STATE OF NEW YORK

108--B

2021-2022 Regular Sessions

IN ASSEMBLY

(Prefiled)

January 6, 2021

Introduced by M. of A. GUNTHER, GOTTFRIED, PEOPLES-STOKES, BARRETT, L. ROSENTHAL, BRONSON, COLTON, BENEDETTO, CRUZ, MAGNARELLI, WEPRIN, J. RIVERA, FALL, AUBRY, OTIS, STECK, SANTABARBARA, ZEBROWSKI, ABINANTI, BARRON, SEAWRIGHT, WALKER, BICHOTTE HERMELYN, RICHARDSON, HYNDMAN, PICHARDO, JOYNER, JEAN-PIERRE, ROZIC, KIM, HEVESI, O'DONNELL, DILAN, DAVILA, HUNTER, WILLIAMS, CARROLL, WOERNER, PHEFFER AMATO, JONES, VANEL, NIOU, TAYLOR, DINOWITZ, DICKENS, WALLACE, REYES, STERN, SAYEGH, JACOBSON, McMAHON, ABBATE, CAHILL, FERNANDEZ, FRONTUS, EPSTEIN, BUTTENSCHON, RAMOS, DARLING, BRAUNSTEIN, DE LA ROSA, GRIFFIN, QUART, McDONALD, ENGLEBRIGHT, GALLAGHER, BURKE, KELLES, CYMBROWITZ, CLARK, MEEKS, BRABENEC, SMITH, MONTESANO, SALKA, SCHMITT, MORINELLO, B. MILLER, ASHBY, M. MILLER, DeSTEFANO, FORREST, GONZALEZ-ROJAS, BURDICK, MAMDANI, MITAYNES, CONRAD, CUSICK, ANDERSON, ZINERMAN, LAWLER -- Multi-Sponsored by -- M. of A. BARNWELL, COOK, FAHY, GALEF, GLICK, LUPARDO, McDONOUGH, MIKULIN, PAULIN, PERRY, PRETLOW, RA, D. ROSENTHAL, SIMON, SOLAGES, THIELE -- read once and referred to the Committee on Health -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- reported and referred to the Committee on Ways and Means -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to establishing clinical 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 added by chap-
2 ter 422 of the laws of 2009, is amended to read as follows:
3 § 2805-t. [Disclosure] *Clinical staffing committees and disclosure* of
4 nursing quality indicators. 1. *Legislative intent. The legislature*
5 *hereby finds and declares:*

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

LBD02466-12-1

1 (a) Research demonstrates that nurses play a critical role in improv-
2 ing patient safety and quality of care;
3 (b) Appropriate staffing of general hospital personnel, including
4 registered nurses available for patient care, assists in reducing
5 errors, complications and adverse patient care events, improves staff
6 safety and satisfaction, and reduces incidences of workplace injuries;
7 (c) Health care professional, technical, and support staff comprise
8 vital components of the patient care team, bringing their particular
9 skills and services to ensuring quality patient care;
10 (d) Ensuring sufficient staffing of general hospital personnel,
11 including registered nurses, is an urgent public policy priority in
12 order to protect patients and support greater retention of registered
13 nurses and safer working conditions; and
14 (e) It is the public policy of the state to promote evidence-based
15 nurse staffing standards and increase transparency of health care data
16 and decision making based on the data.
17 2. Clinical staffing committee. (a) Each general hospital licensed
18 pursuant to this article shall establish and maintain a clinical staff-
19 ing committee, either by creating a new committee or assigning the func-
20 tions of the clinical staffing committee to an existing committee, no
21 later than January first, two thousand twenty-two.
22 (b) Where a collective bargaining agreement provides for a staffing
23 committee, the required functions of the clinical staffing committee
24 established pursuant to this section shall be incorporated into that
25 committee. Any staffing or non-staffing committees established by a
26 collective bargaining agreement, shall continue to function in accord-
27 ance with the terms of the agreement, and the clinical staffing commit-
28 tee established by this section shall not limit or otherwise supplant
29 the collective bargaining agreement.
30 (c) At least one-half of the members of the clinical staffing commit-
31 tee shall be registered nurses, licensed practical nurses, and ancillary
32 members of the frontline team currently providing or supporting direct
33 patient care and up to one-half of the members shall be selected by the
34 general hospital administration and shall include but not be limited to
35 the chief financial officer, the chief nursing officer, and patient care
36 unit directors or managers or their designees. The selection of the
37 registered nurses, licensed practical nurses, and ancillary frontline
38 team members of the committee shall be according to their respective
39 collective bargaining agreements if there is one in effect at the gener-
40 al hospital for their bargaining unit. If there is no applicable collec-
41 tive bargaining agreement, the members of the clinical staffing commit-
42 tee who are registered nurses, licensed practical nurses, and ancillary
43 members providing direct patient care shall be selected by their peers.
44 Ancillary members of the frontline team on the committee shall include
45 but are not limited to patient care technicians, certified nursing
46 assistants, other non-licensed staff assisting with nursing or clerical
47 tasks, and unit clerks.
48 3. Employee participation. Participation in the clinical staffing
49 committee by a general hospital employee shall be on scheduled work time
50 and compensated at the appropriate rate of pay. Clinical staffing
51 committee members shall be fully relieved of all other work duties
52 during meetings of the committee and shall not have work duties added or
53 displaced to other times as a result of their committee responsibil-
54 ities.
55 4. Primary responsibilities. Primary responsibilities of the clinical
56 staffing committee shall include the following functions:

1 (a) Development and oversight of implementation of an annual clinical
2 staffing plan. The clinical staffing plan shall include specific staff-
3 ing for each patient care unit and work shift and shall be based on the
4 needs of patients. Staffing plans shall include specific guidelines or
5 ratios, matrices, or grids indicating how many patients are assigned to
6 each registered nurse and the number of nurses and ancillary staff to be
7 present on each unit and shift and shall be used as the primary compo-
8 nent of the general hospital staffing budget.
9 (b) Factors to be considered and incorporated in the development of
10 the plan shall include, but are not limited to:
11 (i) Census, including total numbers of patients on the unit on each
12 shift and activity such as patient discharges, admissions, and trans-
13 fers;
14 (ii) Measures of acuity and intensity of all patients and nature of
15 the care to be delivered on each unit and shift;
16 (iii) Skill mix;
17 (iv) The availability, level of experience, and specialty certif-
18 ication or training of nursing personnel providing patient care, includ-
19 ing charge nurses, on each unit and shift;
20 (v) The need for specialized or intensive equipment;
21 (vi) The architecture and geography of the patient care unit, includ-
22 ing but not limited to placement of patient rooms, treatment areas,
23 nursing stations, medication preparation areas, and equipment;
24 (vii) Mechanisms and procedures to provide for one-to-one patient
25 observation, when needed, for patients on psychiatric or other units as
26 appropriate;
27 (viii) Other special characteristics of the unit or community patient
28 population, including age, cultural and linguistic diversity and needs,
29 functional ability, communication skills, and other relevant social or
30 socio-economic factors;
31 (ix) Measures to increase worker and patient safety, which could
32 include measures to improve patient throughput;
33 (x) Staffing guidelines adopted or published by other states or local
34 jurisdictions, national nursing professional associations, specialty
35 nursing organizations, and other health professional organizations;
36 (xi) Availability of other personnel supporting nursing services on
37 the unit;
38 (xii) Waiver of plan requirements in the case of unforeseeable emer-
39 gency circumstances as defined in subdivision fourteen of this section;
40 (xiii) Coverage to enable registered nurses, licensed practical nurs-
41 es, and ancillary staff to take meal and rest breaks, planned time off,
42 and unplanned absences that are reasonably foreseeable as required by
43 law or the terms of an applicable collective bargaining agreement, if
44 any, between the general hospital and a representative of the nursing or
45 ancillary staff;
46 (xiv) The nursing quality indicators required under subdivision seven-
47 teen of this section;
48 (xv) General hospital finances and resources; and
49 (xvi) Provisions for limited short-term adjustments made by appropri-
50 ate general hospital personnel overseeing patient care operations to the
51 staffing levels required by the plan, necessary to account for unex-
52 pected changes in circumstances that are to be of limited duration.
53 (c) Semiannual review of the staffing plan against patient needs and
54 known evidence-based staffing information, including the nursing sensi-
55 tive quality indicators collected by the general hospital.

1 (d) Review, assessment, and response to complaints regarding potential
2 violations of the adopted staffing plan, staffing variations, or other
3 concerns regarding the implementation of the staffing plan and within
4 the purview of the committee.
5 5. Compliance provisions. (a) The clinical staffing plan shall comply
6 with all federal and state laws and regulations and shall not diminish
7 other standards contained in state or federal law and regulations, or
8 the terms of an applicable collective bargaining agreement, if any.
9 (b) The clinical staffing plan shall comply with applicable laws and
10 regulations, including, but not limited to:
11 (i) Regulations made by the department on burn unit staffing, liver
12 transplant staffing, and operating room circulating nurse staffing;
13 (ii) Staffing regulations to be promulgated by the commissioner relat-
14 ing to staffing in intensive care and critical care units no later than
15 January first, two thousand twenty-two. Such regulations shall consider
16 the factors set forth in paragraph (b) of subdivision four of this
17 section, standards in place in neighboring states, and a minimum stand-
18 ard of twelve hours of registered nurse care per patient per day;
19 (iii) Such other staffing standards or regulations as are currently in
20 effect or may hereafter be established by the department or enacted by
21 the legislature; and
22 (iv) The provisions of section one hundred sixty-seven of the labor
23 law and any related regulations.
24 (c) The clinical staffing plan shall comply with and incorporate any
25 minimum staffing levels provided for in any applicable collective
26 bargaining agreement, including but not limited to nurse-to-patient
27 ratios, caregiver-to-patient ratios, staffing grids, staffing matrices,
28 or other staffing provisions.
29 6. Process for adoption of clinical staffing plans. (a) The clinical
30 staffing committee shall produce the general hospital's annual clinical
31 staffing plan by July first of each year.
32 (b) Clinical staffing plans shall be developed and adopted by consen-
33 sus of the clinical staffing committee. For the purposes of determining
34 whether there is a consensus, the management members of the committee
35 shall have one vote and the employee members of the committee shall have
36 one vote, regardless of the actual number of members of the committee.
37 Each side may determine its own method of casting its vote to adopt all
38 or part of the clinical staffing plan.
39 (c) The general hospital shall adopt any clinical staffing plan that
40 is wholly or partially recommended by a consensus of the clinical staff-
41 ing committee. If there is no consensus on the recommended staffing plan
42 or any of its parts, the chief executive officer of the general hospital
43 shall use the officer's discretion to adopt a plan or partial plan for
44 which there is no consensus. In this case, the chief executive officer
45 shall provide a written explanation of the elements of the clinical
46 staffing plan that the committee was unable to agree on, including the
47 final written proposals from the two parties and their rationales. In no
48 event may a chief executive officer fail to include in the adopted plan
49 any staffing related terms and conditions of the plan that has previous-
50 ly been adopted through any applicable collective bargaining agreement.
51 (d) Each general hospital shall adopt and submit its first hospital
52 clinical staffing plan under this section to the department no later
53 than July first, two thousand twenty-two and annually thereafter. The
54 plan submitted to the department shall, where applicable, include the
55 written explanation from the chief executive officer and written
56 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 profile on the website of the department 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 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 shall post, in a publicly conspicuous area on each patient care unit, the clinical staffing plan for that unit and the actual daily staffing for that shift on that unit as well as the relevant clinical staffing.

9. Retaliation and intimidation prohibited. A general hospital shall not retaliate against or engage in any form of intimidation of:

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

(b) An employee, patient, or other individual who notifies the clinical staffing committee or the hospital administration of the individual's staffing concerns.

10. Special considerations. Nothing in this section is intended to create unreasonable burdens on critical access hospitals under 42 U.S.C. Sec. 1395i-4 and sole community hospitals under 42 U.S.C. Sec. 1395ww(d)(5) related to the operation of their clinical staffing committees. Critical access and sole community hospitals may develop flexible approaches to accomplish the requirements of this section. Clinical staffing plans from such entities submitted to the department shall

contain a description of any ways in which the general hospital's approach to creating the plan differed from the process outlined in this section. This subdivision does not relieve such entities from compliance with other provisions of this section related to the adoption, implementation and adherence to an adopted clinical staffing plan, reporting and disclosure, or other requirements of this section.

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

(i) Form or establish a clinical staffing committee;

(ii) Comply with the requirements of this section in creating a clinical staffing plan;

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

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

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

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

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

(d) Any department investigation of a complaint under this subdivision shall consider whether unforeseeable emergency circumstances as defined in subdivision fourteen of this section contributed to the failure of the general hospital 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 to submit a corrective plan of action within forty-five days of the presentation of findings from the department to the hospital. 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. 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 to submit a corrective action plan or impose a civil penalty on the general hospital pursuant to subdivision twelve of this section.

1 12. Civil penalties. In the event that a general hospital fails to
2 submit or submits but fails to implement a corrective action plan in
3 response to a violation or violations found by the department based on a
4 complaint filed pursuant to paragraph (a), (b) or (c) of subdivision
5 eleven of this section, the department may impose a civil penalty as
6 authorized by section twelve of this chapter for all violations asserted
7 against the general hospital, until the general hospital submits or
8 implements a corrective action plan or takes other action directed by
9 the department.
10 13. Posting of penalties and related information. The department shall
11 maintain for public inspection, including posting on the general hospi-
12 tal profile on the department website, records of any civil penalties,
13 administrative actions, or license suspensions or revocations imposed on
14 general hospitals under this section.
15 14. Unforeseeable emergency circumstances. (a) For purposes of this
16 section, "unforeseeable emergency circumstance" means:
17 (i) Any officially declared national, state, or municipal emergency;
18 (ii) When a general hospital disaster plan is activated; or
19 (iii) Any unforeseen disaster or other catastrophic event that imme-
20 diately affects or increases the need for health care services.
21 (b) In determining whether a general hospital has violated its obli-
22 gations under this section to comply with the general hospital's clin-
23 ical staffing plan, it shall not be a defense that it was unable to
24 secure sufficient staff if the lack of staffing was foreseeable and
25 could be prudently planned for or involved routine nurse staffing needs
26 that arose due to typical staffing patterns, typical levels of absentee-
27 ism, and time off typically approved by the employer for vacation, holi-
28 days, sick leave, and personal leave.
29 15. Complaints. Nothing in this section shall be construed to preclude
30 the ability to submit a complaint to the department as provided for
31 under this chapter. Nothing in this section shall be construed as
32 supplanting other complaint mechanisms established by a general hospi-
33 tal, including mechanisms designed to aid in compliance with other
34 federal, state or local laws. Nothing in this section shall be
35 construed as limiting or supplanting the rights of employees and their
36 collective bargaining representatives to fully enforce any and all
37 rights under the terms of a collective bargaining agreement. An employ-
38 er shall not assert or attempt to assert a claim that enforcement of the
39 collective bargaining agreement is barred or limited by any provisions
40 of this section.
41 16. Annual report. (a) The department shall submit an annual report to
42 the speaker of the assembly, the temporary president of the senate, and
43 the chairs of the health committees of the assembly and senate and the
44 governor on or before December thirty-first of each year. This report
45 shall include the number of complaints submitted to the department, the
46 disposition of these complaints, the number of investigations conducted,
47 and the associated costs for complaint investigations, if any.
48 (b) Prior to the submission of the report, the commissioner shall
49 convene a stakeholder workgroup consisting of hospital associations and
50 unions representing nurses and other ancillary members of the frontline
51 team. The stakeholder workgroup shall review the report prior to its
52 submission to the speaker of the assembly, the temporary president of
53 the senate, and the chairs of the health committees of the assembly and
54 senate.
55 17. Disclosure of nursing quality indicators. (a) Every facility with
56 an operating certificate pursuant to the requirements of this article

1 shall make available to the public information regarding nurse staffing
2 and patient outcomes as specified by the commissioner by rule and regu-
3 lation. The commissioner shall promulgate rules and regulations on the
4 disclosure of nursing quality indicators providing for the disclosure of
5 information including at least the following, as appropriate to the
6 reporting facility:
7 [(a)] (i) The number of registered nurses providing direct care and
8 the ratio of patients per registered nurse, full-time equivalent,
9 providing direct care. This information shall be expressed in actual
10 numbers, in terms of total hours of nursing care per patient, including
11 adjustment for case mix and acuity, and as a percentage of patient care
12 staff, and shall be broken down in terms of the total patient care
13 staff, each unit, and each shift.
14 [(b)] (ii) The number of licensed practical nurses providing direct
15 care. This information shall be expressed in actual numbers, in terms of
16 total hours of nursing care per patient including adjustment for case
17 mix and acuity, and as a percentage of patient care staff, and shall be
18 broken down in terms of the total patient care staff, each unit, and
19 each shift.
20 [(c)] (iii) The number of unlicensed personnel utilized to provide
21 direct patient care, including adjustment for case mix and acuity. This
22 information shall be expressed both in actual numbers and as a percent-
23 age of patient care staff and shall be broken down in terms of the total
24 patient care staff, each unit, and each shift.
25 [(d)] (iv) Incidence of adverse patient care, including incidents such
26 as medication errors, patient injury, decubitus ulcers, nosocomial
27 infections, and nosocomial urinary tract infections.
28 [(e)] (v) Methods used for determining and adjusting staffing levels
29 and patient care needs and the facility's compliance with these methods.
30 [(f)] (vi) Data regarding complaints filed with any state or federal
31 regulatory agency, or an accrediting agency, and data regarding investi-
32 gations and findings as a result of those complaints, degree of compli-
33 ance with acceptable standards, and the findings of scheduled inspection
34 visits.
35 [2.] (b) Such information shall be provided to the commissioner of any
36 state agency responsible for licensing or accrediting the facility, or
37 responsible for overseeing the delivery of services either directly or
38 indirectly, to any employee of a general hospital or the employee's
39 collective bargaining agent, if any, and to any member of the public who
40 requests such information directly from the facility. Written statements
41 containing such information shall state the source and date thereof.
42 (c) The commissioner shall make regulations to provide a uniform
43 format or form for complying with the reporting requirements of subpara-
44 graphs (i), (ii) and (iii) of paragraph (a) of this subdivision, allow-
45 ing patients and the public to clearly understand and compare staffing
46 patterns and actual levels of staffing across facilities. Such uniform
47 format or form shall allow facilities to include a description of addi-
48 tional resources available to support unit level patient care and a
49 description of the general hospital. The information required by subpar-
50 agraphs (i), (ii) and (iii) of paragraph (a) of this subdivision,
51 reported in a manner determined by the commissioner, shall be filed with
52 the department electronically on a quarterly basis and shall be avail-
53 able to the public on the department's website. The regulations shall
54 take effect no later than December thirty-first, two thousand twenty-
55 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, 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 the assembly and senate as set forth in paragraph (d) of this subdivision.

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

(d) The advisory commission shall submit to the speaker of the assembly, the temporary president of the senate and the chairs of the health committees of the assembly and senate, and make available to the public a report that makes recommendations to the speaker of the assembly, the temporary president of the senate, and the chairs of the health committees of the assembly and senate for further legislative action, if any, in order to improve working conditions and quality of care in general hospitals pursuant to this section and its intent.

1 **(e) The commission shall submit its report and recommendations to the**
2 **speaker of the assembly, the temporary president of the senate, and the**
3 **chairs of the health committees of the assembly and senate no later than**
4 **October thirty-first, two thousand twenty-four, once three years of**
5 **staffing plans have been submitted to the department pursuant to this**
6 **section.**
7 **(f) Members of the commission shall receive no compensation for their**
8 **services, but shall be allowed their actual and necessary expenses**
9 **incurred in the performance of their duties hereunder.**
10 **(g) The legislature may appropriate funding for the commission to hire**
11 **staff or consultants and provide for the operation of the commission as**
12 **reasonably necessary to fulfill its functions.**
13 § 2. If any provision of this act, or any application of any provision
14 of this act, is held to be invalid, or to violate or be inconsistent
15 with any federal law or regulation, that shall not affect the validity
16 or effectiveness of any other provision of this act, or of any other
17 application of any provision of this act, which can be given effect
18 without that provision or application; and to that end, the provisions
19 and applications of this act are severable.
20 § 3. This act shall take effect immediately.