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SENATE . . . . No. 00543

The Commonwealth of Massachusetts

PRESENTED BY:

Marc R. Pacheco

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 passage of the accompanying bill:

An Act relative to patient safety.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Marc R. Pacheco	*First Plymouth and Bristol*
Cory Atkins	*14th Middlesex*
Sal N. DiDomenico	*Middlesex, Suffolk, and Essex*
Katherine M. Clark	*Middlesex and Essex*
Cynthia S. Creem	*First Middlesex and Norfolk*
Dennis A. Rosa	*4th Worcester*
James B. Eldridge	*Middlesex and Worcester*
Patricia D. Jehlen	*Second Middlesex*
Mark C. Montigny	*Second Bristol and Plymouth*
Robert L. Hedlund	*Plymouth and Norfolk*
Thomas P. Kennedy	*Second Plymouth and Bristol*
Sonia Chang-Diaz	*Second Suffolk*
Michael O. Moore	*Second Worcester*
Daniel A. Wolf	*Cape and Islands*

SENATE . . . . No. 00543

By Mr. Pacheco, petition (accompanied by bill, Senate, No. 543) of Marc R. Pacheco, Michael O. Moore, Cory Atkins, Sal DiDomenico and other members of the General Court for legislation relative to patient safety. Health Care Financing.

The Commonwealth of Massachusetts

In the Year Two Thousand Eleven

An Act relative to 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:

1 SECTION 1. Chapter 118G of the General laws, as appearing in the 2004 Official
2 Edition, is hereby amended by adding the following new section:-

3 Section 28:

4 (a) The division shall require hospitals, nursing homes, chronic care and rehabilitation
5 hospitals, other specialty hospitals, clinics, including mental health clinics, all other health care
6 institutions, organizations and corporations licensed or registered by the department of public
7 health and health maintenance organizations as defined in chapter 176G to annually report
8 appropriate data to the division. This data will be posted and made available to the general
9 public via the internet and include but not be limited to:

10 (i) measures which differentiate between severity of patient illness, readmission rates,
11 length of stay, patient/family satisfaction with care, nurse satisfaction and nurse vacancy rates;

12 (ii) indicators of the nature and amount of nursing care directly provided by licensed
13 nurses including, but not limited to, the actual and the average ratio of registered nurses to
14 patients or residents and the actual and the average skill mix ratio of licensed and supervised
15 unlicensed personnel to patients or residents, and statistics as defined by the National Quality
16 Forum (NQF) and/or the Center for Medicare and Medicaid Services (CMS) on the number of
17 falls, number of incidents of failure to rescue, number of health care acquired infections,
18 including sepsis and pneumonia, and number of medication errors.

19 (iii) documentation of defined nursing interventions such as clinical assessment by a
20 licensed provider, pain measurement and management, skin integrity management, patient
21 education and discharge planning; and

22 (iv) documentation of patient safety measures such as restraint checks, seizure
23 precautions and suicidal precautions, to enable purchasers of group health insurance policies and
24 health care services and for the public at large to make meaningful financial and quality of care
25 comparisons.

26 (b) The division shall consult with interested parties, including but not limited to; the
27 group insurance commission, the Massachusetts nurses association, the Massachusetts health
28 data consortium, the Massachusetts hospital association, the public health council, Massachusetts
29 senior action council, associated industries of Massachusetts, a large labor union, the division of
30 medical assistance, the board of registration in nursing, the division of insurance, the
31 Massachusetts association of health maintenance organizations, and a national council of quality
32 assurance accreditation expert to develop methodologies for collecting and reporting data

33 pursuant to this section and to plan for its use and dissemination to culturally diverse
34 populations.

35 (c) Subject to the provisions of section 2(c) of chapter 66A, information collected by the
36 division pursuant to this section shall be made available annually in the form of printed reports
37 and through electronic medium derived from raw data and/or through computer-to-computer
38 access. All personal data shall be maintained with the physical safeguards enumerated in said
39 chapter.

40 SECTION 2. Section 70E of Chapter 111 of the General Laws is hereby amended by
41 striking out in line 89 the word “and”.

42 SECTION 3. Said section 70E of said Chapter 111, as so appearing, is hereby further
43 amended by striking out in line 99 the word “foregoing.” and adding, the following words
44 “foregoing; and”.

45 SECTION 4. Said section 70E of said Chapter 111, as so appearing, is hereby further
46 amended by adding at the end thereof the following new subsection:—

47 (o) upon request, to receive from a duly authorized representative of the facility,
48 disclosure of nursing sensitive outcome data as defined by NQF and/or CMS for statistics
49 including but not limited to, the actual and the average ratio of registered nurses to patients or
50 residents and the actual and the average skill mix ratio of licensed and supervised unlicensed
51 personnel to patients or residents, the number of falls, the number of incidents of failure to
52 rescue, the number of health care acquired infections, including sepsis and pneumonia, and the
53 number of medication errors, and further, upon request, to receive from said duly authorized
54 representative information regarding the educational preparation and length of employment of

55 said facility's nursing staff, as well as information on nurse satisfaction and nurse vacancy rates,
56 and to receive a copy of the comparative nursing care data report as outlined in chapter 118G,
57 section 24 subsection (a). The fee for said report shall be determined by the rate of reasonable
58 copying expenses.

59 SECTION 5. Chapter 111 of the General Laws is hereby amended by adding the
60 following 9 sections:—

61 Section 221. As used in sections 221 to 229, inclusive, the following words shall, unless
62 the context clearly requires otherwise, have the following meanings:—

63 "Adjustment of standards", the adjustment of nurse's patient assignment standards in
64 accordance with patient acuity according to, or in addition to, direct-care registered nurse
65 staffing levels determined by the nurse manager, or his designee, using the patient acuity system
66 developed by the department and any alternative patient acuity system utilized by hospitals, if
67 said system is certified by the department.

68 "Acuity", the intensity of nursing care required to meet the needs of a patient; higher
69 acuity usually requires longer and more frequent nurse visits and more supplies and equipment.

70 "Assignment", the provision of care to a particular patient for which a direct-care
71 registered nurse has responsibility within the scope of the nurse's practice, notwithstanding any
72 general or special law to the contrary.

73 "Assist", patient care that a direct-care registered nurse may provide beyond his patient
74 assignments if the tasks performed are specific and time-limited.

75 "Board", the board of registration in nursing.

76 “Circulator”, a direct-care registered nurse devoted to tracking key activities in the
77 operating room.

78 “Department”, the department of public health.

79 “Direct-care registered nurse”, a registered nurse who has accepted direct responsibility
80 and

81 accountability to carry out medical regimens, nursing or other bedside care for patients.

82 “Facility”, a hospital licensed under section 51, the teaching hospital of the University of
83 Massachusetts medical school, any licensed private or state-owned and state-operated general
84 acute care hospital, an acute psychiatric hospital, an acute care specialty hospital, or any acute
85 care unit within a state-operated facility. As used in sections 221 to 229, inclusive, this definition
86 shall not include rehabilitation facilities or long-term acute care facilities.

87 “Float nurse”, a direct-care registered nurse that has demonstrated competence in any
88 clinical area that he may be requested to work and is not assigned to a particular unit in a facility.

89 “Health Care Workforce”, personnel that have an effect upon the delivery of quality care
90 to patients, including but not limited to, licensed practical nurses, unlicensed assistive personnel
91 and/or other service, maintenance, clerical, professional and/or technical workers and other
92 health care workers.

93 "Mandatory overtime", any employer request with respect to overtime, which, if refused
94 or declined by the employee, may result in an adverse employment consequence to the
95 employee. The term overtime with respect to an employee means any hours that exceed the

96 predetermined number of hours that the employer and employee have agreed that the employee
97 shall work during the shift or week involved.

98 "Nurse's patient limit", the maximum number of patients assigned to each direct-care
99 registered nurse at one time on a particular unit.

100 "Monitor in moderate sedation cases", a direct-care registered nurse devoted to
101 continuously monitoring his patient's vital statistics and other critical symptoms.

102 "Nurse manager", the registered nurse, or his designee, whose tasks include, but are not
103 limited to, assigning registered nurses to specific patients by evaluating the level of experience,
104 training, and education of the direct-care nurse and the specific acuity levels of the patient.

105 "Nurse's patient assignment standard", the optimal number of patients to be assigned to
106 each direct-care registered nurse at one time on a particular unit.

107 "Nursing care", care which falls within the scope of practice as defined in section 80B of
108 chapter 112 or is otherwise encompassed within recognized professional standards of nursing
109 practice, including assessment, nursing diagnosis, planning, intervention, evaluation and patient
110 advocacy.

111 "Overwhelming patient influx", an unpredictable or unavoidable occurrence at
112 unscheduled or

113 unpredictable intervals that causes a substantial increase in the number of patients requiring
114 emergent and immediate medical interventions and care, a declared national or state emergency,
115 or the activation of the health care facility disaster diversion plan to protect the public health or
116 safety.

117 “Patient acuity system”, a measurement system that is based on scientific data and
118 compares the registered nurse staffing level in each nursing department or unit against actual
119 patient nursing care requirements of each patient, taking into consideration the health care
120 workforce on duty and available for work appropriate to their level of training or education, in
121 order to predict registered nursing direct-care requirements for individual patients based on the
122 severity of patient illness. Said system shall be both practical and effective in terms of hospital
123 implementation.

124 “Teaching hospital”, a facility as defined in section 51 that meets the teaching facility
125 definition of the American Association of Medical Colleges.

126 “Temporary nursing service agencies”, also known as the nursing pool as defined in
127 section 72Y, and as regulated by the department.

128 “Unassigned registered nurse”, includes, but not limited to, any nurse administrator,
129 nurse supervisor, nurse manager, or charge nurse that maintains his registered nurse licensing
130 certification but is not assigned to a patient for direct care duties.

131 Section 222. The department shall reevaluate the numbers that comprise the nurse’s
132 patient assignment standards and nurse’s patient limits and the patient acuity system in the
133 evaluation period and then every 3 years thereafter, taking into consideration evolving
134 technology or changing treatment protocols and care practices and other relevant clinical factors.

135 Section 223. (a) The department shall develop nurse’s patient assignment standards
136 which shall be an ideal number of patients assigned to a direct-care registered nurse that will
137 promote equal, high-quality, and safe patient care at all facilities. The standards shall form the
138 basis of nurse staffing plans set forth in section 225. The department shall use, at a minimum, the

139 following information to develop nurse's patient assignment standards for all facilities: (1)
140 Massachusetts specific data, including, but not limited to, the role of registered nurses in the
141 commonwealth by type of unit, the current staffing plans of facilities, the relative experience and
142 education of registered nurses, the variability of facilities, and the needs of the

143 patient population; (2) fluctuating patient acuity levels; (3) variations among facilities and patient
144 care units; (4) scientific data related to patient outcomes, a rigorous analysis of clinical data
145 related to patient outcomes and valid nationally recognized scientific evidence on patient care,
146 facility medical error rates, and health care quality measures; (5) availability of technology; (6)
147 treatment modalities within behavioral health facilities; and (7) public testimony from both the
148 public and experts within the field.

149 (b) The nurse's patient assignment standards may be adjustable and flexible, as
150 determined by the department, to consider factors, including but not limited to; varying patient
151 acuity, time of day, and registered nurse experience. The number of patients assigned to each
152 direct-care registered nurse may not be averaged. The nurse's patient assignment standards may
153 not refer to a total number of patients and a total number of direct-care registered nurses on a unit
154 and shall not be factored over a period of time.

155 (c) The department shall develop nurse's patient limits which represent the maximum
156 number of patients to be safely assigned to each direct-care registered nurse at one time on a
157 particular unit. The number of patients assigned to each direct-care registered nurse shall not be
158 averaged and each limit shall pertain to only one direct-care registered nurse. Nurse's patient
159 limits shall not refer to a total number of patients and a total number of direct-care registered
160 nurses on a unit and shall not be factored over a period of time. A facility's failure to adhere to

161 these nurse's patient limits shall result in non-compliance with this section and the facility shall
162 be subject to the enforcement procedures herein and section 228.

163 (d) If the commissioner finds that, for any unit, the department cannot arrive at a
164 rationally based limit using available scientific data, the commissioner shall report to: (1) the
165 clerks of the house of representatives and the senate who shall forward the same to the speaker of
166 the house of representatives, the president of the senate , the chairs of the joint committee on
167 public health, and the joint committee on state administration and regulatory oversight; (2) the
168 commissioner of the division of health care financing and policy; and (3) the nursing advisory
169 board as defined in section 16H of chapter 6A, the reasons for the department's failure to arrive
170 at a rationally based limit and the data necessary for the department to determine a limit by the
171 next review period.

172 (e) The setting of nurse's patient assignment standards and nurse's patient limits for
173 registered nurses shall not result in the understaffing or reductions in staffing levels of the health
174 care workforce. The availability of the health care workforce enables registered nurses to focus
175 on the nursing care functions that only registered nurses, by law, are permitted to perform and
176 thereby helps to ensure adequate staffing levels.

177 (f)Nurse's patient assignment standards and nurse's patient limits shall be determined for
178 the following departments, units or types of nursing care:— intensive care units, (a) critical
179 patient(s) (b) critical unstable patient(s); critical care units, (a) critical patient(s) (b) critical
180 unstable patient(s); neo-natal intensive care (a) critical patient(s) (b) critical unstable patient(s);
181 burn units (a) critical patient(s) (b)critical unstable patient(s); step-down/intermediate care;
182 operating rooms, (a) not to include a registered nurse working as a circulator (b) to be

183 determined for registered nurse working as a monitor in moderate sedation cases; post anesthesia
184 care with the patient remaining under anesthesia; post-anesthesia care with

185 the patient in a post-anesthesia state; emergency department overall; emergency critical care,
186 provided that the triage, radio or other specialty registered nurse is not included; emergency
187 trauma; labor and delivery with separate standards for (i) a patient in active labor, (ii) patients, or
188 couplets, in immediate postpartum, and (iii) patients, or couplets, in postpartum; intermediate
189 care nurseries; well-baby nurseries; pediatric units; psychiatric units; medical and surgical;
190 telemetry; observational/out-patient treatment; transitional care; acute inpatient rehabilitation;
191 specialty care unit; and any other units or types of care determined necessary by the department.

192 (g) The department shall jointly, with the department of mental health, develop nurse's
193 patient assignment standards and nurse's patient limits in acute psychiatric care units. These
194 standards and limits shall not interfere with the licensing standards of the department of mental
195 health.

196 (h) Nothing in this section shall exempt a facility that identifies a unit by a name or term
197 other than those used in this section, from complying with the nurse's patient assignment
198 standards and nurse's patient limits and other provisions established in this section for care
199 specific to the types of units listed.

200 Section 224. (a) The department shall develop a patient acuity system, as defined in
201 section 221. The department may also certify patient acuity systems developed or utilized by
202 facilities. Patient acuity systems shall include standardized criteria determined by the
203 department. The patient acuity system shall be used by facilities to: (1) assess the acuity of
204 individual patients and assign a value, within a numerical scale, to each individual patient; (2)

205 establish a methodology for aggregating patient acuity; (3) monitor and address the fluctuating
206 level of acuity of each patient; (4) supplement the nurse's patient assignments and indicate the
207 need for adjustment of direct-care registered nurse staffing as patient acuity changes; and (5)
208 assess the need for health care workforce staff to ensure nurses' focus on the delivery of patient
209 care.

210 (b) The patient acuity system designed by the department or other patient acuity system
211 used by a facility and certified by the department shall be used in determining adjustments in the
212 number of direct-care registered nurses due to the following factors: (1) the need for specialized
213 equipment and technology; (2) the intensity of nursing interventions required and the complexity
214 of clinical nursing judgment needed to design, implement and evaluate the patient's nursing care
215 plan consistent with professional standards of care; (3) the amount of nursing care needed, both
216 in number of direct-care registered nurses and skill mix of members of the health care workforce
217 necessary to the delivery of quality patient care required on a daily basis for each patient in a
218 nursing department or unit, the proximity of patients, the proximity and

219 availability of other resources, and facility design; (4) appropriate terms and language that are
220 readily used and understood by direct-care registered nurses; and (5) patient care services
221 provided by registered nurses and the health care workforce.

222 (c) The patient acuity system shall include a method by which facilities may adjust a
223 nurse's patient assignments within the limits determined by the department as follows: (1) a
224 nurse manager or designee shall adjust the patient assignments according to the patient acuity
225 system whenever practicable as determined by need; (2) a nurse manager or designee shall adjust
226 the patient assignments when the department-developed or certified patient acuity system

227 indicates a change in acuity of any particular patient to the extent that it triggers an alert
228 mechanism tied to the aggregate patient acuity; (3) a nurse manager or designee shall be
229 responsible for reassigning patients to comply with the patient acuity system, provided that the
230 nurse manager may rearrange patient assignments within the direct-care registered nurses already
231 under management and may also utilize an available float nurse; (4) at any time, any registered
232 nurse may assess the accuracy of the patient acuity system as applied to a patient in the
233 registered nurse's care. Nothing in this section shall supersede or replace any requirements
234 otherwise mandated by law, regulation or collective bargaining contract so long as the facility
235 meets the requirements determined by the department.

236 Section 225. As a condition of licensing by the department, each facility shall submit
237 annually to the department a prospective staffing plan with a written certification that the staffing
238 plan is sufficient to provide adequate and appropriate delivery of health care services to patients
239 for the ensuing year. A staffing plan shall: (1) incorporate information regarding the number of
240 licensed beds and amount of critical technical equipment associated with each bed in the entire
241 facility; (2) adhere to the nurse's patient assignment standards; (3) employ the department -
242 developed or facility-developed or any alternative patient acuity system developed or utilized by
243 a facility and certified by the department when addressing fluctuations in patient acuity levels
244 that may require adjustments in registered nurse staffing levels as determined by the department;
245 (4) provide for orientation of registered nursing staff to assigned clinical practice areas, including
246 temporary assignments; (5) include other unit or department activity such as discharges, transfers
247 and admissions, and administrative and support tasks that are expected to be

248 done by direct-care registered nurses in addition to direct nursing care; (6) include written reports
249 of the facility's patient aggregate outcome data; (7) incorporate the assessment criteria used to

250 validate the acuity system relied upon in the plan; and (8) include services provided by the health
251 care workforce necessary to the delivery of quality patient care. As a condition of licensing, each
252 facility shall submit annually to the department an audit of the preceding year's staffing plan.
253 The audit shall compare the staffing plan with measurements of actual staffing, as well as
254 measurements of actual acuity for all units within the facility assessed through the patient acuity
255 system.

256 Section 226. (a) A direct-care registered nurse at the beginning of the nurse's shift will be
257 assigned to a certain patient or patients by the nurse manager, who shall use professional
258 judgment in so assigning, provided that the number of patients so assigned shall not exceed the
259 nurse's patient limit associated with the unit.

260 (b) An unassigned registered nurse may be included in the counting of the nurse to
261 patient assignment standards only when that unassigned registered nurse is providing direct care.
262 When an unassigned registered nurse is engaged in activities other than direct patient care, that
263 nurse shall not be included in the counting of the nurse to patient assignments. Only an
264 unassigned registered nurse, who has demonstrated current competence to the facility to provide
265 the level of care specific to the unit to which the patient is admitted, may relieve a direct-care
266 registered nurse from said unit during breaks, meals, and other routine and expected absences.

267 (c) Nothing in this section shall prohibit a direct-care registered nurse from assisting with
268 specific tasks within the scope of the nurse's practice for a patient assigned to another nurse.

269 (d) Each facility shall plan for routine fluctuations in patient census. In the event of an
270 overwhelming patient influx, said facility shall demonstrate that prompt efforts were made to
271 maintain required staffing levels during the influx and that mandated limits were reestablished as

272 soon as possible, and no longer than a total of 48 hours after termination of the event, unless
273 approved by the department.

274 (e) For the purposes of complying with the requirements set forth in this section, except
275 in cases of federal or state government declared public emergencies, or a facility-wide
276 emergency, no facility may employ mandatory overtime.

277 Section 227. (a) No facility shall directly assign any unlicensed personnel to perform
278 non-delegable licensed nurse functions to replace care delivered by a licensed registered nurse.
279 Unlicensed personnel are prohibited from performing functions which require the clinical
280 assessment, judgment and skill of a licensed registered nurse. Such functions shall include, but
281 not be limited to: (1) nursing activities which require nursing assessment and judgment during
282 implementation; (2) physical, psychological, and social assessment which requires nursing
283 judgment, intervention, referral or follow-up; (3) formulation of the plan of nursing care and
284 evaluation of the patient's response to the care provided; (4) administration of medications; and
285 (5) health teaching and health counseling. (b) For purposes of compliance with this section, no
286 registered nurse shall be assigned to a unit or a clinical area within a facility unless the registered
287 nurse has an appropriate orientation in the clinical area sufficient to provide competent nursing
288 care and has demonstrated current competency levels through

289 accredited institutions and other continuing education providers.

290 Section 228. (A) If a facility can reasonably demonstrate to the department, with
291 sufficient documentation as determined by the appropriate entity, the attorney general or the
292 division of health care finance and policy, extreme financial hardship as a consequence of

293 meeting the requirements set forth in sections 221 to 229, inclusive, then the facility may apply
294 to the department for a waiver of up to 9 months.

295 (B) As a condition of licensing, a facility required to have a staffing plan under this
296 section shall make available daily on each unit the written nurse staffing plan to reflect the
297 nurse's patient assignment standard and the nurse's patient limit as a means of consumer
298 information and protection.

299 (C) The department shall enforce paragraphs (1) to (6), inclusive, as follows: (1) If the
300 department determines that there is an apparent pattern of failure by a facility to maintain or
301 adhere to nurse's patient limits in accordance with sections 221 to 228, inclusive, the facility
302 may be subject to an inquiry by the department to determine the causes of the apparent pattern.
303 If, after such inquiry, the department determines that an official investigation is appropriate and
304 after issuance of written notification to the facility, the department may conduct an investigation.
305 Upon completion of the investigation and a finding of noncompliance, the department shall give
306 written notification to the facility as to the manner in which the facility failed to comply with
307 sections 221 to 228, inclusive. Facilities shall be granted due process during the investigation,
308 which shall include the following: (a) notice shall be granted to facilities that are noncompliant
309 with sections 221 to 228, inclusive; (b) facilities shall be afforded the opportunity to submit to
310 the department, through written clarification, justifications for failure to comply with sections
311 221 to 228, inclusive, if so determined by said department, including, but not limited to, patient
312 outcome data and other resources and personnel available to support the registered nurse and
313 patients in the unit, provided however, that facilities shall bear the burden of proof for any and
314 all justifications submitted to the department; (c) based upon such justifications, the department
315 may determine any corrective measures to be taken, if any. Such measures may include: (i) an

316 official notice of failure to comply; (ii) the imposition of additional reporting and monitoring
317 requirements; (iii) revocation of said facility's license or registration; and (iv) the
318 closing of the particular unit that is noncompliant. (2) Failure to comply with limited nurse
319 staffing requirements shall be evidence of noncompliance with this section. (3) Failure to comply
320 with the provisions of this section is actionable. (4) If the department issues an official notice of
321 failure to comply, as set forth in paragraph (1) of subsection (C) and subclause (i) of clause (c) of
322 said paragraph (1) following submission to and adjudication by the department of justifications
323 for failure to comply submitted by a facility pursuant to clause (b) of paragraph (1) of said
324 subsection (C) to a facility found in noncompliance with limits, the facility shall prominently
325 post its notice within each noncompliant unit. Copies of the notice shall be posted by the facility
326 immediately upon receipt and maintained for 14 consecutive days in conspicuous places
327 including all places where notices to employees are customarily posted. The department shall
328 post the notices on its website immediately after a finding of noncompliance. The notice shall
329 remain on the department’s website for 14 consecutive days or until such noncompliance is
330 rectified, whichever is longer. (5) If a facility is repeatedly found in noncompliance based on a
331 pattern of failure to comply as determined by the department, the commissioner may fine the
332 facility not more than $3,000 for each finding of noncompliance. (6) Any facility may appeal any
333 measure or fine sought to be enforced by the department hereunder to the division of
334 administrative law appeals and any such measure or fine shall not be enforced by the department
335 until final adjudication by the division. (7) The department may promulgate rules and regulations
336 necessary to enforce this section.

337 Section 229. The department of public health shall provide for (1) an accessible and
338 confidential system to report any failure to comply with requirements of sections 221 to 228,

339 inclusive, and (2) public access to information regarding reports of inspections, results,
340 deficiencies and corrections under said sections 221 to 228, inclusive, unless such information is
341 restricted by law or regulation. Any person who makes such a report shall identify themselves
342 and substantiate the basis for the report; provided, however, that the identity of said person shall
343 be kept confidential by the department.

344 SECTION 6. The department of public health shall include in its regulations pertaining to
345 temporary nursing service agencies, or nursing pools, as defined in section 72Y of chapter 111 of
346 the General Laws, and as regulated by the department, parameters in which the department shall
347 deny registration and operation of said agencies only if the agency attempts to increase costs to
348 facilities by at least 10 per cent.

349 SECTION 7. Section 7 is hereby repealed.

350 SECTION 8. The department of public health shall submit 2 written reports on its
351 progress in carrying out this act. Said department shall report to the general court the results of
352 its 2 written reports to the clerks of the house of representatives and the senate who shall forward
353 the same to the president of the senate, the speaker of the house of representatives, the chairs of
354 the joint committee on public health. The first report shall be filed on or before March 1, 2012
355 and the second report shall be filed on or before December 1, 2013.

356 SECTION 9. The department of public health shall initially evaluate the numbers that
357 comprise the nurse's patient assignment standards and nurse's patient limits set forth in sections
358 221 to 228, inclusive of chapter 111 of the General Laws on or before January 1, 2015.

359 SECTION 10. The department of public health, shall develop a comprehensive statewide
360 plan to promote the nursing profession in collaboration with: the executive office of housing and

361 economic development, the board of education, the board of higher education, the board of
362 registration in nursing, the Massachusetts Nurses Association, 1199SEIU, the Massachusetts
363 Hospital Association, Inc., the Massachusetts Organization of Nurse Executives Inc., and any
364 other entity deemed relevant by the department. The plan shall include specific recommendations
365 to increase interest in the nursing profession and increase the supply of registered nurses in the
366 workforce, including recommendations that may be carried out by state agencies. The plan shall
367 be filed with the clerks of the house of representatives and the

368 senate, who shall forward the same to the president of the senate and the speaker of the house of
369 representatives on or before April 15, 2012.

370 SECTION 11. Teaching hospitals, as defined in section 221 of chapter 111 of the General
371 Laws, shall meet the applicable requirements of sections 221 to 229, inclusive of said chapter
372 111 of the General Laws on or before October 1, 2012. All other facilities, as defined in section
373 221 of chapter 111 of the General Laws, shall meet the applicable requirements of sections 221
374 to 229, inclusive of said chapter 111 of the General Laws no later than October 1, 2012.

375 SECTION 12. Section 8 shall take effect on December 1, 2016.

376 SECTION 13. The department of public health shall, on or before January, 1, 2012,
377 promulgate

378 regulations defining criteria and proscribing the process for establishing or certifying by the
379 department a standardized patient acuity system, as defined in section 221 of chapter 111 of the
380 General Laws, developed or utilized by a facility as defined in said section 221 of said chapter
381 111.

382 SECTION 14. The department of public health shall, on or before March 1, 2012,
383 develop a standardized patient acuity system or certify a facility developed or utilized patient
384 acuity systems, as defined in section 221 of chapter 111 of the General Laws, to be utilized by all
385 facilities to monitor the number of direct-care registered nurses needed to meet patient acuity
386 level.

387 SECTION 15. The department of public health shall, on or before June 1, 2012, establish,
388 but not before the development or certification of standardized patient acuity systems, nurse's
389 patient assignment standards and nurse's patient limits as defined in section 221 of chapter 111
390 of the General Laws.

391 SECTION 16. The department of public health shall, on or before June 1, 2012,
392 promulgate regulations to implement the requirements of section 229 of chapter 111 of the
393 General Laws.