SENATE No. 1422

The Commonwealth of Massachusetts

PRESENTED BY:

Diana DiZoglio

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:	
Diana DiZoglio	First Essex	
Michael D. Brady	Second Plymouth and Bristol	2/12/2021
Carol A. Doherty	3rd Bristol	2/26/2021
Susan L. Moran	Plymouth and Barnstable	2/26/2021
Brian M. Ashe	2nd Hampden	3/9/2021
Walter F. Timilty	Norfolk, Bristol and Plymouth	3/9/2021
Sal N. DiDomenico	Middlesex and Suffolk	4/1/2021
John Cronin	Worcester and Middlesex	4/9/2021
Paul R. Feeney	Bristol and Norfolk	4/13/2021

SENATE No. 1422

By Ms. DiZoglio, a petition (accompanied by bill, Senate, No. 1422) of Diana DiZoglio, Michael D. Brady, Carol A. Doherty, Susan L. Moran and other members of the General Court for legislation relative to workforce development and patient safety. Public Health.

[SIMILAR MATTER FILED IN PREVIOUS SESSION SEE SENATE, NO. 1255 OF 2019-2020.]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Second General Court (2021-2022)

An Act relative to workforce development and 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:

- SECTION 1. Chapter 111 of the General Laws is hereby amended by inserting after
- 2 Section 231 the following section:
- 3 Section 231A. To ensure a stable, diverse workforce of nurses for citizens of the
- 4 Commonwealth wherever they may be receiving health services, ensure safe patient care, and
- 5 avoid complications and preventable hospital readmissions, the department shall commission, in
- 6 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
- 8 to: its diversity, skill mix, specialization, classification, work hours, education and student debt
- 9 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 nursesensitive 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.

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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

- and enforcement mechanisms, including, but not limited to, the ability to assess fines for non-
- 34 compliance.