S T A T E O F N E W Y O R K

3843

2009-2010 Regular Sessions

I N S E N A T E

April 2, 2009

Introduced by Sen. DUANE -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to enacting the "safe staffing for quality care act" and to amend the state finance law, in relation to moneys deposited into the improving quality of patient care fund

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Short title. This act shall be known and may be cited as the "safe staffing for quality care act".

S 2. Paragraphs (a) and (b) of subdivision 2 of section 2805 of the public health law, paragraph (a) as amended by chapter 923 of the laws of 1973 and paragraph (b) as added by chapter 795 of the laws of 1965, are amended to read as follows:

(a) Application for an operating certificate for a hospital shall be made upon forms prescribed by the department. The application shall [contain] INCLUDE the name of the hospital, the kind or kinds of hospital service to be provided, the location and physical description of the institution, A DOCUMENTED STAFFING PLAN, AS DEFINED IN SECTION TWENTY-EIGHT HUNDRED TWENTY OF THIS ARTICLE, and such other information as the department may require.

(b) An operating certificate shall not be issued by the department unless it finds that the premises, equipment, personnel, DOCUMENTED STAFFING PLAN, rules and by-laws, standards of medical care, and hospital service are fit and adequate and that the hospital will be operated in the manner required by this article and rules and regulations thereunder.

S 3. The public health law is amended by adding nine new sections 2821, 2822, 2823, 2824, 2825, 2826, 2827, 2828 and 2829 to read as follows:

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

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S 2821. POLICY AND PURPOSE. THE LEGISLATURE FINDS AND DECLARES ALL OF THE FOLLOWING:

1. HEALTH CARE SERVICES ARE BECOMING COMPLEX AND IT IS INCREASINGLY DIFFICULT FOR PATIENTS TO ACCESS INTEGRATED SERVICES;

2. THE QUALITY OF PATIENT CARE IS JEOPARDIZED BECAUSE OF NURSE STAFFING SHORTAGES AND IMPROPER UTILIZATION OF NURSING SERVICES;

3. TO ENSURE THE ADEQUATE PROTECTION OF PATIENTS IN HEALTH CARE SETTINGS, IT IS ESSENTIAL THAT QUALIFIED REGISTERED NURSES AND OTHER LICENSED NURSES BE ACCESSIBLE AND AVAILABLE TO MEET THE NEEDS OF PATIENTS; AND

4. THE BASIC PRINCIPLES OF STAFFING IN THE HEALTH CARE SETTING SHOULD BE BASED ON THE PATIENT'S CARE NEEDS, THE SEVERITY OF CONDITION, SERVICES NEEDED AND THE COMPLEXITY SURROUNDING THOSE SERVICES.

S 2822. SAFE STAFFING; DEFINITIONS. THE FOLLOWING WORDS AND PHRASES, AS USED IN THIS ARTICLE, SHALL HAVE THE FOLLOWING MEANINGS UNLESS THE CONTEXT OTHERWISE PLAINLY REQUIRES:

1. "ACUTE CARE FACILITY" SHALL MEAN A GENERAL HOSPITAL, AND SHALL ALSO INCLUDE ANY CHRONIC DISEASE HOSPITAL, MATERNITY HOSPITAL, OUTPATIENT DEPARTMENT, EMERGENCY CENTER OR SURGICAL CENTER, AND SHALL ALSO INCLUDE ANY FACILITY THAT PROVIDES HEALTH CARE SERVICES PURSUANT TO THE MENTAL HYGIENE LAW OR THE CORRECTION LAW IF SUCH FACILITY IS OPERATED BY THE STATE OR A POLITICAL SUBDIVISION OF THE STATE OR A PUBLIC AUTHORITY OR PUBLIC BENEFIT CORPORATION.

2. "ACUITY SYSTEM" SHALL MEAN AN ESTABLISHED MEASUREMENT INSTRUMENT WHICH (A) PREDICTS NURSING CARE REQUIREMENTS FOR INDIVIDUAL PATIENTS BASED ON SEVERITY OF PATIENT ILLNESS, NEED FOR SPECIALIZED EQUIPMENT AND TECHNOLOGY, INTENSITY OF NURSING INTERVENTIONS REQUIRED, AND THE COMPLEXITY OF CLINICAL NURSING JUDGMENT NEEDED TO DESIGN, IMPLEMENT AND EVALUATE THE PATIENT'S NURSING CARE PLAN; (B) DETAILS THE AMOUNT OF NURSING CARE NEEDED, BOTH IN NUMBER OF DIRECT-CARE NURSES AND IN SKILL MIX OF NURSING PERSONNEL REQUIRED, ON A DAILY BASIS, FOR EACH PATIENT IN A NURSING DEPARTMENT OR UNIT; AND (C) IS STATED IN TERMS THAT READILY CAN BE USED AND UNDERSTOOD BY DIRECT-CARE NURSES. THE ACUITY SYSTEM SHALL TAKE INTO CONSIDERATION THE PATIENT CARE SERVICES PROVIDED NOT ONLY BY REGISTERED PROFESSIONAL NURSES BUT ALSO BY LICENSED PRACTICAL NURSES, SOCIAL WORKERS AND OTHER HEALTH CARE PERSONNEL.

3. "ASSESSMENT TOOL" SHALL MEAN A MEASUREMENT SYSTEM THAT COMPARES THE STAFFING LEVEL IN EACH NURSING DEPARTMENT OR UNIT AGAINST ACTUAL PATIENT NURSING CARE REQUIREMENTS IN ORDER TO REVIEW THE ACCURACY OF AN ACUITY SYSTEM.

4. "DIRECT-CARE NURSE" AND "DIRECT-CARE NURSING STAFF" SHALL MEAN ANY NURSE WHO HAS PRINCIPAL RESPONSIBILITY TO OVERSEE OR CARRY OUT MEDICAL REGIMENS, NURSING OR OTHER BEDSIDE CARE FOR ONE OR MORE PATIENTS.

5. "DOCUMENTED STAFFING PLAN" SHALL MEAN A DETAILED WRITTEN PLAN SETTING FORTH THE MINIMUM NUMBER AND CLASSIFICATION OF DIRECT-CARE NURSES REQUIRED IN EACH NURSING DEPARTMENT OR UNIT IN AN ACUTE CARE FACILITY FOR A GIVEN YEAR, BASED ON REASONABLE PROJECTIONS DERIVED FROM THE PATIENT CENSUS AND AVERAGE ACUITY LEVEL WITHIN EACH DEPARTMENT OR UNIT DURING THE PRIOR YEAR, THE DEPARTMENT OR UNIT SIZE AND GEOGRAPHY, THE NATURE OF SERVICES PROVIDED AND ANY FORESEEABLE CHANGES IN DEPARTMENT OR UNIT SIZE OR FUNCTION DURING THE CURRENT YEAR.

6. "NURSE" SHALL MEAN A REGISTERED PROFESSIONAL NURSE OR LICENSED PRACTICAL NURSE LICENSED PURSUANT TO ARTICLE ONE HUNDRED THIRTY-NINE OF THE EDUCATION LAW.

7. "NURSING CARE" SHALL MEAN THAT CARE WHICH IS WITHIN THE DEFINITION OF THE PRACTICE OF NURSING PURSUANT TO SECTION SIXTY-NINE HUNDRED TWO OF

THE EDUCATION LAW, OR OTHERWISE ENCOMPASSED WITH THE RECOGNIZED STANDARDS OF NURSING PRACTICE, INCLUDING ASSESSMENT, NURSING DIAGNOSIS, PLANNING, INTERVENTION, EVALUATION AND PATIENT ADVOCACY.

8. "SAFE STAFFING REQUIREMENTS" SHALL MEAN THE PROVISIONS OF SECTIONS TWENTY-EIGHT HUNDRED TWENTY-ONE THROUGH TWENTY-EIGHT HUNDRED TWENTY-NINE OF THIS ARTICLE AND ALL RULES AND REGULATIONS ADOPTED PURSUANT THERETO.

9. "SKILL MIX" SHALL MEAN THE DIFFERENCES IN LICENSING, SPECIALTY AND EXPERIENCE AMONG DIRECT-CARE NURSES.

10. "STAFFING LEVEL" SHALL MEAN THE ACTUAL NUMERICAL NURSE TO PATIENT RATIO WITHIN A NURSING DEPARTMENT OR UNIT.

11. "UNIT" SHALL MEAN A PATIENT CARE COMPONENT, AS DEFINED BY THE DEPARTMENT, WITHIN AN ACUTE CARE FACILITY.

S 2823. COMMISSIONER AND COUNCIL; POWERS AND DUTIES. THE COMMISSIONER SHALL:

1. PROMULGATE, AFTER CONSULTATION WITH THE COUNCIL, THE RULES AND REGULATIONS NECESSARY TO CARRY OUT THE PURPOSES AND PROVISIONS OF THE SAFE STAFFING REQUIREMENTS, INCLUDING REGULATIONS DEFINING TERMS, SETTING FORTH DIRECT-CARE NURSE TO PATIENT RATIOS AND PRESCRIBING THE PROCESS FOR APPROVING ACUITY SYSTEMS, WHICH MAY INCLUDE A SYSTEM FOR CLASS APPROVAL OF ACUITY SYSTEMS; AND

2. ASSURE THAT THE PROVISIONS OF SAFE STAFFING REQUIREMENTS ARE ENFORCED, INCLUDING THE ISSUANCE OF REGULATIONS WHICH AT A MINIMUM PROVIDE FOR AN ACCESSIBLE AND CONFIDENTIAL SYSTEM TO REPORT THE FAILURE TO COMPLY WITH SUCH REQUIREMENTS AND PUBLIC ACCESS TO INFORMATION REGARDING REPORTS OF INSPECTIONS, RESULTS, DEFICIENCIES AND CORRECTIONS PURSUANT TO SUCH REQUIREMENTS.

3. ESTABLISH A COMMITTEE TO ADVISE IN THE DEVELOPMENT OF REGULATIONS, INCLUDING REGISTERED PROFESSIONAL NURSE TO PATIENT STAFFING REQUIREMENTS THAT ARE NOT SPECIFIED IN THIS ARTICLE. THE COMMITTEE SHALL ADVISE THE COMMISSIONER ON THE EFFICACY OF ACUITY SYSTEMS SUBMITTED FOR APPROVAL, AND REVIEW AND MAKE RECOMMENDATIONS ON APPROVAL OF STAFFING PLANS PRIOR TO THE GRANTING OF AN OPERATING CERTIFICATE BY THE DEPARTMENT. THE COMMITTEE SHALL HAVE THIRTEEN MEMBERS. NO LESS THAN SIXTY PERCENT OF THE MEMBERS OF THE COMMITTEE SHALL BE REGISTERED PROFESSIONAL NURSES. THE COMMITTEE SHALL INCLUDE REGISTERED PROFESSIONAL NURSE DIRECT CARE PROVIDERS, REPRESENTATIVES OF ACUTE CARE FACILITIES, AND REPRESENTATIVES OF NURSING PROFESSIONAL ASSOCIATIONS AND RECOGNIZED OR CERTIFIED COLLECTIVE BARGAINING REPRESENTATIVE OF NURSES AND OF OTHER SUPPORTIVE AND ASSISTIVE STAFF. THE GOVERNOR SHALL APPOINT THE CHAIR AND SIX OTHER MEMBERS, TWO MEMBERS SHALL BE APPOINTED BY THE SPEAKER OF THE ASSEMBLY, ONE MEMBER SHALL BE APPOINTED BY THE MINORITY LEADER OF THE ASSEMBLY, TWO MEMBERS SHALL BE APPOINTED BY THE TEMPORARY PRESIDENT OF THE SENATE AND ONE MEMBER SHALL BE APPOINTED BY THE MINORITY LEADER OF THE SENATE.

S 2824. STAFFING REQUIREMENTS. 1. STAFFING REQUIREMENTS. EACH ACUTE CARE FACILITY SHALL ENSURE THAT IT IS STAFFED IN A MANNER THAT PROVIDES SUFFICIENT, APPROPRIATELY QUALIFIED DIRECT-CARE NURSES IN EACH DEPARTMENT OR UNIT WITHIN SUCH FACILITY IN ORDER TO MEET THE INDIVIDUALIZED CARE NEEDS OF THE PATIENTS THEREIN. AT A MINIMUM, EACH SUCH FACILITY SHALL MEET THE REQUIREMENTS OF SUBDIVISIONS TWO AND THREE OF THIS SECTION.

2. STAFFING PLAN. THE DEPARTMENT SHALL NOT ISSUE AN OPERATING CERTIFICATE TO ANY ACUTE CARE FACILITY UNLESS SUCH FACILITY ANNUALLY SUBMITS TO THE DEPARTMENT A DOCUMENTED STAFFING PLAN AND A WRITTEN CERTIFICATION THAT THE SUBMITTED STAFFING PLAN IS SUFFICIENT TO PROVIDE ADEQUATE AND APPROPRIATE DELIVERY OF HEALTH CARE SERVICES TO PATIENTS FOR THE ENSUING YEAR. THE DOCUMENTED STAFFING PLAN SHALL:

(A) MEET THE MINIMUM REQUIREMENTS SET FORTH IN SUBDIVISION THREE OF THIS SECTION;

(B) BE ADEQUATE TO MEET ANY ADDITIONAL REQUIREMENTS PROVIDED BY OTHER LAWS, RULES OR REGULATIONS;

(C) EMPLOY AND IDENTIFY AN APPROVED ACUITY SYSTEM FOR ADDRESSING FLUCTUATIONS IN ACTUAL PATIENT ACUITY LEVELS AND NURSING CARE REQUIREMENTS REQUIRING INCREASED STAFFING LEVELS ABOVE THE MINIMUMS SET FORTH IN THE PLAN;

(D) FACTOR IN OTHER UNIT OR DEPARTMENT ACTIVITY SUCH AS DISCHARGES, TRANSFERS AND ADMISSIONS, AND ADMINISTRATIVE AND SUPPORT TASKS THAT IS EXPECTED TO BE DONE BY DIRECT-CARE NURSES IN ADDITION TO DIRECT NURSING CARE;

(E) FACTOR IN THE STAFFING LEVEL OF AND SERVICES PROVIDED BY OTHER HEALTHCARE PERSONNEL AND SUPPORTIVE PERSONNEL IN MEETING PATIENT CARE NEEDS; PROVIDED, HOWEVER, THAT THE STAFFING PLAN SHALL NOT INCORPORATE OR ASSUME THAT NURSING CARE FUNCTIONS REQUIRED BY LAWS, RULES OR REGULATIONS, OR ACCEPTED STANDARDS OF PRACTICE TO BE PERFORMED BY A REGISTERED PROFESSIONAL NURSE ARE TO BE PERFORMED BY OTHER PERSONNEL;

(F) IDENTIFY THE ASSESSMENT TOOL USED TO VALIDATE THE ACUITY SYSTEM RELIED ON IN THE PLAN;

(G) IDENTIFY THE SYSTEM THAT WILL BE USED TO DOCUMENT ACTUAL STAFFING ON A DAILY BASIS WITHIN EACH DEPARTMENT OR UNIT;

(H) INCLUDE A WRITTEN ASSESSMENT OF THE ACCURACY OF THE PRIOR YEAR'S STAFFING PLAN IN LIGHT OF ACTUAL STAFFING NEEDS;

(I) IDENTIFY EACH NURSE STAFF CLASSIFICATION REFERENCED IN SUCH PLAN TOGETHER WITH A STATEMENT SETTING FORTH MINIMUM QUALIFICATIONS FOR EACH SUCH CLASSIFICATION; AND

(J) BE DEVELOPED IN CONSULTATION WITH A MAJORITY OF THE DIRECT-CARE NURSES WITHIN EACH DEPARTMENT OR UNIT OR, WHERE SUCH NURSES ARE REPRESENTED, WITH THE APPLICABLE RECOGNIZED OR CERTIFIED COLLECTIVE BARGAINING REPRESENTATIVE OR REPRESENTATIVES OF THE DIRECT-CARE NURSES AND OF OTHER SUPPORTIVE AND ASSISTIVE STAFF.

3. MINIMUM STAFFING REQUIREMENTS. (A) THE DOCUMENTED STAFFING PLAN SHALL INCORPORATE, AT A MINIMUM, THE FOLLOWING DIRECT-CARE NURSE-TO-PATIENT RATIOS:

(I) ONE NURSE TO ONE PATIENT: OPERATING ROOM AND TRAUMA EMERGENCY UNITS AND ALL CRITICAL CARE AREAS INCLUDING EMERGENCY CRITICAL CARE AND ALL INTENSIVE CARE UNITS AND MATERNAL/CHILD CARE UNITS FOR THE SECOND OR THIRD STAGE OF LABOR;

(II) ONE NURSE TO TWO PATIENTS: MATERNAL/CHILD CARE UNITS FOR THE FIRST STAGE OF LABOR, AND POSTANESTHESIA UNITS;

(III) ONE NURSE TO THREE PATIENTS: ANTEPARTUM, EMERGENCY ROOM, PEDIATRICS, STEP-DOWN AND TELEMETRY UNITS AND UNITS FOR NEWBORNS AND INTERMEDIATE CARE NURSERY UNITS;

(IV) ONE NURSE TO THREE PATIENTS: POSTPARTUM MOTHER/BABY COUPLETS (MAXIMUM SIX PATIENTS PER NURSE);

(V) ONE NURSE TO FOUR PATIENTS: NON-CRITICAL ANTEPARTUM PATIENTS, AND MEDICAL/SURGICAL AND ACUTE CARE PSYCHIATRIC UNITS;

(VI) ONE NURSE TO FIVE PATIENTS: REHABILITATION UNITS; AND

(VII) ONE NURSE TO SIX PATIENTS: WELL-BABY NURSERY UNITS.

FOR ANY UNITS NOT LISTED IN THIS PARAGRAPH, INCLUDING PSYCHIATRIC UNITS, AND ACUTE CARE FACILITIES OPERATED PURSUANT TO THE MENTAL HYGIENE LAW OR THE CORRECTION LAW, THE DEPARTMENT SHALL ESTABLISH BY REGULATION THE APPROPRIATE DIRECT-CARE NURSE-TO-PATIENT RATIO.

(B) THE NURSE-TO-PATIENT RATIOS SET FORTH IN PARAGRAPH (A) OF THIS SUBDIVISION SHALL REFLECT THE MAXIMUM NUMBER OF PATIENTS THAT MAY BE

ASSIGNED TO EACH DIRECT-CARE NURSE IN A UNIT DURING ONE SHIFT. A NURSE, INCLUDING A NURSE ADMINISTRATOR OR SUPERVISOR, WHO DOES NOT HAVE PRINCIPAL RESPONSIBILITY AS A DIRECT-CARE NURSE FOR A SPECIFIC PATIENT SHALL NOT BE INCLUDED IN THE CALCULATION OF THE NURSE-TO-PATIENT RATIO.

4. LICENSED PRACTICAL NURSES. IN ANY SITUATION IN WHICH LICENSED PRACTICAL NURSES ARE INCLUDED IN THE DOCUMENTED STAFFING PLAN, ANY PATIENTS ASSIGNED TO THE LICENSED PRACTICAL NURSE SHALL ALSO BE INCLUDED IN CALCULATING THE NUMBER OF PATIENTS ASSIGNED TO ANY REGISTERED PROFESSIONAL NURSE WHO IS REQUIRED BY LAW, RULE, REGULATION, CONTRACT OR PRACTICE TO SUPERVISE OR OVERSEE THE DIRECT-NURSING CARE PROVIDED BY THE LICENSED PRACTICAL NURSE.

5. SKILL MIX. THE SKILL MIX SHALL NOT INCORPORATE OR ASSUME THAT NURSING CARE FUNCTIONS REQUIRED BY SECTION SIXTY-NINE HUNDRED TWO OF THE EDUCATION LAW OR ACCEPTED STANDARDS OF PRACTICE TO BE PERFORMED BY A REGISTERED PROFESSIONAL NURSE ARE TO BE PERFORMED BY A LICENSED PRACTICAL NURSE OR UNLICENSED ASSISTIVE PERSONNEL, OR THAT NURSING CARE FUNCTIONS REQUIRED BY SECTION SIXTY-NINE HUNDRED TWO OF THE EDUCATION LAW OR ACCEPTED STANDARDS OF PRACTICE TO BE PERFORMED BY A LICENSED PRACTICAL NURSE ARE TO BE PERFORMED BY UNLICENSED ASSISTIVE PERSONNEL.

6. ADJUSTMENTS. THE MINIMUM STAFFING REQUIREMENT AND NURSE-TO-PATIENT RATIO SET FORTH IN THIS SECTION SHALL BE ADJUSTED AS NECESSARY TO REFLECT THE NEED FOR ADDITIONAL DIRECT-CARE NURSES NECESSARY TO ENSURE ADEQUATE STAFFING OF EACH NURSING DEPARTMENT OR UNIT, IN ACCORDANCE WITH AN APPROVED ACUITY SYSTEM.

7. DEPARTMENT REGULATIONS. NOTHING IN THIS SECTION SHALL BE DEEMED TO PRECLUDE THE DEPARTMENT BY RULE OR REGULATION FROM ESTABLISHING AND REQUIRING A DOCUMENTED STAFFING PLAN TO HAVE HIGHER NURSE-TO-PATIENT RATIOS THAN THOSE SET FORTH IN THIS SECTION.

8. NOTHING CONTAINED IN THIS SECTION SHALL BE DEEMED TO ALTER, AFFECT THE VALIDITY OF, MODIFY THE TERMS OF, OR IMPAIR ANY COLLECTIVE BARGAINING AGREEMENT.

S 2825. COMPLIANCE WITH STAFFING PLAN AND RECORDKEEPING. 1. AS A CONDITION FOR THE MAINTENANCE OF AN OPERATING CERTIFICATE, EACH ACUTE CARE FACILITY SHALL AT ALL TIMES STAFF IN ACCORDANCE WITH ITS DOCUMENTED STAFFING PLAN AND THE STAFFING STANDARDS SET FORTH IN SECTION TWENTY-EIGHT HUNDRED TWENTY-FOUR OF THIS ARTICLE; PROVIDED, HOWEVER, THAT NOTHING IN THIS SECTION SHALL BE DEEMED TO PRECLUDE ANY SUCH FACILITY FROM IMPLEMENTING HIGHER DIRECT-CARE NURSE-TO-PATIENT STAFFING LEVELS, NOR SHALL THE REQUIREMENTS SET FORTH IN SUCH SECTION TWENTY-EIGHT HUNDRED TWENTY-FOUR OF THIS ARTICLE BE DEEMED TO SUPERSEDE OR REPLACE ANY HIGHER REQUIREMENTS OTHERWISE MANDATED BY LAW, RULE, REGULATION OR CONTRACT.

2. FOR PURPOSES OF COMPLIANCE WITH THE MINIMUM STAFFING REQUIREMENTS STANDARDS SET FORTH IN SECTION TWENTY-EIGHT HUNDRED TWENTY-FOUR OF THIS ARTICLE, NO NURSE SHALL BE ASSIGNED, OR INCLUDED IN THE NURSE-TO-PATIENT RATIO COUNT IN A NURSING UNIT OR A CLINICAL AREA WITHIN AN ACUTE CARE FACILITY UNLESS THAT NURSE HAS AN APPROPRIATE LICENSE PURSUANT TO ARTICLE ONE HUNDRED THIRTY-NINE OF THE EDUCATION LAW, HAS RECEIVED PRIOR ORIENTATION IN THAT CLINICAL AREA SUFFICIENT TO PROVIDE COMPETENT NURSING CARE TO THE PATIENTS IN THAT UNIT OR CLINICAL AREA, AND HAS DEMONSTRATED CURRENT COMPETENCE IN PROVIDING CARE IN THAT UNIT OR CLINICAL AREA. ACUTE CARE FACILITIES THAT UTILIZE TEMPORARY NURSING AGENCIES SHALL HAVE AND ADHERE TO A WRITTEN PROCEDURE TO ORIENT AND EVALUATE PERSONNEL FROM SUCH SOURCES TO ENSURE ADEQUATE ORIENTATION AND COMPETENCY PRIOR TO INCLUSION IN THE NURSE-TO-PATIENT RATIO. IN THE EVENT OF AN EMERGENCY STAFFING SITUATION IN WHICH INSUFFICIENT STAFFING MAY LEAD TO

UNSAFE PATIENT CARE, NURSES MAY BE TEMPORARILY ASSIGNED TO A DIFFERENT UNIT OR CLINICAL AREA, PROVIDED THAT SUCH NURSES SHALL BE ASSIGNED PATIENTS APPROPRIATE TO THEIR SKILL AND COMPETENCY LEVEL. THE FACILITY SHALL ESTABLISH A CONSISTENT PLAN FOR ADDRESSING EMERGENCY STAFFING SITUATIONS AND MONITOR OUTCOMES. EMERGENCIES ARE DEFINED AS NATURAL DISASTERS, DECLARED EMERGENCIES, MASS CASUALTY INCIDENTS OR OTHER EVENTS NOT REASONABLY ANTICIPATED AND PLANNED FOR AND NOT REGULARLY OCCURRING WITHIN THE FACILITY.

3. AS A CONDITION FOR THE MAINTENANCE OF AN OPERATING CERTIFICATE, EACH ACUTE CARE FACILITY SHALL MAINTAIN ACCURATE DAILY RECORDS SHOWING:

(A) THE NUMBER OF PATIENTS ADMITTED, RELEASED AND PRESENT IN EACH NURSING DEPARTMENT OR UNIT WITHIN SUCH FACILITY;

(B) THE INDIVIDUAL ACUITY LEVEL OF EACH PATIENT PRESENT IN EACH NURSING DEPARTMENT OR UNIT WITHIN SUCH FACILITY; AND

(C) THE IDENTITY AND DUTY HOURS OF EACH DIRECT-CARE NURSE IN EACH NURSING DEPARTMENT OR UNIT WITHIN SUCH FACILITY.

4. AS A CONDITION FOR THE MAINTENANCE OF AN OPERATING CERTIFICATE, EACH ACUTE CARE FACILITY SHALL MAINTAIN DAILY STATISTICS, BY NURSING DEPARTMENT AND UNIT, OF MORTALITY, MORBIDITY, INFECTION, ACCIDENT, INJURY AND MEDICAL ERRORS.

5. ALL RECORDS REQUIRED TO BE KEPT PURSUANT TO THIS SECTION SHALL BE MAINTAINED FOR A PERIOD OF SEVEN YEARS.

6. ALL RECORDS REQUIRED TO BE KEPT PURSUANT TO THIS SECTION SHALL BE MADE AVAILABLE UPON REQUEST TO THE DEPARTMENT AND TO THE PUBLIC; PROVIDED, HOWEVER, THAT INFORMATION RELEASED TO THE PUBLIC SHALL COMPLY WITH THE APPLICABLE PATIENT PRIVACY LAWS, RULES AND REGULATIONS, AND THAT IN FACILITIES OPERATED PURSUANT TO THE CORRECTION LAW THE IDENTITY AND HOURS OF STAFF SHALL NOT BE RELEASED TO THE PUBLIC.

S 2826. WORK ASSIGNMENT POLICY. 1. GENERAL. AS A CONDITION FOR THE MAINTENANCE OF AN OPERATING CERTIFICATE, EACH ACUTE CARE FACILITY SHALL ADOPT, DISSEMINATE TO DIRECT-CARE NURSES AND COMPLY WITH A WRITTEN WORK ASSIGNMENT POLICY, THAT MEETS THE REQUIREMENTS OF SUBDIVISIONS TWO AND THREE OF THIS SECTION, DETAILING THE CIRCUMSTANCES UNDER WHICH A DIRECT-CARE NURSE MAY REFUSE A WORK ASSIGNMENT.

2. MINIMUM CONDITIONS. AT A MINIMUM, THE WORK ASSIGNMENT POLICY SHALL PERMIT A DIRECT-CARE NURSE TO REFUSE AN ASSIGNMENT:

(A) FOR WHICH THE NURSE IS NOT PREPARED BY EDUCATION, TRAINING OR EXPERIENCE TO SAFELY FULFILL THE ASSIGNMENT WITHOUT COMPROMISING OR JEOPARDIZING PATIENT SAFETY, THE NURSE'S ABILITY TO MEET FORESEEABLE PATIENT NEEDS OR THE NURSE'S LICENSE; OR

(B) WOULD OTHERWISE VIOLATE THE SAFE STAFFING REQUIREMENTS.

3. MINIMUM PROCEDURES. AT A MINIMUM, THE WORK ASSIGNMENT POLICY SHALL CONTAIN PROCEDURES FOR THE FOLLOWING:

(A) REASONABLE REQUIREMENTS FOR PRIOR NOTICE TO THE NURSE'S SUPERVISOR REGARDING THE NURSE'S REQUEST AND SUPPORTING REASONS FOR BEING RELIEVED OF AN ASSIGNMENT OR CONTINUED DUTY;

(B) WHERE FEASIBLE, AN OPPORTUNITY FOR THE SUPERVISOR TO REVIEW THE SPECIFIC CONDITIONS SUPPORTING THE NURSE'S REQUEST, AND TO DECIDE WHETHER TO REMEDY THE CONDITIONS, TO RELIEVE THE NURSE OF THE ASSIGNMENT, OR TO DENY THE NURSE'S REQUEST TO BE RELIEVED OF THE ASSIGNMENT OR CONTINUED DUTY;

(C) A PROCESS THAT PERMITS THE NURSE TO EXERCISE THE RIGHT TO REFUSE THE ASSIGNMENT OR CONTINUED ON-DUTY STATUS WHEN THE SUPERVISOR DENIES THE REQUEST TO BE RELIEVED IF:

(I) THE SUPERVISOR REJECTS THE REQUEST WITHOUT PROPOSING A REMEDY OR THE PROPOSED REMEDY WOULD BE INADEQUATE OR UNTIMELY,

(II) THE COMPLAINT AND INVESTIGATION PROCESS WITH A REGULATORY AGENCY WOULD BE UNTIMELY TO ADDRESS THE CONCERN, AND

(III) THE EMPLOYEE IN GOOD FAITH BELIEVES THAT THE ASSIGNMENT MEETS CONDITIONS JUSTIFYING REFUSAL; AND

(D) RECOGNITION THAT A NURSE WHO REFUSES AN ASSIGNMENT PURSUANT TO A WORK ASSIGNMENT POLICY AS SET FORTH IN THIS SECTION SHALL NOT BE DEEMED, BY REASON THEREOF, TO HAVE ENGAGED IN NEGLIGENT OR INCOMPETENT ACTION, PATIENT ABANDONMENT, OR OTHERWISE TO HAVE VIOLATED ANY LAW RELATING TO NURSING.

S 2827. PUBLIC DISCLOSURE OF STAFFING REQUIREMENTS. EVERY ACUTE CARE FACILITY SHALL:

1. POST IN A CONSPICUOUS PLACE READILY ACCESSIBLE TO THE GENERAL PUBLIC A NOTICE PREPARED BY THE DEPARTMENT SETTING FORTH A SUMMARY OF THE SAFE STAFFING REQUIREMENTS APPLICABLE TO THAT FACILITY TOGETHER WITH INFORMATION ABOUT WHERE DETAILED INFORMATION ABOUT THE FACILITY'S STAFFING PLAN AND ACTUAL STAFFING MAY BE OBTAINED;

2. UPON REQUEST, MAKE COPIES OF THE DOCUMENTED STAFFING PLAN FILED WITH THE DEPARTMENT AVAILABLE TO THE PUBLIC; AND

3. UPON REQUEST MAKE READILY AVAILABLE TO THE NURSING STAFF WITHIN A DEPARTMENT OR UNIT, DURING EACH WORK SHIFT, THE FOLLOWING INFORMATION:

(A) A COPY OF THE CURRENT STAFFING PLAN FOR THAT DEPARTMENT OR UNIT,

(B) DOCUMENTATION OF THE NUMBER OF DIRECT-CARE NURSES REQUIRED TO BE PRESENT DURING THE SHIFT, BASED ON THE APPROVED ADOPTED ACUITY SYSTEM, AND

(C) DOCUMENTATION OF THE ACTUAL NUMBER OF DIRECT-CARE NURSES PRESENT DURING THE SHIFT.

S 2828. ENFORCEMENT RESPONSIBILITIES. THE DEPARTMENT SHALL NOT DELEGATE ITS RESPONSIBILITIES TO ENFORCE THE SAFE STAFFING REQUIREMENTS PROMULGATED PURSUANT TO THIS ARTICLE.

S 2829. ENFORCEMENT AND PENALTIES. 1. CIVIL PENALTY. ANY PERSON, REGARDLESS OF WHETHER THAT PERSON POSSESSES AN OPERATING CERTIFICATE, WHO HAS COMMITTED A VIOLATION OF ANY OF THE PROVISIONS OF THE SAFE STAFFING REQUIREMENTS, INCLUDING FAILURE TO CORRECT A SERIOUS VIOLATION (AS DEFINED BY REGULATION) WITHIN THE TIME SPECIFIED IN A DEFICIENCY CITATION, MAY BE ASSESSED A CIVIL PENALTY BY ORDER OF THE DEPARTMENT OF UP TO FIVE HUNDRED DOLLARS FOR EACH DEFICIENCY FOR EACH DAY THAT EACH DEFICIENCY CONTINUES; PROVIDED, HOWEVER, THAT AN ACUTE HEALTH CARE FACILITY THAT FAILS TO COMPLY WITH THE REQUIREMENTS OF SECTION TWENTY-EIGHT HUNDRED TWENTY-FOUR OF THIS ARTICLE MAY BE ASSESSED A CIVIL PENALTY BY ORDER OF THE DEPARTMENT OF UP TO TEN THOUSAND DOLLARS FOR EACH DAY OF NON-COMPLIANCE. CIVIL PENALTIES SHALL BE COLLECTED FROM THE DATE SUCH FACILITY RECEIVES NOTICE OF VIOLATION UNTIL THE DATE SUCH VIOLATION IS CORRECTED.

2. CIVIL PENALTY FOR INTERFERENCE WITH REPORTING OBLIGATIONS. ANY PERSON OR ACUTE CARE FACILITY THAT FAILS TO REPORT OR FALSIFIES INFORMATION, OR COERCES, THREATENS, INTIMIDATES OR OTHERWISE INFLUENCES ANOTHER PERSON TO FAIL TO REPORT OR TO FALSIFY INFORMATION REQUIRED TO BE REPORTED UNDER THE SAFE STAFFING REQUIREMENTS, MAY BE ASSESSED A CIVIL PENALTY OF UP TO TEN THOUSAND DOLLARS FOR EACH SUCH INCIDENT.

3. PRIVATE RIGHT OF ACTION FOR VIOLATIONS OF SECTION TWENTY-EIGHT HUNDRED TWENTY-SIX OF THIS ARTICLE. ANY ACUTE CARE FACILITY THAT VIOLATES THE RIGHTS OF AN EMPLOYEE PURSUANT TO AN ADOPTED WORK ASSIGNMENT POLICY UNDER SECTION TWENTY-EIGHT HUNDRED TWENTY-SIX OF THIS ARTICLE MAY BE HELD LIABLE TO SUCH EMPLOYEE IN AN ACTION BROUGHT IN A COURT OF COMPETENT JURISDICTION FOR SUCH LEGAL OR EQUITABLE RELIEF AS MAY BE APPROPRIATE TO EFFECTUATE THE PURPOSES OF THE SAFE STAFFING REQUIRE-

MENTS, INCLUDING BUT NOT LIMITED TO REINSTATEMENT, PROMOTION, LOST WAGES AND BENEFITS, AND COMPENSATORY AND CONSEQUENTIAL DAMAGES RESULTING FROM THE VIOLATION TOGETHER WITH AN EQUAL AMOUNT IN LIQUIDATED DAMAGES. THE COURT IN SUCH ACTION SHALL, IN ADDITION TO ANY JUDGMENT AWARDED TO A PREVAILING PLAINTIFF, AWARD REASONABLE ATTORNEYS' FEES AND COSTS OF ACTION TO BE PAID BY THE DEFENDANT. AN EMPLOYEE'S RIGHT TO INSTITUTE A PRIVATE ACTION PURSUANT TO THIS SUBDIVISION SHALL NOT BE LIMITED BY ANY OTHER RIGHT GRANTED BY THE SAFE STAFFING REQUIREMENTS.

S 4. Section 2801-a of the public health law is amended by adding a new subdivision 3-b to read as follows:

3-B. IN CONSIDERING CHARACTER, COMPETENCE AND STANDING IN THE COMMUNITY UNDER SUBDIVISION THREE OF THIS SECTION, THE PUBLIC HEALTH COUNCIL SHALL CONSIDER ANY PAST VIOLATIONS OF STATE OR FEDERAL RULES, REGULATIONS OR STATUTES RELATING TO EMPLOYER-EMPLOYEE RELATIONS, WORKPLACE SAFETY, COLLECTIVE BARGAINING OR ANY OTHER LABOR RELATED PRACTICES, OBLIGATIONS OR IMPERATIVES. THE PUBLIC HEALTH COUNCIL SHALL GIVE SUBSTANTIAL WEIGHT TO VIOLATIONS OF THE PUBLIC HEALTH LAW PROVISIONS CONCERNING NURSE STAFF AND SUPPORTIVE STAFF RATIOS.

S 5. Section 2805 of the public health law is amended by adding a new subdivision 3 to read as follows:

3. IN DETERMINING WHETHER TO ISSUE OR RENEW AN OPERATING CERTIFICATE TO AN APPLICANT SEEKING TO OPERATE, OR OPERATING, A HOSPITAL IN ACCORDANCE WITH THIS ARTICLE, THE COMMISSIONER SHALL CONSIDER ANY PAST VIOLATIONS OF STATE OR FEDERAL RULES, REGULATIONS OR STATUTES RELATING TO EMPLOYER-EMPLOYEE RELATIONS, WORKPLACE SAFETY, COLLECTIVE BARGAINING OR ANY OTHER LABOR RELATED PRACTICES, OBLIGATIONS OR IMPERATIVES. THE PUBLIC HEALTH COUNCIL SHALL GIVE SUBSTANTIAL WEIGHT TO VIOLATIONS OF THE PUBLIC HEALTH LAW PROVISIONS CONCERNING NURSE STAFF AND SUPPORTIVE STAFF RATIOS.

S 6. Subdivisions 2 and 4 of section 97-aaaa of the state finance law, as added by chapter 24 of the laws of 2002, are amended to read as follows:

2. Such fund shall consist of all moneys received from civil penalties assessed in actions commenced pursuant to section seven hundred forty-one of the labor law AND CIVIL PENALTIES ASSESSED PURSUANT TO SECTION TWENTY-EIGHT HUNDRED TWENTY-NINE OF THE PUBLIC HEALTH LAW.

4. Moneys in the account, following appropriation by the legislature, shall be expended by the department of health for the purpose of improving the direct treatment and care of patients in facilities providing health care services that are licensed pursuant to article twenty-eight or thirty-six of the public health law or which operate and provide health care services under the mental hygiene law, the education law, or the correction law. THE DEPARTMENT SHALL GIVE SUBSTANTIAL WEIGHT TO FUNDING INITIATIVES TO IMPROVE STAFFING RATIOS IN HEALTH CARE FACILITIES OR TO REDUCE THE USE OF EXCESSIVE OVERTIME AMONG NURSING STAFF.

S 7. If any provision of this act, or any application of any provision of this act, is held to be invalid, or ruled by any federal agency to violate or be inconsistent with any applicable federal law or regulation, that shall not affect the validity or effectiveness of any other provision of this act, or of any other application of any provision of this act.

S 8. This act shall take effect on the one hundred eightieth day after it shall have become a law, provided that any rules and regulations, and any other actions necessary to implement the provisions of this act on its effective date are authorized and directed to be completed on or before such date.