

1 WITHOUT SAFE PATIENT HANDLING LEGISLATION, IT IS PREDICTED THAT THE
2 DEMAND FOR NURSING SERVICES WILL EXCEED THE SUPPLY BY NEARLY THIRTY
3 PERCENT BY THE YEAR TWO THOUSAND TWENTY THUS DECREASING THE QUALITY OF
4 HEALTH CARE IN NEW YORK STATE. THERE ARE MANY BENEFITS THAT CAN BE
5 DERIVED FROM SAFE PATIENT HANDLING PROGRAMS. PATIENTS BENEFIT THROUGH
6 IMPROVED QUALITY OF CARE AND QUALITY OF LIFE BY REDUCING THE RISK OF
7 FALLS, BEING DROPPED, FRICTION BURNS, SKIN TEARS AND BRUISES. CAREGIVERS
8 BENEFIT FROM THE REDUCED RISK OF CAREER ENDING AND DEBILITATING INJURIES
9 LEADING TO INCREASED MORALE, IMPROVED JOB SATISFACTION AND LONGEVITY IN
10 THE PROFESSION. HEALTH CARE FACILITIES REALIZE A QUICK RETURN ON THEIR
11 INVESTMENT THROUGH REDUCED WORKERS' COMPENSATION MEDICAL AND INDEMNITY
12 COSTS, REDUCED LOST WORKDAYS AND IMPROVED RECRUITMENT AND RETENTION OF
13 CAREGIVERS. ALL OF THIS WILL LEAD TO FISCAL IMPROVEMENT IN HEALTH CARE
14 IN NEW YORK STATE.

15 S 2997-H. DEFINITIONS. FOR THE PURPOSES OF THIS TITLE:

16 1. "HEALTH CARE FACILITY" SHALL MEAN ANY INDIVIDUAL, PARTNERSHIP,
17 ASSOCIATION, CORPORATION, LIMITED LIABILITY COMPANY OR ANY PERSON OR
18 GROUP OF PERSONS ACTING DIRECTLY OR INDIRECTLY ON BEHALF OF OR IN THE
19 INTEREST OF AN EMPLOYER THAT PROVIDES HEALTH CARE SERVICES IN A FACILITY
20 LICENSED OR OPERATED PURSUANT TO ARTICLE TWENTY-EIGHT, TWENTY-EIGHT-A OF
21 THIS CHAPTER, ARTICLE EIGHT OR TITLE EIGHT OF THE EDUCATION LAW, ARTICLE
22 NINETEEN-G OF THE EXECUTIVE LAW, THE CORRECTION LAW, OR FACILITIES OPER-
23 ATED BY THE STATE AS DEFINED IN ARTICLE SEVEN, THIRTEEN OR NINETEEN OF
24 THE MENTAL HYGIENE LAW INCLUDING ANY FACILITY OPERATED BY THE STATE OR A
25 PUBLIC BENEFIT CORPORATION AS DEFINED BY SECTION SIXTY-SIX OF THE GENER-
26 AL CONSTRUCTION LAW; PROVIDED THAT THE PROVISIONS OF THIS TITLE SHALL
27 NOT APPLY TO ANY FACILITY OPERATED OR FUNDED BY ANY MUNICIPAL CORPO-
28 RATION, AS DEFINED IN SECTION TWO OF THE GENERAL MUNICIPAL LAW, EXCEPT
29 THAT SUCH PROVISIONS SHALL APPLY TO FACILITIES LICENSED OR OPERATED BY
30 ANY POLITICAL SUBDIVISION OF THE STATE PURSUANT TO ARTICLE TWENTY-EIGHT
31 OR TWENTY-EIGHT-A OF THIS CHAPTER.

32 2. "NURSE" SHALL MEAN A REGISTERED PROFESSIONAL NURSE OR A LICENSED
33 PRACTICAL NURSE AS DEFINED BY ARTICLE ONE HUNDRED THIRTY-NINE OF THE
34 EDUCATION LAW.

35 3. "DIRECT CARE WORKER" SHALL MEAN ANY EMPLOYEE OF A HEALTH CARE
36 FACILITY THAT IS RESPONSIBLE FOR PATIENT HANDLING OR PATIENT ASSESSMENT
37 AS A REGULAR OR INCIDENTAL PART OF THEIR EMPLOYMENT, INCLUDING ANY
38 LICENSED OR UNLICENSED HEALTH CARE WORKER.

39 4. "EMPLOYEE REPRESENTATIVE" SHALL MEAN THE RECOGNIZED OR CERTIFIED
40 COLLECTIVE BARGAINING AGENT FOR NURSES OR DIRECT CARE WORKERS OF A
41 HEALTH CARE FACILITY.

42 5. "SAFE PATIENT HANDLING" SHALL MEAN THE USE OF ENGINEERING CONTROLS,
43 LIFTING AND TRANSFER AIDS, OR ASSISTIVE DEVICES, BY NURSES OR DIRECT
44 CARE WORKERS TRANSFERRING AND REPOSITIONING OF HEALTH CARE PATIENTS AND
45 RESIDENTS IN HEALTH CARE FACILITIES.

46 6. (A) "FACILITY SAFE PATIENT HANDLING POLICY" SHALL INCLUDE:

47 (I) A WRITTEN POLICY STATEMENT; AND

48 (II) MANAGEMENT COMMITMENT AND EMPLOYEE INVOLVEMENT; AND

49 (III) COMMITTEES; AND

50 (IV) A FACILITY SAFE PATIENT HANDLING PROGRAM.

51 (B) "FACILITY SAFE PATIENT HANDLING PROGRAM" SHALL INCLUDE:

52 (I) RISK ASSESSMENTS; AND

53 (II) INCIDENT INVESTIGATION; AND

54 (III) RECOMMENDATIONS REGARDING PROCUREMENT OF ENGINEERING CONTROLS,
55 LIFTING AND TRANSFER AIDS OR ASSISTIVE DEVICES TO ENSURE SAFE PATIENT
56 HANDLING; AND

(IV) EMPLOYEE TRAINING AND EDUCATION ON SAFE PATIENT HANDLING; AND
(V) PROGRAM EVALUATION AND MODIFICATION.

S 2997-I. STATEWIDE SAFE PATIENT HANDLING WORK GROUP. 1. A STATEWIDE SAFE PATIENT HANDLING WORK GROUP IS HEREBY CREATED WITHIN THE DEPARTMENT. SUCH WORK GROUP SHALL CONSIST OF, AT MINIMUM, THE COMMISSIONER OR HIS OR HER DESIGNEE; THE COMMISSIONER OF LABOR OR HIS OR HER DESIGNEE; REPRESENTATIVES OF HEALTH CARE ORGANIZATIONS, REPRESENTATIVES FROM EMPLOYEE ORGANIZATIONS REPRESENTING NURSES AND REPRESENTATIVES FROM EMPLOYEE ORGANIZATIONS REPRESENTING DIRECT CARE WORKERS; REPRESENTATIVES WHO ARE CERTIFIED ERGONOMIST EVALUATION SPECIALISTS AND REPRESENTATIVES WHO HAVE EXPERIENCE IN OCCUPATIONAL HEALTH AND SAFETY.

2. WORK GROUP MEMBERS SHALL RECEIVE NO COMPENSATION FOR THEIR SERVICES, BUT SHALL BE REIMBURSED FOR ACTUAL AND NECESSARY EXPENSES INCURRED IN THE PERFORMANCE OF THEIR DUTIES.

3. THE WORK GROUP SHALL BE ESTABLISHED NO LATER THAN JANUARY FIRST, TWO THOUSAND FOURTEEN.

4. THE WORK GROUP SHALL:

(A) PREPARE A STATEWIDE POLICY STATEMENT OUTLINING THE REQUIREMENT OF A COMPREHENSIVE SAFE PATIENT HANDLING PROGRAM TO BE IMPLEMENTED AT ALL HEALTH CARE FACILITIES, AS DEFINED IN SUBDIVISION ONE OF SECTION TWENTY-NINE HUNDRED NINETY-SEVEN-H OF THIS TITLE. THE POLICY STATEMENT SHALL OUTLINE THE REQUIREMENTS FOR DEVELOPING AND IMPLEMENTING A SAFE PATIENT HANDLING PROGRAM THAT MUST INCLUDE ALL ELEMENTS SPECIFIED IN SUBDIVISION SIX OF SECTION TWENTY-NINE HUNDRED NINETY-SEVEN-H OF THIS TITLE;

(B) REVIEW EXISTING SAFE PATIENT HANDLING PROGRAMS OR POLICIES, INCLUDING DEMONSTRATION PROGRAMS PREVIOUSLY AUTHORIZED BY CHAPTER SEVEN HUNDRED THIRTY-EIGHT OF THE LAWS OF TWO THOUSAND FIVE;

(C) CONSULT WITH ANY ORGANIZATION, EDUCATIONAL INSTITUTION, OTHER GOVERNMENT ENTITY OR AGENCY OR PERSON;

(D) IDENTIFY OR DEVELOP TRAINING MATERIALS AND PROCEDURES WITH REGARD TO THE EQUIPMENT OR TECHNOLOGY RECOMMENDED BY THE STATEWIDE POLICY;

(E) REVIEW RULES AND REGULATIONS PRIOR TO ADOPTION BY THE DEPARTMENT;

(F) REVIEW AND UPDATE THE POLICY STATEMENT ON A BI-ANNUAL BASIS;

(G) SERVE AS A RESOURCE FOR THE HEALTH CARE FACILITIES' SAFE PATIENT HANDLING COMMITTEES, PURSUANT TO SECTION TWENTY-NINE HUNDRED NINETY-SEVEN-K OF THIS TITLE;

(H) ENGAGE IN CONSULTATION AND MAKE RECOMMENDATIONS RELATED TO THE FEASIBILITY OF ESTABLISHING A STATEWIDE SAFE PATIENT HANDLING POLICY APPLICABLE TO HEALTH CARE FACILITIES LICENSED OR OPERATED PURSUANT TO ARTICLE THIRTY-SIX OF THIS CHAPTER; AND

(I) SUBMIT A REPORT TO THE COMMISSIONER BY JULY FIRST, TWO THOUSAND FOURTEEN IDENTIFYING SAFE PATIENT HANDLING PROGRAM ELEMENTS AND RECOMMENDATIONS OF SAFE PATIENT LIFTING EQUIPMENT, TECHNIQUES OR DEVICES.

5. ALL STATE DEPARTMENTS, COMMISSIONS, AGENCIES AND PUBLIC AUTHORITIES SHALL PROVIDE THE WORK GROUP WITH ANY REASONABLY REQUESTED ASSISTANCE OF ADVICE IN A TIMELY MANNER.

S 2997-J. STATEWIDE SAFE PATIENT HANDLING POLICY. 1. ON OR BEFORE JANUARY FIRST, TWO THOUSAND FIFTEEN THE COMMISSIONER, IN CONSULTATION WITH THE WORK GROUP, SHALL PROMULGATE AND DISSEMINATE RULES, REGULATIONS AND A STATEWIDE SAFE PATIENT HANDLING POLICY TO HEALTH CARE FACILITIES COVERED BY THIS TITLE.

2. THE STATEWIDE SAFE PATIENT HANDLING POLICY SHALL INCLUDE RECOMMENDATIONS REGARDING THE APPROPRIATE UTILIZATION OF SAFE PATIENT HANDLING EQUIPMENT AND STRATEGIES; AND TO FACILITATE PATIENTS AND RESIDENTS REACHING THE HIGHEST PRACTICAL FUNCTIONAL LEVEL WHILE SIMULTANEOUSLY

1 PROVIDING FOR THE SAFETY OF THE PATIENTS AND THE HEALTH CARE WORKER. THE
2 STATEWIDE SAFE PATIENT HANDLING POLICY SHALL INCLUDE RECOMMENDED STAND-
3 ARDS WITH REGARD TO:

4 (A) THE EQUIPMENT, DEVICES OR TECHNOLOGY TO BE CONSIDERED BY THE
5 HEALTH CARE FACILITIES' SAFE PATIENT HANDLING COMMITTEES, PURSUANT TO
6 SUBDIVISION TWO OF SECTION TWENTY-NINE HUNDRED NINETY-SEVEN-K OF THIS
7 TITLE, AND THEIR USE BY A NURSE OR DIRECT CARE WORKER WHO IS ENGAGED IN
8 PATIENT HANDLING;

9 (B) THE RATIO OF SUCH EQUIPMENT OR TECHNOLOGY BASED UPON THE TYPE OF
10 FACILITY, THE NUMBER OF BEDS IN A FACILITY, THE NUMBER OF PATIENT-HAN-
11 DLING TASKS, TYPES OF CARE UNITS, PATIENT POPULATIONS, AND PATIENT CARE
12 AREAS;

13 (C) THE MINIMUM NUMBER OF DEVICES TO ENSURE THAT CURRENT ASSESSED
14 HAZARDS ARE ELIMINATED OR MITIGATED;

15 (D) ESTABLISHING PROCEDURES FOR THE SUBMISSION AND REPORTING OF
16 COMPLIANCE BY EACH HEALTH CARE FACILITY COVERED BY THIS TITLE;

17 (E) ESTABLISHING PROCEDURES FOR COMPLAINTS OR VIOLATIONS, INCLUDING
18 THE FILING PROCESS, REVIEW, AND EVALUATION AND CORRECTIVE ACTION OF SUCH
19 COMPLAINTS;

20 (F) PROCEDURES REGARDING THE MANAGEMENT OF CIRCUMSTANCES THAT MAY
21 RESULT IN UNSAFE PATIENT HANDLING; AND

22 (G) APPROPRIATE UTILIZATION OF ENGINEERING CONTROLS, LIFTING AND
23 TRANSFER AIDS OR ASSISTIVE DEVICES AS IT RELATES TO THE MOBILIZATION AND
24 HANDLING NEEDS OF PATIENTS AND RESIDENTS, INCLUDING WHETHER USE OF SUCH
25 DEVICES IS CONSISTENT WITH A PATIENT'S OR RESIDENT'S PLAN OF CARE OR
26 TREATMENT.

27 3. EACH HEALTH CARE FACILITY SHALL FILE WITH THE DEPARTMENT BY JULY
28 FIRST, TWO THOUSAND FIFTEEN A DETAILED PLAN TO COMPLY WITH THIS TITLE.
29 THE DEPARTMENT SHALL ACCEPT SUCH PLAN BY JULY FIRST, TWO THOUSAND
30 SIXTEEN. HOWEVER, EFFECTIVE JULY FIRST, TWO THOUSAND SIXTEEN, EACH
31 FACILITY AS DEFINED IN SUBDIVISIONS TWO AND THREE OF SECTION
32 TWENTY-EIGHT HUNDRED ONE OF THIS CHAPTER AND EACH FACILITY AS DEFINED IN
33 ARTICLE TWENTY-EIGHT-A OF THIS CHAPTER SHALL KEEP ON FILE AT THE FACILI-
34 TY A DETAILED PLAN TO COMPLY WITH THIS TITLE AND MAKE SUCH PLAN AVAIL-
35 ABLE AT THEIR ANNUAL DEPARTMENT SURVEY AND UPON REQUEST TO THE FACILITY
36 SAFE PATIENT HANDLING COMMITTEE ESTABLISHED PURSUANT TO SECTION TWENTY-
37 NINE HUNDRED NINETY-SEVEN-K OF THIS TITLE.

38 4. GRANTS TO APPROVED ORGANIZATIONS. (A) THE COMMISSIONER SHALL MAKE
39 GRANTS WITHIN THE AMOUNTS APPROPRIATED TO APPROVED ORGANIZATIONS FOR THE
40 PROVISION OF SERVICES OR EQUIPMENT RELATING TO THE IMPLEMENTATION OF THE
41 SAFE PATIENT HANDLING ACT. SUCH SERVICES AND EQUIPMENT SHALL INCLUDE BUT
42 NOT BE LIMITED TO:

43 (I) TRAINING; AND

44 (II) MECHANICAL LIFTS.

45 (B) THE COMMISSIONER SHALL GIVE NOTICE AND PROVIDE OPPORTUNITY TO
46 SUBMIT APPLICATIONS TO IMPLEMENT SAFE PATIENT HANDLING PROGRAMS. IN
47 ORDER TO BE CONSIDERED FOR A GRANT TO IMPLEMENT A SAFE PATIENT HANDLING
48 PROGRAM APPLICANTS MUST SHOW EVIDENCE OF THE FOLLOWING:

49 (I) FINANCIAL NEED;

50 (II) A PLAN APPROVED BY THE DEPARTMENT; AND

51 (III) PREVIOUS IMPLEMENTATION STRATEGIES.

52 APPLICATIONS SHALL BE MADE ON FORMS PROVIDED BY THE COMMISSIONER.

53 S 2997-K. HEALTH CARE FACILITY SAFE PATIENT HANDLING COMMITTEES. 1.
54 EACH HEALTH CARE FACILITY SHALL ESTABLISH A SAFE PATIENT HANDLING
55 COMMITTEE EITHER BY CREATING A NEW COMMITTEE OR ASSIGNING THE POWERS AND
56 DUTIES TO AN EXISTING COMMITTEE. AT LEAST ONE-HALF OF THE MEMBERS OF

1 THE SAFE PATIENT HANDLING COMMITTEE SHALL BE FRONTLINE NON-MANAGERIAL
2 NURSES OR DIRECT CARE WORKERS. AT LEAST ONE NON-MANAGERIAL NURSE AND ONE
3 NON-MANAGERIAL DIRECT CARE WORKER SHALL BE ON THE SAFE PATIENT HANDLING
4 COMMITTEE. IN HEALTH CARE FACILITIES WHERE A RESIDENT COUNCIL IS ESTAB-
5 LISHED, AND WHERE FEASIBLE, AT LEAST ONE MEMBER OF THE SAFE PATIENT
6 HANDLING COMMITTEE SHALL BE A REPRESENTATIVE FROM THE RESIDENT COUNCIL.
7 THE COMMITTEE SHALL HAVE TWO CO-CHAIRS WITH ONE FROM MANAGEMENT AND ONE
8 FRONTLINE NON-MANAGERIAL NURSE OR DIRECT CARE WORKER.

9 2. THE SAFE PATIENT HANDLING COMMITTEE SHALL: (A) SET CRITERIA FOR
10 EVALUATION OF PATIENTS AND/OR RESIDENTS TO DETERMINE WHICH LIFT AND/OR
11 REPOSITIONING EQUIPMENT, DEVICES OR TECHNOLOGY ARE TO BE USED; AND FOR
12 PERFORMANCE OF RISK ASSESSMENTS OF THE ENVIRONMENT, JOB TASKS AND
13 PATIENT NEEDS;

14 (B) ESTABLISH PROCEDURES TO ENSURE LIFT AND/OR REPOSITIONING EQUIPMENT
15 IS SET UP, USED AND MAINTAINED ACCORDING TO MANUFACTURER'S INSTRUCTIONS;

16 (C) PROVIDE INITIAL AND ON-GOING YEARLY TRAINING AND EDUCATION ON SAFE
17 PATIENT HANDLING FOR CURRENT EMPLOYEES AND NEW HIRES, AND ESTABLISH
18 PROCEDURES TO ENSURE THAT RETRAINING FOR THOSE FOUND TO BE DEFICIENT IS
19 PROVIDED AS NEEDED;

20 (D) SET UP AND UTILIZE A PROCESS FOR INCIDENT INVESTIGATION AND POST-
21 INVESTIGATION REVIEW WHICH MAY INCLUDE A PLAN OF CORRECTION AND IMPE-
22 MENTATION OF CONTROLS;

23 (E) MAKE RECOMMENDATIONS FOR THE ACQUISITION OF EQUIPMENT OR PROCE-
24 DURES BEYOND THE MINIMUM STATE RECOMMENDATIONS;

25 (F) PERFORM AN ANNUAL PROGRAM ASSESSMENT AND EVALUATION; AND

26 (G) APPROPRIATE UTILIZATION OF ENGINEERING CONTROLS, LIFTING AND
27 TRANSFER AIDS OR ASSISTIVE DEVICES AS IT RELATES TO THE MOBILIZATION AND
28 HANDLING NEEDS OF PATIENTS AND RESIDENTS, INCLUDING WHETHER USE OF SUCH
29 DEVICES IS CONSISTENT WITH A PATIENT'S OR RESIDENT'S PLAN OF CARE OR
30 TREATMENT.

31 S 2997-L. ENFORCEMENT. 1. ANY NURSE OR DIRECT CARE WORKER OR EMPLOYEE
32 REPRESENTATIVE WHO BELIEVES THE HEALTH CARE FACILITY HAS NOT MET THE
33 STANDARDS SET FORTH IN THIS TITLE SHALL BRING THE MATTER TO THE ATTEN-
34 TION OF THE HEALTH CARE FACILITY IN THE FORM OF A WRITTEN NOTICE AND
35 SHALL AFFORD THE HEALTH CARE FACILITY A REASONABLE OPPORTUNITY TO
36 CORRECT SUCH DEFICIENCIES. SUCH WRITTEN NOTICE NEED NOT BE PROVIDED
37 WHERE THE NURSE OR DIRECT CARE WORKER OR EMPLOYEE REPRESENTATIVE REASON-
38 ABLY BELIEVES THAT THE FAILURE TO MEET STANDARDS OF THE FACILITY POLICY
39 PRESENTS AN IMMINENT THREAT TO THE SAFETY OF A SPECIFIC NURSE OR DIRECT
40 CARE WORKER, OR TO THE GENERAL HEALTH OF A SPECIFIC PATIENT; IN SUCH
41 INSTANCE THE NURSE OR DIRECT CARE WORKER SHALL MAKE A GOOD FAITH EFFORT
42 TO ENSURE PATIENT SAFETY AND BRING THE MATTER TO THE ATTENTION OF THE
43 FACILITY AND THE DEPARTMENT IN THE MANNER SET FORTH IN THE FACILITY
44 POLICY.

45 2. IN THE EVENT THAT THE HEALTH CARE FACILITY RECEIVING WRITTEN NOTICE
46 PURSUANT TO SUBDIVISION ONE OF THIS SECTION DOES NOT TAKE CORRECTIVE
47 ACTION WITHIN SIXTY DAYS, OR IN THE EVENT THAT NOTICE OF A FAILURE TO
48 MEET STANDARDS IS NOT REQUIRED PURSUANT TO SUBDIVISION ONE OF THIS
49 SECTION, A NURSE OR DIRECT CARE WORKER SHALL HAVE THE RIGHT TO REFUSE TO
50 ENGAGE IN PATIENT HANDLING UNTIL THE HEALTH CARE FACILITY HAS ADEQUATELY
51 ADDRESSED THE SPECIFIC FAILURE TO MEET STANDARDS. UPON REFUSAL, SUCH
52 NURSE OR DIRECT CARE WORKER OR HIS OR HER REPRESENTATIVE SHALL FILE A
53 COMPLAINT TO THE DEPARTMENT IN THE MANNER SET FORTH IN THE STATEWIDE
54 SAFE PATIENT HANDLING POLICY.

1 3. NO EMPLOYER SHALL TAKE RETALIATORY ACTION AGAINST ANY NURSE OR
2 DIRECT CARE WORKER FOR RAISING CONCERNS OR ISSUES REGARDING SAFE PATIENT
3 HANDLING, FILING A COMPLAINT OR REFUSING TO ENGAGE IN PATIENT HANDLING.

4 4. NURSES AND DIRECT CARE WORKERS, AS DEFINED IN SECTION TWENTY-NINE
5 HUNDRED NINETY-SEVEN-H OF THIS TITLE SHALL BE CONSIDERED EMPLOYEES FOR
6 THE PURPOSES OF SECTION SEVEN HUNDRED FORTY-ONE OF THE LABOR LAW.

7 5. THE DEPARTMENT AND THE DEPARTMENT OF LABOR SHALL PUBLISH AND MAKE
8 PUBLIC WHICH HEALTH CARE FACILITIES ARE IN COMPLIANCE WITH THIS TITLE.

9 S 3. The education law is amended by adding a new section 6510-f to
10 read as follows:

11 S 6510-F. FACILITY SAFE PATIENT HANDLING POLICY. THE REFUSAL OF A
12 LICENSED OR UNLICENSED HEALTH CARE WORKER TO ENGAGE IN PATIENT HANDLING
13 WHICH IS NOT CONSISTENT WITH THE FACILITY'S SAFE PATIENT HANDLING POLICY
14 SHALL NOT BE CONSIDERED PROFESSIONAL MISCONDUCT AND SHALL NOT CONSTITUTE
15 PATIENT ABANDONMENT OR NEGLIGENCE. THE REFUSAL OF A LICENSED OR UNLICENSED
16 HEALTH CARE WORKER TO ENGAGE IN PATIENT HANDLING SHALL NOT CONSTITUTE
17 PATIENT ABANDONMENT OR NEGLIGENCE IF SUCH WORKER HAS, IN A MANNER CONSIST-
18 ENT WITH ARTICLE TWENTY-NINE-D OF THE PUBLIC HEALTH LAW AND THE RULES
19 AND REGULATIONS PROMULGATED PURSUANT TO SUCH ARTICLE, REFUSED A PATIENT
20 HANDLING ASSIGNMENT AND FILED A COMPLAINT WITH THE DEPARTMENT OF HEALTH.

21 S 4. This act shall take effect October 1, 2013.