

STATE OF NEW YORK

7635

2023-2024 Regular Sessions

IN ASSEMBLY

May 25, 2023

Introduced by M. of A. GUNTHER -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to nurse staffing committees

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Section 2805-t of the public health law, as amended by
2 chapter 155 of the laws of 2021, is amended to read as follows:

3 § 2805-t. Clinical staffing committees and disclosure of nursing qual-
4 ity indicators. 1. Legislative intent. The legislature hereby finds and
5 declares:

6 (a) Research demonstrates that nurses play a critical role in improv-
7 ing patient safety and quality of care;

8 (b) Appropriate staffing of [~~general hospital~~] health care facility
9 personnel, including registered nurses available for patient care,
10 assists in reducing errors, complications and adverse patient care
11 events, improves staff safety and satisfaction, and reduces incidences
12 of workplace injuries;

13 (c) Health care professional, technical, and support staff comprise
14 vital components of the patient care team, bringing their particular
15 skills and services to ensuring quality patient care;

16 (d) Ensuring sufficient staffing of [~~general hospital~~] health care
17 facility personnel, including registered nurses, is an urgent public
18 policy priority in order to protect patients and support greater
19 retention of registered nurses and safer working conditions; and

20 (e) It is the public policy of the state to promote evidence-based
21 nurse staffing standards and increase transparency of health care data
22 and decision making based on the data.

23 2. Clinical staffing committee. (a) Each general hospital licensed
24 pursuant to this article, and each facility operated by the state, a
25 political subdivision or a public corporation as defined by section

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[-] is old law to be omitted.

LBD11053-01-3

sixty-six of the general construction law, operated or licensed pursuant to the mental hygiene law, the education law, the correction law or section five hundred four of the executive law and which requires three or more registered nurses, licensed practical nurses or ancillary staff to provide patient services at any one time, shall constitute a "health care facility" within the meaning of this section and such health care facilities shall establish and maintain a clinical staffing committee, either by creating a new committee or assigning the functions of the clinical staffing committee to an existing committee, no later than January first, two thousand twenty-two. An employer operating more than one facility with fewer than three registered nurses, licensed practical nurses, or ancillary staff members who are providing patient services at any one time shall establish a regional staffing committee in a manner that is consistent with the provisions of this section.

(b) Where a collective bargaining agreement provides for a staffing committee, the required functions of the clinical staffing committee established pursuant to this section shall be incorporated into that committee. Any staffing or non-staffing committees established by a collective bargaining agreement, shall continue to function in accordance with the terms of the agreement, and the clinical staffing committee established by this section shall not limit or otherwise supplant the collective bargaining agreement.

(c) At least one-half of the members of the clinical staffing committee shall be registered nurses, licensed practical nurses, and ancillary members of the frontline team currently providing or supporting direct patient care and up to one-half of the members shall be selected by the ~~[general hospital]~~ health care facility administration and shall include but not be limited to the chief financial officer, the chief nursing officer, and patient care unit directors or managers or their designees. The selection of the registered nurses, licensed practical nurses, and ancillary frontline team members of the committee shall be according to their respective collective bargaining agreements if there is one in effect at the ~~[general hospital]~~ health care facility for their bargaining unit. If there is no applicable collective bargaining agreement, the members of the clinical staffing committee who are registered nurses, licensed practical nurses, and ancillary members providing direct patient care shall be selected by their peers. Ancillary members of the frontline team on the committee shall include but are not limited to patient care technicians, certified nursing assistants, other non-licensed staff assisting with nursing or clerical tasks, and unit clerks.

3. Employee participation. Participation in the clinical staffing committee by a ~~[general hospital]~~ health care facility employee shall be on scheduled work time and compensated at the appropriate rate of pay. Clinical staffing committee members shall be fully relieved of all other work duties during meetings of the committee and shall not have work duties added or displaced to other times as a result of their committee responsibilities.

4. Primary responsibilities. Primary responsibilities of the clinical staffing committee shall include the following functions:

(a) Development and oversight of implementation of an annual clinical staffing plan. The clinical staffing plan shall include specific staffing for each patient care unit and work shift and shall be based on the needs of patients. Staffing plans shall include specific guidelines or ratios, matrices, or grids indicating how many patients are assigned to each registered nurse and the number of nurses and ancillary staff to be

1 present on each unit and shift and shall be used as the primary compo-
2 nent of the [~~general hospital~~] health care facility staffing budget.

3 (b) Factors to be considered and incorporated in the development of
4 the plan shall include, but are not limited to:

5 (i) Census, including total numbers of patients on the unit on each
6 shift and activity such as patient discharges, admissions, and trans-
7 fers;

8 (ii) Measures of acuity and intensity of all patients and nature of
9 the care to be delivered on each unit and shift;

10 (iii) Skill mix;

11 (iv) The availability, level of experience, and specialty certifi-
12 cation or training of nursing personnel providing patient care, includ-
13 ing charge nurses, on each unit and shift;

14 (v) The need for specialized or intensive equipment;

15 (vi) The architecture and geography of the patient care unit, includ-
16 ing but not limited to placement of patient rooms, treatment areas,
17 nursing stations, medication preparation areas, and equipment;

18 (vii) Mechanisms and procedures to provide for one-to-one patient
19 observation, when needed, for patients on psychiatric or other units as
20 appropriate;

21 (viii) Other special characteristics of the unit or community patient
22 population, including age, cultural and linguistic diversity and needs,
23 functional ability, communication skills, and other relevant social or
24 socio-economic factors;

25 (ix) Measures to increase worker and patient safety, which could
26 include measures to improve patient throughput;

27 (x) Staffing guidelines adopted or published by other states or local
28 jurisdictions, national nursing professional associations, specialty
29 nursing organizations, and other health professional organizations;

30 (xi) Availability of other personnel supporting nursing services on
31 the unit;

32 (xii) Waiver of plan requirements in the case of unforeseeable emer-
33 gency circumstances as defined in subdivision fourteen of this section;

34 (xiii) Coverage to enable registered nurses, licensed practical nurs-
35 es, and ancillary staff to take meal and rest breaks, planned time off,
36 and unplanned absences that are reasonably foreseeable as required by
37 law or the terms of an applicable collective bargaining agreement, if
38 any, between the [~~general hospital~~] health care facility and a represen-
39 tative of the nursing or ancillary staff;

40 (xiv) The nursing quality indicators required under subdivision seven-
41 teen of this section;

42 (xv) [~~General hospital~~] Health care facility finances and resources;
43 and

44 (xvi) Provisions for limited short-term adjustments made by appropri-
45 ate [~~general hospital~~] health care facility personnel overseeing patient
46 care operations to the staffing levels required by the plan, necessary
47 to account for unexpected changes in circumstances that are to be of
48 limited duration.

49 (c) Semiannual review of the staffing plan against patient needs and
50 known evidence-based staffing information, including the nursing sensi-
51 tive quality indicators collected by the [~~general hospital~~] health care
52 facility.

53 (d) Review, assessment, and response to complaints regarding potential
54 violations of the adopted staffing plan, staffing variations, or other
55 concerns regarding the implementation of the staffing plan and within
56 the purview of the committee.

1 5. Compliance provisions. (a) The clinical staffing plan shall comply
2 with all federal and state laws and regulations and shall not diminish
3 other standards contained in state or federal law and regulations, or
4 the terms of an applicable collective bargaining agreement, if any.

5 (b) The clinical staffing plan shall comply with applicable laws and
6 regulations, including, but not limited to:

7 (i) Regulations made by the department on burn unit staffing, liver
8 transplant staffing, and operating room circulating nurse staffing;

9 (ii) Staffing regulations to be promulgated by the commissioner relat-
10 ing to staffing in intensive care and critical care units no later than
11 January first, two thousand twenty-two. Such regulations shall consider
12 the factors set forth in paragraph (b) of subdivision four of this
13 section, standards in place in neighboring states, and a minimum stand-
14 ard of twelve hours of registered nurse care per patient per day;

15 (iii) Such other staffing standards or regulations as are currently in
16 effect or may hereafter be established by the department or enacted by
17 the legislature; and

18 (iv) The provisions of section one hundred sixty-seven of the labor
19 law and any related regulations.

20 (c) The clinical staffing plan shall comply with and incorporate any
21 minimum staffing levels provided for in any applicable collective
22 bargaining agreement, including but not limited to nurse-to-patient
23 ratios, caregiver-to-patient ratios, staffing grids, staffing matrices,
24 or other staffing provisions.

25 6. Process for adoption of clinical staffing plans. (a) The clinical
26 staffing committee shall produce the ~~[general hospital's]~~ health care
27 facility's annual clinical staffing plan by July first of each year.

28 (b) Clinical staffing plans shall be developed and adopted by consen-
29 sus of the clinical staffing committee. For the purposes of determining
30 whether there is a consensus, the management members of the committee
31 shall have one vote and the employee members of the committee shall have
32 one vote, regardless of the actual number of members of the committee.
33 Each side may determine its own method of casting its vote to adopt all
34 or part of the clinical staffing plan.

35 (c) The ~~[general hospital]~~ health care facility shall adopt any clin-
36 ical staffing plan that is wholly or partially recommended by a consen-
37 sus of the clinical staffing committee. If there is no consensus on the
38 recommended staffing plan or any of its parts, the chief executive offi-
39 cer of the ~~[general hospital]~~ health care facility shall use the offi-
40 cer's discretion to adopt a plan or partial plan for which there is no
41 consensus. In this case, the chief executive officer shall provide a
42 written explanation of the elements of the clinical staffing plan that
43 the committee was unable to agree on, including the final written
44 proposals from the two parties and their rationales. In no event may a
45 chief executive officer fail to include in the adopted plan any staffing
46 related terms and conditions of the plan that has previously been
47 adopted through any applicable collective bargaining agreement.

48 Provided, further, however, when a staffing plan is adopted in whole or
49 in part by the chief executive officer due to a lack of consensus by the
50 clinical staffing committee, such plan or portion thereof shall be in
51 effect for one hundred and eighty days after which time such plan or
52 portion thereof shall be referred back to the clinical staffing commit-
53 tee for further consideration and recommendations to the chief executive
54 officer in the same manner as provided in subdivision four of this
55 section. If the clinical staffing committee fails to reach consensus on
56 a clinical staffing plan in whole or in part after two successive

attempts or within one year after initial adoption of a staffing plan by the chief executive officer, the recommendations of the members of the clinical staffing committee representing nurses, licensed practical nurses and ancillary staff members shall be adopted in whole or in part for one hundred eighty days after which time such clinical staffing plan or part thereof shall be referred back to the clinical staffing committee for further consideration and recommendations in the same manner as provide for in subdivision four of this section.

(d) Each [~~general hospital~~] health care facility shall adopt and submit its first [~~hospital~~] health care facility clinical staffing plan under this section to the department no later than July first, two thousand twenty-two and annually thereafter. The plan submitted to the department shall, where applicable, include the written explanation from the chief executive officer and written proposals from the two parties regarding elements that the committee did not agree on as required in paragraph (c) of this subdivision. The submitted clinical staffing plan shall include data, from at least the previous year, on the frequency and duration of variations from the adopted clinical staffing plan, the number of complaints relating to the clinical staffing plan and their disposition, as well as descriptions of unresolved complaints submitted pursuant to paragraph (b) of subdivision seven of this section. The department shall post the plan as part of each individual [~~general hospital's~~] health care facility's health profile on the website of the department, if applicable, no later than July thirty-first of each year. If the adopted clinical staffing plan is subsequently amended, the amended plan shall be submitted to the department within thirty days of adoption. Adopted staffing plans shall be amended to include newly created units and existing units that undergo clinical or programmatic changes that fundamentally alter their character or nature. The department shall post amended staffing plans upon receipt.

7. Implementation of clinical staffing plans. (a) Beginning January first, two thousand twenty-three, and annually thereafter, each [~~general hospital~~] health care facility shall implement the clinical staffing plan adopted by July first of the prior calendar year, and any subsequent amendments, and assign personnel to each patient care unit in accordance with the plan.

(b) A registered nurse, licensed practical nurse, ancillary member of the frontline team, or collective bargaining representative may report to the clinical staffing committee any variations where the personnel assignment in a patient care unit is not in accordance with the adopted staffing plan and may make a complaint to the committee based on the variations.

(c) The clinical staffing committee shall develop a process to examine, respond to, and track data submitted under paragraph (b) of this subdivision. The clinical staffing committee may by consensus, as described in paragraph (b) of subdivision six of this section, determine a complaint resolved or dismissed. The clinical staffing committee shall also establish agreed upon rules and criteria to provide for confidentiality of complaints that are in the process of being examined or are found to be unsubstantiated. This subdivision does not infringe upon or limit the rights of any collective bargaining representative of employees, or of any employee or group of employees pursuant to applicable law, including without limitation any applicable state or federal labor laws.

8. Posting of staffing information. Each [~~general hospital~~] health care facility shall post, in a publicly conspicuous area on each patient

1 care unit, the clinical staffing plan for that unit and the actual daily
2 staffing for that shift on that unit as well as the relevant clinical
3 staffing.

4 9. Retaliation and intimidation prohibited. A [~~general hospital~~]
5 health care facility shall not retaliate against or engage in any form
6 of intimidation of:

7 (a) An employee for performing any duties or responsibilities in
8 connection with the clinical staffing committee; or

9 (b) An employee, patient, or other individual who notifies the clin-
10 ical staffing committee or the [~~hospital~~] health care facility adminis-
11 tration of the individual's staffing concerns.

12 10. Special considerations. Nothing in this section is intended to
13 create unreasonable burdens on critical access hospitals under 42 U.S.C.
14 Sec. 1395i-4 and sole community hospitals under 42 U.S.C. Sec.
15 1395ww(d)(5) related to the operation of their clinical staffing commit-
16 tees. Critical access and sole community hospitals may develop flexible
17 approaches to accomplish the requirements of this section. Clinical
18 staffing plans from such entities submitted to the department shall
19 contain a description of any ways in which the general hospital's
20 approach to creating the plan differed from the process outlined in this
21 section. This subdivision does not relieve such entities from compliance
22 with other provisions of this section related to the adoption, implemen-
23 tation and adherence to an adopted clinical staffing plan, reporting and
24 disclosure, or other requirements of this section.

25 11. Investigations. (a) The department shall investigate potential
26 violations of this section following receipt of a complaint with
27 supporting evidence, of failure to:

28 (i) Form or establish a clinical staffing committee;

29 (ii) Comply with the requirements of this section in creating a clin-
30 ical staffing plan;

31 (iii) Adopt all or part of a clinical staffing plan that is approved
32 by consensus of the clinical staffing committee and submitted to the
33 department;

34 (iv) Conduct a semiannual review of a clinical staffing plan; or

35 (v) Submit to the department a clinical staffing plan on an annual
36 basis and any updates.

37 (b) The department shall initiate an investigation of unresolved
38 complaints, that have first been submitted to the clinical staffing
39 committee, regarding compliance with the clinical staffing plan, person-
40 nel assignments in a patient care unit or staffing levels, or any other
41 requirement of the adopted clinical staffing plan, excluding complaints
42 determined by the clinical staffing committee to be resolved or
43 dismissed as determined by consensus of the clinical staffing committee
44 as described in paragraph (b) of subdivision six of this section.

45 (c) The department shall initiate an investigation after making an
46 assessment that there is a pattern of failure to resolve complaints
47 submitted to the clinical staffing committee or a pattern of failure to
48 reach consensus on the adoption of all or part of a clinical staffing
49 plan. In the case of a pattern of failure to resolve complaints or to
50 reach consensus on the adoption of all or part of a clinical staffing
51 plan, the department shall determine if the pattern was due to one of
52 the parties routinely refusing to resolve complaints or reach consensus.

53 (d) Any department investigation of a complaint under this subdivision
54 shall consider whether unforeseeable emergency circumstances as defined
55 in subdivision fourteen of this section contributed to the failure of
56 the [~~general hospital~~] health care facility to comply with this section.

(e) After an investigation conducted under paragraph (a) or (b) of this subdivision, if the department determines that there has been a violation, the department shall require the ~~[general-hospital]~~ health care facility to submit a corrective plan of action within forty-five days of the presentation of findings from the department to the ~~[hospital]~~ health care facility. If the department determines after investigation under paragraph (c) of this subdivision that the general hospital representatives on the clinical staffing committee were responsible for a pattern of not resolving complaints or for a pattern of not reaching consensus, the department shall require the general hospital to submit a corrective action plan within forty-five days of the presentation of findings to the ~~[general-hospital]~~ health care facility. If the department finds that the frontline staff representatives on the clinical staffing committee were responsible for a pattern of not resolving complaints or for a pattern of not reaching consensus, the department shall not require the ~~[general-hospital]~~ health care facility to submit a corrective action plan or impose a civil penalty on the ~~[general-hospital]~~ health care facility pursuant to subdivision twelve of this section.

12. Civil penalties. In the event that a ~~[general-hospital]~~ health care facility fails to submit or submits but fails to implement a corrective action plan in response to a violation or violations found by the department based on a complaint filed pursuant to paragraph (a), (b) or (c) of subdivision eleven of this section, the department may impose a civil penalty as authorized by section twelve of this chapter for all violations asserted against the ~~[general-hospital]~~ health care facility, until the ~~[general-hospital]~~ health care facility submits or implements a corrective action plan or takes other action directed by the department.

13. Posting of penalties and related information. The department shall maintain for public inspection, including posting on the general hospital profile on the department website, records of any civil penalties, administrative actions, or license suspensions or revocations imposed on ~~[general-hospitals]~~ health care facilities under this section.

14. Unforeseeable emergency circumstances. (a) For purposes of this section, "unforeseeable emergency circumstance" means:

(i) Any officially declared national, state, or municipal emergency;
(ii) When a ~~[general-hospital]~~ health care facility disaster plan is activated; or

(iii) Any unforeseen disaster or other catastrophic event that immediately affects or increases the need for health care services.

(b) In determining whether a ~~[general-hospital]~~ health care facility has violated its obligations under this section to comply with the ~~[general-hospital's]~~ health care facility's clinical staffing plan, it shall not be a defense that it was unable to secure sufficient staff if the lack of staffing was foreseeable and could be prudently planned for or involved routine nurse staffing needs that arose due to typical staffing patterns, typical levels of absenteeism, and time off typically approved by the employer for vacation, holidays, sick leave, and personal leave.

15. Complaints. Nothing in this section shall be construed to preclude the ability to submit a complaint to the department as provided for under this chapter. Nothing in this section shall be construed as supplanting other complaint mechanisms established by a ~~[general-hospital]~~ health care facility, including mechanisms designed to aid in compliance with other federal, state or local laws. Nothing in this

1 section shall be construed as limiting or supplanting the rights of
2 employees and their collective bargaining representatives to fully
3 enforce any and all rights under the terms of a collective bargaining
4 agreement. An employer shall not assert or attempt to assert a claim
5 that enforcement of the collective bargaining agreement is barred or
6 limited by any provisions of this section.

7 16. Annual report. (a) The department shall submit an annual report to
8 the speaker of the assembly, the temporary president of the senate, and
9 the chairs of the health committees of the assembly and senate and the
10 governor on or before December thirty-first of each year. This report
11 shall include the number of complaints submitted to the department, the
12 disposition of these complaints, the number of investigations conducted,
13 and the associated costs for complaint investigations, if any.

14 (b) Prior to the submission of the report, the commissioner shall
15 convene a stakeholder workgroup consisting of [~~hospital~~] health care
16 facility associations and unions representing nurses and other ancillary
17 members of the frontline team. The stakeholder workgroup shall review
18 the report prior to its submission to the speaker of the assembly, the
19 temporary president of the senate, and the chairs of the health commit-
20 tees of the assembly and senate.

21 17. Disclosure of nursing quality indicators. (a) Every facility with
22 an operating certificate pursuant to the requirements of this article
23 shall make available to the public information regarding nurse staffing
24 and patient outcomes as specified by the commissioner by rule and regu-
25 lation. The commissioner shall promulgate rules and regulations on the
26 disclosure of nursing quality indicators providing for the disclosure of
27 information including at least the following, as appropriate to the
28 reporting facility:

29 (i) The number of registered nurses providing direct care and the
30 ratio of patients per registered nurse, full-time equivalent, providing
31 direct care. This information shall be expressed in actual numbers, in
32 terms of total hours of nursing care per patient, including adjustment
33 for case mix and acuity, and as a percentage of patient care staff, and
34 shall be broken down in terms of the total patient care staff, each
35 unit, and each shift.

36 (ii) The number of licensed practical nurses providing direct care.
37 This information shall be expressed in actual numbers, in terms of total
38 hours of nursing care per patient including adjustment for case mix and
39 acuity, and as a percentage of patient care staff, and shall be broken
40 down in terms of the total patient care staff, each unit, and each
41 shift.

42 (iii) The number of unlicensed personnel utilized to provide direct
43 patient care, including adjustment for case mix and acuity. This infor-
44 mation shall be expressed both in actual numbers and as a percentage of
45 patient care staff and shall be broken down in terms of the total
46 patient care staff, each unit, and each shift.

47 (iv) Incidence of adverse patient care, including incidents such as
48 medication errors, patient injury, decubitus ulcers, nosocomial
49 infections, and nosocomial urinary tract infections.

50 (v) Methods used for determining and adjusting staffing levels and
51 patient care needs and the facility's compliance with these methods.

52 (vi) Data regarding complaints filed with any state or federal regula-
53 tory agency, or an accrediting agency, and data regarding investigations
54 and findings as a result of those complaints, degree of compliance with
55 acceptable standards, and the findings of scheduled inspection visits.

(b) Such information shall be provided to the commissioner of any state agency responsible for licensing or accrediting the facility, or responsible for overseeing the delivery of services either directly or indirectly, to any employee of a ~~general hospital~~ health care facility or the employee's collective bargaining agent, if any, and to any member of the public who requests such information directly from the facility. Written statements containing such information shall state the source and date thereof.

(c) The commissioner shall make regulations to provide a uniform format or form for complying with the reporting requirements of subparagraphs (i), (ii) and (iii) of paragraph (a) of this subdivision, allowing patients and the public to clearly understand and compare staffing patterns and actual levels of staffing across facilities. Such uniform format or form shall allow facilities to include a description of additional resources available to support unit level patient care and a description of the ~~general hospital~~ health care facility. The information required by subparagraphs (i), (ii) and (iii) of paragraph (a) of this subdivision, reported in a manner determined by the commissioner, shall be filed with the department electronically on a quarterly basis and shall be available to the public on the department's website. The regulations shall take effect no later than December thirty-first, two thousand twenty-two. Information required to be provided pursuant to subparagraphs (i), (ii) and (iii) of paragraph (a) of this subdivision shall be made available to the public no later than July first, two thousand twenty-three.

18. Advisory commission. (a) There is hereby established an independent advisory commission, composed of nine experts in staffing standards and quality of patient care, including: three experts in nursing practice, quality of nursing care or patient care standards, one of whom shall be appointed by the governor, one of whom shall be appointed by the speaker of the assembly and one of whom shall be appointed by the temporary president of the senate; three representatives of unions representing nurses, one of whom shall be appointed by the governor, one of whom shall be appointed by the speaker of the assembly and one of whom shall be appointed by the temporary president of the senate; and three members representing ~~general hospitals~~ health care facilities, one of whom shall be appointed by the governor, one of whom shall be appointed by the speaker of the assembly and one of whom shall be appointed by the temporary president of the senate. The members of the commission shall serve at the pleasure of the appointing official. Members of the commission shall keep confidential any information received in the course of their duties and may only use such information in the course of carrying out their duties on the commission, except those reports required to be issued by the commission under this section, which may only include de-identified information.

(b) The advisory commission shall convene from time to time in order to evaluate the effectiveness of the clinical staffing committees required by this section. Such review shall evaluate the following metrics, including but not limited to quantitative and qualitative data on whether staffing levels were improved and maintained, patient satisfaction, employee satisfaction, patient quality of care metrics, workplace safety, and any other metrics the commission deems relevant. The commission shall also review the annual report submitted by the department and make recommendations to the speaker of the assembly, the temporary president of the senate, and the chairs of the health committees of

1 the assembly and senate as set forth in paragraph (d) of this subdivi-
2 sion.

3 (c) The advisory commission may collect and shall be provided all
4 relevant information, necessary to carry out its functions, from the
5 department and other state agencies. The commission may also invite
6 testimony by experts in the field and from the public. In making its
7 recommendations to the speaker of the assembly, the temporary president
8 of the senate, and the chairs of the health committees of the assembly
9 and senate, the commission shall analyze relevant data, including data
10 and factors set forth in paragraph (b) of subdivision four of this
11 section related to clinical staffing plans. The commission may also make
12 recommendations for additional or enhanced enforcement mechanisms or
13 powers to address [~~general hospital~~] health care facility failure to
14 comply with this section and recommend the appropriation of funding for
15 the department to enforce this section or to assist [~~general hospitals~~]
16 health care facilities in hiring additional staff to comply with this
17 section.

18 (d) The advisory commission shall submit to the speaker of the assem-
19 bly, the temporary president of the senate and the chairs of the health
20 committees of the assembly and senate, and make available to the public
21 a report that makes recommendations to the speaker of the assembly, the
22 temporary president of the senate, and the chairs of the health commit-
23 tees of the assembly and senate for further legislative action, if any,
24 in order to improve working conditions and quality of care in [~~general~~
25 ~~hospitals~~] health care facilities pursuant to this section and its
26 intent.

27 (e) The commission shall submit its report and recommendations to the
28 speaker of the assembly, the temporary president of the senate, and the
29 chairs of the health committees of the assembly and senate no later than
30 October thirty-first, two thousand twenty-four, once three years of
31 staffing plans have been submitted to the department pursuant to this
32 section.

33 (f) Members of the commission shall receive no compensation for their
34 services, but shall be allowed their actual and necessary expenses
35 incurred in the performance of their duties hereunder.

36 (g) The legislature may appropriate funding for the commission to hire
37 staff or consultants and provide for the operation of the commission as
38 reasonably necessary to fulfill its functions.

39 § 2. This act shall take effect January 1, 2024.