and

64 (2) Make readily available to nurses on each patient care unit at the beginning of each  
65 shift the official nurse services staffing plan levels and current staffing levels for that unit  
66 and that shift.

67 31-7-32.

68 (a) A hospital shall establish a nurse staffing committee as a standing committee of the  
69 hospital.

70 (b) The committee shall be composed of members who are representative of the types of  
71 nursing services provided in the hospital.

72 (c) The chief nursing officer of the hospital shall be a voting member of the committee.

73 (d) At least 60 percent of the members of the committee shall be registered nurses who:

74 (1) Provide direct patient care during at least 50 percent of their work time; and

75 (2) Are selected by their peers who provide direct patient care during at least 50 percent  
76 of their work time.

77 (e) The committee shall meet at least quarterly.

78 (f) Participation on the committee by a hospital employee as a committee member shall  
79 be considered part of the employee's work time, and the hospital shall compensate such  
80 member for that time accordingly. The hospital shall relieve a committee member of other  
81 work duties during committee meetings.

82 (g) The committee shall:

83 (1) Develop and recommend to the hospital's governing body a nurse services staffing  
84 plan that meets the requirements of Code Section 31-7-31;

85 (2) Review, assess, and respond to staffing concerns expressed to the committee;

86 (3) Identify the nurse-sensitive outcome measures the committee will use to evaluate the  
87 effectiveness of the official nurse services staffing plan;

88 (4) Evaluate, at least semiannually, the effectiveness of the official nurse services  
89 staffing plan and variations between the plan and the actual staffing; and

90 (5) Submit to the hospital's governing body, at least semiannually, a report on nurse  
91 staffing and patient care outcomes, including the committee's evaluation of the  
92 effectiveness of the official nurse services staffing plan and aggregate variations between  
93 the nurse services staffing plan and actual staffing.

94 (h) In evaluating the effectiveness of the official nurse services staffing plan, the  
95 committee shall consider patient needs, nurse-sensitive outcome measures, nurse  
96 satisfaction measures collected by the hospital, and evidence based nurse staffing  
97 standards.

98 31-7-33.

99 (a) A hospital shall annually report to the department on:

100 (1) Whether the hospital's governing body has adopted a nurse services staffing plan as  
101 required by Code Section 31-7-31;

102 (2) Whether the hospital has established a nurse staffing committee as required by Code  
103 Section 31-7-32 that meets the membership requirements of such Code section;

104 (3) Whether the nurse staffing committee has evaluated the hospital's official nurse  
105 services staffing plan as required by Code Section 31-7-32 and has reported the results  
106 of the evaluation to the hospital's governing body as provided by such Code section; and

107 (4) The nurse-sensitive outcome measures the committee adopted for use in evaluating  
108 the hospital's official nurse services staffing plan.

109 (b) Information reported pursuant to this Code section shall be considered public records,  
110 subject to open records laws.

111 (c) To the extent possible, the department shall collect the data required pursuant to  
112 subsection (a) of this Code section in conjunction with surveys or other data required to be  
113 submitted to the department under other laws or regulations.

114 31-7-34.

115 (a) The department shall maintain a secure online portal for the submission by hospital  
116 staff members of anonymous reports of unsafe staffing conditions in any hospital.

117 (b) Upon receipt of a report of unsafe staffing conditions, the department shall forward the  
118 report to its Division of Healthcare Facility Regulation for investigation, to the nurse  
119 staffing committee of the hospital that is the subject of the report, and to any agent  
120 representing the licensed registered nurses employed by the hospital that is the subject of  
121 the report.

122 (c) The Division of Healthcare Facility Regulation shall investigate all reports of unsafe  
123 staffing conditions pursuant to Code Section 31-2-8. If the division determines that a  
124 patient care unit identified in a complaint was not in compliance with its nurse services  
125 staffing plan on the date identified in the complaint or is not in compliance during an  
126 on-site investigation, the division shall take appropriate actions as authorized in Code  
127 Section 31-2-8.

128 31-7-35.

129 (a) There is hereby established an advisory commission, composed of nine members as  
130 follows:

131 (1) The following members appointed by the Governor:

132 (A) An expert in nursing practice, quality of nursing care, or patient care standards;

133 (B) A representative of associations representing nurses; and

134 (C) A representative of a hospital;

135 (2) The following members appointed by the President of the Senate:

136 (A) An expert in nursing practice, quality of nursing care, or patient care standards;

137 (B) A representative of associations representing nurses; and

138 (C) A representative of a hospital; and

139 (3) The following members appointed by the Speaker of the House of Representatives:

- 140 (A) An expert in nursing practice, quality of nursing care, or patient care standards;  
141 (B) A representative of associations representing nurses; and  
142 (C) A representative of a hospital.

143 The members of the advisory commission shall serve at the pleasure of the appointing  
144 official. Members of the advisory commission shall keep confidential any information  
145 received in the course of their duties and may only use such information in the course of  
146 carrying out their duties on the advisory commission, except those reports required to be  
147 issued by the commission under this Code section, which may only include de-identified  
148 information.

149 (b) The advisory commission shall convene annually in order to evaluate the effectiveness  
150 of the nurse staffing committees pursuant to Code Section 31-7-32. Such review shall  
151 evaluate quantitative and qualitative data, including, but not limited to, whether staffing  
152 levels were improved and maintained, patient satisfaction, employee satisfaction, patient  
153 quality of care metrics, workplace safety, and any other metrics the advisory commission  
154 deems relevant.

155 (c) The advisory commission may collect and shall be provided all relevant information  
156 necessary to carry out its functions from the department and other appropriate state  
157 agencies. The commission may also invite testimony by experts in the field and from the  
158 public. In making its recommendations pursuant to subsection (d) of this Code section, the  
159 advisory commission shall analyze relevant data, including data and factors contained in  
160 subsection (a) of Code Section 31-7-31 related to nurse services staffing plans. The  
161 advisory commission may also make recommendations for additional or enhanced  
162 enforcement mechanisms or powers to address hospital failure to comply with this article  
163 and recommend the appropriation of funding for the department to enforce this article or  
164 to assist hospitals in hiring additional staff to comply with this article.

165 (d) The advisory commission shall submit to the Speaker of the House of Representatives,  
166 the President of the Senate, and the chairpersons of the health committees of the House of

167 Representatives and Senate, and make available to the public, a report that includes  
168 recommendations for further legislative action, if any, in order to improve working  
169 conditions and quality of care in hospitals pursuant to the intent of this article."

170

**SECTION 2.**

171 All laws and parts of laws in conflict with this Act are repealed.