

The House Committee on Health offers the following substitute to HB 298:

A BILL TO BE ENTITLED  
AN ACT

1 To amend Chapter 7 of Title 31 of the Official Code of Georgia Annotated, relating to  
2 regulation and construction of hospitals and other health care facilities, so as to provide  
3 requirements for nurse and ancillary personnel staffing in hospitals; to provide for  
4 definitions; to require a written nurse services staffing plan that includes ancillary personnel;  
5 to provide for the establishment of nurse staffing committees; to provide for annual reports  
6 of staffing information to the Department of Community Health; to provide for anonymous  
7 reports and investigations of unsafe staffing conditions; to establish an advisory commission;  
8 to provide for related matters; to repeal conflicting laws; and for other purposes.

9 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

10 **SECTION 1.**

11 Chapter 7 of Title 31 of the Official Code of Georgia Annotated, relating to regulation and  
12 construction of hospitals and other health care facilities, is amended by revising Article 2,  
13 which is reserved, as follows:

H. B. 298 (SUB)

## 14 "ARTICLE 2

15 ~~31-7-24.~~16 ~~Reserved.~~17 31-7-30.18 As used in this article, the term:19 (1) 'Ancillary personnel' means unlicensed hospital staff who support the diagnosis,  
20 treatment, or care of a patient.21 (2) 'Hospital' means a hospital which is permitted to operate by the department pursuant  
22 to Article 1 of this chapter, including a hospital maintained or operated by a hospital  
23 authority; provided, however, that this shall not include a state owned or operated  
24 hospital.25 (3) 'Nurse services staffing plan' means the written staffing plan required to be  
26 established by a hospital pursuant to Code Section 31-7-31.27 (4) 'Nurse staffing committee' or 'committee' means the standing committee established  
28 by a hospital pursuant to Code Section 31-7-32.29 (5) 'Patient care unit' means a hospital's emergency department and any unit or  
30 department of a hospital in which registered nurses provide direct patient care to  
31 inpatients.32 31-7-31.33 (a) The governing body of a hospital shall adopt and implement a written nurse services  
34 staffing plan to provide that an adequate number and skill mix of nurses and ancillary  
35 personnel consistent with the guidelines of the hospital's accrediting entity are available.36 Such plan shall include a process for:

- 37 (1) Requiring the hospital to give significant consideration to the nurse services staffing  
38 plan recommended by the hospital's nurse staffing committee and to that committee's  
39 evaluation of any existing plan;
- 40 (2) Adopting and implementing a nurse services staffing plan that is based on an  
41 assessment of the needs of each patient care unit and shift, including evidence relating  
42 to patient care needs of each patient care unit at the hospital;
- 43 (3) Considering the nurse services staffing plan as a component in setting the nurse and  
44 ancillary hospital staffing budget;
- 45 (4) Encouraging nurses and ancillary personnel to provide input to the committee  
46 relating to nurse and ancillary personnel staffing concerns, respectively;
- 47 (5) Protecting nurses and ancillary personnel who provide input to the committee from  
48 retaliation; and
- 49 (6) Monitoring compliance with any rules and regulations adopted by the department  
50 relating to nurse and ancillary personnel staffing.
- 51 (b) The nurse services staffing plan adopted pursuant to subsection (a) of this Code section  
52 shall:
- 53 (1) Consider the nurse and ancillary personnel staffing standards established by the Joint  
54 Commission or other nationally recognized accreditation organizations, by the  
55 department, or by nationally recognized hospital associations;
- 56 (2) Set minimum staffing levels for patient care units:
- 57 (A) Based on multiple nurse and ancillary personnel training and experience and other  
58 administrative considerations, as well as, patient considerations; and
- 59 (B) Determined by the nursing assessment and in accordance with evidence based safe  
60 nursing standards;
- 61 (3) Include a method for periodically adjusting the nurse services staffing plan for each  
62 patient care unit to address significant changes in utilization or other circumstances that

63 impact nurse and ancillary personnel staffing and require staffing flexibility to meet  
64 patient needs; and

65 (4) Include a contingency plan when patient care needs unexpectedly exceed direct  
66 patient care staff resources.

67 (c) A hospital shall:

68 (1) Consider the nurse services staffing plan:

69 (A) As a component in setting the nurse and ancillary personnel staffing budget; and

70 (B) To guide the hospital in assigning nurses and ancillary personnel to patient care  
71 units; and

72 (2) Make readily available to nurses and ancillary personnel on each patient care unit at  
73 the beginning of each shift the nurse and ancillary personnel services staffing plan levels  
74 and current staffing levels for that unit and that shift.

75 31-7-32.

76 (a) A hospital shall establish a nurse staffing committee as a standing committee of the  
77 hospital.

78 (b) The committee shall be composed of members who are representative of the types of  
79 nursing services provided in the hospital's patient care units.

80 (c) The chief nursing officer of the hospital shall be a voting member of the committee.

81 (d) At least 75 percent of the members of the committee shall be registered nurses who:

82 (1) Provide direct patient care during at least 50 percent of their work time; and

83 (2) Represent different patient care units provided by the hospital.

84 (e) The committee shall meet at least quarterly.

85 (f) The committee shall:

86 (1) Develop and recommend to the hospital's governing body a nurse services staffing  
87 plan that meets the requirements of Code Section 31-7-31;

88 (2) Review, assess, and respond to staffing concerns expressed to the committee;

- 89 (3) Identify the nurse and ancillary personnel-sensitive outcome measures the committee  
90 will use to evaluate the effectiveness of the nurse services staffing plan for the patient  
91 care units;
- 92 (4) Evaluate, at least semiannually, the effectiveness of the nurse services staffing plan,  
93 including the reasons for any significant variations between the plan and the actual  
94 staffing; and
- 95 (5) Submit to the hospital's governing body, at least semiannually, a report on nurse and  
96 ancillary personnel staffing and outcomes on the nurse and ancillary personnel-sensitive  
97 outcome measures reviewed by the committee, including the committee's evaluation of  
98 the effectiveness of the nurse services staffing plan and aggregate variations between the  
99 nurse services staffing plan and actual staffing.
- 100 (g) In evaluating the effectiveness of the nurse services staffing plan, the committee shall  
101 consider, but is not limited to considering, patient needs, workforce shortages and  
102 availability, the nurse and ancillary personnel-sensitive outcome measures reviewed by the  
103 committee, any nurse and ancillary personnel satisfaction measures collected by the  
104 hospital for the patient care units, and any nationally recognized, written, evidence based  
105 nurse staffing benchmarks.
- 106 (h) All proceedings, records, and reports of the committee shall be deemed confidential  
107 review organization records under Code Section 31-7-133 and shall not be subject to  
108 Article 4 of Chapter 18 of Title 50, relating to inspection of public records. The nurse  
109 staffing plan adopted by a hospital shall not be subject to discovery or introduction into  
110 evidence in any civil action; and no person who was in attendance at the proceeding of  
111 such committee shall be permitted or required to testify in any such civil action as to any  
112 evidence or other matters produced or presented during the proceedings or activities of the  
113 committee or as to the findings, recommendations, evaluations, opinions, or other actions  
114 of such committee or any members thereof. Information, documents, or records otherwise  
115 available from original sources, however, are not to be construed as immune from

116 discovery or use in any such civil action merely because they were presented during  
117 proceedings of such committee or contained in the hospital's nurse services staffing plan;  
118 nor should any person who participates in the committee's proceedings or who is a member  
119 of such committee be prevented from testifying as to matters within such person's  
120 knowledge, but such witness cannot be asked about such witness's discussions during  
121 committee proceedings or about opinions formed by such witness as a result of committee  
122 proceedings. Notwithstanding the foregoing, the Department of Community Health may  
123 inspect and copy committee records and the nurse services staffing plan when it is  
124 determined by the department to be necessary in the performance of the department's  
125 licensure and certification responsibilities under Code Section 31-7-15; provided, however,  
126 that such inspection and copying shall not waive or abrogate the confidentiality of such  
127 committee materials.

128 31-7-33.

129 (a) A hospital shall annually report to the department, and the department shall include as  
130 a confidential addendum to the annual hospital questionnaire, the following information:

131 (1) Whether the hospital's governing body has adopted a nurse services staffing plan as  
132 required by Code Section 31-7-31;

133 (2) Whether the hospital has established a nurse staffing committee as required by Code  
134 Section 31-7-32 that meets the membership requirements of such Code section;

135 (3) Whether the nurse staffing committee has evaluated the hospital's nurse services  
136 staffing plan as required by Code Section 31-7-32 and has reported the results of the  
137 evaluation to the hospital's governing body as provided by such Code section; and

138 (4) The nurse and ancillary personnel-sensitive outcome measures the committee  
139 adopted for use in evaluating the hospital's nurse services staffing plan.

140 (b) To the extent possible, the department shall collect the information required pursuant  
141 to subsection (a) of this Code section in conjunction with surveys or other data required to  
142 be submitted to the department under other laws or regulations.

143 (c) The reports provided by the hospitals under subsection (a) of this Code section shall  
144 not be subject to Article 4 of Chapter 18 of Title 50, relating to inspection of public  
145 records.

146 31-7-34.

147 (a) The department shall maintain a secure online portal for the submission by hospital  
148 staff members of anonymous reports of unsafe staffing conditions in any hospital patient  
149 care unit, provided that the forms for reporting shall require specificity, including the  
150 patient care unit; the date, time, and description of the conditions deemed unsafe; and any  
151 supporting information.

152 (b) Upon receipt of a report that complies with subsection (a) of this Code section, the  
153 department shall forward such report to its Healthcare Facility Regulation Division for  
154 possible investigation and to the nurse staffing committee of the hospital that is the subject  
155 of the report.

156 (c) If the Healthcare Facility Regulation Division determines that a patient care unit  
157 identified in a report made under subsection (a) of this Code section failed to comply with  
158 nurse staffing requirements established by the department or violated any rule or regulation  
159 relating to the licensing of hospitals on the date identified in the complaint or during an  
160 on-site investigation, the Healthcare Facility Regulation Division is authorized to take  
161 appropriate actions under the provisions of Code Section 31-2-8.

162 (d) The reports provided by hospital staff members under subsection (a) of this Code  
163 section shall not be subject to Article 4 of Chapter 18 of Title 50, relating to inspection of  
164 public records.

165 31-7-35.

166 (a) There is hereby established an advisory commission, composed of 12 members as  
167 follows:

168 (1) The following members appointed by the Governor:

169 (A) An expert in nursing practice, quality of nursing care, or patient care standards;

170 (B) A representative of an association representing nurses; and

171 (C) Two representatives of an association representing hospitals;

172 (2) The following members appointed by the President of the Senate:

173 (A) An expert in nursing practice, quality of nursing care, or patient care standards;

174 (B) A registered nurse who provides direct patient care at a hospital at least 50 percent  
175 of the work time; and

176 (C) Two representatives of a hospital in a rural county; and

177 (3) The following members appointed by the Speaker of the House of Representatives:

178 (A) An expert in nursing practice, quality of nursing care, or patient care standards;

179 (B) A representative of an association representing nurses; and

180 (C) Two representatives of a hospital.

181 (b) The members of the advisory commission shall serve at the pleasure of the appointing  
182 official. Members of the advisory commission shall keep confidential any information  
183 received in the course of their duties and shall only use such information in the course of  
184 carrying out their duties on the advisory commission, except those reports required to be  
185 issued by the commission under this Code section, which shall only include de-identified  
186 information that cannot reasonably be used to identify any person, hospital, or other entity.

187 (c) The advisory commission shall convene annually in order to evaluate the effectiveness  
188 of the nurse staffing committees established pursuant to Code Section 31-7-32. Such  
189 review shall evaluate quantitative and qualitative data, including, but not limited to,  
190 whether staffing levels were improved and maintained, patient satisfaction, employee

191 satisfaction, patient quality of care metrics, workplace safety, and any other metrics the  
192 advisory commission deems relevant.

193 (d) The advisory commission may collect and shall be provided all relevant information  
194 necessary to carry out its functions from the department and other appropriate state  
195 agencies. The commission may also invite testimony by experts in the field and from the  
196 public. In making its recommendations pursuant to subsection (e) of this Code section, the  
197 advisory commission shall analyze relevant data provided by the department or other state  
198 agencies, including data and factors contained in subsection (a) of Code Section 31-7-31  
199 related to nurse services staffing plans. The advisory commission may also make  
200 recommendations for additional or enhanced enforcement mechanisms or powers to  
201 address hospital failure to comply with this article and recommend the appropriation of  
202 funds for the department to enforce this article or to assist hospitals in recruiting or hiring  
203 additional nursing staff.

204 (e) The advisory commission shall submit to the Speaker of the House of Representatives,  
205 the President of the Senate, and the chairpersons of the House Committee on Health and  
206 Senate Health and Human Services Committee, and make available to the public, a report  
207 that may include recommendations for further legislative action, if any, in order to improve  
208 nurse staffing in hospitals pursuant to the intent of this article.

209 (f) Any information collected pursuant to Code Section 31-7-33 and provided to the  
210 advisory commission shall not be subject to Article 4 of Chapter 18 of Title 50, relating to  
211 inspection of public records."

212 **SECTION 2.**

213 All laws and parts of laws in conflict with this Act are repealed.