

HOUSE BILL 1194

J1, J3

4lr2175
CF SB 1020

By: **Delegates White Holland, Acevero, Bagnall, Charkoudian, Guzzone, Hill, S. Johnson, R. Lewis, Martinez, McCaskill, Taveras, Turner, and Vogel**

Introduced and read first time: February 8, 2024

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 7, 2024

CHAPTER _____

1 AN ACT concerning

2 **Hospitals – Patient’s Bill of Rights Training and Clinical Staffing Committees**
3 **and Plans – ~~Establishment~~**
4 **(Safe Staffing Act of 2024)**

5 FOR the purpose of requiring ~~each hospital~~ certain hospitals licensed in the State to
6 establish and maintain a clinical staffing committee ~~and to implement a clinical~~
7 ~~staffing plan~~; requiring each clinical staffing committee to develop a clinical staffing
8 plan; requiring that an administrator of a hospital, under certain circumstances,
9 provide certain training regarding the patient’s bill of rights by contracting with a
10 third party; requiring the Health Services Cost Review Commission to conduct
11 ~~investigations regarding alleged violations of certain provisions of this Act;~~
12 ~~authorizing the Health Services Cost Review Commission to take certain actions if~~
13 ~~the Commission determines a violation has occurred;~~ and generally relating to
14 hospitals ~~and clinical staffing committees and plans.~~

15 BY adding to

16 Article – Health – General

17 Section ~~19-388 through 19-398~~ to be under the new part “Part XII. Clinical Staffing
18 Committees and Plans” 19-310.4

19 Annotated Code of Maryland

20 (2023 Replacement Volume)

21 BY repealing and reenacting, with amendments,

22 Article – Health – General

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



Section 19-342(c)(4)
Annotated Code of Maryland
(2023 Replacement Volume)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That the Laws of Maryland read as follows:

Article – Health – General

19-310.4.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) “CLINICAL STAFFING COMMITTEE” MEANS A COMMITTEE ESTABLISHED BY A HOSPITAL IN ACCORDANCE WITH SUBSECTION (C) OF THIS SECTION.

(3) “CLINICAL STAFFING PLAN” MEANS A PLAN DEVELOPED UNDER SUBSECTION (D) OF THIS SECTION.

(B) THIS SECTION DOES NOT APPLY TO STATE HOSPITALS.

(C) EACH HOSPITAL LICENSED UNDER THIS TITLE SHALL ESTABLISH AND MAINTAIN A CLINICAL STAFFING COMMITTEE THAT HAS EQUAL MEMBERSHIP FROM MANAGEMENT AND EMPLOYEES.

(D) EACH CLINICAL STAFFING COMMITTEE SHALL DEVELOP A CLINICAL STAFFING PLAN FOR THE HOSPITAL THAT ESTABLISHES THE APPROPRIATE NUMBER OF CLINICIANS NEEDED TO ADMINISTER QUALITY HEALTH CARE BY SETTING.

(E) (1) WHEN DEVELOPING A CLINICAL STAFFING PLAN, THE CLINICAL STAFFING COMMITTEE SHALL ESTABLISH, BASED ON THE PATIENT POPULATION OF THE HOSPITAL:

(i) SUGGESTED GUIDELINES OR RATIOS, MATRICES, OR GRIDS INDICATING HOW MANY PATIENTS SHOULD BE ASSIGNED TO EACH REGISTERED NURSE BY UNIT OR SETTING; AND

(ii) THE NUMBER OF REGISTERED NURSES, LICENSED PRACTICAL NURSES, CERTIFIED NURSING ASSISTANTS, CERTIFIED MEDICINE TECHNICIANS, ENVIRONMENTAL SERVICE WORKERS, AND ANCILLARY MEMBERS OF THE DIRECT CARE TEAM THAT SHOULD BE PRESENT ON EACH UNIT DURING EACH SHIFT.

(2) TO THE EXTENT PRACTICABLE, THE GUIDELINES ESTABLISHED UNDER PARAGRAPH (1)(I) OF THIS SUBSECTION SHALL BE BASED ON NATIONAL EVIDENCE-BASED STANDARDS.

(F) ON OR BEFORE JULY 1 EACH YEAR, EACH HOSPITAL, THROUGH THE CLINICAL STAFFING COMMITTEE, SHALL CONDUCT A REVIEW OF THE CLINICAL STAFFING PLAN TO:

(1) EVALUATE THE EFFECTIVENESS OF THE CLINICAL STAFFING PLAN DURING THE IMMEDIATELY PRECEDING YEAR; AND

(2) UPDATE THE CLINICAL STAFFING PLAN TO ENSURE THAT THE CLINICAL STAFFING PLAN CONTINUES TO BE APPROPRIATE AND EFFECTIVE.

(G) A HOSPITAL SHALL PROVIDE ITS CLINICAL STAFFING PLAN ON REQUEST.

19-342.

(c) Each administrator of a hospital shall:

(4) Provide annual training to all patient care staff members to ensure the staff's knowledge and understanding of the patient's bill of rights THROUGH TRAINING PROVIDED BY STAFF MEMBERS OR, IF THE HOSPITAL IS UNABLE TO PROVIDE THE TRAINING THROUGH STAFF MEMBERS, BY CONTRACTING WITH A THIRD PARTY.

~~19-386. RESERVED.~~

~~19-387. RESERVED.~~

~~PART XII. CLINICAL STAFFING COMMITTEES AND PLANS.~~

~~19-388.~~

~~(A) IN THIS PART THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.~~

~~(B) (1) "ANCILLARY MEMBER OF THE FRONTLINE TEAM" MEANS AN INDIVIDUAL WHOSE PRIMARY DUTIES INCLUDE SUPPORTING INDIVIDUALS WHO PROVIDE DIRECT PATIENT CARE.~~

~~(2) "ANCILLARY MEMBER OF THE FRONTLINE TEAM" INCLUDES:~~

~~(i) DIETARY WORKERS;~~

~~(H) PATIENT CARE TECHNICIANS; AND~~

~~(HH) OTHER NONLICENSED STAFF ASSISTING WITH PATIENT CARE.~~

~~(C) "CLINICAL STAFFING COMMITTEE" MEANS THE COMMITTEE ESTABLISHED BY A HOSPITAL IN ACCORDANCE WITH § 19-390 OF THIS SUBTITLE.~~

~~(D) "CLINICAL STAFFING PLAN" MEANS THE PLAN REQUIRED TO BE DEVELOPED UNDER § 19-391 OF THIS SUBTITLE.~~

~~(E) "COMMISSION" MEANS THE HEALTH SERVICES COST REVIEW COMMISSION ESTABLISHED UNDER SUBTITLE 2 OF THIS TITLE.~~

~~(F) "UNFORESEEABLE EMERGENCY CIRCUMSTANCE" MEANS:~~

~~(1) AN OFFICIALLY DECLARED NATIONAL, STATE, OR LOCAL EMERGENCY;~~

~~(2) AN EVENT THAT CAUSES A HOSPITAL TO ACTIVATE THE HOSPITAL'S DISASTER PLAN; OR~~

~~(3) A NATURAL OR MANMADE DISASTER OR CATASTROPHIC EVENT THAT IMMEDIATELY AFFECTS OR INCREASES THE NEED FOR HEALTH CARE SERVICES.~~

~~19-389.~~

~~THIS PART MAY NOT BE CONSTRUED TO:~~

~~(1) REPLACE OR SUPPLANT ANY COMPLAINT MECHANISM ESTABLISHED BY A HOSPITAL, INCLUDING ANY COMPLAINT MECHANISM DESIGNED TO COMPLY WITH ANY EXISTING FEDERAL, STATE, OR LOCAL LAWS;~~

~~(2) LIMIT OR SUPPLANT THE RIGHTS OF EMPLOYEES OR THEIR EXCLUSIVE REPRESENTATIVES TO ENFORCE RIGHTS CONFERRED UNDER THE TERMS OF A COLLECTIVE BARGAINING AGREEMENT; OR~~

~~(3) AFFECT MORE STRINGENT STANDARDS IN FEDERAL OR STATE LAW OR REGULATION OR THE TERMS OF AN APPLICABLE COLLECTIVE BARGAINING AGREEMENT.~~

~~19-390.~~

~~(A) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, ON OR BEFORE JANUARY 1, 2025, EACH HOSPITAL LICENSED UNDER THIS TITLE SHALL ESTABLISH AND MAINTAIN A CLINICAL STAFFING COMMITTEE.~~

~~(2) A HOSPITAL MAY COMPLY WITH THE REQUIREMENT UNDER PARAGRAPH (1) OF THIS SUBSECTION BY ASSIGNING THE DUTIES OF A CLINICAL STAFFING COMMITTEE TO AN EXISTING COMMITTEE IN THE HOSPITAL THAT MEETS THE REQUIREMENTS OF SUBSECTION (B) OF THIS SECTION.~~

~~(B) (1) (i) AT LEAST 50% OF THE MEMBERSHIP OF A CLINICAL STAFFING COMMITTEE MUST BE COMPOSED OF REGISTERED NURSES, LICENSED PRACTICAL NURSES, CERTIFIED NURSING ASSISTANTS, AND ANCILLARY MEMBERS OF THE FRONTLINE TEAM IN THE HOSPITAL.~~

~~(ii) THE MEMBERSHIP DESCRIBED IN SUBPARAGRAPH (i) OF THIS PARAGRAPH SHALL BE SELECTED:~~

~~1. IF THERE IS AN APPLICABLE COLLECTIVE BARGAINING AGREEMENT, IN ACCORDANCE WITH THE COLLECTIVE BARGAINING AGREEMENT; OR~~

~~2. BY THE REGISTERED NURSES, LICENSED PRACTICAL NURSES, CERTIFIED NURSING ASSISTANTS, AND ANCILLARY MEMBERS OF THE FRONTLINE TEAM WORKING IN THE HOSPITAL.~~

~~(2) THE REMAINDER OF THE MEMBERSHIP OF A CLINICAL STAFFING COMMITTEE MUST BE COMPOSED OF INDIVIDUALS EMPLOYED IN THE ADMINISTRATION OF THE HOSPITAL AND MAY INCLUDE:~~

~~(i) A CHIEF FINANCIAL OFFICER;~~

~~(ii) A CHIEF NURSING OFFICER; AND~~

~~(iii) PATIENT CARE UNIT DIRECTORS OR MANAGERS OR THEIR DESIGNEES.~~

~~(C) (1) A HOSPITAL MAY NOT:~~

~~(i) REQUIRE A MEMBER OF THE CLINICAL STAFFING COMMITTEE TO PARTICIPATE ON THE CLINICAL STAFFING COMMITTEE OUTSIDE SCHEDULED WORK TIME; OR~~

~~(H) ADD WORK DUTIES TO OR REASSIGN A MEMBER OF THE CLINICAL STAFFING COMMITTEE AS A RESULT OF THE MEMBER'S PARTICIPATION ON THE CLINICAL STAFFING COMMITTEE.~~

~~(2) A HOSPITAL SHALL COMPENSATE EACH MEMBER OF THE CLINICAL STAFFING COMMITTEE AT AN APPROPRIATE RATE FOR TIME SPENT PARTICIPATING ON A CLINICAL STAFFING COMMITTEE.~~

~~19-391.~~

~~(A) A CLINICAL STAFFING COMMITTEE SHALL:~~

~~(1) DEVELOP AND PROVIDE OVERSIGHT FOR THE IMPLEMENTATION OF AN ANNUAL CLINICAL STAFFING PLAN THAT:~~

~~(i) IS BASED ON PATIENT NEEDS;~~

~~(ii) ESTABLISHES SPECIFIC GUIDELINES OR RATIOS, MATRICES, OR GRIDS INDICATING HOW MANY PATIENTS SHOULD BE ASSIGNED TO EACH REGISTERED NURSE; AND~~

~~(iii) ESTABLISHES THE NUMBER OF REGISTERED NURSES, LICENSED PRACTICAL NURSES, CERTIFIED NURSING ASSISTANTS, AND ANCILLARY MEMBERS OF THE FRONTLINE TEAM THAT SHOULD BE PRESENT ON EACH UNIT AND DURING EACH SHIFT;~~

~~(2) DEVELOP A PROCESS FOR REEVALUATING AND AMENDING THE CLINICAL STAFFING PLAN AS NECESSARY;~~

~~(3) ESTABLISH RULES AND CRITERIA TO PROVIDE FOR EMPLOYEE CONFIDENTIALITY DURING A REVIEW OF A CLINICAL STAFFING PLAN; AND~~

~~(4) DEVELOP A PROCESS FOR RECEIVING, RESOLVING, AND TRACKING COMPLAINTS REGARDING THE CLINICAL STAFFING PLAN.~~

~~(B) IN DEVELOPING THE CLINICAL STAFFING PLAN, THE CLINICAL STAFFING COMMITTEE SHALL CONSIDER:~~

~~(1) THE AVERAGE NUMBER OF PATIENTS ON EACH UNIT ON EACH SHIFT DURING THE IMMEDIATELY PRECEDING YEAR AND RELEVANT INFORMATION REGARDING PATIENT DISCHARGES, POTENTIAL ADMISSIONS, AND TRANSFERS;~~

~~(2) THE AVERAGE LEVEL OF ACUITY FOR PATIENTS ON EACH UNIT ON EACH SHIFT DURING THE IMMEDIATELY PRECEDING YEAR AND THE CORRESPONDING LEVEL OF NURSING CARE REQUIRED;~~

~~(3) AN ESTIMATE OF THE APPROPRIATE COMBINATION OF SKILL, EXPERIENCE LEVEL, AND SPECIALTY CERTIFICATION OR TRAINING OF STAFF FOR EACH UNIT ON EACH SHIFT THAT IS REQUIRED TO ADEQUATELY PROVIDE CARE;~~

~~(4) THE NEED FOR SPECIALIZED INTENSIVE EQUIPMENT;~~

~~(5) THE ARCHITECTURE AND LAYOUT OF A PATIENT CARE UNIT, INCLUDING PLACEMENT OF PATIENT ROOMS, TREATMENT AREAS, NURSING STATIONS, MEDICATION PREPARATION AREAS, AND EQUIPMENT;~~

~~(6) MECHANISMS AND PROCEDURES REQUIRED TO PROVIDE ONE-TO-ONE PATIENT OBSERVATION OR CARE, AS APPROPRIATE, FOR PATIENTS ON PSYCHIATRIC OR OTHER UNITS;~~

~~(7) MEASURES TO IMPROVE AND ENSURE WORKER AND PATIENT SAFETY;~~

~~(8) SPECIAL CHARACTERISTICS OF EACH UNIT OR PATIENT COMMUNITY POPULATION, INCLUDING PATIENT AGE, CULTURAL OR LINGUISTIC DIVERSITY AND NEEDS, FUNCTIONAL ABILITY, COMMUNICATION SKILLS, OR OTHER RELEVANT SOCIAL OR SOCIOECONOMIC FACTORS;~~

~~(9) STAFFING GUIDELINES ADOPTED OR PUBLISHED IN OTHER STATES OR LOCAL JURISDICTIONS OR BY NATIONAL NURSING PROFESSIONAL ASSOCIATIONS, SPECIALTY NURSING ORGANIZATIONS, OR OTHER HEALTH PROFESSIONAL ORGANIZATIONS;~~

~~(10) AVAILABILITY OF OTHER PERSONNEL SUPPORTING NURSING SERVICES ON EACH UNIT;~~

~~(11) WAIVER OF PLAN REQUIREMENTS IN CASE OF UNFORESEEABLE EMERGENCY CIRCUMSTANCES;~~

~~(12) COVERAGE TO ENABLE REGISTERED NURSES, LICENSED PRACTICAL NURSES, AND ANCHILARY MEMBERS OF THE FRONTLINE TEAM TO TAKE MEAL AND REST BREAKS AND PLANNED TIME OFF, AND TO ACCOMMODATE UNPLANNED ABSENCES THAT ARE REASONABLY FORESEEABLE;~~

~~(13) GENERAL HOSPITAL FINANCES AND RESOURCES; AND~~

~~(14) PROVISIONS FOR LIMITED SHORT TERM ADJUSTMENTS MADE BY APPROPRIATE HOSPITAL PERSONNEL OVERSEEING PATIENT CARE OPERATIONS TO THE STAFFING LEVELS REQUIRED BY A CLINICAL STAFFING PLAN NECESSARY TO ACCOUNT FOR UNEXPECTED CHANGES IN CIRCUMSTANCES THAT ARE TO BE OF LIMITED DURATION.~~

~~(C) (1) A CLINICAL STAFFING PLAN SHALL COMPLY WITH ALL FEDERAL AND STATE LAWS AND REGULATIONS.~~

~~(2) A CLINICAL STAFFING PLAN SHALL COMPLY WITH AND INCORPORATE ANY MINIMUM STAFFING LEVELS PROVIDED FOR IN APPLICABLE COLLECTIVE BARGAINING AGREEMENTS, INCLUDING:~~

~~(I) NURSE TO PATIENT RATIOS;~~

~~(II) CAREGIVER TO PATIENT RATIOS;~~

~~(III) STAFFING GRIDS;~~

~~(IV) STAFFING MATRICES; AND~~

~~(V) ANY OTHER APPLICABLE STAFFING PROVISION.~~

~~(D) AT LEAST EVERY 6 MONTHS, THE CLINICAL STAFFING COMMITTEE SHALL CONDUCT A REVIEW OF THE CLINICAL STAFFING PLAN BY COMPARING THE CLINICAL STAFFING PLAN TO PATIENT NEEDS AND EVIDENCE BASED STAFFING INFORMATION.~~

~~(E) THE CLINICAL STAFFING COMMITTEE SHALL REVIEW, ASSESS, AND RESOLVE COMPLAINTS REGARDING POTENTIAL VIOLATIONS OF A CLINICAL STAFFING PLAN, STAFFING VARIATIONS, OR OTHER CONCERNS REGARDING THE IMPLEMENTATION OF THE CLINICAL STAFFING PLAN.~~

~~19-392.~~

~~(A) ON OR BEFORE JUNE 1 EACH YEAR, THE CLINICAL STAFFING COMMITTEE OF EACH HOSPITAL SHALL DEVELOP THE HOSPITAL'S CLINICAL STAFFING PLAN.~~

~~(B) EXCEPT AS PROVIDED IN SUBSECTION (C)(1) OF THIS SECTION, ON OR BEFORE JUNE 15 EACH YEAR, THE CLINICAL STAFFING COMMITTEE SHALL ADOPT A CLINICAL STAFFING PLAN BY A MAJORITY VOTE OF THE CLINICAL STAFFING COMMITTEE.~~

~~(C) (1) IF A CLINICAL STAFFING COMMITTEE IS UNABLE TO ADOPT A CLINICAL STAFFING PLAN AS REQUIRED UNDER SUBSECTION (B) OF THIS SECTION, THE CHIEF EXECUTIVE OFFICER OF THE HOSPITAL SHALL ADOPT A CLINICAL STAFFING PLAN THAT MEETS THE REQUIREMENTS OF THIS SUBTITLE NOT LATER THAN JUNE 30.~~

~~(2) IF A CHIEF EXECUTIVE OFFICER ADOPTS A CLINICAL STAFFING PLAN UNDER THIS PARAGRAPH (1) OF THIS SUBSECTION, THE CHIEF EXECUTIVE OFFICER SHALL ADOPT A PLAN THAT:~~

~~(I) IF PRACTICABLE, IS BASED ON A CLINICAL STAFFING PLAN THAT WAS PREVIOUSLY ADOPTED BY THE CLINICAL STAFFING COMMITTEE AS A BASIS FOR THE NEW CLINICAL STAFFING PLAN; AND~~

~~(II) INCORPORATES ANY STAFFING RELATED TERMS AND CONDITIONS THAT HAVE BEEN ADOPTED PREVIOUSLY THROUGH A COLLECTIVE BARGAINING AGREEMENT.~~

~~(D) (1) ON OR BEFORE JULY 31 EACH YEAR, EACH HOSPITAL SHALL SUBMIT TO THE COMMISSION:~~

~~(I) THE CLINICAL STAFFING PLAN;~~

~~(II) DATA FROM THE IMMEDIATELY PRECEDING YEAR REGARDING THE FREQUENCY AND DURATION OF VARIATIONS FROM THE ADOPTED CLINICAL STAFFING PLAN; AND~~

~~(III) THE NUMBER OF COMPLAINTS RECEIVED DURING THE IMMEDIATELY PRECEDING YEAR RELATING TO THE CLINICAL STAFFING PLAN AND THE DISPOSITION OF EACH COMPLAINT.~~

~~(2) (I) ON OR BEFORE AUGUST 14 EACH YEAR, THE COMMISSION SHALL INCLUDE ON ITS WEBSITE EACH CLINICAL STAFFING PLAN SUBMITTED UNDER PARAGRAPH (1)(I) OF THIS SUBSECTION.~~

~~(II) IF A HOSPITAL'S CLINICAL STAFFING PLAN IS AMENDED FOR ANY REASON DURING THE YEAR, THE HOSPITAL SHALL SUBMIT TO THE COMMISSION AN UPDATED CLINICAL STAFFING PLAN IN A TIMELY MANNER.~~

~~(III) THE COMMISSION SHALL INCLUDE ON ITS WEBSITE ANY CLINICAL STAFFING PLAN THAT IS UPDATED UNDER THIS PARAGRAPH IN A TIMELY MANNER.~~

~~(A) ON OR BEFORE JANUARY 1 EACH YEAR, BEGINNING IN 2026, EACH HOSPITAL SHALL:~~

~~(1) IMPLEMENT THE CLINICAL STAFFING PLAN ADOPTED UNDER § 19-392 OF THIS SUBTITLE; AND~~

~~(2) ASSIGN PERSONNEL TO EACH PATIENT CARE UNIT IN ACCORDANCE WITH THE CLINICAL STAFFING PLAN.~~

~~(B) A REGISTERED NURSE, A LICENSED PRACTICAL NURSE, AN ANCILLARY MEMBER OF THE FRONTLINE TEAM, OR AN APPLICABLE EXCLUSIVE REPRESENTATIVE MAY SUBMIT A COMPLAINT TO THE CLINICAL STAFFING COMMITTEE REGARDING ANY VARIATION WHERE PERSONNEL ASSIGNMENT IN A PATIENT CARE UNIT IS NOT IN ACCORDANCE WITH THE ADOPTED CLINICAL STAFFING PLAN.~~

~~(C) THE CLINICAL STAFFING COMMITTEE SHALL DETERMINE, BY A MAJORITY VOTE, WHETHER A COMPLAINT HAS BEEN ADEQUATELY RESOLVED.~~

~~19-394.~~

~~(A) ON OR BEFORE JANUARY 1 EACH YEAR, EACH HOSPITAL SHALL POST IN A PUBLICLY ACCESSIBLE AND CONSPICUOUS AREA ON EACH PATIENT UNIT THE CLINICAL STAFFING PLAN FOR THE UNIT AND THE ACTUAL DAILY STAFFING FOR EACH SHIFT ON THE UNIT.~~

~~(B) IF A CLINICAL STAFFING PLAN FOR A UNIT IS AMENDED AFTER IT IS IMPLEMENTED, THE HOSPITAL SHALL POST THE AMENDED CLINICAL STAFFING PLAN FOR THE UNIT IN A TIMELY MANNER.~~

~~19-395.~~

~~A HOSPITAL MAY NOT RETALIATE AGAINST OR ENGAGE IN ANY FORM OF INTIMIDATION OF:~~

~~(1) AN EMPLOYEE FOR PERFORMING DUTIES OR RESPONSIBILITIES IN CONNECTION WITH THE CLINICAL STAFFING COMMITTEE; OR~~

~~(2) AN EMPLOYEE, A PATIENT, OR OTHER INDIVIDUAL WHO NOTIFIES THE CLINICAL STAFFING COMMITTEE OR THE HOSPITAL ADMINISTRATION OF THE INDIVIDUAL'S STAFFING CONCERNS.~~

~~19-396.~~

~~(A) ON RECEIPT OF A COMPLAINT WITH SUPPORTING EVIDENCE, THE COMMISSION SHALL INVESTIGATE AN ALLEGED FAILURE:~~

~~(1) OF A HOSPITAL TO ESTABLISH A CLINICAL STAFFING COMMITTEE AS REQUIRED;~~

~~(2) OF A HOSPITAL TO COMPLY WITH THE REQUIREMENTS OF THIS SUBTITLE IN CREATING A CLINICAL STAFFING PLAN;~~

~~(3) OF A HOSPITAL TO IMPLEMENT ALL OR PART OF AN ADOPTED CLINICAL STAFFING PLAN;~~

~~(4) OF A CLINICAL STAFFING COMMITTEE TO CONDUCT A REVIEW OF A CLINICAL STAFFING PLAN UNDER § 19-391(D) OF THIS SUBTITLE; OR~~

~~(5) OF A HOSPITAL TO SUBMIT TO THE COMMISSION ANY RELEVANT UPDATES TO A CLINICAL STAFFING PLAN.~~

~~(B) IF THE COMMISSION RECEIVES A COMPLAINT OF UNRESOLVED COMPLAINTS RELATING TO A CLINICAL STAFFING PLAN, THE COMMISSION SHALL INITIATE AN INVESTIGATION IF THE COMPLAINT RELATES TO:~~

~~(1) COMPLIANCE WITH AN ADOPTED CLINICAL STAFFING PLAN;~~

~~(2) PERSONNEL ASSIGNMENTS IN A PATIENT CARE UNIT OR STAFFING LEVELS; OR~~

~~(3) ANY OTHER MATTER REQUIRED TO BE INCLUDED IN A CLINICAL STAFFING PLAN IN ACCORDANCE WITH THIS SUBTITLE.~~

~~(C) IF THE COMMISSION INITIATES AN INVESTIGATION UNDER SUBSECTION (B) OF THIS SECTION, THE COMMISSION SHALL DETERMINE WHETHER THERE IS A PATTERN OF FAILURE ON THE PART OF A CLINICAL STAFFING COMMITTEE OR A HOSPITAL:~~

~~(1) TO RESOLVE COMPLAINTS SUBMITTED TO THE CLINICAL STAFFING COMMITTEE; OR~~

~~(2) TO ADOPT A CLINICAL STAFFING PLAN UNDER § 19-392 OF THIS SUBTITLE.~~

~~(D) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, THE COMMISSION SHALL REQUIRE THE HOSPITAL TO SUBMIT A CORRECTIVE~~

~~ACTION PLAN WITHIN 45 DAYS AFTER THE COMMISSION'S NOTIFICATION OF A VIOLATION IF:~~

~~(I) THERE HAS BEEN A DETERMINATION OF A VIOLATION UNDER THIS SUBTITLE; OR~~

~~(II) THE COMMISSION FINDS UNDER SUBSECTION (C) OF THIS SECTION THAT THE CLINICAL STAFFING COMMITTEE IS RESPONSIBLE FOR A PATTERN OF UNRESOLVED COMPLAINTS.~~

~~(2) THE COMMISSION MAY NOT REQUIRE THE HOSPITAL TO SUBMIT A CORRECTIVE PLAN OF ACTION IF THE COMMISSION FINDS THAT THE MEMBERS OF THE CLINICAL STAFFING COMMITTEE WHO ARE ANCILLARY MEMBERS OF THE FRONTLINE TEAM WERE RESPONSIBLE FOR:~~

~~(I) THE CLINICAL STAFFING COMMITTEE FAILING TO RESOLVE COMPLAINTS; OR~~

~~(II) A PATTERN OF FAILING TO ADOPT A CLINICAL STAFFING PLAN.~~

~~(E) IN DETERMINING WHETHER A VIOLATION OCCURRED, THE COMMISSION SHALL CONSIDER WHETHER AN UNFORESEEABLE EMERGENCY CIRCUMSTANCE WAS A MITIGATING FACTOR AFFECTING THE HOSPITAL'S ABILITY TO FOLLOW AN ADOPTED CLINICAL STAFFING PLAN.~~

~~19-397.~~

~~(A) IF A HOSPITAL FAILS TO SUBMIT A CORRECTIVE ACTION PLAN IN ACCORDANCE WITH § 19-396 OF THIS SUBTITLE, THE COMMISSION MAY IMPOSE A CIVIL PENALTY NOT EXCEEDING \$3,000 FOR EACH VIOLATION.~~

~~(B) THE COMMISSION SHALL MAINTAIN FOR PUBLIC INSPECTION AND INCLUDE ON THE COMMISSION'S WEBSITE A RECORD OF ANY CIVIL PENALTY IMPOSED IN ACCORDANCE WITH THIS SUBTITLE.~~

~~19-398.~~

~~(A) ON OR BEFORE DECEMBER 31 EACH YEAR, BEGINNING IN 2025, THE COMMISSION SHALL SUBMIT A REPORT TO THE GOVERNOR, THE SECRETARY, AND, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY.~~

~~(B) THE REPORT REQUIRED UNDER SUBSECTION (A) OF THIS SECTION SHALL INCLUDE, FOR THE IMMEDIATELY PRECEDING CALENDAR YEAR:~~

~~(1) THE NUMBER OF COMPLAINTS SUBMITTED TO THE COMMISSION REGARDING A CLINICAL STAFFING COMMITTEE OR CLINICAL STAFFING PLAN;~~

~~(2) THE NUMBER OF INVESTIGATIONS CONDUCTED BY THE COMMISSION UNDER § 19-396 OF THIS SUBTITLE;~~

~~(3) THE DISPOSITION OF COMPLAINTS SUBMITTED TO THE COMMISSION REGARDING A CLINICAL STAFFING COMMITTEE OR CLINICAL STAFFING PLAN; AND~~

~~(4) THE ASSOCIATED COSTS FOR CONDUCTING INVESTIGATIONS AND RESOLVING COMPLAINTS UNDER THIS SUBTITLE.~~

~~(C) BEFORE SUBMITTING THE REPORT REQUIRED UNDER SUBSECTION (A) OF THIS SECTION, THE COMMISSION SHALL CONVENE A STAKEHOLDER WORKGROUP CONSISTING OF HOSPITAL ASSOCIATIONS AND UNIONS REPRESENTING NURSES OR ANCILLARY MEMBERS OF THE FRONTLINE TEAM FOR THE PURPOSES OF REVIEWING THE REPORT.~~

SECTION 2. AND BE IT FURTHER ENACTED, That each hospital shall establish a clinical staffing committee as required under § 19-310.4 of the Health – General Article, as enacted by Section 1 of this Act, on or before January 1, 2025.

SECTION 3. AND BE IT FURTHER ENACTED, That each clinical staffing committee shall develop a clinical staffing plan as required under § 19-310.4 of the Health – General Article, as enacted by Section 1 of this Act, on or before July 1, 2025.

SECTION 2. 4. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2024.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.