

113<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION

# H. R. 1907

To amend the Public Health Service Act to establish direct care registered nurse-to-patient staffing ratio requirements in hospitals, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 9, 2013

Ms. SCHAKOWSKY (for herself, Ms. LOFGREN, Ms. NORTON, Ms. SCHWARTZ, Ms. MOORE, Mr. SHERMAN, Ms. LEE of California, Mr. ELLISON, Ms. CHU, and Mr. LYNCH) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend the Public Health Service Act to establish direct care registered nurse-to-patient staffing ratio requirements in hospitals, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE; TABLE OF CONTENTS; FINDINGS.**

4       (a) SHORT TITLE.—This Act may be cited as the  
5       “Nurse Staffing Standards for Patient Safety and Quality  
6       Care Act of 2013”.

1 (b) TABLE OF CONTENTS.—The table of content for  
2 this Act is as follows:

- Sec. 1. Short title; table of contents; findings.
- Sec. 2. Minimum direct care registered nurse staffing requirement.
- Sec. 3. Enforcement of requirements through Federal programs.
- Sec. 4. Nurse Workforce Initiative.

3 (c) FINDINGS.—Congress finds the following:

4 (1) The Federal Government has a substantial  
5 interest in promoting quality care and improving the  
6 delivery of health care services to patients in health  
7 care facilities in the United States.

8 (2) Recent changes in health care delivery sys-  
9 tems that have resulted in higher acuity levels  
10 among patients in health care facilities increase the  
11 need for improved quality measures in order to pro-  
12 tect patient care and reduce the incidence of medical  
13 errors.

14 (3) Inadequate and poorly monitored registered  
15 nurse staffing practices that result in too few reg-  
16 istered nurses providing direct care jeopardize the  
17 delivery of quality health care services.

18 (4) Numerous studies have shown that patient  
19 outcomes are directly correlated to direct care reg-  
20 istered nurse staffing levels, including a 2002 Joint  
21 Commission on Accreditation of Healthcare Organi-  
22 zations report that concluded that the lack of direct  
23 care registered nurses contributed to nearly a quar-

1 ter of the unanticipated problems that result in in-  
2 jury or death to hospital patients.

3 (5) Requirements for direct care registered  
4 nurse staffing ratios will help address the registered  
5 nurse shortage in the United States by aiding in re-  
6 cruitment of new registered nurses and improving  
7 retention of registered nurses who are considering  
8 leaving direct patient care because of demands cre-  
9 ated by inadequate staffing.

10 (6) Establishing adequate minimum direct care  
11 registered nurse-to-patient ratios that take into ac-  
12 count patient acuity measures will improve the deliv-  
13 ery of quality health care services and guarantee pa-  
14 tient safety.

15 (7) Establishing safe staffing standards for di-  
16 rect care registered nurses is a critical component of  
17 assuring that there is adequate hospital staffing at  
18 all levels to improve the delivery of quality care and  
19 protect patient safety.

20 **SEC. 2. MINIMUM DIRECT CARE REGISTERED NURSE**  
21 **STAFFING REQUIREMENT.**

22 (a) MINIMUM DIRECT CARE REGISTERED NURSE  
23 STAFFING REQUIREMENTS.—The Public Health Service  
24 Act (42 U.S.C. 201 et seq.) is amended by adding at the  
25 end the following new title:

1 **“TITLE XXXIV—MINIMUM DI-**  
2 **RECT CARE REGISTERED**  
3 **NURSE STAFFING REQUIRE-**  
4 **MENT**

5 **“SEC. 3401. MINIMUM NURSE STAFFING REQUIREMENT.**

6 “(a) STAFFING PLAN.—

7 “(1) IN GENERAL.—A hospital shall implement  
8 a staffing plan that—

9 “(A) provides adequate, appropriate, and  
10 quality delivery of health care services and pro-  
11 tects patient safety; and

12 “(B) is consistent with the requirements of  
13 this title.

14 “(2) EFFECTIVE DATES.—

15 “(A) IMPLEMENTATION OF STAFFING  
16 PLAN.—Subject to subparagraph (B), the re-  
17 quirements under paragraph (1) shall take ef-  
18 fect not later than 1 year after the date of the  
19 enactment of this title.

20 “(B) APPLICATION OF MINIMUM DIRECT  
21 CARE REGISTERED NURSE-TO-PATIENT RA-  
22 TIOS.—The requirements under subsection (b)  
23 shall take effect as soon as practicable, as de-  
24 termined by the Secretary, but not later than 2  
25 years after the date of the enactment of this

1 title, or in the case of a hospital in a rural area  
2 (as defined in section 1886(d)(2)(D) of the So-  
3 cial Security Act), not later than 4 years after  
4 the date of the enactment of this title.

5 “(b) MINIMUM DIRECT CARE REGISTERED NURSE-  
6 TO-PATIENT RATIOS.—

7 “(1) IN GENERAL.—Except as provided in para-  
8 graph (4) and other provisions of this section, a hos-  
9 pital’s staffing plan shall provide that, at all times  
10 during each shift within a unit of the hospital, a di-  
11 rect care registered nurse may be assigned to not  
12 more than the following number of patients in that  
13 unit:

14 “(A) One patient in trauma emergency  
15 units.

16 “(B) One patient in operating room units,  
17 provided that a minimum of 1 additional person  
18 serves as a scrub assistant in such unit.

19 “(C) Two patients in critical care units, in-  
20 cluding neonatal intensive care units, emer-  
21 gency critical care and intensive care units,  
22 labor and delivery units, coronary care units,  
23 acute respiratory care units, postanesthesia  
24 units, and burn units.

1           “(D) Three patients in emergency room  
2 units, pediatrics units, stepdown units, telem-  
3 etry units, antepartum units, and combined  
4 labor, deliver, and postpartum units.

5           “(E) Four patients in medical-surgical  
6 units, intermediate care nursery units, acute  
7 care psychiatric units, and other specialty care  
8 units.

9           “(F) Five patients in rehabilitation units  
10 and skilled nursing units.

11           “(G) Six patients in postpartum (3 cou-  
12 plets) units and well-baby nursery units.

13           “(2) SIMILAR UNITS WITH DIFFERENT  
14 NAMES.—The Secretary may apply minimum direct  
15 care registered nurse-to-patient ratios established in  
16 paragraph (1) for a hospital unit referred to in such  
17 paragraph to a type of hospital unit not referred to  
18 in such paragraph if such type of hospital unit pro-  
19 vides a level of care to patients whose needs are  
20 similar to the needs of patients cared for in the hos-  
21 pital unit referred to in such paragraph.

22           “(3) RESTRICTIONS.—

23           “(A) PROHIBITION AGAINST AVERAGING.—  
24 A hospital shall not average the number of pa-  
25 tients and the total number of direct care reg-

1           istered nurses assigned to patients in a hospital  
2           unit during any 1 shift or over any period of  
3           time for purposes of meeting the requirements  
4           under this subsection.

5           “(B) PROHIBITION AGAINST IMPOSITION  
6           OF MANDATORY OVERTIME REQUIREMENTS.—A  
7           hospital shall not impose mandatory overtime  
8           requirements to meet the hospital unit direct  
9           care registered nurse-to-patient ratios required  
10          under this subsection.

11          “(C) RELIEF DURING ROUTINE AB-  
12          SENCES.—A hospital shall ensure that only a  
13          direct care registered nurse may relieve another  
14          direct care registered nurse during breaks,  
15          meals, and other routine, expected absences  
16          from a hospital unit.

17          “(4) ADJUSTMENT OF RATIOS.—

18                 “(A) IN GENERAL.—If necessary to protect  
19                 patient safety, the Secretary may prescribe reg-  
20                 ulations that—

21                         “(i) increase minimum direct care reg-  
22                         istered nurse-to-patient ratios under this  
23                         subsection to further limit the number of  
24                         patients that may be assigned to each di-  
25                         rect care nurse; or

1                   “(ii) add minimum direct care reg-  
2                   istered nurse-to-patient ratios for units not  
3                   referred to in paragraphs (1) and (2).

4                   “(B) CONSULTATION.—Such regulations  
5                   shall be prescribed after consultation with af-  
6                   fected hospitals and registered nurses.

7                   “(5) RELATIONSHIP TO STATE-IMPOSED RA-  
8                   TIOS.—Nothing in this title shall preempt State  
9                   standards that the Secretary determines to be at  
10                  least equivalent to Federal requirements for a staff-  
11                  ing plan established under this title. Minimum direct  
12                  care registered nurse-to-patient ratios established  
13                  under this subsection shall not preempt State re-  
14                  quirements that the Secretary determines are at  
15                  least equivalent to Federal requirements for a staff-  
16                  ing plan established under this title.

17                  “(6) EXEMPTION IN EMERGENCIES.—The re-  
18                  quirements established under this subsection shall  
19                  not apply during a state of emergency if a hospital  
20                  is requested or expected to provide an exceptional  
21                  level of emergency or other medical services. The  
22                  Secretary shall issue guidance to hospitals that de-  
23                  scribes situations that constitute a state of emer-  
24                  gency for purposes of the exemption under this para-  
25                  graph.



1       “(c) DEVELOPMENT AND REEVALUATION OF STAFF-  
2     ING PLAN.—

3               “(1) CONSIDERATIONS IN DEVELOPMENT OF  
4     PLAN.—In developing the staffing plan, a hospital  
5     shall provide for direct care registered nurse-to-pa-  
6     tient ratios above the minimum direct care reg-  
7     istered nurse-to-patient ratios required under sub-  
8     section (b) if appropriate based upon consideration  
9     of the following factors:

10               “(A) The number of patients and acuity  
11            level of patients as determined by the applica-  
12            tion of an acuity system (as defined in section  
13            3406(1)), on a shift-by-shift basis.

14               “(B) The anticipated admissions, dis-  
15            charges, and transfers of patients during each  
16            shift that impacts direct patient care.

17               “(C) Specialized experience required of di-  
18            rect care registered nurses on a particular unit.

19               “(D) Staffing levels and services provided  
20            by licensed vocational or practical nurses, li-  
21            censed psychiatric technicians, certified nurse  
22            assistants, or other ancillary staff in meeting  
23            direct patient care needs not required by a di-  
24            rect care registered nurse.

1           “(E) The level of technology available that  
2 affects the delivery of direct patient care.

3           “(F) The level of familiarity with hospital  
4 practices, policies, and procedures by temporary  
5 agency direct care registered nurses used dur-  
6 ing a shift.

7           “(G) Obstacles to efficiency in the delivery  
8 of patient care presented by physical layout.

9           “(2) DOCUMENTATION OF STAFFING.—A hos-  
10 pital shall specify the system used to document ac-  
11 tual staffing in each unit for each shift.

12           “(3) ANNUAL REEVALUATION OF PLAN AND  
13 ACUITY SYSTEM.—

14           “(A) IN GENERAL.—A hospital shall annu-  
15 ally evaluate—

16           “(i) its staffing plan in each unit in  
17 relation to actual patient care require-  
18 ments; and

19           “(ii) the accuracy of its acuity system.

20           “(B) UPDATE.—A hospital shall update its  
21 staffing plan and acuity system to the extent  
22 appropriate based on such evaluation.

23           “(4) TRANSPARENCY.—

24           “(A) IN GENERAL.—Any acuity-based pa-  
25 tient classification system adopted by a hospital

1 under this section shall be transparent in all re-  
2 spects, including disclosure of detailed docu-  
3 mentation of the methodology used to predict  
4 nursing staffing, identifying each factor, as-  
5 sumption, and value used in applying such  
6 methodology.

7 “(B) PUBLIC AVAILABILITY.—The Sec-  
8 retary shall establish procedures to provide that  
9 the documentation submitted under subsection  
10 (e) is available for public inspection in its en-  
11 tirety.

12 “(5) REGISTERED NURSE PARTICIPATION.—A  
13 staffing plan of a hospital shall be developed and  
14 subsequent reevaluations shall be conducted under  
15 this subsection on the basis of input from direct care  
16 registered nurses at the hospital or, where such  
17 nurses are represented through collective bargaining,  
18 from the applicable recognized or certified collective  
19 bargaining representative of such nurses. Nothing in  
20 this title shall be construed to permit conduct pro-  
21 hibited under the National Labor Relations Act or  
22 under the Federal Labor Relations Act.

23 “(d) ACUITY TOOL.—

24 “(1) IN GENERAL.—Not later than 2 years  
25 after the date of enactment of this title, the Sec-

1       retary shall develop a process to establish a national  
2       acuity tool that provides a transparent method for  
3       establishing nurse staffing requirements that exceed  
4       the minimum hospital unit direct care registered  
5       nurse-to-patient ratios required under subsection  
6       (b).

7               “(2) IMPLEMENTATION.—Each hospital unit  
8       shall adopt and implement the national acuity tool  
9       described in paragraph (1), and provide staffing  
10       based on such tool. Any additional direct care reg-  
11       istered nursing staffing above the hospital unit di-  
12       rect care registered nurse-to-patient ratios described  
13       in subsection (b) shall be assigned in a manner de-  
14       termined by such national acuity tool.

15              “(e) SUBMISSION OF PLAN TO SECRETARY.—A hos-  
16       pital shall submit to the Secretary its staffing plan and  
17       any annual updates under subsection (c)(3)(B). A feder-  
18       ally operated hospital may submit its staffing plan  
19       through the department or agency operating the hospital.

20       **“SEC. 3402. POSTING, RECORDS, AND AUDITS.**

21              “(a) POSTING REQUIREMENTS.—In each unit, a hos-  
22       pital shall post a uniform notice in a form specified by  
23       the Secretary in regulation that—

24                      “(1) explains requirements imposed under sec-  
25       tion 3401;

1           “(2) includes actual direct care registered  
2 nurse-to-patient ratios during each shift; and

3           “(3) is visible, conspicuous, and accessible to  
4 staff, patients, and the public.

5           “(b) RECORDS.—

6           “(1) MAINTENANCE OF RECORDS.—Each hos-  
7 pital shall maintain accurate records of actual direct  
8 care registered nurse-to-patient ratios in each unit  
9 for each shift for no less than 3 years. Such records  
10 shall include—

11                   “(A) the number of patients in each unit;

12                   “(B) the identity and duty hours of each  
13 direct care registered nurse assigned to each  
14 patient in each unit in each shift; and

15                   “(C) a copy of each notice posted under  
16 subsection (a).

17           “(2) AVAILABILITY OF RECORDS.—Each hos-  
18 pital shall make its records maintained under para-  
19 graph (1) available to—

20                   “(A) the Secretary;

21                   “(B) registered nurses and their collective  
22 bargaining representatives (if any); and

23                   “(C) the public under regulations estab-  
24 lished by the Secretary, or in the case of a fed-  
25 erally operated hospital, under section 552 of

1 title 5, United States Code (commonly known  
2 as the ‘Freedom of Information Act’).

3 “(c) AUDITS.—The Secretary shall conduct periodic  
4 audits to ensure—

5 “(1) implementation of the staffing plan in ac-  
6 cordance with this title; and

7 “(2) accuracy in records maintained under this  
8 section.

9 **“SEC. 3403. MINIMUM DIRECT CARE LICENSED PRACTICAL**  
10 **NURSE STAFFING REQUIREMENTS.**

11 “(a) ESTABLISHMENT.—A hospital’s staffing plan  
12 shall comply with minimum direct care licensed practical  
13 nurse staffing requirements that the Secretary establishes  
14 for units in hospitals. Such staffing requirements shall be  
15 established not later than 18 months after the date of the  
16 enactment of this title, and shall be based on the study  
17 conducted under subsection (b).

18 “(b) STUDY.—Not later than 1 year after the date  
19 of the enactment of this title, the Secretary, acting  
20 through the Director of the Agency for Healthcare Re-  
21 search and Quality, shall complete a study of licensed  
22 practical nurse staffing and its effects on patient care in  
23 hospitals. The Director may contract with a qualified enti-  
24 ty or organization to carry out such study under this para-  
25 graph. The Director shall consult with licensed practical

1 nurses and organizations representing licensed practical  
2 nurses regarding the design and conduct of the study.

3       “(c) APPLICATION OF REGISTERED NURSE PROVI-  
4 SIONS TO LICENSED PRACTICAL NURSE STAFFING RE-  
5 QUIREMENTS.—Paragraphs (2), (3), (4)(A), and (5) of  
6 section 3401(b), section 3401(c), and section 3402 shall  
7 apply to the establishment and application of direct care  
8 licensed practical nurse staffing requirements under this  
9 section in the same manner that they apply to the estab-  
10 lishment and application of direct care registered nurse-  
11 to-patient ratios under sections 3401 and 3402.

12       “(d) EFFECTIVE DATE.—The requirements of this  
13 section shall take effect as soon as practicable, as deter-  
14 mined by the Secretary, but not later than 2 years after  
15 the date of the enactment of this title, or in the case of  
16 a hospital in a rural area (as defined in section  
17 1886(d)(2)(D) of the Social Security Act), not later than  
18 4 years after the date of the enactment of this title.

19 **“SEC. 3404. ADJUSTMENT IN REIMBURSEMENT.**

20       “(a) MEDICARE REIMBURSEMENT.—The Secretary  
21 shall adjust payments made to hospitals (other than feder-  
22 ally operated hospitals) under title XVIII of the Social Se-  
23 curity Act in an amount equal to the net amount of addi-  
24 tional costs incurred in providing services to Medicare  
25 beneficiaries that are attributable to compliance with re-

1 requirements imposed under sections 3401 through 3403.  
2 The amount of such payment adjustments shall take into  
3 account recommendations contained in the report sub-  
4 mitted by the Medicare Payment Advisory Commission  
5 under subsection (c).

6 “(b) AUTHORIZATION OF APPROPRIATION FOR FED-  
7 ERALLY OPERATED HOSPITALS.—There are authorized to  
8 be appropriated such additional sums as are required for  
9 federally operated hospitals to comply with the additional  
10 requirements established under sections 3401 through  
11 3403.

12 “(c) MEDPAC REPORT.—Not later than 2 years after  
13 the date of the enactment of this title, the Medicare Pay-  
14 ment Advisory Commission (established under section  
15 1805 of the Social Security Act) shall submit to Congress  
16 and the Secretary a report estimating total costs and sav-  
17 ings attributable to compliance with requirements imposed  
18 under sections 3401 through 3403. Such report shall in-  
19 clude recommendations on the need, if any, to adjust reim-  
20 bursement for Medicare payments under subsection (a).

21 **“SEC. 3405. WHISTLEBLOWER AND PATIENT PROTECTIONS.**

22 “(a) OBJECTION TO OR REFUSAL OF ASSIGNMENT.—  
23 A nurse may object to, or refuse to participate in, any  
24 activity, policy, practice, assignment or task if in good  
25 faith—



1           “(1) the nurse reasonably believes it to be in  
2 violation of section 3401 or 3403; or

3           “(2) the nurse is not prepared by education,  
4 training, or experience to fulfill the assignment with-  
5 out compromising the safety of any patient or jeop-  
6 ardizing the license of the nurse.

7           “(b) RETALIATION FOR OBJECTION TO OR REFUSAL  
8 OF ASSIGNMENT BARRED.—

9           “(1) NO DISCHARGE, DISCRIMINATION, OR RE-  
10 TALIAATION.—No hospital shall discharge, retaliate,  
11 discriminate, or otherwise take adverse action in any  
12 manner with respect to any aspect of a nurse’s em-  
13 ployment (as defined in section 3407(4)), including  
14 discharge, promotion, compensation, or terms, condi-  
15 tions, or privileges of employment, based on the  
16 nurse’s refusal of a work assignment under sub-  
17 section (a).

18           “(2) NO FILING OF COMPLAINT.—No hospital  
19 shall file a complaint or a report against a nurse  
20 with a State professional disciplinary agency because  
21 of the nurse’s refusal of a work assignment under  
22 subsection (a).

23           “(c) CAUSE OF ACTION.—Any nurse who has been  
24 discharged, discriminated against, or retaliated against in  
25 violation of subsection (b)(1) or against whom a complaint

1 or report has been filed in violation of subsection (b)(2)  
2 may (without regard to whether a complaint has been filed  
3 under subsection (d) of this section or subsection (b) of  
4 section 3406) bring a cause of action in a United States  
5 district court. A nurse who prevails on the cause of action  
6 shall be entitled to one or more of the following:

7           “(1) Reinstatement.

8           “(2) Reimbursement of lost wages, compensa-  
9           tion, and benefits.

10           “(3) Attorneys’ fees.

11           “(4) Court costs.

12           “(5) Other damages.

13           “(d) COMPLAINT TO SECRETARY.—A nurse, patient,  
14 or other individual may file a complaint with the Secretary  
15 against a hospital that violates the provisions of this title.  
16 For any complaint filed, the Secretary shall—

17           “(1) receive and investigate the complaint;

18           “(2) determine whether a violation of this title  
19 as alleged in the complaint has occurred; and

20           “(3) if such a violation has occurred, issue an  
21 order that the complaining nurse or individual shall  
22 not suffer any discharge, retaliation, discrimination,  
23 or other adverse action prohibited by subsection (b)  
24 or subsection (f).

25           “(e) TOLL-FREE TELEPHONE NUMBER.—

1           “(1) IN GENERAL.—The Secretary shall provide  
2           for the establishment of a toll-free telephone hotline  
3           to provide information regarding the requirements  
4           under sections 3401 through 3403 and to receive re-  
5           ports of violations of such section.

6           “(2) NOTICE TO PATIENTS.—A hospital shall  
7           provide each patient admitted to the hospital for in-  
8           patient care with the hotline described in paragraph  
9           (1), and shall give notice to each patient that such  
10          hotline may be used to report inadequate staffing or  
11          care.

12          “(f) PROTECTION FOR REPORTING.—

13                 “(1) PROHIBITION ON RETALIATION OR DIS-  
14                 CRIMINATION.—A hospital shall not discriminate or  
15                 retaliate in any manner against any patient, em-  
16                 ployee, or contract employee of the hospital, or any  
17                 other individual, on the basis that such individual, in  
18                 good faith, individually or in conjunction with an-  
19                 other person or persons, has presented a grievance  
20                 or complaint, or has initiated or cooperated in any  
21                 investigation or proceeding of any governmental en-  
22                 tity, regulatory agency, or private accreditation  
23                 body, made a civil claim or demand, or filed an ac-  
24                 tion relating to the care, services, or conditions of  
25                 the hospital or of any affiliated or related facilities.

1           “(2) GOOD FATH DEFINED.—For purposes of  
2 this subsection, an individual shall be deemed to be  
3 acting in good faith if the individual reasonably be-  
4 lieves—

5                   “(A) the information reported or disclosed  
6 is true; and

7                   “(B) a violation of this title has occurred  
8 or may occur.

9           “(g) PROHIBITION ON INTERFERENCE WITH  
10 RIGHTS.—

11           “(1) EXERCISE OF RIGHTS.—It shall be unlaw-  
12 ful for any hospital to—

13                   “(A) interfere with, restrain, or deny the  
14 exercise, or attempt to exercise, by any person  
15 of any right provided or protected under this  
16 title; or

17                   “(B) coerce or intimidate any person re-  
18 garding the exercise or attempt to exercise such  
19 right.

20           “(2) OPPOSITION TO UNLAWFUL POLICIES OR  
21 PRACTICES.—It shall be unlawful for any hospital to  
22 discriminate or retaliate against any person for op-  
23 posing any hospital policy, practice, or actions which  
24 are alleged to violate, breach, or fail to comply with  
25 any provision of this title.

1           “(3) PROHIBITION ON INTERFERENCE WITH  
2           PROTECTED COMMUNICATIONS.—A hospital (or an  
3           individual representing a hospital) shall not make,  
4           adopt, or enforce any rule, regulation, policy, or  
5           practice which in any manner directly or indirectly  
6           prohibits, impedes, or discourages a direct care  
7           nurse from, or intimidates, coerces, or induces a di-  
8           rect care nurse regarding, engaging in free speech  
9           activities or disclosing information as provided under  
10          this title.

11          “(4) PROHIBITION ON INTERFERENCE WITH  
12          COLLECTIVE ACTION.—A hospital (or an individual  
13          representing a hospital) shall not in any way inter-  
14          fere with the rights of nurses to organize, bargain  
15          collectively, and engage in concerted activity under  
16          section 7 of the National Labor Relations Act (29  
17          U.S.C. 157).

18          “(h) NOTICE.—A hospital shall post in an appro-  
19          priate location in each unit a conspicuous notice in a form  
20          specified by the Secretary that—

21                 “(1) explains the rights of nurses, patients, and  
22                 other individuals under this section;

23                 “(2) includes a statement that a nurse, patient,  
24                 or other individual may file a complaint with the

1 Secretary against a hospital that violates the provi-  
2 sions of this title; and

3 “(3) provides instructions on how to file such a  
4 complaint.

5 “(i) EFFECTIVE DATE.—

6 “(1) REFUSAL; RETALIATION; CAUSE OF AC-  
7 TION.—

8 “(A) IN GENERAL.—Subsections (a)  
9 through (c) shall apply to objections and refus-  
10 als occurring on or after the effective date of  
11 the provision of this title to which the objection  
12 or refusal relates.

13 “(B) EXCEPTION.—Subsection (a)(2) shall  
14 not apply to objections or refusals in any hos-  
15 pital before the requirements of section 3401(a)  
16 or 3403(a), as applicable, apply to that hos-  
17 pital.

18 “(2) PROTECTIONS FOR REPORTING.—Sub-  
19 section (f)(1) shall apply to actions occurring on or  
20 after the effective date of the provision to which the  
21 violation relates, except that such subsection shall  
22 apply to initiation, cooperation, or participation in  
23 an investigation or proceeding on or after the date  
24 of enactment of this title.

1           “(3) NOTICE.—Subsection (h) shall take effect  
2           18 months after the date of enactment of this title.

3   **“SEC. 3406. ENFORCEMENT.**

4           “(a) IN GENERAL.—The Secretary shall enforce the  
5 requirements and prohibitions of this title in accordance  
6 with this section.

7           “(b) PROCEDURES FOR RECEIVING AND INVES-  
8 TIGATING COMPLAINTS.—The Secretary shall establish  
9 procedures under which—

10           “(1) any person may file a complaint alleging  
11 that a hospital has violated a requirement or a pro-  
12 hibition of this title; and

13           “(2) such complaints shall be investigated by  
14 the Secretary.

15           “(c) REMEDIES.—If the Secretary determines that a  
16 hospital has violated a requirement of this title, the Sec-  
17 retary—

18           “(1) shall require the facility to establish a cor-  
19 rective action plan to prevent the recurrence of such  
20 violation; and

21           “(2) may impose civil money penalties, as de-  
22 scribed in subsection (d).

23           “(d) CIVIL PENALTIES.—

1           “(1) IN GENERAL.—In addition to any other  
2 penalties prescribed by law, the Secretary may im-  
3 pose civil penalties as follows:

4           “(A) HOSPITAL LIABILITY.—The Secretary  
5 may impose on a hospital found to be in viola-  
6 tion of this title, a civil money penalty of not  
7 more than \$25,000 for each knowing violation  
8 of a requirement of this title, except that the  
9 Secretary shall impose a civil money penalty of  
10 more than \$25,000 for each such violation in  
11 the case of a participating hospital that the  
12 Secretary determines has a pattern or practice  
13 of such violations (with the amount of such ad-  
14 ditional penalties being determined in accord-  
15 ance with a schedule or methodology specified  
16 in regulations).

17           “(B) INDIVIDUAL LIABILITY.—The Sec-  
18 retary may impose on an individual who—

19           “(i) is employed by a hospital found  
20 by the Secretary to have violated a require-  
21 ment of this title; and

22           “(ii) willfully violates this title,  
23 a civil money penalty of not more than \$20,000  
24 for each such violation.



1           “(2) PROCEDURES.—The provisions of section  
2           1128A of the Social Security Act (other than sub-  
3           sections (a) and (b)) shall apply to a civil money  
4           penalty under this paragraph in the same manner as  
5           such provisions apply to a penalty or proceeding  
6           under such section 1128A.

7           “(e) PUBLIC NOTICE OF VIOLATIONS.—

8           “(1) INTERNET WEB SITE.—The Secretary  
9           shall publish on the Internet Web site of the Depart-  
10          ment of Health and Human Services the names of  
11          participating hospitals on which civil money pen-  
12          alties have been imposed under this subsection, the  
13          violation for which such penalty was imposed, and  
14          such additional information as the Secretary deter-  
15          mines appropriate.

16          “(2) CHANGE OF OWNERSHIP.—With respect to  
17          a participating hospital that had a change of owner-  
18          ship, as determined by the Secretary, penalties im-  
19          posed on the hospital while under previous owner-  
20          ship shall no longer be published by the Secretary of  
21          such Internet Web site after the 1-year period begin-  
22          ning on the date of change of ownership.

23          “(f) OFFSET.—Funds collected by the Secretary  
24          under this section shall be used to offset the costs of en-  
25          forcing this title.

1 **“SEC. 3407. DEFINITIONS.**

2 “For purposes of this title:

3 “(1) ACUITY SYSTEM.—The term ‘acuity sys-  
4 tem’ means an established measurement tool that—

5 “(A) predicts nursing care requirements  
6 for individual patients based on severity of pa-  
7 tient illness, need for specialized equipment and  
8 technology, intensity of nursing interventions  
9 required, and the complexity of clinical nursing  
10 judgment needed to design, implement, and  
11 evaluate the patient’s nursing care plan;

12 “(B) details the amount of nursing care  
13 needed, both in number of nurses and in skill  
14 mix of nursing personnel required, on a daily  
15 basis, for each patient in a nursing department  
16 or unit;

17 “(C) takes into consideration the patient  
18 care services provided not only by registered  
19 nurses but also by direct care licensed practical  
20 nurses and other health care personnel; and

21 “(D) is stated in terms that can be readily  
22 used and understood by nurses.

23 “(2) DIRECT CARE LICENSED PRACTICAL  
24 NURSE.—The term ‘direct care licensed practical  
25 nurse’ means an individual who has been granted a  
26 license by at least one State to practice as a licensed

1 practical nurse or a licensed vocational nurse and  
2 who provides bedside care for one or more patients.

3 “(3) DIRECT CARE REGISTERED NURSE.—The  
4 term ‘direct care registered nurse’ means an indi-  
5 vidual who has been granted a license by at least  
6 one State to practice as a registered nurse and who  
7 provides bedside care for one or more patients.

8 “(4) EMPLOYMENT.—The term ‘employment’  
9 includes the provision of services under a contract or  
10 other arrangement.

11 “(5) HOSPITAL.—The term ‘hospital’ has the  
12 meaning given that term in section 1861(e) of the  
13 Social Security Act, and includes a hospital that is  
14 operated by the Department of Veterans Affairs, the  
15 Department of Defense, the Indian Health Services  
16 Program, or any other department or agency of the  
17 United States.

18 “(6) NURSE.—The term ‘nurse’ means any di-  
19 rect care registered nurse or direct care licensed  
20 practical nurse (as the case may be), regardless of  
21 whether or not the nurse is an employee.

22 “(7) STAFFING PLAN.—The term ‘staffing plan’  
23 means a staffing plan required under section 3401.

24 “(8) STATE OF EMERGENCY.—The term ‘state  
25 of emergency’—

1           “(A) means a state of emergency that is  
2           an unpredictable or unavoidable occurrence at  
3           an unscheduled or unpredictable interval, relat-  
4           ing to health care delivery and requiring imme-  
5           diate medical interventions and care; and

6           “(B) does not include a state emergency  
7           that results from a labor dispute in the health  
8           care industry or consistent understaffing.

9   **“SEC. 3408. RULE OF CONSTRUCTION.**

10        “Nothing in this title shall be construed to authorize  
11        disclosure of private and confidential patient information,  
12        except in the case where such disclosure is otherwise re-  
13        quired by law, compelled by proper legal process, con-  
14        sented to by the patient, provided in confidence to regu-  
15        latory or accreditation agencies or other government enti-  
16        ties for investigatory purposes, or provided pursuant to  
17        formal or informal complaints of unlawful or improper  
18        practices for purposes of achieving corrective and remedial  
19        action.”.

20        (b) **RECOMMENDATIONS TO CONGRESS.**—Not later  
21        than 1 year after the date of enactment of this Act, the  
22        Secretary of Health and Human Services shall submit to  
23        Congress a report containing recommendations for ensur-  
24        ing that sufficient numbers of nurses are available to meet

1 the requirements imposed by title XXXIV of the Public  
2 Health Service Act, as added by subsection (a).

3 (c) REPORT BY HRSA.—

4 (1) IN GENERAL.—Not later than 2 years after  
5 the date of enactment of this Act, the Administrator  
6 of the Health Resources and Services Administra-  
7 tion, in consultation with the National Health Care  
8 Workforce Commission, shall submit to Congress a  
9 report regarding the relationship between nurse  
10 staffing levels and nurse retention in hospitals.

11 (2) UPDATED REPORT.—Not later than 5 years  
12 after the date of enactment of this Act, the Adminis-  
13 trator of the Health Resources and Services Admin-  
14 istration, in consultation with the National Health  
15 Care Workforce Commission, shall submit to Con-  
16 gress an update of the report submitted under para-  
17 graph (1).

18 **SEC. 3. ENFORCEMENT OF REQUIREMENTS THROUGH FED-**  
19 **ERAL PROGRAMS.**

20 (a) MEDICARE PROGRAM.—Section 1866(a)(1) of the  
21 Social Security Act (42 U.S.C. 1395cc(a)(1)) is amend-  
22 ed—

23 (1) by striking “and” at the end of subpara-  
24 graph (V);

1           (2) in the subparagraph (W) added by section  
2     3005(1)(C) of Public Law 111–148—

3           (A) by striking the period at the end and  
4     inserting a comma;

5           (B) by moving the indentation 2 ems to  
6     the left; and

7           (C) by moving such subparagraph to im-  
8     mediately follow subparagraph (V);

9           (3) in the subparagraph (W) added by section  
10    6406(b)(3) of Public Law 111–148—

11          (A) by striking the period at the end and  
12     inserting “, and”;

13          (B) by moving the indentation 2 ems to  
14     the left;

15          (C) by redesignating such subaragraph as  
16     subparagraph (X); and

17          (D) by moving such subparagraph to im-  
18     mediately follow subparagraph (W), as moved  
19     under paragraph (2)(C); and

20          (4) by inserting after the subparagraph (X), as  
21     redesignated and moved under paragraph (3), the  
22     following:

23           “(Y) in the case of a hospital, to comply with  
24     the provisions of title XXXIV of the Public Health  
25     Service Act.”.

1 (b) MEDICAID PROGRAM.—Section 1902(a) of the  
2 Social Security Act (42 U.S.C. 1396(a)) is amended—

3 (1) by striking “and” at the end of paragraph  
4 (82)(C);

5 (2) by striking the period at the end of para-  
6 graph (83) and inserting “; and”; and

7 (3) by inserting after paragraph (83) the fol-  
8 lowing new paragraph:

9 “(84) provide that any hospital that receives a  
10 payment under such plan comply with the provisions  
11 of title XXXIV of the Public Health Service Act (re-  
12 lating to minimum direct care registered nurse staff-  
13 ing requirements).”.

14 (c) HEALTH BENEFITS PROGRAM OF THE DEPART-  
15 MENT OF VETERANS AFFAIRS.—Section 8110(a) of title  
16 38, United States Code, is amended by adding at the end  
17 the following new paragraphs:

18 “(7) In the case of a Department medical facility that  
19 is a hospital, the hospital shall comply with the provisions  
20 of title XXXIV of the Public Health Service Act.

21 “(8) Nothing either in chapter 74 of this title or in  
22 section 7106 of title 5 shall preclude enforcement of the  
23 provisions of title XXXIV of the Public Health Service Act  
24 with respect to a Department hospital through grievance

1 procedures negotiated in accordance with chapter 71 of  
2 title 5.”.

3 (d) HEALTH BENEFITS PROGRAM OF THE DEPART-  
4 MENT OF DEFENSE.—

5 (1) IN GENERAL.—Chapter 55 of title 10,  
6 United States Code, is amended by adding at the  
7 end the following new section:

8 **“§ 1110c. Staffing requirements**

9 “In the case of a facility of the uniformed services  
10 that is a hospital, the hospital shall comply with the provi-  
11 sions of title XXXIV of the Public Health Service Act.”.

12 (2) CLERICAL AMENDMENT.—The table of sec-  
13 tions at the beginning of such chapter is amended  
14 by inserting after the item relating to section 1110b  
15 the following new item:

“1110c. Staffing requirements.”.

16 (e) INDIAN HEALTH SERVICES PROGRAM.—Title  
17 VIII of the Indian Health Care Improvement Act (25  
18 U.S.C. 1671 et seq.) is amended by adding at the end  
19 the following new section:

20 **“SEC. 833. STAFFING REQUIREMENTS.**

21 “All hospitals of the Service shall comply with the  
22 provisions of title XXXIV of the Public Health Service Act  
23 (relating to minimum direct care registered nurse staffing  
24 requirements).”.

25 (f) FEDERAL LABOR-MANAGEMENT RELATIONS.—



1           (1) IN GENERAL.—Section 7106 of title 5,  
2           United States Code, is amended by adding at the  
3           end the following:

4           “(c) Nothing in this section shall preclude enforce-  
5           ment of the provisions of title XXXIV of the Public Health  
6           Service Act through grievance procedures negotiated in ac-  
7           cordance with section 7121.”.

8           (2) CONFORMING AMENDMENT.—Section  
9           7106(a) of title 5, United States Code, is amended  
10          by striking “Subject to subsection (b) of this title,”  
11          and inserting “Subject to subsections (b) and (c),”.

12 **SEC. 4. NURSE WORKFORCE INITIATIVE.**

13          (a) SCHOLARSHIP AND STIPEND PROGRAM.—Section  
14          846(d) of the Public Health Service Act (42 U.S.C.  
15          297n(d)) is amended—

16               (1) in the section heading, by inserting “AND  
17               STIPEND” after “SCHOLARSHIP”; and

18               (2) in paragraph (1), by inserting “or stipends”  
19               after “scholarships”.

20          (b) NURSE RETENTION GRANTS.—Section 831A(b)  
21          of the Public Health Service Act (42 U.S.C. 296p–1(b))  
22          is amended—

23               (1) by striking “GRANTS FOR CAREER LADDER  
24               PROGRAM.—” and inserting “GRANTS FOR NURSE  
25               RETENTION.—”;

1           (2) in paragraph (2), by striking “; or” and in-  
2           serting a semicolon;

3           (3) in paragraph (3), by striking the period and  
4           inserting a semicolon; and

5           (4) by adding at the end the following:

6           “(4) to provide additional support to nurses en-  
7           tering the workforce by implementing nursing pre-  
8           ceptorship projects that establish a period of prac-  
9           tical and clinical experiences and training for nurs-  
10          ing students, newly hired nurses, and recent grad-  
11          uates of a direct care degree programs for registered  
12          nurses; or

13          “(5) to implement mentorship projects that as-  
14          sist new or transitional direct care registered nurses  
15          in adapting to the hospital setting.”.

○