

114TH CONGRESS
1ST SESSION

H. R. 2083

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 HOUSE OF REPRESENTATIVES

APRIL 29, 2015

Mrs. CAPPS (for herself, Mr. JOYCE, Mr. BLUMENAUER, Mr. DANNY K. DAVIS of Illinois, Mr. DEFazio, Mr. LANGEVIN, Mr. PAYNE, Mr. PETERS, Mr. SCHRADER, Ms. SLAUGHTER, and Mrs. TORRES) 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 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 2015”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

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

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

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

23 (4) A strategy that ensures optimal nurse staff-
24 ing and skill mix greatly influences patient satisfac-
25 tion and results in greater overall savings to hos-
26 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) Increasing the number of registered nurses
15 can protect patients and yield a cost savings of near-
16 ly \$3 billion, resulting from more than 4 million
17 avoided extra stay days for adverse patient events,
18 such as infection and bleeding occurring in the hos-
19 pital, and by reducing costly hospital readmissions.
20 Adding registered nurses to unit staffing has been
21 shown to eliminate nearly one-fifth of all hospital
22 deaths, and to reduce the relative risk of adverse pa-
23 tient events. Higher nurse staffing also generates
24 cost savings to payors and eliminates a significant
25 financial burden to the United States healthcare sys-

1 tem. This is demonstrated in the estimation in 2011
2 by the Centers for Disease Control and Prevention
3 that there were 648,000 patients with 721,800 hos-
4 pital acquired infections in United States acute care
5 hospitals, costing hospitals an estimated \$28.4 bil-
6 lion to \$45 billion.

7 (8) A 2012 study of Pennsylvania hospitals
8 shows that by reducing nurse burnout, which is at-
9 tributed in part to poor nurse staffing, those hos-
10 pitals could prevent an estimated 4,160 infections
11 with an associated savings of \$41,000,000. That
12 study also found that for each additional patient as-
13 signed to a registered nurse for care, there is an in-
14 cidence of roughly one additional catheter-acquired
15 urinary tract infection per 1,000 patients or 1,351
16 infections per year, costing those hospitals as much
17 as \$1,100,000 annually.

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

23 (10) High readmission rates within a hospital
24 system can be perceived as an overall indicator of
25 poor quality care. In 2013, 17.5 percent of Medicare

1 beneficiaries were readmitted to a hospital within 30
2 days following discharge. These readmissions cost
3 Medicare an estimated \$26 billion per year. Optimal
4 nurse staffing plays an important role in improving
5 quality care by ensuring nurses have adequate time
6 and resources to prepare each patient for discharge.

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

14 **SEC. 3. ESTABLISHMENT OF SAFE NURSE STAFFING LEV-**
15 **ELS BY MEDICARE PARTICIPATING HOS-**
16 **PITALS.**

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

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

22 (2) in subparagraph (W), as added by section
23 3005 of the Patient Protection and Affordable Care
24 Act (Public Law 111–148)—

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

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

4 (3) in subparagraph (W), as added by section
 5 6406(b) of the Patient Protection and Affordable
 6 Care Act (Public Law 111–148)—

7 (A) by moving such subparagraph 2 ems to
 8 the left;

9 (B) by redesignating such subparagraph as
 10 subparagraph (X); and

11 (C) by striking the period at the end and
 12 inserting “, and”; and

13 (4) by inserting after subparagraph (X), as re-
 14 designated by paragraph (3)(B), the following new
 15 subparagraph:

16 “(Y) in the case of a hospital (as defined
 17 in section 1861(e)), to meet the requirements of
 18 section 1899B.”.

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

22 “NURSE STAFFING REQUIREMENTS FOR MEDICARE

23 PARTICIPATING HOSPITALS

24 “SEC. 1899B. (a) IMPLEMENTATION OF NURSE
 25 STAFFING PLAN.—

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

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

9 “(A) shall be developed by the hospital
10 nurse staffing committee established under sub-
11 section (b); and

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

16 “(i) address the unique characteristics
17 of the patients and hospital units; and

18 “(ii) result in the delivery of safe,
19 quality patient care, consistent with the re-
20 quirements under subsection (c).

21 “(b) HOSPITAL NURSE STAFFING COMMITTEE.—

22 “(1) ESTABLISHMENT.—Each participating
23 hospital shall establish a hospital nurse staffing
24 committee (in this section referred to as the ‘Com-
25 mittee’).

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

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

10 “(B) INCLUSION OF HOSPITAL NURSE
11 MANAGERS.—The Committee shall include
12 members who are hospital nurse managers.

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

19 “(D) OTHER HOSPITAL PERSONNEL.—The
20 Committee shall include such other personnel of
21 the hospital as the hospital determines to be ap-
22 propriate.

23 “(3) DUTIES.—

24 “(A) DEVELOPMENT OF STAFFING
25 PLAN.—The Committee shall develop a hospital-

1 wide staffing plan for nursing services furnished
2 in the hospital consistent with the requirements
3 under subsection (c).

4 “(B) REVIEW AND MODIFICATION OF
5 STAFFING PLAN.—The Committee shall—

6 “(i) conduct regular, ongoing moni-
7 toring of the implementation of the hos-
8 pital-wide staffing plan for nursing services
9 furnished in the hospital;

10 “(ii) carry out evaluations of the hos-
11 pital-wide staffing plan for nursing services
12 at least annually; and

13 “(iii) make such modifications to the
14 hospital-wide staffing plan for nursing
15 services as may be appropriate.

16 “(C) ADDITIONAL DUTIES.—The Com-
17 mittee shall—

18 “(i) develop policies and procedures
19 for overtime requirements of registered
20 nurses providing direct patient care and
21 for appropriate time and manner of relief
22 of such registered nurses during routine
23 absences; and

1 “(ii) carry out such additional duties
2 as the Committee determines to be appro-
3 priate.

4 “(c) STAFFING PLAN REQUIREMENTS.—

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

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

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

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

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

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

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

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

16 “(H) take into account unit and facility
17 level staffing, quality and patient outcome data,
18 and national comparisons, as available;

19 “(I) ensure that a registered nurse shall
20 not be assigned to work in a particular unit of
21 the hospital without first having established the
22 ability to provide professional care in such unit;
23 and

24 “(J) provide for exemptions from some or
25 all requirements of the hospital-wide staffing

1 plan for nursing services during a declared
2 state of emergency (as defined in subsection
3 (l)(1)) if the hospital is requested or expected
4 to provide an exceptional level of emergency or
5 other medical services.

6 “(2) LIMITATION.—A hospital-wide staffing
7 plan for nursing services developed and implemented
8 under this section—

9 “(A) shall not preempt any registered-
10 nurse staffing levels established under State law
11 or regulation; and

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

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

19 “(1) REQUIREMENTS FOR HOSPITALS.—Each
20 participating hospital shall—

21 “(A) post daily for each shift, in a clearly
22 visible place, a document that specifies in a uni-
23 form manner (as prescribed by the Secretary)
24 the current number of licensed and unlicensed
25 nursing staff directly responsible for patient

1 care in each unit of the hospital, identifying
2 specifically the number of registered nurses;

3 “(B) upon request, make available to the
4 public—

5 “(i) the nursing staff information de-
6 scribed in subparagraph (A);

7 “(ii) a detailed written description of
8 the hospital-wide staffing plan imple-
9 mented by the hospital pursuant to sub-
10 section (a); and

11 “(iii) not later than 90 days after the
12 date on which an evaluation is carried out
13 by the Committee under subsection
14 (b)(3)(B)(ii), a copy of such evaluation;
15 and

16 “(C) not less frequently than quarterly,
17 submit to the Secretary in a uniform manner
18 (as prescribed by the Secretary) the nursing
19 staff information described in subparagraph (A)
20 through electronic data submission.

21 “(2) SECRETARIAL RESPONSIBILITIES.—The
22 Secretary shall—

23 “(A) make the information submitted pur-
24 suant to paragraph (1)(C) publicly available in
25 a comprehensible format (as described in sub-

1 section (e)(2)(D)(ii)), including by publication
2 on the Hospital Compare Internet Web site of
3 the Department of Health and Human Services;
4 and

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

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

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

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

23 “(A) IN GENERAL.—The Secretary shall
24 require the collection, aggregation, mainte-
25 nance, and reporting of quality data relating to

1 nursing services furnished by each participating
2 hospital.

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

8 “(C) USE OF QUALIFIED THIRD-PARTY EN-
9 TITIES FOR COLLECTION AND SUBMISSION OF
10 DATA.—

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

19 “(ii) CONSTRUCTION.—Nothing in
20 clause (i) shall be construed to excuse or
21 exempt a participating hospital that has
22 entered into an agreement described in
23 such clause from compliance with require-
24 ments for quality data collection, aggrega-

tion, maintenance, and reporting imposed under this paragraph.

“(D) REPORTING OF QUALITY DATA.—

“(i) PUBLICATION ON HOSPITAL COMPARE WEB SITE.—Subject to the succeeding provisions of this subparagraph, the Secretary shall make the data submitted pursuant to subparagraph (A) publicly available, including by publication on the Hospital Compare Internet Web site of the Department of Health and Human Services.

“(ii) COMPREHENSIBLE FORMAT.—Data made available to the public under clause (i) shall be presented in a clearly understandable format that permits consumers of hospital services to make meaningful comparisons among hospitals, including concise explanations in plain English of how to interpret the data, of the difference in types of nursing staff, of the relationship between nurse staffing levels and quality of care, and of how nurse staffing may vary based on patient case mix.

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

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

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

19 “(B) nursing workforce safety and reten-
20 tion (including work-related injury, staff skill
21 mix, nursing care hours per patient day, va-
22 cancy and voluntary turnover rates, overtime
23 rates, use of temporary agency personnel, and
24 nurse satisfaction).

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

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

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

11 “(g) ENFORCEMENT.—

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

16 “(2) PROCEDURES FOR RECEIVING AND INVES-
17 TIGATING COMPLAINTS.—The Secretary shall estab-
18 lish procedures under which—

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

22 “(B) such complaints are investigated by
23 the Secretary.

24 “(3) REMEDIES.—Except as provided in para-
25 graph (5), if the Secretary determines that a partici-

1 pating hospital has violated a requirement of this
2 section, the Secretary—

3 “(A) shall require the hospital to establish
4 a corrective action plan to prevent the recur-
5 rence of such violation; and

6 “(B) may impose civil money penalties
7 under paragraph (4).

8 “(4) CIVIL MONEY PENALTIES.—

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

22 “(B) PROCEDURES.—The provisions of
23 section 1128A (other than subsections (a) and
24 (b)) shall apply to a civil money penalty under
25 this paragraph in the same manner as such

1 provisions apply to a penalty or proceeding
2 under section 1128A.

3 “(C) PUBLIC NOTICE OF VIOLATIONS.—

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

14 “(ii) CHANGE OF OWNERSHIP.—With
15 respect to a participating hospital that had
16 a change in ownership, as determined by
17 the Secretary, penalties imposed on the
18 hospital while under previous ownership
19 shall no longer be published by the Sec-
20 retary of such Internet Web site after the
21 1-year period beginning on the date of the
22 change in ownership.

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

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

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

20 “(h) WHISTLEBLOWER PROTECTIONS.—

21 “(1) PROHIBITION OF DISCRIMINATION AND
22 RETALIATION.—A participating hospital shall not
23 discriminate or retaliate in any manner against any
24 patient or employee of the hospital because that pa-
25 tient or employee, or any other person, has pre-

1 sented a grievance or complaint, or has initiated or
2 cooperated in any investigation or proceeding of any
3 kind, relating to—

4 “(A) the hospital-wide staffing plan for
5 nursing services developed and implemented
6 under this section; or

7 “(B) any right, other requirement or pro-
8 hibition under this section, including a refusal
9 to accept an assignment described in subsection
10 (f).

11 “(2) RELIEF FOR PREVAILING EMPLOYEES.—

12 An employee of a participating hospital who has
13 been discriminated or retaliated against in employ-
14 ment in violation of this subsection may initiate judi-
15 cial action in a United States district court and shall
16 be entitled to reinstatement, reimbursement for lost
17 wages, and work benefits caused by the unlawful
18 acts of the employing hospital. Prevailing employees
19 are entitled to reasonable attorney’s fees and costs
20 associated with pursuing the case.

21 “(3) RELIEF FOR PREVAILING PATIENTS.—A

22 patient who has been discriminated or retaliated
23 against in violation of this subsection may initiate
24 judicial action in a United States district court. A
25 prevailing patient shall be entitled to liquidated

1 damages of \$5,000 for a violation of this statute in
2 addition to any other damages under other applica-
3 ble statutes, regulations, or common law. Prevailing
4 patients are entitled to reasonable attorney’s fees
5 and costs associated with pursuing the case.

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

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

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

14 “(B) the term ‘adverse employment action’
15 includes—

16 “(i) the failure to promote an indi-
17 vidual or provide any other employment-re-
18 lated benefit for which the individual would
19 otherwise be eligible;

20 “(ii) an adverse evaluation or decision
21 made in relation to accreditation, certifi-
22 cation, credentialing, or licensing of the in-
23 dividual; and

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

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

7 “(j) RELATIONSHIP TO CONDUCT PROHIBITED
8 UNDER THE NATIONAL LABOR RELATIONS ACT OR
9 OTHER COLLECTIVE BARGAINING LAWS.—Nothing in
10 this section shall be construed as—

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

14 “(2) preempting, limiting, or modifying a collec-
15 tive bargaining agreement entered into by a partici-
16 pating hospital.

17 “(k) REGULATIONS.—

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

21 “(2) IMPLEMENTATION.—

22 “(A) IN GENERAL.—Except as provided in
23 subparagraph (B), as soon as practicable but
24 not later than 2 years after the date of the en-
25 actment of this section, a participating hospital

1 shall have implemented a hospital-wide staffing
2 plan for nursing services under this section.

3 “(B) SPECIAL RULE FOR RURAL HOS-
4 PITALS.—In the case of a participating hospital
5 located in a rural area (as defined in section
6 1886(d)(2)(D)), such participating hospital
7 shall have implemented a hospital-wide staffing
8 plan for nursing services under this section as
9 soon as practicable but not later than 4 years
10 after the date of the enactment of this section.

11 “(l) DEFINITIONS.—In this section:

12 “(1) DECLARED STATE OF EMERGENCY.—The
13 term ‘declared state of emergency’ means an offi-
14 cially designated state of emergency that has been
15 declared by the Federal Government or the head of
16 the appropriate State or local governmental agency
17 having authority to declare that the State, county,
18 municipality, or locality is in a state of emergency,
19 but does not include a state of emergency that re-
20 sults from a labor dispute in the health care indus-
21 try or consistent understaffing.

22 “(2) PARTICIPATING HOSPITAL.—The term
23 ‘participating hospital’ means a hospital (as defined
24 in section 1861(e)) that has entered into a provider
25 agreement under section 1866.

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

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

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

11 “(6) UNIT.—The term ‘unit’ means, with re-
12 spect to a hospital, an organizational department or
13 separate geographic area of a hospital, including a
14 burn unit, a labor and delivery room, a post-anes-
15 thesia service area, an emergency department, an
16 operating room, a pediatric unit, a stepdown or in-
17 termediate care unit, a specialty care unit, a telem-
18 etry unit, a general medical care unit, a subacute
19 care unit, and a transitional inpatient care unit.”.

○