

113TH CONGRESS
2D SESSION

S. 2353

To amend title XVIII of the Social Security Act to provide for patient protection by establishing safe nurse staffing levels at certain Medicare providers, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 15, 2014

Mr. MERKLEY introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to provide for patient protection by establishing safe nurse staffing levels at certain Medicare providers, 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Registered Nurse Safe
5 Staffing Act of 2014”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

1 (1) Research shows that patient safety in hos-
2 pitals is directly proportionate to the number of reg-
3 istered nurses working in the hospital. Higher staff-
4 ing levels by experienced registered nurses are re-
5 lated to lower rates of negative patient outcomes.

6 (2) A 2011 study on nurse staffing and inpa-
7 tient hospital mortality shows that sub-optimal nurse
8 staffing is linked with a greater likelihood of patient
9 death in the hospital. A 2012 study of serious pa-
10 tient events reported to the Joint Commission dem-
11 onstrates that one of the leading causes of all hos-
12 pital sentinel events is human factors, including
13 staffing and staffing skill mix.

14 (3) Health care worker fatigue has been identi-
15 fied as a major patient safety hazard, and appro-
16 priate staffing policies and practices are indicated as
17 an effective strategy to reduce health care worker fa-
18 tigue and to protect patients. A national survey of
19 registered nurses found that 74 percent experience
20 acute or chronic effects of stress and overwork.

21 (4) A strategy that ensures optimal nurse staff-
22 ing and skill mix greatly influences patient satisfac-
23 tion and results in greater overall savings to hos-
24 pitals through reductions in adverse patient events.

1 (5) A 2009 study demonstrated that improved
2 patient satisfaction due to increased and appropriate
3 nurse staffing is reflected on hospital scores on
4 HCAHPS, which is a key measure for value-based
5 payment programs under the Medicare program and
6 used by other payors.

7 (6) Registered nurses play a vital role in pre-
8 venting patient care errors. A 2009 study found that
9 sufficient staffing of critical care nurses can prevent
10 adverse patient events, which can cost anywhere
11 from \$2,200,000 to \$13,200,000. By contrast, the
12 nurse staffing costs in the study time period were
13 only \$1,360,000.

14 (7) Higher nurse staffing also generates cost
15 savings to payors, as demonstrated in a 2011 cost-
16 benefit analysis that weighed registered nursing per-
17 sonnel costs against emergency department utiliza-
18 tion after patient discharge from a hospital.

19 (8) A 2012 study of Pennsylvania hospitals
20 shows that by reducing nurse burnout, which is at-
21 tributed in part to poor nurse staffing, those hos-
22 pitals could prevent an estimated 4,160 infections
23 with an associated savings of \$41,000,000. That
24 study also found that for each additional patient as-
25 signed to a registered nurse for care, there is an in-

1 cidence of roughly one additional catheter-acquired
 2 urinary tract infection per 1,000 patients or 1,351
 3 infections per year, costing those hospitals as much
 4 as \$1,100,000 annually.

5 (9) When hospitals employ insufficient numbers
 6 of nursing staff, registered nurses are being required
 7 to perform professional services under conditions
 8 that do not support quality health care or a health-
 9 ful work environment for registered nurses.

10 (10) As a payor for inpatient and outpatient
 11 hospital services furnished to Medicare beneficiaries,
 12 the Federal Government has a compelling interest in
 13 promoting the safety of these patients by requiring
 14 any hospital participating in the Medicare program
 15 to establish minimum safe staffing levels for reg-
 16 istered nurses.

17 **SEC. 3. ESTABLISHMENT OF SAFE NURSE STAFFING LEV-**
 18 **ELS BY MEDICARE PARTICIPATING HOS-**
 19 **PITALS.**

20 (a) REQUIREMENT OF MEDICARE PROVIDER AGREE-
 21 MENT.—Section 1866(a)(1) of the Social Security Act (42
 22 U.S.C. 1395cc(a)(1)) is amended—

23 (1) in subparagraph (V), by striking “and” at
 24 the end;

1 (2) in subparagraph (W), as added by section
2 3005 of the Patient Protection and Affordable Care
3 Act (Public Law 111–148)—

4 (A) by moving such subparagraph 2 ems to
5 the left; and

6 (B) by striking the period at the end;

7 (3) in subparagraph (W), as added by section
8 6406(b) of the Patient Protection and Affordable
9 Care Act (Public Law 111–148)—

10 (A) by moving such subparagraph 2 ems to
11 the left;

12 (B) by redesignating such subparagraph as
13 subparagraph (X); and

14 (C) by striking the period at the end and
15 inserting “, and”; and

16 (4) by inserting after subparagraph (X), as re-
17 designated by paragraph (3)(B), the following new
18 subparagraph:

19 “(Y) in the case of a hospital (as defined
20 in section 1861(e)), to meet the requirements of
21 section 1899B.”.

22 (b) REQUIREMENTS.—Title XVIII of the Social Secu-
23 rity Act (42 U.S.C. 1395 et seq.) is amended by adding
24 at the end the following new section:

1 “NURSE STAFFING REQUIREMENTS FOR MEDICARE
 2 PARTICIPATING HOSPITALS

3 “SEC. 1899B. (a) IMPLEMENTATION OF NURSE
 4 STAFFING PLAN.—

5 “(1) IN GENERAL.—Each participating hospital
 6 shall implement a hospital-wide staffing plan for
 7 nursing services furnished in the hospital.

8 “(2) REQUIREMENT FOR DEVELOPMENT OF
 9 STAFFING PLAN BY HOSPITAL NURSE STAFFING
 10 COMMITTEE.—The hospital-wide staffing plan for
 11 nursing services implemented by a hospital pursuant
 12 to paragraph (1)—

13 “(A) shall be developed by the hospital
 14 nurse staffing committee established under sub-
 15 section (b); and

16 “(B) shall require that an appropriate
 17 number of registered nurses provide direct pa-
 18 tient care in each unit and on each shift of the
 19 hospital to ensure staffing levels that—

20 “(i) address the unique characteristics
 21 of the patients and hospital units; and

22 “(ii) result in the delivery of safe,
 23 quality patient care, consistent with the re-
 24 quirements under subsection (c).

25 “(b) HOSPITAL NURSE STAFFING COMMITTEE.—

1 “(1) ESTABLISHMENT.—Each participating
2 hospital shall establish a hospital nurse staffing
3 committee (hereinafter in this section referred to as
4 the ‘Committee’).

5 “(2) COMPOSITION.—A Committee established
6 pursuant to this subsection shall be composed of
7 members as follows:

8 “(A) MINIMUM 55 PERCENT NURSE PAR-
9 TICIPATION.—Not less than 55 percent of the
10 members of the Committee shall be registered
11 nurses who provide direct patient care but who
12 are neither hospital nurse managers nor part of
13 the hospital administration staff.

14 “(B) INCLUSION OF HOSPITAL NURSE
15 MANAGERS.—The Committee shall include
16 members who are hospital nurse managers.

17 “(C) INCLUSION OF NURSES FROM SPE-
18 CIALTY UNITS.—The members of the Com-
19 mittee shall include at least 1 registered nurse
20 who provides direct care from each nurse spe-
21 cialty or unit of the hospital (each such spe-
22 cialty or unit as determined by the hospital).

23 “(D) OTHER HOSPITAL PERSONNEL.—The
24 Committee shall include such other personnel of

1 the hospital as the hospital determines to be ap-
 2 propriate.

3 “(3) DUTIES.—

4 “(A) DEVELOPMENT OF STAFFING
 5 PLAN.—The Committee shall develop a hospital-
 6 wide staffing plan for nursing services furnished
 7 in the hospital consistent with the requirements
 8 under subsection (c).

9 “(B) REVIEW AND MODIFICATION OF
 10 STAFFING PLAN.—The Committee shall—

11 “(i) conduct regular, ongoing moni-
 12 toring of the implementation of the hos-
 13 pital-wide staffing plan for nursing services
 14 furnished in the hospital;

15 “(ii) carry out evaluations of the hos-
 16 pital-wide staffing plan for nursing services
 17 at least annually; and

18 “(iii) make such modifications to the
 19 hospital-wide staffing plan for nursing
 20 services as may be appropriate.

21 “(C) ADDITIONAL DUTIES.—The Com-
 22 mittee shall—

23 “(i) develop policies and procedures
 24 for overtime requirements of registered
 25 nurses providing direct patient care and

1 for appropriate time and manner of relief
 2 of such registered nurses during routine
 3 absences; and

4 “(ii) carry out such additional duties
 5 as the Committee determines to be appro-
 6 priate.

7 “(c) STAFFING PLAN REQUIREMENTS.—

8 “(1) PLAN REQUIREMENTS.—Subject to para-
 9 graph (2), a hospital-wide staffing plan for nursing
 10 services developed and implemented under this sec-
 11 tion shall—

12 “(A) be based upon input from the reg-
 13 istered nurse staff of the hospital who provide
 14 direct patient care or their exclusive representa-
 15 tives, as well as the chief nurse executive;

16 “(B) be based upon the number of patients
 17 and the level and variability of intensity of care
 18 to be provided to those patients, with appro-
 19 priate consideration given to admissions, dis-
 20 charges, and transfers during each shift;

21 “(C) take into account contextual issues
 22 affecting nurse staffing and the delivery of care,
 23 including architecture and geography of the en-
 24 vironment and available technology;

1 “(D) take into account the level of edu-
2 cation, training, and experience of those reg-
3 istered nurses providing direct patient care;

4 “(E) take into account the staffing levels
5 and services provided by other health care per-
6 sonnel associated with nursing care, such as
7 certified nurse assistants, licensed vocational
8 nurses, licensed psychiatric technicians, nursing
9 assistants, aides, and orderlies;

10 “(F) take into account staffing levels rec-
11 ommended by specialty nursing organizations;

12 “(G) establish upwardly adjustable min-
13 imum ratios of direct care registered nurses to
14 patients for each unit and for each shift of the
15 hospital, based upon an assessment by reg-
16 istered nurses of the level and variability of in-
17 tensity of care required by patients under exist-
18 ing conditions;

19 “(H) take into account unit and facility
20 level staffing, quality and patient outcome data,
21 and national comparisons, as available;

22 “(I) ensure that a registered nurse shall
23 not be assigned to work in a particular unit of
24 the hospital without first having established the

1 ability to provide professional care in such unit;
2 and

3 “(J) provide for exemptions from some or
4 all requirements of the hospital-wide staffing
5 plan for nursing services during a declared
6 state of emergency (as defined in subsection
7 (1)(1)) if the hospital is requested or expected
8 to provide an exceptional level of emergency or
9 other medical services.

10 “(2) LIMITATION.—A hospital-wide staffing
11 plan for nursing services developed and implemented
12 under this section—

13 “(A) shall not preempt any registered-
14 nurse staffing levels established under State law
15 or regulation; and

16 “(B) may not utilize any minimum number
17 of registered nurses established under para-
18 graph (1)(G) as an upper limit on the nurse
19 staffing of the hospital to which such minimum
20 number applies.

21 “(d) REPORTING AND RELEASE TO PUBLIC OF CER-
22 TAIN STAFFING INFORMATION.—

23 “(1) REQUIREMENTS FOR HOSPITALS.—Each
24 participating hospital shall—

1 “(A) post daily for each shift, in a clearly
2 visible place, a document that specifies in a uni-
3 form manner (as prescribed by the Secretary)
4 the current number of licensed and unlicensed
5 nursing staff directly responsible for patient
6 care in each unit of the hospital, identifying
7 specifically the number of registered nurses;

8 “(B) upon request, make available to the
9 public—

10 “(i) the nursing staff information de-
11 scribed in subparagraph (A);

12 “(ii) a detailed written description of
13 the hospital-wide staffing plan imple-
14 mented by the hospital pursuant to sub-
15 section (a); and

16 “(iii) not later than 90 days after the
17 date on which an evaluation is carried out
18 by the Committee under subsection
19 (b)(3)(B)(ii), a copy of such evaluation;
20 and

21 “(C) not less frequently than quarterly,
22 submit to the Secretary in a uniform manner
23 (as prescribed by the Secretary) the nursing
24 staff information described in subparagraph (A)
25 through electronic data submission.

1 “(2) SECRETARIAL RESPONSIBILITIES.—The
2 Secretary shall—

3 “(A) make the information submitted pur-
4 suant to paragraph (1)(C) publicly available in
5 a comprehensible format (as described in sub-
6 section (e)(2)(D)(ii)), including by publication
7 on the Hospital Compare Internet Web site of
8 the Department of Health and Human Services;
9 and

10 “(B) provide for the auditing of such infor-
11 mation for accuracy as a part of the process of
12 determining whether the participating hospital
13 is in compliance with the conditions of its
14 agreement with the Secretary under section
15 1866, including under subsection (a)(1)(Y) of
16 such section.

17 “(e) RECORDKEEPING; COLLECTION AND REPORT-
18 ING OF QUALITY DATA; EVALUATION.—

19 “(1) RECORDKEEPING.—Each participating
20 hospital shall maintain for a period of at least 3
21 years (or, if longer, until the conclusion of any pend-
22 ing enforcement activities) such records as the Sec-
23 retary deems necessary to determine whether the
24 hospital has implemented a hospital-wide staffing
25 plan for nursing services pursuant to subsection (a).

1 “(2) COLLECTION AND REPORTING OF QUALITY
2 DATA ON NURSING SERVICES.—

3 “(A) IN GENERAL.—The Secretary shall
4 require the collection, aggregation, maintenance,
5 and reporting of quality data relating to
6 nursing services furnished by each participating
7 hospital.

8 “(B) USE OF ENDORSED MEASURES.—In
9 carrying out this paragraph, the Secretary shall
10 use only quality measures for nursing-sensitive
11 care that are endorsed by the consensus-based
12 entity with a contract under section 1890(a).

13 “(C) USE OF QUALIFIED THIRD-PARTY EN-
14 TITIES FOR COLLECTION AND SUBMISSION OF
15 DATA.—

16 “(i) IN GENERAL.—A participating
17 hospital may enter into agreements with
18 third-party entities that have demonstrated
19 expertise in the collection and submission
20 of quality data on nursing services to col-
21 lect, aggregate, maintain, and report the
22 quality data of the hospital pursuant to
23 subparagraph (A).

24 “(ii) CONSTRUCTION.—Nothing in
25 clause (i) shall be construed to excuse or

1 exempt a participating hospital that has
2 entered into an agreement described in
3 such clause from compliance with require-
4 ments for quality data collection, aggrega-
5 tion, maintenance, and reporting imposed
6 under this paragraph.

7 “(D) REPORTING OF QUALITY DATA.—

8 “(i) PUBLICATION ON HOSPITAL COM-
9 PARE WEB SITE.—Subject to the suc-
10 ceeding provisions of this subparagraph,
11 the Secretary shall make the data sub-
12 mitted pursuant to subparagraph (A) pub-
13 licly available, including by publication on
14 the Hospital Compare Internet Web site of
15 the Department of Health and Human
16 Services.

17 “(ii) COMPREHENSIBLE FORMAT.—
18 Data made available to the public under
19 clause (i) shall be presented in a clearly
20 understandable format that permits con-
21 sumers of hospital services to make mean-
22 ingful comparisons among hospitals, in-
23 cluding concise explanations in plain
24 English of how to interpret the data, of the
25 difference in types of nursing staff, of the

1 relationship between nurse staffing levels
2 and quality of care, and of how nurse
3 staffing may vary based on patient case
4 mix.

5 “(iii) OPPORTUNITY TO CORRECT ER-
6 RORS.—The Secretary shall establish a
7 process under which participating hospitals
8 may review data submitted to the Sec-
9 retary pursuant to subparagraph (A) to
10 correct errors, if any, contained in that
11 data submission before making the data
12 available to the public under clause (i).

13 “(3) EVALUATION OF DATA.—The Secretary
14 shall provide for the analysis of quality data col-
15 lected from participating hospitals under paragraph
16 (2) in order to evaluate the effect of hospital-wide
17 staffing plans for nursing services implemented pur-
18 suant to subsection (a) on—

19 “(A) patient outcomes that are nursing
20 sensitive (such as pressure ulcers, fall occur-
21 rence, falls resulting in injury, length of stay,
22 and central line catheter infections); and

23 “(B) nursing workforce safety and reten-
24 tion (including work-related injury, staff skill
25 mix, nursing care hours per patient day, va-

1 cancy and voluntary turnover rates, overtime
2 rates, use of temporary agency personnel, and
3 nurse satisfaction).

4 “(f) REFUSAL OF ASSIGNMENT.—A nurse may refuse
5 to accept an assignment as a nurse in a participating hos-
6 pital, or in a unit of a participating hospital, if—

7 “(1) the assignment is in violation of the hos-
8 pital-wide staffing plan for nursing services imple-
9 mented pursuant to subsection (a); or

10 “(2) the nurse is not prepared by education,
11 training, or experience to fulfill the assignment with-
12 out compromising the safety of any patient or jeop-
13 ardizing the license of the nurse.

14 “(g) ENFORCEMENT.—

15 “(1) RESPONSIBILITY.—The Secretary shall en-
16 force the requirements and prohibitions of this sec-
17 tion in accordance with the succeeding provisions of
18 this subsection.

19 “(2) PROCEDURES FOR RECEIVING AND INVES-
20 TIGATING COMPLAINTS.—The Secretary shall estab-
21 lish procedures under which—

22 “(A) any person may file a complaint that
23 a participating hospital has violated a require-
24 ment of or a prohibition under this section; and

1 “(B) such complaints are investigated by
2 the Secretary.

3 “(3) REMEDIES.—Except as provided in para-
4 graph (5), if the Secretary determines that a partici-
5 pating hospital has violated a requirement of this
6 section, the Secretary—

7 “(A) shall require the hospital to establish
8 a corrective action plan to prevent the recur-
9 rence of such violation; and

10 “(B) may impose civil money penalties
11 under paragraph (4).

12 “(4) CIVIL MONEY PENALTIES.—

13 “(A) IN GENERAL.—In addition to any
14 other penalties prescribed by law, the Secretary
15 may impose a civil money penalty of not more
16 than \$10,000 for each knowing violation of a
17 requirement of this section, except that the Sec-
18 retary shall impose a civil money penalty of
19 more than \$10,000 for each such violation in
20 the case of a participating hospital that the
21 Secretary determines has a pattern or practice
22 of such violations (with the amount of such ad-
23 ditional penalties being determined in accord-
24 ance with a schedule or methodology specified
25 in regulations).

1 “(B) PROCEDURES.—The provisions of
2 section 1128A (other than subsections (a) and
3 (b)) shall apply to a civil money penalty under
4 this paragraph in the same manner as such
5 provisions apply to a penalty or proceeding
6 under section 1128A.

7 “(C) PUBLIC NOTICE OF VIOLATIONS.—

8 “(i) INTERNET WEB SITE.—The Sec-
9 retary shall publish on an appropriate
10 Internet Web site of the Department of
11 Health and Human Services the names of
12 participating hospitals on which civil
13 money penalties have been imposed under
14 this section, the violation for which the
15 penalty was imposed, and such additional
16 information as the Secretary determines
17 appropriate.

18 “(ii) CHANGE OF OWNERSHIP.—With
19 respect to a participating hospital that had
20 a change in ownership, as determined by
21 the Secretary, penalties imposed on the
22 hospital while under previous ownership
23 shall no longer be published by the Sec-
24 retary of such Internet Web site after the

1 1-year period beginning on the date of the
2 change in ownership.

3 “(5) PENALTY FOR FAILURE TO COLLECT AND
4 REPORT QUALITY DATA ON NURSING SERVICES.—

5 “(A) IN GENERAL.—In the case of a par-
6 ticipating hospital that fails to comply with re-
7 quirements under subsection (e)(2) to collect,
8 aggregate, maintain, and report quality data re-
9 lating to nursing services furnished by the hos-
10 pital, instead of the remedies described in para-
11 graph (3), the provisions of subparagraph (B)
12 shall apply with respect to each such failure of
13 the participating hospital.

14 “(B) PENALTY.—In the case of a failure
15 by a participating hospital to comply with the
16 requirements under subsection (e)(2) for a year,
17 each such failure shall be deemed to be a failure
18 to submit data required under section
19 1833(t)(17)(A), section 1886(b)(3)(B)(viii),
20 section 1886(j)(7)(A), or section
21 1886(m)(5)(A), as the case may be, with re-
22 spect to the participating hospital involved for
23 that year.

24 “(h) WHISTLEBLOWER PROTECTIONS.—

1 “(1) PROHIBITION OF DISCRIMINATION AND
2 RETALIATION.—A participating hospital shall not
3 discriminate or retaliate in any manner against any
4 patient or employee of the hospital because that pa-
5 tient or employee, or any other person, has pre-
6 sented a grievance or complaint, or has initiated or
7 cooperated in any investigation or proceeding of any
8 kind, relating to—

9 “(A) the hospital-wide staffing plan for
10 nursing services developed and implemented
11 under this section; or

12 “(B) any right, other requirement or pro-
13 hibition under this section, including a refusal
14 to accept an assignment described in subsection
15 (f).

16 “(2) RELIEF FOR PREVAILING EMPLOYEES.—
17 An employee of a participating hospital who has
18 been discriminated or retaliated against in employ-
19 ment in violation of this subsection may initiate judi-
20 cial action in a United States district court and shall
21 be entitled to reinstatement, reimbursement for lost
22 wages, and work benefits caused by the unlawful
23 acts of the employing hospital. Prevailing employees
24 are entitled to reasonable attorney’s fees and costs
25 associated with pursuing the case.

1 “(3) RELIEF FOR PREVAILING PATIENTS.—A
 2 patient who has been discriminated or retaliated
 3 against in violation of this subsection may initiate
 4 judicial action in a United States district court. A
 5 prevailing patient shall be entitled to liquidated
 6 damages of \$5,000 for a violation of this statute in
 7 addition to any other damages under other applica-
 8 ble statutes, regulations, or common law. Prevailing
 9 patients are entitled to reasonable attorney’s fees
 10 and costs associated with pursuing the case.

11 “(4) LIMITATION ON ACTIONS.—No action may
 12 be brought under paragraph (2) or (3) more than 2
 13 years after the discrimination or retaliation with re-
 14 spect to which the action is brought.

15 “(5) TREATMENT OF ADVERSE EMPLOYMENT
 16 ACTIONS.—For purposes of this subsection—

17 “(A) an adverse employment action shall
 18 be treated as discrimination or retaliation; and

19 “(B) the term ‘adverse employment action’
 20 includes—

21 “(i) the failure to promote an indi-
 22 vidual or provide any other employment-re-
 23 lated benefit for which the individual would
 24 otherwise be eligible;

1 “(ii) an adverse evaluation or decision
 2 made in relation to accreditation, certifi-
 3 cation, credentialing, or licensing of the in-
 4 dividual; and

5 “(iii) a personnel action that is ad-
 6 verse to the individual concerned.

7 “(i) RELATIONSHIP TO STATE LAWS.—Nothing in
 8 this section shall be construed as exempting or relieving
 9 any person from any liability, duty, penalty, or punish-
 10 ment provided by the law of any State or political subdivi-
 11 sion of a State, other than any such law which purports
 12 to require or permit any action prohibited under this title.

13 “(j) RELATIONSHIP TO CONDUCT PROHIBITED
 14 UNDER THE NATIONAL LABOR RELATIONS ACT OR
 15 OTHER COLLECTIVE BARGAINING LAWS.—Nothing in
 16 this section shall be construed as—

17 “(1) permitting conduct prohibited under the
 18 National Labor Relations Act or under any other
 19 Federal, State, or local collective bargaining law; or

20 “(2) preempting, limiting, or modifying a collec-
 21 tive bargaining agreement entered into by a partici-
 22 pating hospital.

23 “(k) REGULATIONS.—

1 “(1) IN GENERAL.—The Secretary shall pro-
2 mulgate such regulations as are appropriate and
3 necessary to implement this section.

4 “(2) IMPLEMENTATION.—

5 “(A) IN GENERAL.—Except as provided in
6 subparagraph (B), as soon as practicable but
7 not later than 2 years after the date of the en-
8 actment of this section, a participating hospital
9 shall have implemented a hospital-wide staffing
10 plan for nursing services under this section.

11 “(B) SPECIAL RULE FOR RURAL HOS-
12 PITALS.—In the case of a participating hospital
13 located in a rural area (as defined in section
14 1886(d)(2)(D)), such participating hospital
15 shall have implemented a hospital-wide staffing
16 plan for nursing services under this section as
17 soon as practicable but not later than 4 years
18 after the date of the enactment of this section.

19 “(l) DEFINITIONS.—In this section:

20 “(1) DECLARED STATE OF EMERGENCY.—The
21 term ‘declared state of emergency’ means an offi-
22 cially designated state of emergency that has been
23 declared by the Federal Government or the head of
24 the appropriate State or local governmental agency
25 having authority to declare that the State, county,

1 municipality, or locality is in a state of emergency,
2 but does not include a state of emergency that re-
3 sults from a labor dispute in the health care indus-
4 try or consistent understaffing.

5 “(2) PARTICIPATING HOSPITAL.—The term
6 ‘participating hospital’ means a hospital (as defined
7 in section 1861(e)) that has entered into a provider
8 agreement under section 1866.

9 “(3) PERSON.—The term ‘person’ means one or
10 more individuals, associations, corporations, unincor-
11 porated organizations, or labor unions.

12 “(4) REGISTERED NURSE.—The term ‘reg-
13 istered nurse’ means an individual who has been
14 granted a license to practice as a registered nurse in
15 at least 1 State.

16 “(5) SHIFT.—The term ‘shift’ means a sched-
17 uled set of hours or duty period to be worked at a
18 participating hospital.

19 “(6) UNIT.—The term ‘unit’ means, with re-
20 spect to a hospital, an organizational department or
21 separate geographic area of a hospital, including a
22 burn unit, a labor and delivery room, a post-anes-
23 thesia service area, an emergency department, an
24 operating room, a pediatric unit, a stepdown or in-
25 termediate care unit, a specialty care unit, a telem-

- 1 etry unit, a general medical care unit, a subacute
- 2 care unit, and a transitional inpatient care unit.”.

