

HOUSE BILL REPORT

HB 1714

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to nursing staffing practices at hospitals.

Brief Description: Concerning nursing staffing practices at hospitals.

Sponsors: Representatives Cody, Doglio, Ryu, Pollet, Peterson, McBride, Wylie, Stonier, Goodman, Sawyer, Bergquist, Gregerson, Sullivan, Lytton, Tharinger, Chapman, Lovick, Senn, Hansen, Sells, Frame, Fitzgibbon, Riccelli, Macri, Jinkins, Dolan, Stanford, Orwall, Ortiz-Self, Farrell, Slatter, Tarleton, Clibborn, Fey, Kilduff, Reeves, Pettigrew, Appleton, Robinson, Blake, Ormsby, Pellicciotti, Kloba, Hudgins and Santos.

Brief History:

Committee Activity:

Health Care & Wellness: 2/7/17, 2/17/17 [DPS].

Brief Summary of Substitute Bill

- Requires all hospitals to implement nurse staffing plans beginning June 30, 2019.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 9 members: Representatives Cody, Chair; Macri, Vice Chair; Clibborn, Jinkins, Riccelli, Robinson, Slatter, Stonier and Tharinger.

Minority Report: Do not pass. Signed by 7 members: Representatives Schmick, Ranking Minority Member; Graves, Assistant Ranking Minority Member; Caldier, Harris, MacEwen, Maycumber and Rodne.

Minority Report: Without recommendation. Signed by 1 member: Representative DeBolt.

Staff: Jim Morishima (786-7191).

Background:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Hospitals must establish nurse staffing committees to develop and oversee an annual patient care unit and shift-based nurse staffing plan (nurse staffing plan); conduct a semiannual review of the nurse staffing plan; and review, assess, and respond to staffing concerns. Nurse staffing plans must consider such factors as:

- patient census, including total patients by unit and shift;
- level of intensity of patients and the nature of the care to be delivered on each shift;
- skill mix;
- level of experience of nurses providing care;
- the need for specialized or intensive equipment;
- the physical design of the patient care unit; and
- staffing guidelines adopted by national nursing associations, specialty associations, and other health professional associations.

If the chief executive officer of the hospital does not approve the nurse staffing committee's plan, he or she must provide a written explanation to the committee. The hospital may not retaliate against employees performing duties in connection with the nurse staffing committee or an individual who notifies the nurse staffing committee or the hospital administration about concerns on nurse staffing.

Summary of Substitute Bill:

The factors that must be considered in developing a nurse staffing plan are expanded to include the availability of other personnel supporting nursing services.

If a hospital does not adopt a nurse staffing committee's staffing plan, the hospital must adopt an alternate plan. Beginning June 30, 2019, a hospital must implement its nurse staffing plan and assign nursing personnel to patient care units according to the plan. Any adjustments in staffing levels required by the nurse staffing plan must be based upon the assessment of a registered nurse providing direct patient care on the particular unit. Beginning June 30, 2019, hospitals must submit their nurse staffing plans to the Department of Health (DOH) at least annually.

Upon receipt of a complaint, the DOH must initiate an investigation of the hospital's compliance with its nurse staffing plan. If a hospital is found to be out of compliance, it must submit a corrective action plan to the DOH. Failure to submit or to comply with a corrective action plan may result in fines of \$100 per day.

Substitute Bill Compared to Original Bill:

The substitute bill:

- removes the requirement that the Department of Health (DOH) adopt patient assignment limits;
- removes the prohibition against assigning a registered nurse (RN) to a nursing unit unless the RN has received an orientation and demonstrated competency;

- requires a hospital to adopt an alternate staffing plan if it does not adopt the nurse staffing committee's plan, instead of requiring the hospital to adopt the committee's plan;
 - changes the penalties for violating provisions relating to nurse staffing plans to \$100 per day, instead of between \$2,500 and \$10,000 per violation;
 - removes the expansion of nonretaliation provisions relating to nurse staffing plans;
 - removes the prohibition against penalizing a nurse for refusing to accept certain assignments; and
 - removes the requirement that hospitals report nurse staffing and patient care data to the DOH.
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Appropriation: None.

Fiscal Note: Available. New fiscal note requested on February 17, 2017.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) Inadequate nurse staffing can cost patient lives through inadequate care and medical errors. Safe working conditions are linked to better patient care and lower costs. Nurse staffing committees, nurse staffing plans, and collective bargaining have not led to measurable changes in how staffing is developed. Nurses have experienced frustration with nurse staffing committees, which have not been sustained over time. Implementation of nurse staffing plans is inconsistent. Nurse staffing plans must be implemented. Hospitals are often administered by entities in other states, who make decisions on patient care remotely. A statewide regulatory plan is necessary. The current law does not have enough teeth. Nurse staffing ratios have worked in California. This bill is good for patients, nurses, and hospitals.

(Opposed) Hospitals are committed to patient safety and have worked with nurses to find a collaborative solution through the nurse staffing committees. Washington is not like California. Washington is a frontrunner in patient safety. A one-size-fits-all solution will not work for hospitals. For example, small hospitals in rural communities face different challenges than large hospitals in urban communities. Hospitals must use providers at the top of their licenses and must balance staff satisfaction in order to retain staff. This bill will limit a hospital's ability to provide nimble solutions to complicated problems. Minimum staffing ratios may cause hospitals to turn patients away. To improve patient care, a full complement of staff is necessary, not just minimum staff ratios.

Persons Testifying: (In support) Cindy Clark, Service Employees International Union Healthcare 1199NW; Daniel O'Tool and Ann Tan Piazza, Washington State Nursing Association; Jeanette Moore, United Food and Commercial Workers; and Chris Barton, Service Employees International Union Nurse Alliance.

(Opposed) Lisa Thatcher, Washington State Hospital Association; Melissa Strong, Mason General Hospital; and Alison Bradywood, Virginia Mason Hospital.

Persons Signed In To Testify But Not Testifying: None.