

HOUSE BILL 1224

J3, J2

8lr2595
CF SB 765

By: **Delegate Nathan-Pulliam (By Request) and Delegates Benson, Bobo, Branch, Donoghue, Hucker, Lafferty, Levy, Malone, McDonough, Montgomery, and V. Turner**

Introduced and read first time: February 8, 2008

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Hospitals – Nursing Care Committees, Staffing Plans, and Commission on**
3 **Nursing Acuity**

4 FOR the purpose of requiring certain facilities to provide the Health Services Cost
5 Review Commission with certain information; requiring hospitals to create a
6 nursing care committee that performs certain duties; requiring the nursing care
7 committee to include a certain percentage of certain registered nurses; requiring
8 hospitals to adopt and implement a certain written staffing plan; requiring a
9 hospital to give consideration to certain factors when adopting and
10 implementing the staffing plan; requiring the written staffing plan to be posted
11 in a certain location; establishing the Commission on Nursing Acuity; providing
12 for the membership of the Commission; requiring the Governor to designate the
13 chair of the Commission; requiring the Commission to meet a certain number of
14 times a year; providing for the staffing of the Commission; providing that a
15 member of the Commission may not receive a certain compensation but is
16 entitled to a certain reimbursement; providing for the duties of the Commission;
17 requiring the Commission to submit a certain annual report to certain
18 committees of the General Assembly; and generally relating to hospitals and
19 nursing care committees, staffing plans, and the Commission on Nursing
20 Acuity.

21 BY repealing and reenacting, with amendments,
22 Article – Health – General
23 Section 19–218(a)
24 Annotated Code of Maryland
25 (2005 Replacement Volume and 2007 Supplement)

26 BY adding to
27 Article – Health – General

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Section 19-310.2 and 19-310.3
2 Annotated Code of Maryland
3 (2005 Replacement Volume and 2007 Supplement)

4 BY adding to
5 Article – Health Occupations
6 Section 8-7C-01 through 8-7C-06 to be under the new subtitle “Subtitle 7C.
7 Commission on Nursing Acuity”
8 Annotated Code of Maryland
9 (2005 Replacement Volume and 2007 Supplement)

10 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
11 MARYLAND, That the Laws of Maryland read as follows:

12 **Article – Health – General**

13 19-218.

14 (a) The Commission shall require each facility to give the Commission
15 information that:

16 (1) Concerns the total financial needs of the facility;

17 (2) Concerns its current and expected resources to meet its total
18 financial needs;

19 (3) Includes the effect of any proposal made, under Subtitle 1 of this
20 title, on comprehensive health planning; [and]

21 (4) Includes physician information sufficient to identify practice
22 patterns of individual physicians across all facilities; **AND**

23 (5) **INCLUDES THE NURSING WORKLOAD IN EACH UNIT OF THE**
24 **FACILITY.**

25 **19-310.2.**

26 (A) **EACH HOSPITAL SHALL CREATE A NURSING CARE COMMITTEE**
27 **THAT:**

28 (1) **PROVIDES FOR THE MINIMUM DIRECT CARE PROFESSIONAL**
29 **REGISTERED NURSE-TO-PATIENT STAFFING NEEDS OF EACH INPATIENT CARE**
30 **UNIT;**

31 (2) **RECOMMENDS WRITTEN HOSPITAL-WIDE STAFFING PLANS;**

1 **(3) SELECTS, IMPLEMENTS, AND EVALUATES MINIMUM STAFFING**
2 **LEVELS FOR INPATIENT CARE UNITS;**

3 **(4) SELECTS, IMPLEMENTS, AND EVALUATES AN ACUITY MODEL**
4 **THAT PROVIDES STAFFING FLEXIBILITY AND ALIGNS CHANGING PATIENT**
5 **ACUITY WITH THE REQUIRED NURSING SKILLS;**

6 **(5) REVIEWS NURSE-TO-PATIENT STAFFING GUIDELINES FOR**
7 **ALL INPATIENT UNITS AND THE ACUITY TOOLS AND MEASURES THAT ARE USED**
8 **BY THE HOSPITAL; AND**

9 **(6) COLLECTS DATA REGARDING HOSPITAL NURSE VACANCY**
10 **RATES.**

11 **(B) THE NURSING CARE COMMITTEE SHALL CONDUCT THE SELECTION,**
12 **IMPLEMENTATION, EVALUATION, AND REVIEW REQUIRED BY SUBSECTION**
13 **(A)(3), (4), AND (5) OF THIS SECTION AT LEAST TWO TIMES A YEAR.**

14 **(C) AT LEAST 50% OF THE MEMBERS OF THE NURSING CARE**
15 **COMMITTEE SHALL BE PROFESSIONAL REGISTERED NURSES WHO PROVIDE**
16 **DIRECT PATIENT CARE.**

17 **19-310.3.**

18 **(A) EACH HOSPITAL SHALL ADOPT AND IMPLEMENT A HOSPITAL-WIDE**
19 **WRITTEN STAFFING PLAN.**

20 **(B) (1) IN ADOPTING AND IMPLEMENTING THE WRITTEN STAFFING**
21 **PLAN, A HOSPITAL SHALL GIVE SIGNIFICANT CONSIDERATION TO THE**
22 **RECOMMENDATIONS OF THE NURSING CARE COMMITTEE.**

23 **(2) IN ADOPTING AND IMPLEMENTING A WRITTEN STAFFING**
24 **PLAN, A HOSPITAL SHALL CONSIDER:**

25 **(I) THE COMPLEXITY OF COMPLETE CARE;**

26 **(II) ASSESSMENTS ON PATIENT ADMISSION;**

27 **(III) THE NUMBER OF PATIENT ADMISSIONS;**

28 **(IV) THE NUMBER OF PATIENT DISCHARGES AND**
29 **TRANSFERS;**

1 (V) AN EVALUATION OF THE PROGRESSION OF PROBLEMS
2 EXPERIENCED BY A PATIENT;

3 (VI) THE NEED FOR ONGOING PHYSICAL ASSESSMENTS OF A
4 PATIENT;

5 (VII) THE PLANNING REQUIRED FOR THE DISCHARGE OF A
6 PATIENT;

7 (VIII) THE NEED FOR AN ASSESSMENT AFTER A CHANGE IN
8 PATIENT CONDITION;

9 (IX) THE NEED FOR PATIENT REFERRALS;

10 (X) THE COMPLEXITY OF CLINICAL PROFESSIONAL
11 NURSING JUDGMENT NEEDED TO DESIGN AND IMPLEMENT THE NURSING CARE
12 PLAN OF A PATIENT;

13 (XI) THE NEED FOR SPECIALIZED EQUIPMENT AND
14 TECHNOLOGY;

15 (XII) THE SKILL MIX OF OTHER PERSONNEL PROVIDING OR
16 SUPPORTING DIRECT PATIENT CARE, INCLUDING THE PERSONNEL'S:

17 1. INVOLVEMENT IN QUALITY IMPROVEMENT
18 ACTIVITIES;

19 2. PROFESSIONAL PREPARATION; AND

20 3. EXPERIENCE;

21 (XIII) PATIENT ACUITY AND THE NUMBER OF PATIENTS FOR
22 WHOM CARE IS BEING PROVIDED; AND

23 (XIV) NURSING VACANCY RATES.

24 (C) THE WRITTEN STAFFING PLAN SHALL REQUIRE:

25 (1) THE UNIT NURSE MANAGER OR AN INDIVIDUAL DESIGNATED
26 BY THE UNIT NURSE MANAGER TO CONDUCT AN ONGOING ASSESSMENT OF THE
27 PATIENT ACUITY LEVELS ON A UNIT AND THE NURSING STAFF THAT IS NEEDED;
28 AND

1 (III) ONE REPRESENTATIVE OF THE MARYLAND HOSPITAL
2 ASSOCIATION;

3 (IV) ONE REPRESENTATIVE OF THE OFFICE OF HEALTH
4 CARE QUALITY;

5 (V) TWO PROFESSORS OF NURSING;

6 (VI) TWO BEDSIDE NURSES;

7 (VII) TWO NURSE EXECUTIVES;

8 (VIII) TWO REPRESENTATIVES OF THE SERVICE EMPLOYEES
9 INTERNATIONAL UNION;

10 (IX) TWO REPRESENTATIVES OF THE MARYLAND NURSES
11 COALITION; AND

12 (X) TWO REPRESENTATIVES OF THE MARYLAND NURSES
13 ASSOCIATION.

14 **8-7C-04.**

15 (A) THE GOVERNOR SHALL DESIGNATE THE CHAIR OF THE
16 COMMISSION.

17 (B) THE COMMISSION SHALL MEET AT LEAST FOUR TIMES A YEAR.

18 (C) THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE SHALL
19 PROVIDE STAFF SUPPORT FOR THE COMMISSION.

20 (D) A MEMBER OF THE COMMISSION:

21 (1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE
22 COMMISSION; BUT

23 (2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE
24 STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE
25 BUDGET.

26 **8-7C-05.**

27 THE COMMISSION SHALL:

1 (1) **REVIEW THE METHODOLOGY USED IN THE STATE TO COST**
2 **AND BILL FOR NURSING SERVICES PROVIDED IN A HOSPITAL;**

3 (2) **COMPARE COSTING AND BILLING METHODS USED BY**
4 **HOSPITALS IN THE STATE FOR NURSING SERVICES TO THE COSTING AND**
5 **BILLING SYSTEMS USED IN OTHER STATES, INCLUDING NEW YORK, ILLINOIS,**
6 **AND COLORADO;**

7 (3) **DETERMINE THE HOURS OF CARE AND DIRECT AND INDIRECT**
8 **COSTS OF NURSING CARE PROVIDED IN HOSPITALS FOR INDIVIDUAL PATIENTS**
9 **AND BY DIAGNOSIS;**

10 (4) **IDENTIFY METHODS TO ALLOCATE NURSING CARE HOURS**
11 **AND COSTS TO ADJUST REIMBURSEMENT TO HOSPITALS FOR PATIENT CARE;**

12 (5) **ESTABLISH A MECHANISM FOR HOSPITALS TO RECORD AND**
13 **REPORT NURSING HOURS AND CHARGES ON THE BILL OF THE PATIENT;**

14 (6) **DEVELOP METHODS TO RECORD DAILY NURSING INPATIENT**
15 **HOURS AND CHARGES USING A UNIQUE NURSING REVENUE CODE AND TO**
16 **COLLECT THE DATA IN THE APPROPRIATE BILLING ABSTRACT;**

17 (7) **ESTABLISH A UNIQUE NURSING COST CENTER AT EACH**
18 **FACILITY TO RECORD THE DIRECT AND INDIRECT NURSING COSTS AND TOTAL**
19 **NURSING EMPLOYEE HOURS FOR REGISTERED NURSES AND LICENSED**
20 **PRACTICAL NURSES;**

21 (8) **CREATE A METHOD TO COLLECT NURSING COST CENTER**
22 **DATA FROM EACH HOSPITAL FROM THE HEALTH SERVICES COST REVIEW**
23 **COMMISSION AND TO REPORT PUBLICLY A COMPARISON OF NURSING DIRECT**
24 **AND INDIRECT COSTS, REGISTERED NURSE AND LICENSED PRACTICAL NURSE**
25 **EMPLOYEE HOURS, AND STANDARDIZED VACANCY RATES AMONG HOSPITALS;**

26 (9) **EVALUATE NURSING PERFORMANCE;**

27 (10) **REQUIRE THE HEALTH SERVICES COST REVIEW**
28 **COMMISSION TO:**

29 (I) **ESTABLISH A MECHANISM FOR HOSPITALS TO COLLECT**
30 **DATA ON NURSING COSTS, CHARGES, AND HOURS OF CARE EXPENDED FOR**
31 **INDIVIDUAL PATIENTS; AND**

32 (II) **REPORT PUBLICLY A COMPARISON OF THE DATA BY**
33 **PATIENT DIAGNOSIS AMONG HOSPITALS;**

1 **(11) DEVELOP A PUBLIC REPORTING MECHANISM TO TRACK**
2 **TRENDS IN NURSING CARE COSTS, VACANCY RATES, HOURS OF CARE, STAFFING**
3 **PATTERNS, AND NURSING CARE QUALITY OVER TIME AND ACROSS HOSPITALS;**

4 **(12) DEVELOP A METHOD TO IDENTIFY THE TOP-PERFORMING**
5 **AND LOWEST-PERFORMING HOSPITALS WITH REGARD TO NURSING CARE AND**
6 **TO REQUIRE LOW-PERFORMING HOSPITALS TO DEVELOP AND REPORT A**
7 **REMEDICATION PLAN FOR IMPROVEMENT; AND**

8 **(13) CREATE A MECHANISM FOR TOP-PERFORMING HOSPITALS TO**
9 **RECEIVE A FINANCIAL INCENTIVE WITHIN THE INPATIENT PAYMENT SYSTEM.**

10 **8-7C-06.**

11 **ON OR BEFORE JANUARY 1 OF EACH YEAR, THE COMMISSION SHALL**
12 **REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE**
13 **STATE GOVERNMENT ARTICLE, THE SENATE BUDGET AND TAXATION**
14 **COMMITTEE, THE SENATE FINANCE COMMITTEE, THE SENATE EDUCATION,**
15 **HEALTH, AND ENVIRONMENTAL AFFAIRS COMMITTEE, THE HOUSE**
16 **APPROPRIATIONS COMMITTEE, AND THE HOUSE HEALTH AND GOVERNMENT**
17 **OPERATIONS COMMITTEE ON THE IMPLEMENTATION OF THIS SUBTITLE.**

18 **SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect**
19 **October 1, 2008.**