

115TH CONGRESS
2D SESSION

H. R. 5052

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

FEBRUARY 15, 2018

Mr. JOYCE of Ohio (for himself, Ms. DELBENE, Ms. GABBARD, and Ms. BONAMICI) 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 “Safe Staffing for
5 Nurse and Patient Safety Act of 2018”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) The overwhelming weight of academic re-
4 search continues to demonstrate that patient safety,
5 prevention of medication errors, failure to rescue sit-
6 uations, patient deterioration, patient death, and
7 nurse burnout are all proportionate to the number of
8 nurses staffed in a hospital. Therefore, higher staff-
9 ing levels by experienced registered nurses are asso-
10 ciated with lower rates of negative patient outcomes
11 and costs.

12 (2) Proper nurse staffing decreases the rate of
13 patients' hospital readmissions. Medicare does not
14 pay hospitals for patients who are readmitted for the
15 same condition within 30 days. In 2013, 17.5 per-
16 cent of Medicare beneficiaries were readmitted to a
17 hospital within 30 days following discharge. These
18 readmissions cost Medicare an estimated
19 \$26,000,000,000 per year. The research indicates,
20 however, that proper nurse staffing reduces such re-
21 admissions and pays for itself over the long term.

22 (3) The 2015 National Healthcare Retention
23 and RN Staffing Report revealed that nurse turn-
24 over costs the average U.S. hospital nearly
25 \$5,000,000 every year. Appropriate nurse staffing

1 reduces nurse burnout and turnover, saving hos-
2 pitals money.

3 (4) Proper nurse staffing helps prevent medica-
4 tion errors and nurse burnout through decreasing
5 healthcare worker fatigue. Healthcare worker fatigue
6 is a major patient safety hazard. The academic lit-
7 erature indicates that appropriate staffing policies
8 and practices are an effective strategy to reducing
9 such fatigue and protecting patients.

10 (5) Research shows that optimal nurse staffing
11 and skill mix improves patient satisfaction, and re-
12 sults in savings to hospitals through reductions in
13 negative, adverse patient events. Improved patient
14 satisfaction due to appropriate nurse staffing is re-
15 flected in hospitals' patient satisfaction survey re-
16 sults, which are publicly reported, and are a key
17 measure for value-based payment programs.

18 (6) Research indicates that patients who receive
19 care during periods of sub-optimal nurse staffing ex-
20 perience increased rates of medication errors, in-
21 creased rates of death, increased rates of failure-to-
22 rescue, and worse outcomes.

23 (7) As a payor for inpatient and outpatient hos-
24 pital services furnished to Medicare beneficiaries, the
25 Federal Government has a compelling interest in

1 promoting the safety of hospitalized patients by re-
 2 quiring any hospital participating in the Medicare
 3 program to establish appropriate registered nurse
 4 staffing levels.

5 **SEC. 3. ESTABLISHMENT OF SAFE NURSE STAFFING LEV-**
 6 **ELS BY MEDICARE PARTICIPATING HOS-**
 7 **PITALS.**

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

11 (1) by striking “and” at the end of subpara-
 12 graph (X);

13 (2) by striking the period at the end of sub-
 14 paragraph (Y) and inserting “, and”; and

15 (3) by inserting after subparagraph (Y) the fol-
 16 lowing new subparagraph:

17 “(Z) in the case of a hospital (as defined in sec-
 18 tion 1861(e)), to meet the requirements of section
 19 1899C.”.

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

23 “NURSE STAFFING REQUIREMENTS FOR MEDICARE
 24 PARTICIPATING HOSPITALS

25 “SEC. 1899C. (a) IMPLEMENTATION OF NURSE
 26 STAFFING PLAN.—

1 “(1) IN GENERAL.—Subject to paragraph (3),
2 each participating hospital shall implement a hos-
3 pital-wide staffing plan for nursing services fur-
4 nished in the hospital.

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

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

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

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

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

22 “(b) HOSPITAL NURSE STAFFING COMMITTEE.—

23 “(1) ESTABLISHMENT.—Each participating
24 hospital shall establish a hospital nurse staffing

1 committee (in this section referred to as the ‘Com-
2 mittee’).

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

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

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

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

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

25 “(3) DUTIES.—

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

6 “(B) REVIEW AND MODIFICATION OF
7 STAFFING PLAN.—The Committee shall—

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

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

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

18 “(C) ADDITIONAL DUTIES.—The Com-
19 mittee shall—

20 “(i) develop policies and procedures
21 for overtime requirements of registered
22 nurses providing direct patient care and
23 for appropriate time and manner of relief
24 of such registered nurses during routine
25 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 one 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.”.

○