

HOUSE No. 1186

The Commonwealth of Massachusetts

PRESENTED BY:

Kay Khan

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 to promote patient care transparency and nurse advancement.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Kay Khan</i>	<i>11th Middlesex</i>
<i>Chris Walsh</i>	<i>6th Middlesex</i>

HOUSE No. 1186

By Ms. Khan of Newton, a petition (accompanied by bill, House, No. 1186) of Kay Khan and Chris Walsh for legislation to require hospitals to report staffing plans to the Department of Public Health . Public Health.

The Commonwealth of Massachusetts

**In the One Hundred and Ninetieth General Court
(2017-2018)**

An Act to promote patient care transparency and nurse advancement.

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 is hereby amended by inserting the
2 following new section 232:-

3 Section 232. For the purposes of this section, the following words shall have the
4 following meanings:

5 a) "Hospital", a hospital licensed under section 51 of chapter 111, the teaching
6 hospital of the University of Massachusetts medical school, a private licensed hospital; provided,
7 however, that "hospital" shall not include a hospital or unit classified as either an inpatient
8 rehabilitation facility, an inpatient psychiatric facility, an inpatient substance abuse facility, or a
9 long term care hospital by the federal Centers for Medicare and Medicaid Services, as well as a
10 state-owned and state-operated hospital, or a unit within a state-operated facility.

11 b) "Staffing data", the unit level budgeted staffing data for the upcoming fiscal year
12 as well as the unit level actual staffing data for the preceding fiscal year that indicates the team of

13 patient care professionals involved in the direct care of patients for the following units in each
14 hospital: medical, surgical, intensive care units, rehabilitation, behavioral health, skilled nursing
15 care, step down or intermediate care, emergency departments, and such other units as determined
16 by the Department.

17 A hospital shall submit the staffing data for its fiscal year to the Department on an annual
18 basis. The staffing data shall include, but not be limited to, the following:

19 a) consideration and inclusion of patient care professionals who have productive
20 hours with direct patient care responsibilities greater than 50% of their shift who are counted in
21 the staffing matrix and replaced if they call in sick; provided however that such staffing plan
22 shall exclude monitor technicians, students, and sitters/patient observers;

23 b) the inclusion of additional different care team members who are available
24 resources to the unit on a given shift (Day, Evening, Night) who support the direct caregivers in
25 providing care to patients and families on the unit; and

26 c) in a general narrative form appended to the report, discussion of: the complexity
27 of clinical judgment needed to design and implement a patient's nursing care plan; the varying
28 acuity of patients; the need for specialized equipment and technology; the skill mix of other
29 patient care team members providing or supporting direct patient care; patient care team member
30 experience, preparation and involvement in quality improvement activities professional
31 preparation and experience; and the patient centered nursing activities carried out by unit-based
32 staff in the presence of the patient (e.g., medication administration, nursing treatments, nursing
33 rounds, admission/transfer/discharge, patient teaching, patient communication) and nursing

34 activities that occur away from the patient that are related (e.g., coordination of patient care,
35 documentation, treatment planning).

36 The Department shall post the reports in an electronic format, published on the
37 department website and available to the public.

38 The Department shall develop a process to collect standardized nursing-sensitive quality
39 measures that are evidence-based, nationally-accepted patient safety quality indicators that shall
40 be consistent with those established pursuant to section 231. Reporting shall be done in the same
41 manner as existing state and federal data reporting requirements. The department shall annually
42 issue to the general public hospital-specific data and aggregated industry trends developed from
43 these reports.

44 SECTION 2: Notwithstanding any general or special law to the contrary, there shall be a
45 Special Commission on Nursing Education and Experience, which shall be jointly chaired by the
46 commissioner of the Department of Public Health or a designee and the commissioner of the
47 Department of Higher Education or a designee. The commission shall make recommendations
48 necessary to advance the practice of nursing through the design of academic pathways and
49 supports needed to ensure that 66% of licensed registered nurses in the Commonwealth have
50 obtained a minimum of a bachelor's degree or higher in nursing by the year 2020; 85% of
51 licensed registered nurses have obtained a minimum of a bachelor's degree or higher in nursing
52 by 2025; and, 95% of licensed registered nurses have obtained a minimum of a bachelor's degree
53 or higher in nursing by 2030. The Commission shall issue its recommendations no later than
54 January 1, 2018.

55 In addition to the commissioner of public health and the commissioner of higher
56 education, the commission shall include 15 members: the executive director of the
57 Massachusetts Board of Registration in Nursing or designee; a representative of the Organization
58 of Nurse Leaders of Massachusetts, Rhode island, New Hampshire, and Connecticut; a
59 representative of the Massachusetts Health and Hospital Association; a representative of the
60 Massachusetts Association of Colleges of Nursing; a representative of the Massachusetts/Rhode
61 Island League for Nursing (MARILN); a representative of the Massachusetts Action Coalition
62 included in the Robert Wood Johnson Foundation’s Academic Progression in Nursing initiative;
63 a representative of the American Nurses Association Massachusetts; a representative of the
64 Massachusetts Nurses Association; a representative of the Massachusetts Community Colleges
65 Executive Office; a representative of the Association of Independent Colleges and Universities
66 of Massachusetts; a representative of AARP Massachusetts; a representative of a veterans
67 administration hospital; a representative of the Council of Presidents of the Massachusetts State
68 University System; a representative of the Massachusetts Senior Care Association, and a
69 representative of the Home Care Alliance of Massachusetts.