

108TH CONGRESS
2D SESSION

H. R. 4316

To amend the Public Health Service Act to establish direct care registered nurse-to-patient staffing ratio requirements in hospitals, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 6, 2004

Ms. SCHAKOWSKY (for herself, Mr. ANDREWS, Mr. CONYERS, Ms. DELAURO, Mr. DEUTSCH, Mr. FILNER, Mr. FROST, Mr. HOFFEL, Mr. HOLDEN, Ms. EDDIE BERNICE JOHNSON of Texas, Mrs. MCCARTHY of New York, Mr. MEEK of Florida, Mr. NADLER, Ms. NORTON, Ms. ROYBAL-ALLARD, Ms. LINDA T. SÁNCHEZ of California, and Mr. VISCLOSKY) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend the Public Health Service Act to establish direct care registered nurse-to-patient staffing ratio requirements in hospitals, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE; FINDINGS.**

2 (a) SHORT TITLE.—This Act may be cited as the
3 “Nurse Staffing Standards for Patient Safety and Quality
4 Care Act of 2004”.

5 (b) FINDINGS.—Congress finds the following:

6 (1) The Federal Government has a substantial
7 interest in promoting quality care and improving the
8 delivery of health care services to patients in health
9 care facilities in the United States.

10 (2) Recent changes in health care delivery sys-
11 tems that have resulted in higher acuity levels
12 among patients in health care facilities increase the
13 need for improved quality measures in order to pro-
14 tect patient care and reduce the incidence of medical
15 errors.

16 (3) Inadequate and poorly monitored registered
17 nurse staffing practices that result in too few reg-
18 istered nurses providing direct care jeopardize the
19 delivery of quality health care services.

20 (4) Numerous studies have shown that patient
21 outcomes are directly correlated to direct care reg-
22 istered nurse staffing levels, including a 2002 Joint
23 Commission on Accreditation of Healthcare Organi-
24 zations report that concluded that the lack of direct
25 care registered nurses contributed to nearly a quar-

1 ter of the unanticipated problems that result in in-
2 jury or death to hospital patients.

3 (5) Requirements for direct care registered
4 nurse staffing ratios will help address the registered
5 nurse shortage in the United States by aiding in re-
6 cruitment of new registered nurses and improving
7 retention of registered nurses who are considering
8 leaving direct patient care because of demands cre-
9 ated by inadequate staffing.

10 (6) Establishing adequate minimum direct care
11 registered nurse-to-patient ratios that take into ac-
12 count patient acuity measures will improve the deliv-
13 ery of quality health care services and guarantee pa-
14 tient safety.

15 (7) Establishing safe staffing standards for di-
16 rect care registered nurses is a critical component of
17 assuring that there is adequate hospital staffing at
18 all levels to improve the delivery of quality care and
19 protect patient safety.

20 **SEC. 2. MINIMUM DIRECT CARE REGISTERED NURSE**
21 **STAFFING REQUIREMENT.**

22 (a) MINIMUM DIRECT CARE REGISTERED NURSE
23 STAFFING REQUIREMENT.—The Public Health Service
24 Act (42 U.S.C. 201 et seq.) is amended by adding at the
25 end the following new title:

1 **“TITLE XXIX—MINIMUM DIRECT**
2 **CARE REGISTERED NURSE**
3 **STAFFING REQUIREMENT**

4 **“SEC. 2901. MINIMUM NURSE STAFFING REQUIREMENT.**

5 “(a) STAFFING PLAN.—

6 “(1) IN GENERAL.—A hospital shall implement
7 a staffing plan that—

8 “(A) provides adequate, appropriate, and
9 quality delivery of health care services and pro-
10 tects patient safety; and

11 “(B) is consistent with the requirements of
12 this title.

13 “(2) EFFECTIVE DATES.—

14 “(A) IMPLEMENTATION OF STAFFING
15 PLAN.—Subject to subparagraph (B), the re-
16 quirements under paragraph (1) shall take ef-
17 fect not later than 1 year after the date of the
18 enactment of this title.

19 “(B) APPLICATION OF MINIMUM DIRECT
20 CARE REGISTERED NURSE-TO-PATIENT RA-
21 TIOS.—The requirements under subsection (b)
22 shall take effect as soon as practicable, as de-
23 termined by the Secretary, but not later than 2
24 years after the date of the enactment of this
25 title, or in the case of a hospital in a rural area

1 (as defined in section 1886(d)(2)(B) of the So-
2 cial Security Act (42 U.S.C. 1395ww(d)(2)(B)),
3 not later than 4 years after the date of the en-
4 actment of this title.

5 “(b) MINIMUM DIRECT CARE REGISTERED NURSE-
6 TO-PATIENT RATIOS.—

7 “(1) IN GENERAL.—A hospital’s staffing plan
8 shall provide that, during each shift within a unit of
9 the hospital, a direct care registered nurse may be
10 assigned to not more than the following number of
11 patients in that unit, subject to paragraph (3):

12 “(A) 1 patient in operating room units and
13 trauma emergency units.

14 “(B) 2 patients in critical care units, in-
15 cluding emergency critical care and intensive
16 care units, labor and delivery units, and
17 postanesthesia units.

18 “(C) 3 patients in antepartum units, emer-
19 gency room units, pediatrics units, stepdown
20 units, and telemetry units.

21 “(D) 4 patients in intermediate care nurs-
22 ery units, medical/surgical units, and acute care
23 psychiatric units.

24 “(E) 5 patients in rehabilitation units.

1 “(F) 6 patients in postpartum (3 couplets)
2 units and well-baby nursery units.

3 “(2) SIMILAR UNITS WITH DIFFERENT
4 NAMES.—The Secretary may apply minimum direct
5 care registered nurse-to-patient ratios established in
6 paragraph (1) to a type of hospital unit not referred
7 to in such paragraph if such other unit performs a
8 function similar to the function performed by the
9 unit referred to in such paragraph.

10 “(3) ADJUSTMENT OF RATIOS.—

11 “(A) IN GENERAL.—If necessary to protect
12 patient safety, the Secretary may prescribe reg-
13 ulations that—

14 “(i) increase minimum direct care reg-
15 istered nurse-to-patient ratios under this
16 subsection to further limit the number of
17 patients that may be assigned to each di-
18 rect care nurse; or

19 “(ii) add minimum direct care reg-
20 istered nurse-to-patient ratios for units not
21 referred to in paragraphs (1) and (2).

22 “(B) CONSULTATION.—Such regulations
23 shall be prescribed after consultation with af-
24 fected hospitals and registered nurses.

1 “(4) RELATIONSHIP TO STATE-IMPOSED RA-
2 TIOS.—

3 “(A) NO PREEMPTION OF CERTAIN STATE-
4 IMPOSED RATIOS.—Nothing in this title shall
5 preempt State standards that the Secretary de-
6 termines to be at least equivalent to Federal re-
7 quirements for a staffing plan established under
8 this title. Minimum direct care registered nurse-
9 to-patient ratios established under this sub-
10 section shall not preempt State requirements
11 that the Secretary determines are at least
12 equivalent to Federal requirements for a staff-
13 ing plan established under this title.

14 “(B) SATISFACTION OF CERTAIN FEDERAL
15 REQUIREMENTS WITH CERTAIN STATE-IMPOSED
16 NURSE-TO-PATIENT RATIOS.—States that, at
17 least 2 years prior to the date of the enactment
18 of this title, have enacted minimum direct care
19 nurse-to-patient ratios that allow the use of li-
20 censed practical nurses to meet State-imposed
21 minimum direct care nurse-to-patient ratios
22 may continue to make such allowance, and such
23 allowance shall be considered to satisfy require-
24 ments imposed under this subsection, so long as

1 the particular licensed practical nurse is em-
2 ployed in the same or a comparable position.

3 “(5) EXEMPTION IN EMERGENCIES.—

4 “(A) IN GENERAL.—The requirements es-
5 tablished under this subsection shall not apply
6 during a declared state of emergency if a hos-
7 pital is requested or expected to provide an ex-
8 ceptional level of emergency or other medical
9 services.

10 “(B) EMERGENCY DEFINED.—For pur-
11 poses of subparagraph (A), the term ‘declared
12 state of emergency’ means a state of emergency
13 that has been declared by the Federal Govern-
14 ment or the head of the appropriate State or
15 local governmental agency having authority to
16 declare that the State, county, municipality, or
17 locality is in a state of emergency, but such
18 term does not include a state of emergency that
19 results from a labor dispute in the health care
20 industry or consistent understaffing.

21 “(c) DEVELOPMENT AND REEVALUATION OF STAFF-
22 ING PLAN.—

23 “(1) CONSIDERATIONS IN DEVELOPMENT OF
24 PLAN.—In developing the staffing plan, a hospital
25 shall provide for direct care registered nurse-to-pa-

1 tient ratios above the minimum direct care reg-
2 istered nurse-to-patient ratios required under sub-
3 section (b) if appropriate based upon consideration
4 of the following factors:

5 “(A) The number of patients and acuity
6 level of patients as determined by the applica-
7 tion of an acuity system (as defined in section
8 2906(1)), on a shift-by-shift basis.

9 “(B) The anticipated admissions, dis-
10 charges, and transfers of patients during each
11 shift that impacts direct patient care.

12 “(C) Specialized experience required of di-
13 rect care registered nurses on a particular unit.

14 “(D) Staffing levels and services provided
15 by other health care personnel in meeting direct
16 patient care needs not required by a direct care
17 registered nurse.

18 “(E) The level of technology available that
19 affects the delivery of direct patient care.

20 “(F) The level of familiarity with hospital
21 practices, policies, and procedures by temporary
22 agency direct care registered nurses used dur-
23 ing a shift.

24 “(G) Obstacles to efficiency in the delivery
25 of patient care presented by physical layout.

1 “(2) DOCUMENTATION OF STAFFING.—A hos-
2 pital shall specify the system used to document ac-
3 tual staffing in each unit for each shift.

4 “(3) ANNUAL REEVALUATION OF PLAN AND
5 ACUITY SYSTEM.—

6 “(A) IN GENERAL.—A hospital shall annu-
7 ally evaluate—

8 “(i) its staffing plan in each unit in
9 relation to actual patient care require-
10 ments; and

11 “(ii) the accuracy of its acuity system.

12 “(B) UPDATE.—A hospital shall update its
13 staffing plan and acuity system to the extent
14 appropriate based on such evaluation.

15 “(4) REGISTERED NURSE PARTICIPATION.—A
16 staffing plan of a hospital shall be developed and
17 subsequent reevaluations shall be conducted under
18 this subsection on the basis of input from direct care
19 registered nurses at the hospital or, where such
20 nurses are represented through collective bargaining,
21 from the applicable recognized or certified collective
22 bargaining representative of such nurses. Nothing in
23 this title shall be construed to permit conduct pro-
24 hibited under the National Labor Relations Act or
25 under the Federal Labor Relations Act.

1 “(d) SUBMISSION OF PLAN TO SECRETARY.—A hos-
2 pital shall submit to the Secretary its staffing plan and
3 any annual updates under subsection (c)(3)(B). A feder-
4 ally operated hospital may submit its staffing plan
5 through the department or agency operating the hospital.

6 **“SEC. 2902. POSTING, RECORDS, AND AUDITS.**

7 “(a) POSTING REQUIREMENTS.—In each unit, a hos-
8 pital shall post a uniform notice in a form specified by
9 the Secretary in regulation that—

10 “(1) explains requirements imposed under sec-
11 tion 2901;

12 “(2) includes actual direct care registered
13 nurse-to-patient ratios during each shift; and

14 “(3) is visible, conspicuous, and accessible to
15 staff, patients, and the public.

16 “(b) RECORDS.—

17 “(1) MAINTENANCE OF RECORDS.—Each hos-
18 pital shall maintain accurate records of actual direct
19 care registered nurse-to-patient ratios in each unit
20 for each shift for no less than 3 years. Such records
21 shall include—

22 “(A) the number of patients in each unit;

23 “(B) the identity and duty hours of each
24 direct care registered nurse assigned to each
25 patient in each unit in each shift; and

1 “(C) a copy of each notice posted under
2 subsection (a).

3 “(2) AVAILABILITY OF RECORDS.—Each hos-
4 pital shall make its records maintained under para-
5 graph (1) available to—

6 “(A) the Secretary;

7 “(B) registered nurses and their collective
8 bargaining representatives (if any); and

9 “(C) the public under regulations estab-
10 lished by the Secretary, or in the case of a fed-
11 erally operated hospital, under section 552 of
12 title 5, United States Code (commonly known
13 as the ‘Freedom of Information Act’).

14 “(c) AUDITS.—The Secretary shall conduct periodic
15 audits to ensure—

16 “(1) implementation of the staffing plan in ac-
17 cordance with this title; and

18 “(2) accuracy in records maintained under this
19 section.

20 **“SEC. 2903. MINIMUM DIRECT CARE LICENSED PRACTICAL**
21 **NURSE STAFFING REQUIREMENTS.**

22 “(a) ESTABLISHMENT.—A hospital’s staffing plan
23 shall comply with minimum direct care licensed practical
24 nurse staffing requirements that the Secretary establishes
25 for units in hospitals. Such staffing requirements shall be

1 established not later than 18 months after the date of the
2 enactment of this title, and shall be based on the study
3 conducted under subsection (b).

4 “(b) STUDY.—Not later than 1 year after the date
5 of the enactment of this title, the Secretary, acting
6 through the Director of the Agency for Healthcare Re-
7 search and Quality, shall complete a study of licensed
8 practical nurse staffing and its effects on patient care in
9 hospitals. The Director may contract with a qualified enti-
10 ty or organization to carry out such study under this para-
11 graph. The Director shall consult with licensed practical
12 nurses and organizations representing licensed practical
13 nurses regarding the design and conduct of the study.

14 “(c) APPLICATION OF REGISTERED NURSE PROVI-
15 SIONS TO LICENSED PRACTICAL NURSE STAFFING RE-
16 QUIREMENTS.—Paragraphs (2), (3), (4)(A), and (5) of
17 section 2901(b), section 2901(c), and section 2902 shall
18 apply to the establishment and application of direct care
19 licensed practical nurse staffing requirements under this
20 section in the same manner that they apply to the estab-
21 lishment and application of direct care registered nurse-
22 to-patient ratios under section 2901.

23 “(d) EFFECTIVE DATE.—The requirements of this
24 section shall take effect as soon as practicable, as deter-
25 mined by the Secretary, but not later than 2 years after

1 the date of the enactment of this title, or in the case of
2 a hospital in a rural area (as defined in section
3 1886(d)(2)(B) of the Social Security Act (42 U.S.C.
4 1395ww(d)(2)(B)), not later than 4 years after the date
5 of the enactment of this title.

6 **“SEC. 2904. ADJUSTMENT IN REIMBURSEMENT.**

7 “(a) **MEDICARE REIMBURSEMENT.**—The Secretary
8 shall adjust payments made to hospitals (other than feder-
9 ally operated hospitals) under title XVIII of the Social Se-
10 curity Act in an amount equal to the net amount of addi-
11 tional costs incurred in providing services to medicare
12 beneficiaries that are attributable to compliance with re-
13 quirements imposed under sections 2901 through 2903.
14 The amount of such payment adjustments shall take into
15 account recommendations contained in the report sub-
16 mitted by the Medicare Payment Advisory Commission
17 under subsection (c).

18 “(b) **AUTHORIZATION OF APPROPRIATION FOR FED-**
19 **ERALLY OPERATED HOSPITALS.**—There are authorized to
20 be appropriated such additional sums as are required for
21 federally operated hospitals to comply with the additional
22 requirements established under sections 2901 through
23 2903.

24 “(c) **MEDPAC REPORT.**—Not later than 2 years
25 after the date of the enactment of this title, the Medicare

1 Payment Advisory Commission (established under section
2 1805 of the Social Security Act (42 U.S.C. 1395b-6)) shall
3 submit to Congress and the Secretary a report estimating
4 total costs and savings attributable to compliance with re-
5 quirements imposed under sections 2901 through 2903.
6 Such report shall include recommendations on the need,
7 if any, to adjust reimbursement for Medicare payments
8 under subsection (a).

9 **“SEC. 2905. PROTECTION OF NURSES AND OTHER INDIVID-**
10 **UALS.**

11 “(a) REFUSAL OF ASSIGNMENT.—A nurse may
12 refuse to accept an assignment as a nurse in a hospital
13 if—

14 “(1) the assignment would violate section 2901
15 or 2903; or

16 “(2) the nurse is not prepared by education,
17 training, or experience to fulfill the assignment with-
18 out compromising the safety of any patient or jeop-
19 ardizing the license of the nurse.

20 “(b) RETALIATION FOR REFUSAL OF ASSIGNMENT
21 BARRED.—

22 “(1) NO DISCHARGE, DISCRIMINATION, OR RE-
23 TALIACTION.—No hospital shall discharge, discrimi-
24 nate, or retaliate in any manner with respect to any
25 aspect of employment (as defined in section

1 2906(5)), including discharge, promotion, compensa-
2 tion, or terms, conditions, or privileges of employ-
3 ment against a nurse based on the nurse’s refusal of
4 a work assignment under subsection (a).

5 “(2) NO FILING OF COMPLAINT.—No hospital
6 shall file a complaint or a report against a nurse
7 with the appropriate State professional disciplinary
8 agency because of the nurse’s refusal of a work as-
9 signment under subsection (a).

10 “(c) CAUSE OF ACTION.—Any nurse who has been
11 discharged, discriminated, or retaliated against in viola-
12 tion of subsection (b)(1) or against whom a complaint has
13 been filed in violation of subsection (b)(2) may bring a
14 cause of action in a United States district court. A nurse
15 who prevails on the cause of action shall be entitled to
16 one or more of the following:

17 “(1) Reinstatement.

18 “(2) Reimbursement of lost wages, compensa-
19 tion, and benefits.

20 “(3) Attorneys’ fees.

21 “(4) Court costs.

22 “(5) Other damages.

23 “(d) COMPLAINT TO SECRETARY.—A nurse or other
24 individual may file a complaint with the Secretary against

1 a hospital that violates the provisions of this title. For any
2 complaint filed, the Secretary shall—

3 “(1) receive and investigate the complaint;

4 “(2) determine whether a violation of this title
5 as alleged in the complaint has occurred; and

6 “(3) if such a violation has occurred, issue an
7 order that the complaining nurse or individual shall
8 not suffer any retaliation under subsection (b) or
9 under subsection (e).

10 “(e) PROTECTION FOR REPORTING.—

11 “(1) RETALIATION BARRED.—A hospital shall
12 not discriminate or retaliate in any manner with re-
13 spect to any aspect of employment, including hiring,
14 discharge, promotion, compensation, or terms, condi-
15 tions, or privileges of employment against any indi-
16 vidual who in good faith, individually or in conjunc-
17 tion with another person or persons—

18 “(A) reports a violation or a suspected vio-
19 lation of this title to the Secretary, a public reg-
20 ulatory agency, a private accreditation body, or
21 the management personnel of the hospital;

22 “(B) initiates, cooperates, or otherwise
23 participates in an investigation or proceeding
24 brought by the Secretary, a public regulatory

1 agency, or a private accreditation body con-
2 cerning matters covered by this title; or

3 “(C) informs or discusses with other indi-
4 viduals or with representatives of hospital em-
5 ployees a violation or suspected violation of this
6 title.

7 “(2) GOOD FAITH DEFINED.—For purposes of
8 this subsection, an individual shall be deemed to be
9 acting in good faith if the individual reasonably be-
10 lieves—

11 “(A) the information reported or disclosed
12 is true; and

13 “(B) a violation of this title has occurred
14 or may occur.

15 “(f) NOTICE.—A hospital shall post in an appropriate
16 location in each unit a conspicuous notice in a form speci-
17 fied by the Secretary that—

18 “(1) explains the rights of nurses and other in-
19 dividuals under this section;

20 “(2) includes a statement that a nurse or other
21 individual may file a complaint with the Secretary
22 against a hospital that violates the provisions of this
23 title; and

24 “(3) provides instructions on how to file a com-
25 plaint under paragraph (2).

1 “(g) EFFECTIVE DATES.—

2 “(1) REFUSAL; RETALIATION; CAUSE OF AC-
3 TION.—

4 “(A) IN GENERAL.—Subsections (a)
5 through (c) shall apply to refusals occurring on
6 or after the effective date of the provision to
7 which the refusal relates.

8 “(B) EXCEPTION.—Subsection (a)(2) shall
9 not apply to refusals in any hospital before the
10 requirements of section 2901(a) apply to that
11 hospital.

12 “(2) PROTECTIONS FOR REPORTING.—Sub-
13 section (e) shall apply to actions described in sub-
14 paragraphs (A) and (C) of subsection (e)(1) occur-
15 ring on or after the effective date of the provision
16 to which the violation relates. Subsection (e) shall
17 apply to initiation, cooperation, or participation in
18 an investigation or proceeding on or after the date
19 of the enactment of this title.

20 “(3) NOTICE.—Subsection (f) shall take effect
21 18 months after the date of the enactment of this
22 title.

23 **“SEC. 2906. DEFINITIONS.**

24 “For purposes of this title:

1 “(1) ACUITY SYSTEM.—The term ‘acuity sys-
2 tem’ means an established measurement tool that—

3 “(A) predicts nursing care requirements
4 for individual patients based on severity of pa-
5 tient illness, need for specialized equipment and
6 technology, intensity of nursing interventions
7 required, and the complexity of clinical nursing
8 judgment needed to design, implement, and
9 evaluate the patient’s nursing care plan;

10 “(B) details the amount of nursing care
11 needed, both in number of nurses and in skill
12 mix of nursing personnel required, on a daily
13 basis, for each patient in a nursing department
14 or unit;

15 “(C) takes into consideration the patient
16 care services provided not only by registered
17 nurses but also by direct care licensed practical
18 nurses and other health care personnel; and

19 “(D) is stated in terms that can be readily
20 used and understood by nurses.

21 “(2) DIRECT CARE LICENSED PRACTICAL
22 NURSE.—The term ‘direct care licensed practical
23 nurse’ means an individual who has been granted a
24 license by at least 1 State to practice as a licensed

1 practical nurse or a licensed vocational nurse and
2 who provides bedside care for 1 or more patients.

3 “(3) NURSE.—The term ‘nurse’ means any di-
4 rect care registered nurse or direct care licensed
5 practical nurse (as the case may be), regardless of
6 whether or not the nurse is an employee.

7 “(4) DIRECT CARE REGISTERED NURSE.—The
8 term ‘direct care registered nurse’ means an indi-
9 vidual who has been granted a license by at least 1
10 State to practice as a registered nurse and who pro-
11 vides bedside care for 1 or more patients.

12 “(5) EMPLOYMENT.—The term ‘employment’
13 includes the provision of services under a contract or
14 other arrangement.

15 “(6) HOSPITAL.—The term ‘hospital’ has the
16 meaning given that term in section 1861(e) of the
17 Social Security Act (42 U.S.C. 1395x(e)), and in-
18 cludes a hospital that is operated by the Department
19 of Veterans Affairs, the Department of Defense, the
20 Indian Health Services Program, or any other de-
21 partment or agency of the United States.

22 “(7) STAFFING PLAN.—The term ‘staffing plan’
23 means a staffing plan required under section 2901.”.

24 (b) RECOMMENDATIONS TO CONGRESS.—No later
25 than 1 year after the date of the enactment of this Act,

1 the Secretary of Health and Human Services shall submit
2 to Congress a report containing recommendations for en-
3 suring that sufficient numbers of nurses are available to
4 meet the requirements imposed by title XXIX of the Pub-
5 lic Health Service Act, as added by subsection (a).

6 **SEC. 3. ENFORCEMENT OF REQUIREMENTS THROUGH FED-**
7 **ERAL PROGRAMS.**

8 (a) **MEDICARE PROGRAM.**—Section 1866(a)(1) of the
9 Social Security Act (42 U.S.C. 1395cc(a)(1)), as amended
10 by the Medicare Prescription Drug, Improvement, and
11 Modernization Act of 2003 (Public Law 108–173), is
12 amended—

13 (1) by striking “and” at the end of subpara-
14 graph (U);

15 (2) by striking the period at the end of sub-
16 paragraph (V) and inserting “, and”; and

17 (3) by inserting after subparagraph (V) the fol-
18 lowing:

19 “(W) in the case of a hospital, to comply
20 with the provisions of title XXIX of the Public
21 Health Service Act.”.

22 (b) **MEDICAID PROGRAM.**—The first sentence of sec-
23 tion 1902(a) of the Social Security Act (42 U.S.C.
24 1396(a)) is amended—

1 (1) by striking “and” at the end of paragraph
2 (66);

3 (2) by striking the period at the end of para-
4 graph (67) and inserting “; and”; and

5 (3) by inserting after paragraph (67) the fol-
6 lowing new paragraph:

7 “(68) provide that any hospital receiving pay-
8 ments under such plan must comply with the provi-
9 sions of title XXIX of the Public Health Service
10 Act.”.

11 (c) HEALTH BENEFITS PROGRAM OF THE DEPART-
12 MENT OF VETERANS AFFAIRS.—Section 8110(a) of title
13 38, United States Code, is amended by adding at the end
14 the following new paragraph:

15 “(7) In the case of a Department medical facility that
16 is a hospital, the hospital shall comply with the provisions
17 of title XXIX of the Public Health Service Act.”.

18 (d) HEALTH BENEFITS PROGRAM OF THE DEPART-
19 MENT OF DEFENSE.—

20 (1) IN GENERAL.—Chapter 55 of title 10,
21 United States Code, is amended by adding at the
22 end the following new section:

1 **“§ 1110a. Staffing requirements**

2 “In the case of a facility of the uniformed services
3 that is a hospital, the hospital shall comply with the provi-
4 sions of title XXIX of the Public Health Service Act.”.

5 (2) CLERICAL AMENDMENT.—The table of sec-
6 tions at the beginning of such chapter is amended
7 by inserting after the item relating to section 1110
8 the following new item:

“1110a. Staffing requirements.”.

9 (e) INDIAN HEALTH SERVICES PROGRAM.—Title
10 VIII of the Indian Health Care Improvement Act (25
11 U.S.C. 1671 et seq.) is amended by adding at the end
12 the following new section:

13 **“SEC. 826 STAFFING REQUIREMENTS.**

14 “A hospital of the Service shall comply with the provi-
15 sions of title XXIX of the Public Health Service Act.”.

○