Unofficial Copy J2 2002 Regular Session (2lr1248)

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ENROLLED BILL

-- Education, Health, and Environmental Affairs/Economic Matters --

Introduced by Senators Hollinger, Dyson, Blount, Colburn, Collins, Conway, Della, Dorman, Exum, Forehand, Green, Hoffman, Kelley, Lawlah, Mooney, Roesser, Ruben, Schrader, Sfikas, Stone, and Teitelbaum Teitelbaum, and McFadden

Read and Examined by Proofreaders: Sealed with the Great Seal and presented to the Governor, for his approval this _____ day of _____ at _____ o'clock, ____M. CHAPTER 1 AN ACT concerning 2 **Health Occupations - Nurses' Bill of Rights** 3 Labor and Employment - Nurses - Involuntary Overtime Prohibition 4 FOR the purpose of declaring that nurses have certain rights; prohibiting an 5 employer from taking retribution against a nurse under certain circumstances; 6 prohibiting an employer from requiring a nurse to work more than the 7 scheduled hours according to the predetermined work schedule; providing that a 8 nurse may not be considered to be responsible for the care of a patient beyond 9 the nurse's scheduled work period predetermined work schedule under certain 10 circumstances; requiring an employer to be responsible for ensuring exhaust all good faith, reasonable attempts to ensure that appropriate staff is available to 11 12 accept responsibility for care of a patient beyond a nurse's scheduled work 13 period predetermined work schedule; exempting certain nurses from certain 14 provisions of this Act; defining a certain terms term; and generally relating to

1	the rights of nurses employment and work hours of nurses.
2 3 4 5 6	BY adding to Article - Health Occupations Section 8-103 and 8-708 Annotated Code of Maryland (2000 Replacement Volume and 2001 Supplement)
7 8 9 10 11	BY adding to Article - Labor and Employment Section 3-421 Annotated Code of Maryland (1999 Replacement Volume and 2001 Supplement)
12	Preamble Preamble
	WHEREAS, Nurses are highly competent, highly educated specialists, and highly valued professional care givers who are independent decision makers and whose autonomy of action is legally defined; and
16	WHEREAS, Nurses are at the core of the delivery of hands on patient care; and
	WHEREAS, Due to higher patient acuity levels, an aging population, and myriad other factors, the extraordinary demands placed on nurses today need to be recognized and respected; and
22	WHEREAS, The nursing shortage, combined with an increasing demand for patient care in a variety of settings, presents a continuous challenge to assure appropriate levels of nurse staffing, particularly in settings which must be staffed 24 hours a day, 7 days a week; and
26	WHEREAS, Common sense and emerging research, including an Institute of Medicine report called "To Err is Human—Building a Safe Health System" published in November of 1999, confirm that nursing staff shortages and excessive overtime may lead to an increased incidence of errors that injure patients; and now, therefore,
28 29	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
30	Article - Health Occupations
31	8 103.
32 33	(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANING: INDICATED.

SENATE BILL 537 "INVOLUNTARY OVERTIME" MEANS WORK THAT EXCEEDS 1 2 REGULARLY SCHEDULED HOURS ACCORDING TO THE PREDETERMINED WORK 3 SCHEDULE. "RETRIBUTION" MEANS THE DISCHARGE, SUSPENSION, DEMOTION. (3)5 HARASSMENT, DENIAL OF EMPLOYMENT, DENIAL OF PROMOTION, LAYOFF, OR 6 OTHER ADVERSE ACTION TAKEN BY A HOSPITAL AN EMPLOYER AGAINST A NURSE IN 7 RESPONSE TO THE FILING OF A COMPLAINT. 8 (B) IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT NURSES WHO ARE 9 EMPLOYED IN HEALTH FACILITIES IN THE STATE HAVE THE EDUCATION. 10 PROFESSIONAL LICENSES, TRAINING, SKILL, AND UNIT ORIENTATION NECESSARY 11 TO PERFORM THEIR JOBS. 12 (C) NURSES IN THE STATE HAVE THE FOLLOWING RIGHTS: 13 THE RIGHT TO BE TREATED WITH CONSIDERATION, RESPECT, AND 14 FULL RECOGNITION OF THEIR PROFESSIONAL STATUS AND THE SIGNIFICANT 15 CONTRIBUTION THAT THEY MAKE TO THE HEALTH AND WELL-BEING OF THEIR 16 PATIENTS: THE RIGHT TO COLLABORATE AND BE ACTIVELY INVOLVED WITH 17 18 THE MANAGEMENT OF THE HEALTH FACILITY IN ORDER TO RESOLVE ISSUES 19 BEFORE THESE SAME ISSUES IMPACT PATIENT SAFETY OR BECOME A CAUSE OF 20 DISSATISFACTION FOR STAFF: THE RIGHT TO SERVE ON HEALTH FACILITY COMMITTEES DEALING 22 WITH ISSUES INCLUDING APPROPRIATE BED UTILIZATION, PURCHASING, PHARMACY 23 AND THERAPEUTICS, ETHICS, PATIENT SAFETY, PRODUCTS ISSUES, HUMAN 24 RESOURCES WITH REGARD TO CAREER LADDERS AND PERFORMANCE APPRAISALS. 25 RECRUITMENT AND RETENTION, QUALITY MANAGEMENT AND PERFORMANCE 26 IMPROVEMENT, DISASTER PLANNING, RISK MANAGEMENT, AND INSTITUTIONAL 27 REVIEW BOARD ACTIVITY: THE RIGHT TO FINANCIAL COMPENSATION, BENEFITS, AND A 29 RETIREMENT PACKAGE THAT IS COMPARABLE TO THAT RECEIVED BY OTHER 30 PROFESSIONALS WITH EQUIVALENT EDUCATION AND TRAINING; 31 (5) THE RIGHT TO MANAGE AND PRIORITIZE THEIR PERSONAL AFFAIRS: 32 THE RIGHT TO A WORK ENVIRONMENT THAT IS SAFE AND THAT 33 SUPPORTS AND FACILITATES ETHICAL PRACTICE IN ACCORDANCE WITH

34 ESTABLISHED STANDARDS OF PRACTICE AND THE CODE OF ETHICS FOR NURSES

37 PROFESSIONAL JUDGMENT THAT PRIORITIZES THE HEALTH AND SAFETY OF

THE RIGHT TO BE FREE FROM PENALTY FOR EXERCISING

35 AND ITS INTERPRETIVE STATEMENTS:

38 PATIENTS, COLLEAGUES, AND OTHER STAFF;

36

- 1 (8) THE RIGHT TO REFUSE ASSIGNMENTS THAT COULD COMPROMISE
- 2 THE HEALTH, SAFETY, AND WELL-BEING OF PATIENTS, NURSES, OR BOTH, EVEN IF
- 3 THAT DECISION NECESSITATES THE TEMPORARY CLOSING OF BEDS OR UNITS IN A
- 4 FACILITY, THE CANCELLATION OF ELECTIVE ADMISSIONS OR SURGERIES, OR A
- 5 TEMPORARY CESSATION IN THE ADMISSION OF PATIENTS TO ANY AREA OF THE
- 6 FACILITY UNTIL THE SAFETY OF THE PATIENTS, NURSES, OR BOTH, IN THE
- 7 AFFECTED AREA IS NO LONGER POTENTIALLY COMPROMISED;
- 8 (9) THE RIGHT TO WORK COLLABORATIVELY WITH MANAGEMENT ON
- 9 REASONABLE STAFFING PLANS AND SYSTEMS FOR MEETING STAFFING
- 10 REQUIREMENTS;
- 11 (10) EXCEPT FOR NURSES IN COMMUNITY BASED CARE, THE RIGHT TO
- 12 BE FREE FROM INVOLUNTARY OVERTIME; AND
- 13 (11) THE RIGHT TO BE FREE FROM RETRIBUTION AS DESCRIBED IN §
- 14 8 708 OF THIS TITLE; AND
- 15 <u>(12)</u> THE RIGHT TO WORK AS AN EMPLOYEE OR INDEPENDENT
- 16 CONTRACTOR.
- 17 8-708.
- 18 (A) A NURSE'S EMPLOYER MAY NOT TAKE RETRIBUTION AGAINST THE NURSE
- 19 BECAUSE THE NURSE:
- 20 (1) DISCLOSES OR INTENDS TO DISCLOSE TO A MANAGER, PRIVATE
- 21 ACCREDITATION ORGANIZATION, OR PUBLIC BODY AN ACTIVITY, POLICY, OR
- 22 PRACTICE THAT THE NURSE REASONABLY BELIEVES TO BE IN VIOLATION OF A LAW,
- 23 REGULATION, OR PROFESSIONAL STANDARD OF PRACTICE AND THAT THE NURSE
- 24 REASONABLY BELIEVES POSES A RISK TO THE HEALTH, SAFETY, OR WELFARE OF A
- 25 PATIENT OR THE PUBLIC;
- 26 (2) PROVIDES INFORMATION TO OR TESTIFIES BEFORE A PRIVATE
- 27 ACCREDITATION ORGANIZATION OR A PUBLIC BODY CONDUCTING AN
- 28 INVESTIGATION, HEARING, OR INQUIRY REGARDING AN ALLEGED ACTIVITY, POLICY,
- 29 OR PRACTICE THAT THE NURSE REASONABLY BELIEVES TO BE IN VIOLATION OF A
- 30 LAW, REGULATION, OR PROFESSIONAL STANDARD OF PRACTICE AND THAT THE
- 31 NURSE REASONABLY BELIEVES POSES A RISK TO THE HEALTH, SAFETY, OR WELFARE
- 32 OF A PATIENT OR THE PUBLIC;
- 33 OBJECTS TO OR REFUSES TO PARTICIPATE IN ANY ACTIVITY, POLICY,
- 34 OR PRACTICE OF A HEALTH FACILITY THAT THE NURSE REASONABLY BELIEVES IS IN
- 35 VIOLATION OF A LAW, RULE, OR PROFESSIONAL STANDARD OF PRACTICE AND THAT
- 36 THE NURSE REASONABLY BELIEVES POSES A RISK TO THE HEALTH, SAFETY, OR
- 37 WELFARE OF A PATIENT OR THE PUBLIC; OR
- 38 (4) PARTICIPATES IN A COMMITTEE OR PEER REVIEW PROCESS OR
- 39 FILES A REPORT OR A COMPLAINT THAT DISCUSSES ALLEGATIONS OF UNSAFE.
- 40 DANGEROUS, OR POTENTIALLY DANGEROUS CARE.

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3 4	(B) EXCEPT AS PROVIDED IN SUBSECTION (C) OF THIS SECTION, THE PROTECTION AGAINST RETRIBUTION UNDER SUBSECTION (A) OF THIS SECTION DOES NOT APPLY TO A NURSE, UNLESS THE NURSE, BEFORE MAKING A DISCLOSURE TO A PRIVATE ACCREDITATION ORGANIZATION OR A PUBLIC BODY AS DESCRIBED IN SUBSECTION (A)(1) OF THIS SECTION:	
8	(1) GIVES WRITTEN NOTICE TO THE ADMINISTRATION OF THE HEALTH FACILITY OF THE ACTIVITY, POLICY, PRACTICE, OR VIOLATION OF PROFESSIONAL STANDARDS OF PRACTICE THAT THE NURSE REASONABLY BELIEVES POSES A RISK TO PUBLIC HEALTH; AND	
	(2) PROVIDES THE ADMINISTRATION A REASONABLE OPPORTUNITY TO CORRECT THE ACTIVITY, POLICY, PRACTICE, OR VIOLATION IN ACCORDANCE WITH THE STANDARDS OF THE JOINT COMMISSION ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS.	
	(C) A NURSE IS NOT REQUIRED TO COMPLY WITH THE PROVISIONS OF SUBSECTION (B) OF THIS SECTION IF AN EMERGENCY SITUATION EXISTS AND THE NURSE:	
	(1) (<u>I</u>) REASONABLY BELIEVES THAT THE ACTIVITY, POLICY, PRACTICE, OR VIOLATION IS KNOWN TO ONE OR MORE MANAGERS OF THE HEALTH FACILITY OR AN AFFILIATED FACILITY: AND AN EMERGENCY SITUATION EXISTS;	
	(2) (II) MAKES THE DISCLOSURE DISCLOSES THE ACTIVITY, POLICY, PRACTICE, OR VIOLATION TO A PRIVATE ACCREDITATION ORGANIZATION OR A PUBLIC BODY FOR THE PURPOSE OF PROVIDING EVIDENCE OF AN ACTIVITY, POLICY, PRACTICE, OR VIOLATION THAT THE NURSE REASONABLY BELIEVES IS A CRIME; OR	Ξ
24	(2) COMPLIES WITH § 8 505 OF THIS TITLE.	
25	Article - Labor and Employment	
26	3-421.	
27 28	(A) IN THIS SECTION, "NURSE" MEANS A LICENSED PRACTICAL NURSE OR A REGISTERED NURSE AS DEFINED IN § 8-101 OF THE HEALTH OCCUPATIONS ARTICLE.	
31	(B) EXCEPT AS PROVIDED IN SUBSECTION (C) SUBSECTIONS (C) AND (D) OF THIS SECTION, AN EMPLOYER MAY NOT REQUIRE A NURSE TO WORK MORE THAN THE REGULARLY SCHEDULED HOURS ACCORDING TO THE PREDETERMINED WORK SCHEDULE.	
33	(C) A NURSE MAY BE REQUIRED TO WORK OVERTIME IF:	
34 35	(1) THE WORK IS A CONSEQUENCE OF AN EMERGENCY SITUATION WHICH COULD NOT HAVE BEEN REASONABLY ANTICIPATED;	

- **SENATE BILL 537** THE EMERGENCY SITUATION IS NONRECURRING AND IS NOT (2)2 CAUSED BY OR AGGRAVATED BY THE EMPLOYER'S INATTENTION OR LACK OF 3 REASONABLE CONTINGENCY PLANNING: THE EMPLOYER HAS EXHAUSTED ALL GOOD FAITH, REASONABLE 5 ATTEMPTS TO OBTAIN VOLUNTARY WORKERS DURING THE SUCCEEDING SHIFTS; THE NURSE HAS CRITICAL SKILLS AND EXPERTISE THAT ARE (4) 6 7 REQUIRED FOR THE WORK; AND THE STANDARD OF CARE FOR A PATIENT ASSIGNMENT REQUIRES 9 CONTINUITY OF CARE THROUGH COMPLETION OF A CASE, TREATMENT, OR 10 PROCEDURE; AND THE EMPLOYER HAS INFORMED THE NURSE OF THE (I) 12 BASIS FOR THE EMPLOYER'S DIRECTION; AND THAT BASIS SATISFIES THE OTHER REQUIREMENTS FOR 13 (II)14 MANDATORY OVERTIME LISTED UNDER THIS ITEM SUBSECTION. IN ADDITION TO THE PROVISIONS OF SUBSECTION (C) OF THIS SECTION, A 15 (D) 16 NURSE MAY BE REQUIRED TO WORK OVERTIME IF: 17 (1) A CONDITION OF EMPLOYMENT INCLUDES ON-CALL ROTATION; OR 18 (2) THE NURSE WORKS IN COMMUNITY-BASED CARE. 19 THIS SECTION MAY NOT BE CONSTRUED TO PROHIBIT A NURSE (D) <u>(E)</u> 20 FROM VOLUNTARILY AGREEING TO WORK MORE THAN THE NUMBER OF SCHEDULED 21 HOURS PROVIDED IN THIS SECTION. 22 (E) EXCEPT AS PROVIDED IN SUBSECTIONS (C) AND (D) OF THIS 23 SECTION, A NURSE MAY NOT BE CONSIDERED RESPONSIBLE FOR THE CARE OF A 24 PATIENT BEYOND THE NURSE'S PRESCRIBED WORK PERIOD PREDETERMINED WORK 25 SCHEDULE IF THE NURSE: HAS NOTIFIED ANOTHER APPROPRIATE NURSE OF THE 26 (I)
- 27 PATIENT'S STATUS; AND
- HAS TRANSFERRED RESPONSIBILITY FOR THE PATIENT'S CARE (II)
- 29 TO ANOTHER APPROPRIATE NURSE OR PROPERLY DESIGNATED INDIVIDUAL.
- THE EMPLOYER SHALL BE RESPONSIBLE FOR ENSURING EXHAUST 30
- 31 ALL GOOD FAITH, REASONABLE ATTEMPTS TO ENSURE THAT APPROPRIATE STAFF IS
- 32 AVAILABLE TO ACCEPT RESPONSIBILITY FOR A PATIENT'S CARE BEYOND A NURSE'S
- 33 SCHEDULED WORK PERIOD PREDETERMINED WORK SCHEDULE.
- 34 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
- 35 October 1, 2002.