



General Assembly

January Session, 2023

***Raised Bill No. 1067***

LCO No. 4107



Referred to Committee on PUBLIC HEALTH

Introduced by:  
(PH)

***AN ACT CONCERNING ADEQUATE AND SAFE HEALTH CARE STAFFING.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-89e of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2023*):

3 (a) For purposes of this section:

4 (1) "Department" means the Department of Public Health; [and]

5 (2) "Hospital" means an establishment for the lodging, care and  
6 treatment of persons suffering from disease or other abnormal physical  
7 or mental conditions and includes inpatient psychiatric services in  
8 general hospitals;

9 (3) "Assistive personnel" means personnel who are not licensed by  
10 the Department of Public Health, but who work under the direct  
11 supervision of a registered nurse to implement specifically delegated  
12 patient care activities; and

13 (4) "Professional judgment" means the application of knowledge,

14 expertise and experience, in accordance with the provisions of the  
15 general statutes and regulations of Connecticut state agencies  
16 concerning the practice of nursing, in conducting a comprehensive  
17 nursing assessment of each patient and making independent decisions  
18 about patient care, including, but not limited to, the need for additional  
19 staff providing patient care.

20 (b) Each hospital licensed by the department pursuant to chapter  
21 368v shall report, annually, to the department on a prospective nurse  
22 staffing plan with a written certification that the nurse staffing plan is  
23 sufficient to provide adequate and appropriate delivery of health care  
24 services to patients in the ensuing period of licensure. Such plan shall  
25 promote a collaborative practice in the hospital that enhances patient  
26 care and the level of services provided by nurses and other members of  
27 the hospital's patient care team. Nurse staffing plans developed and  
28 implemented on or after January 1, 2028, shall require the following  
29 ratios of (1) patients to registered nurses providing direct patient care  
30 per corresponding patient care unit: (A) Four to one for the emergency  
31 department; (B) two to one for patients requiring intensive care in the  
32 emergency department; (C) one to one for trauma patients in the  
33 emergency department; (D) two to one for the intensive care unit; (E)  
34 three to one for the progressive care unit; (F) four to one for the  
35 telemetry unit; (G) five to one for the medical-surgical unit; (H) four to  
36 one for the pediatric unit; (I) one to one for the operating room; (J) two  
37 to one in the post-anesthesia recovery unit; (K) five to one for the  
38 oncology unit; (L) five to one for the orthopedics unit; (M) six to one for  
39 the psychiatry unit; (N) two to one in the labor and delivery unit; (O)  
40 four to one in the postpartum unit; (P) four to one in the nursery unit;  
41 and (Q) two to one in the neonatal intensive care unit; and (2) patients  
42 to assistive personnel providing patient care per corresponding patient  
43 care unit: (A) Eight to one in the emergency department; (B) eight to one  
44 in the intensive care unit; (C) six to one in the progressive care unit; (D)  
45 eight to one in the telemetry unit; (E) eight to one in the medical-surgical  
46 unit; (F) eight to one in the pediatric unit; (G) eight to one in the  
47 oncology unit; (H) six to one in the orthopedics unit; (I) eight to one in

48 the psychiatric unit; and (I) twelve to one in the obstetrics unit.

49 (c) Each hospital shall establish a hospital staffing committee to assist  
50 in the preparation of the nurse staffing plan required pursuant to  
51 subsection (b) of this section. Registered nurses employed by the  
52 hospital whose primary responsibility is to provide direct patient care  
53 shall account for not less than fifty per cent of the membership of each  
54 hospital's staffing committee. In order to comply with the requirement  
55 that a hospital establish a hospital staffing committee, a hospital may  
56 utilize an existing committee or committees to assist in the preparation  
57 of the nurse staffing plan, provided not less than fifty per cent of the  
58 members of such existing committee or committees are registered  
59 nurses employed by the hospital whose primary responsibility is to  
60 provide direct patient care. When registered nurses employed by the  
61 hospital are members of a collective bargaining unit, a representative of  
62 the collective bargaining unit shall select the registered nurses who shall  
63 be members of the hospital staffing committee, provided such selection  
64 shall not be construed to permit conduct prohibited under the National  
65 Labor Relations Act, 29 USC 151 et seq., as amended from time to time,  
66 or 5 USC Chapter 71, as amended from time to time. Each hospital, in  
67 collaboration with its staffing committee, shall develop and implement  
68 to the best of its ability the prospective nurse staffing plan. Such plan  
69 shall: (1) Include the minimum professional skill mix for each patient  
70 care unit in the hospital, including, but not limited to, inpatient services,  
71 critical care and the emergency department; (2) identify the hospital's  
72 employment practices concerning the use of temporary and traveling  
73 nurses; (3) set forth the level of administrative staffing in each patient  
74 care unit of the hospital that ensures direct care staff are not utilized for  
75 administrative functions; (4) set forth the hospital's process for internal  
76 review of the nurse staffing plan; and (5) include the hospital's  
77 mechanism of obtaining input from direct care staff, including nurses  
78 and other members of the hospital's patient care team, in the  
79 development of the nurse staffing plan. In addition to the information  
80 described in subdivisions (1) to (5), inclusive, of this subsection, nurse  
81 staffing plans developed and implemented after January 1, 2016, shall

82 include: (A) The number of registered nurses providing direct patient  
83 care and the ratio of patients to such registered nurses by patient care  
84 unit; (B) the number of licensed practical nurses providing direct patient  
85 care and the ratio of patients to such licensed practical nurses, by patient  
86 care unit; (C) the number of assistive personnel providing direct patient  
87 care and the ratio of patients to such assistive personnel, by patient care  
88 unit; (D) the method used by the hospital to determine and adjust direct  
89 patient care staffing levels; and (E) a description of supporting  
90 personnel assisting on each patient care unit. In addition to the  
91 information described in subdivisions (1) to (5), inclusive, of this  
92 subsection and subparagraphs (A) to (E), inclusive, of this subdivision,  
93 nurse staffing plans developed and implemented after January 1, 2017,  
94 shall include: (i) A description of any differences between the staffing  
95 levels described in the staffing plan and actual staffing levels for each  
96 patient care unit; and (ii) any actions the hospital intends to take to  
97 address such differences or adjust staffing levels in future staffing plans.

98 (d) Each hospital shall post the nurse staffing plan developed  
99 pursuant to subsections (b) and (c) of this section on each patient care  
100 unit in a conspicuous location visible and accessible to staff, patients and  
101 members of the public. Each hospital shall maintain accurate records,  
102 for at least the preceding three years, of the ratios of patients to  
103 registered nurses providing direct patient care and patients to assistive  
104 personnel providing patient care in each direct care unit for each shift.  
105 Such records shall include the number of (1) patients in each unit on  
106 each shift; (2) registered nurses providing direct patient care assigned to  
107 each patient in each unit on each shift; and (3) assistive personnel  
108 providing patient care assigned to each patient in each unit on each shift.  
109 Each hospital shall make such records available, upon request, to the  
110 Department of Public Health, the staff of the hospital, any collective  
111 bargaining unit representing such staff, the patients of the hospital and  
112 members of the general public.

113 (e) A registered nurse may object to or refuse to participate in any  
114 activity, policy, practice or task assigned by a hospital, provided the  
115 registered nurse acts in good faith and, in the registered nurse's

116 professional judgment, the registered nurse (1) reasonably believes  
117 participation in the activity, policy, practice or task would violate a  
118 provision of this section, or (2) is not prepared by education, training or  
119 experience to participate in the activity, policy, practice or task without  
120 compromising the safety of a patient or jeopardizing the registered  
121 nurse's license. No hospital shall discharge, retaliate against,  
122 discriminate against or take any other adverse action against a  
123 registered nurse or any aspect of the registered nurse's employment,  
124 including, but not limited to, discharge, promotion, reduction in  
125 compensation or revisions to terms, conditions or privileges of  
126 employment, as a result of such objection or refusal by the registered  
127 nurse. No hospital shall file a complaint or report against a registered  
128 nurse with the Department of Public Health as a result of such objection  
129 or refusal. Any registered nurse or collective bargaining representative  
130 or legal representative of a registered nurse who has been discharged,  
131 discriminated against or retaliated against in violation of the provisions  
132 of this subsection, or against whom a complaint or report has been filed  
133 in violation of such provisions, may bring a cause of action against the  
134 hospital. A registered nurse who prevails in such cause of action shall  
135 be entitled to one or more of the following: (A) Reinstatement of  
136 employment, (B) reimbursement of lost wages, compensation and  
137 benefits, (C) attorneys' fees, (D) court costs, and (E) any other relevant  
138 damages.

139 [(d)] (f) On or before January 1, 2016, and annually thereafter, the  
140 Commissioner of Public Health shall report, in accordance with the  
141 provisions of section 11-4a, to the joint standing committee of the  
142 General Assembly having cognizance of matters relating to public  
143 health concerning hospital compliance with reporting requirements  
144 under this section and recommendations concerning any additional  
145 reporting requirements.

146 Sec. 2. Section 19a-490l of the general statutes is repealed and the  
147 following is substituted in lieu thereof (*Effective October 1, 2023*):

148 (a) As used in this section:

149 (1) "Nurse" means a registered nurse or a practical nurse licensed  
150 pursuant to chapter 378, or a nurse's aide registered pursuant to chapter  
151 378a; [and]

152 (2) "Hospital" has the same meaning as set forth in section 19a-490;  
153 and

154 (3) "Overtime" means working (A) in excess of a predetermined  
155 scheduled work shift, regardless of the length of such scheduled work  
156 shift, provided such scheduled work shift is determined and  
157 communicated not less than forty-eight hours prior to the  
158 commencement of such scheduled work shift, (B) more than twelve  
159 hours in a twenty-four-hour period, (C) during the ten-hour period  
160 immediately following the end of the previous work shift of eight hours  
161 or more, or (D) more than forty-eight hours in any hospital-defined  
162 work week.

163 (b) [No] Except as provided in this section, no hospital [may] shall  
164 require a nurse to work [in excess of a predetermined scheduled work  
165 shift, provided such scheduled work shift is determined and  
166 promulgated not less than forty-eight hours prior to the commencement  
167 of such scheduled work shift] overtime. No hospital shall discriminate  
168 against, discharge, discipline, threaten to discharge or discipline or  
169 otherwise retaliate against a nurse for refusing to work overtime.

170 (c) Any nurse may volunteer or agree to work [hours in addition to  
171 such scheduled work shift but the refusal by a nurse to accept such  
172 additional hours shall not be grounds for discrimination, dismissal,  
173 discharge or any other penalty or employment decision adverse to the  
174 nurse] overtime.

175 [(c) The] (d) When the safety of a patient requires and when there is  
176 no reasonable alternative, the provisions of subsection (b) of this section  
177 shall not apply: (1) To any nurse participating in [a] an ongoing surgical  
178 procedure until such procedure is completed; (2) to any nurse working  
179 in a critical care unit until such nurse is relieved by another nurse who  
180 is commencing a scheduled work shift; (3) in the case of a public health

181 emergency; or (4) in the case of an institutional emergency, including,  
182 but not limited to, adverse weather conditions, catastrophe or  
183 widespread illness, that in the opinion of the hospital administrator will  
184 significantly reduce the number of nurses available for a scheduled  
185 work shift, provided the hospital administrator has made a good faith  
186 effort to mitigate the impact of such institutional emergency on the  
187 availability of nurses. ]; or (5) to any nurse who is covered by a collective  
188 bargaining agreement that contains provisions addressing the issue of  
189 mandatory overtime.]

190 (e) Before requiring a nurse to work overtime in accordance with the  
191 provisions of subsection (d) of this section, a hospital shall make a good  
192 faith effort to have such overtime hours covered on a voluntary basis.  
193 Mandatory overtime shall not be required as a regular practice for  
194 providing appropriate staffing for the necessary level of patient care or  
195 in any situation that is the result of routine staffing needs caused by  
196 typical staffing patterns, expected levels of absenteeism or time off  
197 typically approved by the hospital for vacation, holidays, sick leave and  
198 personal leave.

199 (f) (1) The provisions of this section shall not be construed to alter or  
200 impair the terms of any bona fide collective bargaining agreement that  
201 places additional restrictions or limitations on the use of mandatory  
202 overtime.

203 (2) The provisions of this section shall not prohibit mandatory  
204 overtime with respect to any nurse who is covered by a bona fide  
205 collective bargaining agreement in effect prior to July 1, 2022, containing  
206 provisions addressing the issue of mandatory overtime, until the  
207 expiration date of the collective bargaining agreement.

208 (3) The provisions of this section shall not prohibit mandatory  
209 overtime with respect to any nurse who is covered by a bona fide  
210 collective bargaining agreement under chapter 68 to the extent such  
211 collective bargaining agreement permits mandatory overtime, provided  
212 mandatory overtime for reasons set forth in subsection (d) of this section

213 shall be a mandatory subject of bargaining, and mandatory overtime for  
214 reasons other than those set forth in subsection (d) of this section shall  
215 be a permissible subject of bargaining.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2023</i>	19a-89e
Sec. 2	<i>October 1, 2023</i>	19a-490l

**Statement of Purpose:**

To ensure adequate and safe health care staffing.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*