A bill to amend 1978 PA 368, entitled
"Public health code,"
(MCL 333.1101 to 333.25211) by adding section 21525.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

SEC. 21525. (1) WITHIN 1 YEAR AFTER THE EFFECTIVE DATE OF THIS
SECTION AND ANNUALLY AFTER THAT, A HOSPITAL, STATE-OWNED HOSPITAL,
OR STATE-OWNED FACILITY SHALL SUBMIT TO THE DEPARTMENT A STAFFING
PLAN AS PROVIDED UNDER THIS SECTION. EACH HOSPITAL, STATE-OWNED
HOSPITAL, OR STATE-OWNED FACILITY SHALL DEVELOP AND IMPLEMENT A
WRITTEN STAFFING PLAN THAT PROVIDES SUFFICIENT, APPROPRIATELY
QUALIFIED NURSING STAFF IN EACH UNIT WITHIN THE HOSPITAL, STATE-
OWNED HOSPITAL, OR STATE-OWNED FACILITY IN ORDER TO MEET THE
INDIVIDUALIZED NEEDS OF ITS PATIENTS. EACH HOSPITAL, STATE-OWNED
HOSPITAL, OR STATE-OWNED FACILITY SHALL DEVELOP AN ASSESSMENT TOOL
THAT EVALUATES THE ACTUAL PATIENT ACUITY LEVELS AND NURSING CARE
REQUIREMENTS FOR EACH UNIT DURING EACH SHIFT. THE HOSPITAL, STATE-
OWNED HOSPITAL, OR STATE-OWNED FACILITY SHALL USE THE ASSESSMENT
TOOL TO MAKE ADJUSTMENTS TO THE STAFFING PLAN AS NEEDED TO ENSURE
SAFE PATIENT CARE.

(2) TO ASSIST IN THE DEVELOPMENT OF A STAFFING PLAN, THE
HOSPITAL, STATE-OWNED HOSPITAL, OR STATE-OWNED FACILITY SHALL
ESTABLISH A STAFFING COMMITTEE FOR EACH UNIT AND AT LEAST 1/2 OF
THE MEMBERS SHALL BE REGISTERED PROFESSIONAL NURSES WHO ARE DIRECT
CARE PROVIDERS IN THAT UNIT. IF THE NURSES IN THE HOSPITAL, STATE-
OWNED HOSPITAL, OR STATE-OWNED FACILITY ARE UNDER A COLLECTIVE
BARGAINING AGREEMENT, THE COLLECTIVE BARGAINING REPRESENTATIVE
SHALL DESIGNATE THE NURSES FROM WITHIN EACH UNIT TO SERVE ON THE
STAFFING COMMITTEE FOR THAT UNIT. PARTICIPATION ON THE STAFFING
COMMITTEE IS CONSIDERED A PART OF THE NURSE'S REGULARLY SCHEDULED
WORKWEEK. A HOSPITAL, STATE-OWNED HOSPITAL, OR STATE-OWNED FACILITY
SHALL NOT RETALIATE AGAINST A NURSE WHO PARTICIPATES ON THE
STAFFING COMMITTEE. THE STAFFING COMMITTEE SHALL ESTABLISH A
STAFFING STRATEGY FOR THAT UNIT IF THE PATIENTS' NEEDS WITHIN THAT
UNIT FOR A SHIFT EXCEEDS THE REQUIRED MINIMUM DIRECT CARE
REGISTERED PROFESSIONAL NURSE-TO-PATIENT RATIOS SET FORTH IN
SUBSECTION (4).

(3) WITHIN 2 YEARS AFTER THE EFFECTIVE DATE OF THIS SECTION,
each hospital, state-owned hospital, or state-owned facility shall
establish and implement an acuity system for addressing
fluctuations in actual patient acuity levels and nursing care
requirements requiring increased staffing levels above the minimums
SET FORTH IN SUBSECTION (4). THE ASSESSMENT TOOL SHALL BE USED ANNUALLY TO REVIEW THE ACCURACY OF THE ACUITY SYSTEM ESTABLISHED UNDER THIS SUBSECTION.

(4) WITHIN 3 YEARS AFTER THE EFFECTIVE DATE OF THIS SECTION, A STAFFING PLAN OF A HOSPITAL, STATE-OWNED HOSPITAL, OR STATE-OWNED FACILITY SHALL INCORPORATE, AT A MINIMUM, THE FOLLOWING DIRECT CARE REGISTERED PROFESSIONAL NURSE-TO-PATIENT RATIOS FOR EACH OF THE CORRESPONDING UNITS:

(A) CRITICAL CARE - ADULT OR PEDIATRIC: 1 TO 1.

(B) OPERATING ROOM: 1 TO 1.

(C) LABOR AND DELIVERY:

(i) DURING SECOND AND THIRD STAGES OF LABOR: 1 TO 1.

(ii) DURING FIRST STAGE OF LABOR: 1 TO 2.

(iii) INTERMEDIATE CARE NEWBORN NURSERY: 1 TO 3.

(iv) NONCRITICAL ANTEPARTUM PATIENTS: 1 TO 4.

(v) POSTPARTUM MOTHER BABY COUPLET: 1 TO 3.

(vi) POSTPARTUM OR WELL-BABY CARE: 1 TO 6.

(D) POSTANESTHESIA CARE UNIT: 1 TO 2.

(E) EMERGENCY DEPARTMENT:

(i) NONTRAUMA OR NONCRITICAL CARE: 1 TO 3.

(ii) TRAUMA OR CRITICAL CARE PATIENT: 1 TO 1.

(iii) ONE R.N. FOR TRIAGE.

(F) STEPDOWN: 1 TO 3.

(G) TELEMETRY: 1 TO 3.

(H) MEDICAL/SURGICAL: 1 TO 4.

(I) PEDIATRICS: 1 TO 4.

(J) BEHAVIORAL HEALTH: 1 TO 4.
(K) REHABILITATION CARE: 1 TO 5.

(5) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBSECTION, IN COMPUTING THE REGISTERED PROFESSIONAL NURSE-TO-PATIENT RATIO REQUIRED UNDER SUBSECTION (4), THE HOSPITAL, STATE-OWNED HOSPITAL, OR STATE-OWNED FACILITY SHALL NOT INCLUDE A REGISTERED PROFESSIONAL NURSE WHO IS NOT ASSIGNED TO PROVIDE DIRECT PATIENT CARE IN THAT UNIT OR WHO IS NOT ORIENTED, QUALIFIED, AND COMPETENT TO PROVIDE SAFE PATIENT CARE IN THAT UNIT. IN THE EVENT OF AN UNFORESEEN EMERGENT SITUATION, A HOSPITAL, STATE-OWNED HOSPITAL, OR STATE-OWNED FACILITY MAY INCLUDE A STAFF MEMBER WHO IS A REGISTERED PROFESSIONAL NURSE WHO IS NOT NORMALLY USED IN COMPUTING THE RATIO REQUIREMENT BECAUSE THE STAFF MEMBER PERFORMS PRIMARILY ADMINISTRATIVE FUNCTIONS IF THE STAFF MEMBER PROVIDES DIRECT PATIENT CARE DURING THE EMERGENCY, BUT SHALL BE INCLUDED IN THE COMPUTATION ONLY FOR AS LONG AS THE UNFORESEEN EMERGENT SITUATION EXISTS. IN COMPUTING THE REGISTERED PROFESSIONAL NURSE-TO-PATIENT RATIO FOR THE operating room, the hospital, state-owned hospital, or state-owned facility shall not include a circulating r.n. or a first assistant r.n.

(6) THE REGISTERED PROFESSIONAL NURSE-TO-PATIENT RATIO ESTABLISHED FOR EACH UNIT UNDER SUBSECTION (4) DOES NOT LIMIT, REDUCE, OR OTHERWISE AFFECT THE NEED FOR OTHER LICENSED OR UNLICENSED HEALTH CARE PROFESSIONALS, ASSISTANTS, OR SUPPORT PERSONNEL NECESSARY TO PROVIDE SAFE PATIENT CARE WITHIN THE UNIT.

(7) THE HOSPITAL, STATE-OWNED HOSPITAL, OR STATE-OWNED FACILITY SHALL POST THE STAFFING PLAN OF THE HOSPITAL, STATE-OWNED HOSPITAL, OR STATE-OWNED FACILITY FOR EACH UNIT IN A CONSPICUOUS
PLACE WITHIN THAT UNIT FOR PUBLIC REVIEW. UPON REQUEST, THE
HOSPITAL, STATE-OWNED HOSPITAL, OR STATE-OWNED FACILITY SHALL
PROVIDE COPIES OF THE STAFFING PLAN THAT ARE FILED WITH THE
DEPARTMENT TO THE PUBLIC. THE HOSPITAL, STATE-OWNED HOSPITAL, OR
STATE-OWNED FACILITY SHALL MAKE AVAILABLE FOR EACH MEMBER OF THE
NURSING STAFF A COPY OF THE STAFFING PLAN FOR HIS OR HER UNIT,
INCLUDING THE NUMBER OF DIRECT CARE REGISTERED PROFESSIONAL NURSES
REQUIRED FOR EACH SHIFT AND THE NAMES OF THOSE REGISTERED
PROFESSIONAL NURSES ASSIGNED AND PRESENT DURING EACH SHIFT. A
STAFFING PLAN DEVELOPED UNDER THIS SECTION AND THE MINIMUM STAFFING
RATIOS ESTABLISHED UNDER THIS SECTION ARE MINIMUMS AND SHALL BE
INCREASED AS NEEDED TO PROVIDE SAFE PATIENT CARE AS DETERMINED BY
THE ACUITY SYSTEM OR ASSESSMENT TOOL OF THE HOSPITAL, STATE-OWNED
HOSPITAL, OR STATE-OWNED FACILITY. A HOSPITAL, STATE-OWNED
HOSPITAL, OR STATE-OWNED FACILITY SHALL NOT USE MANDATORY OVERTIME
AS A STAFFING STRATEGY IN THE DELIVERY OF SAFE PATIENT CARE EXCEPT
IN THE EVENT OF AN UNFORESEEN EMERGENT SITUATION.

(8) A HOSPITAL, STATE-OWNED HOSPITAL, OR STATE-OWNED FACILITY
THAT FAILS TO SUBMIT AN ANNUAL STAFFING PLAN AS REQUIRED UNDER THIS
SECTION OR THAT DOES NOT MEET THE REQUIRED STAFFING PLAN
ESTABLISHED FOR EACH UNIT DURING EACH SHIFT, AS ADJUSTED IN
ACCORDANCE WITH THE ACUITY SYSTEM OR ASSESSMENT TOOL OF THE
HOSPITAL, STATE-OWNED HOSPITAL, OR STATE-OWNED FACILITY, TO MAINTAIN
SAFE PATIENT CARE, IS IN VIOLATION OF THIS SECTION. EACH VIOLATION
SHALL BE REPORTED TO THE DEPARTMENT BY THE DESIGNATED
REPRESENTATIVE OF THE HOSPITAL, STATE-OWNED HOSPITAL, OR STATE-
OWNED FACILITY, AND THE DEPARTMENT SHALL ASSESS AN ADMINISTRATIVE
6

(9) The fines assessed under this section shall be deposited into the nurse professional fund established under section 16315 and expended only for the operation and administration of the Michigan nursing scholarship program established under the Michigan nursing scholarship act, 2002 PA 591, MCL 390.1181 to 390.1189.

(10) As used in this section:

(A) "Acuity system" means a system established to measure patient needs and nursing care requirements for each unit to ensure safe patient care based upon the severity of each patient's illness and need for specialized equipment and technology, the intensity of nursing interventions required for each patient, and the complexity of the clinical nursing judgment needed to design, implement, and evaluate each patient's care plan.

(B) "Department" means the department of community health.

(C) "Mandatory overtime" means a mandated assignment for a registered professional nurse to work more than his or her regularly scheduled hours according to his or her predetermined work schedule.

(D) "Registered professional nurse" or "R.N." means that term as defined in section 17201.

(E) "Staffing plan" means a written plan that establishes the minimum specific number of registered professional nurses required...
TO BE PRESENT IN EACH UNIT FOR EACH SHIFT TO ENSURE SAFE PATIENT CARE.

(F) "UNFORESEEN EMERGENT SITUATION" MEANS AN UNUSUAL OR UNPREDICTABLE CIRCUMSTANCE THAT INCREASES THE NEED FOR PATIENT CARE INCLUDING, BUT NOT LIMITED TO, AN ACT OF TERRORISM, A DISEASE OUTBREAK, ADVERSE WEATHER CONDITIONS, OR A NATURAL DISASTER.