

STATE OF NEW YORK

3330

2017-2018 Regular Sessions

IN SENATE

January 20, 2017

Introduced by Sen. HANNON -- 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"

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

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

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

7 (a) Application for an operating certificate for a hospital shall be
8 made upon forms prescribed by the department. The application shall
9 [~~contain~~] include the name of the hospital, the kind or kinds of hospi-
10 tal service to be provided, the location and physical description of the
11 institution, a documented staffing plan, as defined in section twenty-
12 eight hundred twenty-eight of this article, and such other information
13 as the department may require.

14 (b) An operating certificate shall not be issued by the department
15 unless it finds that the premises, equipment, personnel, documented
16 staffing plan, rules and by-laws, standards of medical care, and hospi-
17 tal service are fit and adequate and that the hospital will be operated
18 in the manner required by this article and rules and regulations there-
19 under.

20 § 3. The public health law is amended by adding nine new sections
21 2827, 2828, 2829, 2830, 2831, 2832, 2833, 2834 and 2835 to read as
22 follows:

23 § 2827. Policy and purpose. The legislature finds and declares all of
24 the following:

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

LBD02902-03-7

1 1. Health care services are becoming complex and it is increasingly
2 difficult for patients to access integrated services;

3 2. The quality of patient care is jeopardized because of nurse staff-
4 ing shortages and improper utilization of nursing services;

5 3. To ensure the adequate protection of patients in health care
6 settings, it is essential that qualified registered nurses and other
7 licensed nurses be accessible and available to meet the needs of
8 patients; and

9 4. The basic principles of staffing in the health care setting should
10 be based on the patient's care needs, the severity of condition,
11 services needed and the complexity surrounding those services.

12 § 2828. Safe staffing; definitions. The following words and phrases,
13 as used in this article, shall have the following meanings unless the
14 context otherwise plainly requires:

15 1. "Acute care facility" shall mean a hospital other than a residen-
16 tial health care facility and shall also include any facility that
17 provides health care services pursuant to the mental hygiene law, arti-
18 cle nineteen-G of the executive law or the correction law if such facil-
19 ity is operated by the state or a political subdivision of the state or
20 a public authority or public benefit corporation.

21 2. "Acuity system" shall mean an established measurement instrument
22 which (a) predicts nursing care requirements for individual patients
23 based on severity of patient illness, need for specialized equipment and
24 technology, intensity of nursing interventions required, and the
25 complexity of clinical nursing judgment needed to design, implement and
26 evaluate the patient's nursing care plan; (b) details the amount of
27 nursing care needed, both in number of direct-care nurses and in skill
28 mix of nursing personnel required, on a daily basis, for each patient in
29 a nursing department or unit; and (c) is stated in terms that readily
30 can be used and understood by direct-care nurses. The acuity system
31 shall take into consideration the patient care services provided not
32 only by registered professional nurses but also by licensed practical
33 nurses, social workers and other health care personnel.

34 3. "Assessment tool" shall mean a measurement system that compares the
35 staffing level in each nursing department or unit against actual patient
36 nursing care requirements in order to review the accuracy of an acuity
37 system.

38 4. "Direct-care nurse" and "direct-care nursing staff" shall mean any
39 nurse who has principal responsibility to oversee or carry out medical
40 regimens, nursing or other bedside care for one or more patients.

41 5. "Documented staffing plan" shall mean a detailed written plan
42 setting forth the minimum number and classification of direct-care nurs-
43 es required in each nursing department or unit in an acute care facility
44 for a given year, based on reasonable projections derived from the
45 patient census and average acuity level within each department or unit
46 during the prior year, the department or unit size and geography, the
47 nature of services provided and any foreseeable changes in department or
48 unit size or function during the current year.

49 6. "Nurse" shall mean a registered professional nurse or licensed
50 practical nurse licensed pursuant to article one hundred thirty-nine of
51 the education law.

52 7. "Nursing care" shall mean that care which is within the definition
53 of the practice of nursing pursuant to section sixty-nine hundred two of
54 the education law, or otherwise encompassed with the recognized stand-
55 ards of nursing practice, including assessment, nursing diagnosis, plan-
56 ning, intervention, evaluation and patient advocacy.

8. "Safe staffing requirements" shall mean the provisions of this section and sections twenty-eight hundred twenty-seven, twenty-eight hundred twenty-nine, twenty-eight hundred thirty, twenty-eight hundred thirty-one, twenty-eight hundred thirty-two, twenty-eight hundred thirty-three, twenty-eight hundred thirty-four and twenty-eight hundred thirty-five 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.

12. "Non-nursing direct-care staff" shall mean any employee who is not a nurse or other person licensed, certified or registered under title eight of the education law whose principal responsibility is to carry out patient care for one or more patients or provides direct assistance in the delivery of patient care.

§ 2829. Commissioner and council; powers and duties. The commissioner shall:

1. appoint an acute care facility council consisting of thirteen members. No less than seven members shall be registered professional nurses, three of whom shall be direct care registered nurses, three of whom shall be nurse managers and one of whom shall be a nurse administrator. No less than two members of the acute care facility council shall be representatives of recognized or certified collective bargaining agents of non-nursing direct care staff. There shall be at least two representatives of acute care facilities, one representative of a nursing professional association, and one representative of a recognized or certified bargaining agent of nurses. The acute care facility council shall advise the commissioner in the development of regulations, including registered professional nurse to patient staffing requirements and non-nursing direct-care staff to patient ratios that are not specified in this article; the efficacy of acuity systems submitted for approval by the commissioner; the development of an assessment tool used to evaluate the efficacy of acuity systems; and review and make recommendations on approval of staffing plans prior to the granting of an operating certificate by the department.

2. promulgate, after consultation with the acute care facility 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, setting forth non-nursing direct-care staff to patient ratios and prescribing the process for approving facility specific acuity systems; and

3. 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.

§ 2830. 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

1 shall meet the requirements of subdivisions two and three of this
2 section.

3 2. Staffing plan. The department shall not issue an operating certifi-
4 cate to any acute care facility unless such facility annually submits
5 to the department a documented staffing plan and a written certification
6 that the submitted staffing plan is sufficient to provide adequate and
7 appropriate delivery of health care services to patients for the ensuing
8 year. The documented staffing plan shall:

9 (a) meet the minimum requirements set forth in subdivision three of
10 this section;

11 (b) be adequate to meet any additional requirements provided by other
12 laws, rules or regulations;

13 (c) employ and identify an acuity system for addressing fluctuations
14 in actual patient acuity levels and nursing care requirements requiring
15 increased staffing levels above the minimums set forth in the plan;

16 (d) factor in other unit or department activity such as discharges,
17 transfers and admissions, staff breaks, meals, routine and expected
18 absences from the unit and administrative and support tasks that are
19 expected to be done by direct-care nurses in addition to direct nursing
20 care;

21 (e) include a plan to meet necessary staffing levels and services
22 provided by non-nursing direct-care staff in meeting patient care needs
23 pursuant to subdivision one of this section; provided, however, that the
24 staffing plan shall not incorporate or assume that nursing care func-
25 tions required by laws, rules or regulations, or accepted standards of
26 practice to be performed by a registered professional nurse are to be
27 performed by other personnel;

28 (f) identify the system that will be used to document actual staffing
29 on a daily basis within each department or unit;

30 (g) include a written assessment of the accuracy of the prior year's
31 staffing plan in light of actual staffing needs;

32 (h) identify each nurse staff classification referenced in such plan
33 together with a statement setting forth minimum qualifications for each
34 such classification; and

35 (i) be developed in consultation with a majority of the direct-care
36 nurses within each department or unit or, where such nurses are repres-
37 ented, with the applicable recognized or certified collective bargaining
38 representative or representatives of the direct-care nurses and of other
39 supportive and assistive staff.

40 3. Minimum staffing requirements. (a) The documented staffing plan
41 shall incorporate, at a minimum, the following direct-care nurse-to-pa-
42 tient ratios:

43 (i) one nurse to one patient: operating room and trauma emergency
44 units and maternal/child care units for the second or third stage of
45 labor;

46 (ii) one nurse to two patients: maternal/child care units for the
47 first stage of labor, and all critical care areas including emergency
48 critical care and all intensive care units and postanesthesia units;

49 (iii) one nurse to three patients: antepartum, emergency room, pedia-
50 trics, step-down and telemetry units and units for newborns and interme-
51 diate care nursery units;

52 (iv) one nurse to three patients: postpartum mother/baby couplets
53 (maximum six patients per nurse);

54 (v) one nurse to four patients: non-critical antepartum patients,
55 postpartum mother only units and medical/surgical and acute care psychi-
56 atric units;

(vi) one nurse to five patients: rehabilitation units and subacute patients; and

(vii) one nurse to six patients: well-baby nursery units.

For any units not listed in this paragraph, including, but not limited to, 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 at any one time.

(c) There shall be no averaging of the number of patients and the total number of nurses on the unit during any one shift nor over any period of time.

(d) The commissioner, in consultation with the acute care facility council, shall establish regulations providing for the maintenance of minimum nurse-to-patient ratios, as set forth in this section, including during routine or expected absences from the unit, such as meals or breaks.

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 by facility. The minimum staffing requirement and nurse-to-patient ratio set forth in this section shall be adjusted by the acute care facility as necessary to reflect the need for additional direct-care nurses. Additional staff shall be assigned in accordance with the approved, facility-specific patient acuity system for determining nursing care requirements, including the severity of the illness, the need for specialized equipment and technology, the complexity of clinical judgment needed to design, implement and evaluate the patient care plan and the ability for self-care, and the licensure of the personnel required for care.

7. Commissioner regulations. The commissioner may by regulation require 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 supersede or diminish the terms of a collective bargaining agreement that provides for staffing ratios that exceed the ratios established under this section.

§ 2831. Compliance with staffing plan and recordkeeping. 1. 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 thirty 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,

1 nor shall the requirements set forth in such section twenty-eight
2 hundred thirty of this article be deemed to supersede or replace any
3 higher requirements otherwise mandated by law, regulation or contract.

4 2. For purposes of compliance with the minimum staffing requirements
5 standards set forth in section twenty-eight hundred thirty of this arti-
6 cle, no nurse shall be assigned, or included in the nurse-to-patient
7 ratio count in a nursing unit or a clinical area within an acute care
8 facility unless that nurse has an appropriate license pursuant to arti-
9 cle one hundred thirty-nine of the education law, has received prior
10 orientation in that clinical area sufficient to provide competent nurs-
11 ing care to the patients in that unit or clinical area, and has demon-
12 strated current competence in providing care in that unit or clinical
13 area. Acute care facilities that utilize temporary nursing agencies
14 shall have and adhere to a written procedure to orient and evaluate
15 personnel from such sources to ensure adequate orientation and competen-
16 cy prior to inclusion in the nurse-to-patient ratio. In the event of an
17 emergency staffing situation in which insufficient staffing may lead to
18 unsafe patient care, nurses may be temporarily assigned to a different
19 unit or clinical area, provided that such nurses shall be assigned
20 patients appropriate to their skill and competency level. The facility
21 shall establish a consistent plan for addressing emergency staffing
22 situations and monitor outcomes. Emergencies are defined as natural
23 disasters, declared emergencies, mass casualty incidents or other events
24 not reasonably anticipated and planned for and not regularly occurring
25 within the facility.

26 3. Each acute care facility shall maintain accurate daily records
27 showing:

28 (a) the number of patients admitted, released and present in each
29 nursing department or unit within such facility;

30 (b) the individual acuity level of each patient present in each nurs-
31 ing department or unit within such facility; and

32 (c) the identity and duty hours of each direct-care nurse in each
33 nursing department or unit within such facility.

34 4. Each acute care facility shall maintain daily statistics, by nurs-
35 ing department and unit, of mortality, morbidity, infection, accident,
36 injury and medical errors.

37 5. All records required to be kept pursuant to this section shall be
38 maintained for a period of seven years.

39 6. All records required to be kept pursuant to this section shall be
40 made available upon request to the department and to the public;
41 provided, however, that information released to the public shall comply
42 with the applicable patient privacy laws, rules and regulations, and
43 that in facilities operated pursuant to the correction law the identity
44 and hours of staff shall not be released to the public.

45 § 2832. Work assignment policy. 1. General. Each acute care facility
46 shall adopt, disseminate to direct-care nurses and comply with a written
47 work assignment policy, that meets the requirements of subdivisions two
48 and three of this section, detailing the circumstances under which a
49 direct-care nurse may refuse a work assignment.

50 2. Minimum conditions. At a minimum, the work assignment policy shall
51 permit a direct-care nurse to refuse an assignment:

52 (a) for which the nurse is not prepared by education, training or
53 experience to safely fulfill the assignment without compromising or
54 jeopardizing patient safety, the nurse's ability to meet foreseeable
55 patient needs or the nurse's license; or

56 (b) would otherwise violate the safe staffing requirements.

1 3. Minimum procedures. At a minimum, the work assignment policy shall
2 contain procedures for the following:

3 (a) reasonable requirements for prior notice to the nurse's supervisor
4 regarding the nurse's request and supporting reasons for being relieved
5 of an assignment or continued duty;

6 (b) where feasible, an opportunity for the supervisor to review the
7 specific conditions supporting the nurse's request, and to decide wheth-
8 er to remedy the conditions, to relieve the nurse of the assignment, or
9 to deny the nurse's request to be relieved of the assignment or contin-
10 ued duty;

11 (c) a process that permits the nurse to exercise the right to refuse
12 the assignment or continued on-duty status when the supervisor denies
13 the request to be relieved if:

14 (i) the supervisor rejects the request without proposing a remedy or
15 the proposed remedy would be inadequate or untimely,

16 (ii) the complaint and investigation process with a regulatory agency
17 would be untimely to address the concern, and

18 (iii) the employee in good faith believes that the assignment meets
19 conditions justifying refusal; and

20 (d) recognition that a nurse who refuses an assignment pursuant to a
21 work assignment policy as set forth in this section shall not be deemed,
22 by reason thereof, to have engaged in negligent or incompetent action,
23 patient abandonment, or otherwise to have violated any law relating to
24 nursing.

25 § 2833. Public disclosure of staffing requirements. Every acute care
26 facility shall:

27 1. post in a conspicuous place readily accessible to the general
28 public a notice prepared by the department setting forth a summary of
29 the safe staffing requirements applicable to that facility together with
30 information about where detailed information about the facility's staff-
31 ing plan and actual staffing may be obtained;

32 2. upon request, make copies of the documented staffing plan filed
33 with the department available to the public; and

34 3. upon request make readily available to the nursing staff within a
35 department or unit, during each work shift, the following information:

36 (a) a copy of the current staffing plan for that department or unit,

37 (b) documentation of the number of direct-care nurses required to be
38 present during the shift, based on the approved adopted acuity system,
39 and

40 (c) documentation of the actual number of direct-care nurses present
41 during the shift.

42 § 2834. Enforcement responsibilities. The department shall not dele-
43 gate its responsibilities to enforce the safe staffing requirements
44 promulgated pursuant to this article.

45 § 2835. Private right of action for violations of section twenty-eight
46 hundred thirty-two of this article. Any acute care facility that
47 violates the rights of an employee pursuant to an adopted work assign-
48 ment policy under section twenty-eight hundred thirty-two of this arti-
49 cle may be held liable to such employee in an action brought in a court
50 of competent jurisdiction for such legal or equitable relief as may be
51 appropriate to effectuate the purposes of the safe staffing require-
52 ments, including but not limited to reinstatement, promotion, lost wages
53 and benefits, and compensatory and consequential damages resulting from
54 the violation together with an equal amount in liquidated damages. The
55 court in such action shall, in addition to any judgment awarded to a
56 prevailing plaintiff, award reasonable attorneys' fees and costs of

1 action to be paid by the defendant. An employee's right to institute a
2 private action pursuant to this subdivision shall not be limited by any
3 other right granted by the safe staffing requirements.

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

6 3-b. In considering character, competence and standing in the communi-
7 ty under subdivision three of this section, the public health and health
8 planning council shall consider any past violations of state or federal
9 rules, regulations or statutes relating to employer-employee relations,
10 workplace safety, collective bargaining or any other labor related prac-
11 tices, obligations or imperatives. The public health and health planning
12 council shall give substantial weight to violations of the provisions of
13 this chapter concerning nurse staff and supportive staff ratios.

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

16 3. In determining whether to issue or renew an operating certificate
17 to an applicant seeking to operate, or operating, a hospital in accord-
18 ance with this article, the commissioner shall consider any past
19 violations of state or federal rules, regulations or statutes relating
20 to employer-employee relations, workplace safety, collective bargaining
21 or any other labor related practices, obligations or imperatives. The
22 public health and health planning council shall give substantial weight
23 to violations of the provisions of this chapter concerning nurse staff
24 and supportive staff ratios.

25 § 6. The public health law is amended by adding a new section 2895-b
26 to read as follows:

27 § 2895-b. Residential health care facility staffing levels. 1. Defi-
28 nitions. As used in this section, the following terms shall have the
29 following meanings:

30 (a) "Certified nurse aide" means any person included in the residen-
31 tial health care facility nurse aide registry pursuant to section twen-
32 ty-eight hundred three-j of this chapter.

33 (b) "Staffing ratio" means the quotient of the number of personnel in
34 a particular category regularly on duty for a particular time period in
35 a nursing home divided by the number of residents of the nursing home at
36 that time.

37 2. Commissioner and residential health care facility council; powers
38 and duties. The commissioner shall: Appoint a residential health care
39 facility council consisting of thirteen members. No less than two
40 members shall be direct care licensed practical nurses, no less than
41 two members shall be direct care certified nurse assistants and no less
42 than one member shall be a direct care registered professional nurse.
43 The council shall also include no less than one representative each of
44 recognized or certified collective bargaining agents of registered nurs-
45 es, of non-registered nurse direct care staff and a representative of
46 nursing professional associations. The council shall also include no
47 less than two representatives of residential health care facility opera-
48 tors, two representatives of residential health care facility nurse
49 administrators and one representative of consumers. The residential
50 health care facility council shall advise the commissioner in the devel-
51 opment of regulations relating to the staffing standards under this
52 section; and may from time to time, report to the governor, the legisla-
53 ture, the public and the commissioner any recommendations regarding
54 staffing levels in residential health care facilities.

55 3. Staffing standards. (a) The commissioner, in consultation with the
56 council, shall, by regulation, establish staffing standards for residen-

1 tial health care facility minimum staffing levels to meet applicable
2 standards of service and care and to provide services to attain or main-
3 tain the highest practicable physical, mental, and psychosocial well-be-
4 ing of each resident of the facility. The commissioner shall also
5 require by regulation that every residential health care facility main-
6 tain records on its staffing levels, report on such records to the
7 department, and make such records available for inspection by the
8 department.

9 (b) Every residential health care facility shall:

10 (i) comply with the staffing standards under this section; and

11 (ii) employ sufficient staffing levels to meet applicable standards of
12 service and care and to provide service and care and to provide services
13 to attain or maintain the highest practicable physical, mental, and
14 psychosocial well-being of each resident of the facility.

15 (c) Subject to subdivision five of this section, staffing standards
16 under this section shall, at a minimum, be the staffing standards under
17 subdivision four of this section.

18 (d) In determining compliance with the staffing standards under this
19 section, an individual shall not be counted while performing services
20 that are not direct nursing care, such as administrative services, food
21 preparation, housekeeping, laundry, maintenance services, or other
22 activities that are not direct nursing care.

23 4. Statutory standard. Beginning two years after the effective date
24 of this section, every residential health care facility shall maintain a
25 staffing ratio equal to at least the following:

26 (a) 2.8 hours of care per resident per day by a certified nurse aide;

27 (b) 1.3 hours of care per resident per day by a licensed practical
28 nurse or a registered nurse;

29 (c) 0.75 hours of care per resident per day by a registered nurse; the
30 minimum of 0.75 hours of care per resident provided by a registered
31 nurse shall be divided among all shifts to ensure an appropriate level
32 of registered nurse care twenty-four hours per day, seven days a week,
33 to meet resident needs; and

34 (d) Residential health care facilities that care for subacute patients
35 shall maintain at a minimum, the following direct-care nurse-to-patient
36 ratio: one nurse to five patients.

37 5. Any residential health care facility that violates the rights of
38 an employee pursuant to an adopted work assignment policy under this
39 section may be held liable to such employee in an action brought in a
40 court of competent jurisdiction for such legal or equitable relief as
41 may be appropriate to effectuate the purposes of the safe staffing
42 requirements, including but not limited to reinstatement, promotion,
43 lost wages and benefits, and compensatory and consequential damages
44 resulting from the violation together with an equal amount in liquidated
45 damages. The court in such action shall, in addition to any judgment
46 awarded to a prevailing plaintiff, award reasonable attorneys' fees and
47 costs of action to be paid by the defendant. An employee's right to
48 institute a private action pursuant to this subdivision shall not be
49 limited by any other right granted by the safe staffing requirements.

50 6. Public disclosure of staffing levels. (a) A residential health care
51 facility shall post information regarding nurse staffing that the facil-
52 ity is required to make available to the public under section twenty-
53 eight hundred five-t of this chapter. Information under this paragraph
54 shall be displayed in a form approved by the department and be posted in
55 a manner which is visible and accessible to residents, their families
56 and the staff, as required by the commissioner.

1 (b) A residential health care facility shall post a summary of this
2 section, provided by the department, in proximity to each posting
3 required by paragraph (a) of this subdivision.

4 § 7. If any provision of this act, or any application of any provision
5 of this act, is held to be invalid, or ruled by any federal agency to
6 violate or be inconsistent with any applicable federal law or regu-
7 lation, that shall not affect the validity or effectiveness of any other
8 provision of this act, or of any other application of any provision of
9 this act.

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