



General Assembly

Amendment

January Session, 2019

LCO No. 10682



Offered by:
REP. TERCYAK, 26th Dist.

To: Subst. House Bill No. 6943

File No. 7

Cal. No. 20

"AN ACT ALLOWING MEDICAL ASSISTANTS TO ADMINISTER VACCINES."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 Section 1. Subsection (c) of section 19a-89e of the general statutes is
4 repealed and the following is substituted in lieu thereof (*Effective*
5 *October 1, 2019*):

6 (c) Each hospital shall establish a hospital staffing committee to
7 assist in the preparation of the nurse staffing plan required pursuant to
8 subsection (b) of this section. Registered nurses employed by the
9 hospital whose primary responsibility is to provide direct patient care
10 shall account for not less than fifty per cent of the membership of each
11 hospital's staffing committee. In order to comply with the requirement
12 that a hospital establish a hospital staffing committee, a hospital may
13 utilize an existing committee or committees to assist in the preparation
14 of the nurse staffing plan, provided not less than fifty per cent of the
15 members of such existing committee or committees are registered

16 nurses employed by the hospital whose primary responsibility is to
17 provide direct patient care. Each hospital, in collaboration with its
18 staffing committee, shall develop and implement to the best of its
19 ability the prospective nurse staffing plan. Such plan shall: (1) Include
20 the minimum professional skill mix for each patient care unit in the
21 hospital, including, but not limited to, inpatient services, critical care
22 and the emergency department; (2) identify the hospital's employment
23 practices concerning the use of temporary and traveling nurses; (3) set
24 forth the level of administrative staffing in each patient care unit of the
25 hospital that ensures direct care staff are not utilized for administrative
26 functions; (4) set forth the hospital's process for internal review of the
27 nurse staffing plan; and (5) include the hospital's mechanism of
28 obtaining input from direct care staff, including nurses and other
29 members of the hospital's patient care team, in the development of the
30 nurse staffing plan. In addition to the information described in
31 subdivisions (1) to (5), inclusive, of this subsection, nurse staffing plans
32 developed and implemented after January 1, 2016, shall include: (A)
33 The number of registered nurses providing direct patient care and the
34 ratio of patients to such registered nurses by patient care unit; (B) the
35 number of licensed practical nurses providing direct patient care and
36 the ratio of patients to such licensed practical nurses, by patient care
37 unit; (C) the number of assistive personnel providing direct patient
38 care and the ratio of patients to such assistive personnel, by patient
39 care unit; (D) the method used by the hospital to determine and adjust
40 direct patient care staffing levels; and (E) a description of supporting
41 personnel assisting on each patient care unit. In addition to the
42 information described in subdivisions (1) to (5), inclusive, of this
43 subsection and subparagraphs (A) to (E), inclusive, of this subdivision,
44 nurse staffing plans developed and implemented after January 1, 2017,
45 shall include: (i) A description of any differences between the staffing
46 levels described in the staffing plan and actual staffing levels for each
47 patient care unit; and (ii) any actions the hospital intends to take to
48 address such differences or adjust staffing levels in future staffing
49 plans. Each hospital shall post its nurse staffing plan on each of its
50 units in a location that is visible, conspicuous and accessible to hospital

51 staff and patients and the public.

52 Sec. 2. Section 19a-490l of the general statutes is repealed and the
53 following is substituted in lieu thereof (*Effective October 1, 2019*):

54 (a) As used in this section:

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

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

59 (3) "Respiratory care practitioner" has the same meaning as
60 provided in section 20-162n; and

61 (4) "Surgical technologist" means a graduate of an accredited
62 educational program in surgical technology.

63 (b) No hospital may require a nurse, respiratory care practitioner or
64 surgical technologist to work in excess of a predetermined scheduled
65 work shift, provided such scheduled work shift is determined and
66 promulgated not less than forty-eight hours prior to the
67 commencement of such scheduled work shift. Any nurse, respiratory
68 care practitioner or surgical technologist may volunteer or agree to
69 work hours in addition to such scheduled work shift but the refusal by
70 a nurse, respiratory care practitioner or surgical technologist to accept
71 such additional hours shall not be grounds for discrimination,
72 dismissal, discharge or any other penalty or employment decision
73 adverse to the nurse, respiratory care practitioner or surgical
74 technologist.

75 (c) The provisions of this section shall not apply: (1) To any nurse,
76 respiratory care practitioner or surgical technologist participating in a
77 surgical procedure until such procedure is completed; (2) to any nurse,
78 respiratory care practitioner or surgical technologist working in a
79 critical care unit until such nurse, respiratory care practitioner or
80 surgical technologist is relieved by another nurse, respiratory care

81 practitioner or surgical technologist who is commencing a scheduled
 82 work shift; (3) in the case of a public health emergency; (4) in the case
 83 of an institutional emergency, including, but not limited to, adverse
 84 weather conditions, catastrophe or widespread illness, that in the
 85 opinion of the hospital administrator will significantly reduce the
 86 number of nurses, respiratory care practitioners or surgical
 87 technologists available for a scheduled work shift, provided the
 88 hospital administrator has made a good faith effort to mitigate the
 89 impact of such institutional emergency on the availability of nurses,
 90 respiratory care practitioners or surgical technologists; or (5) to any
 91 nurse, respiratory care practitioner or surgical technologist who is
 92 covered by a collective bargaining agreement that contains provisions
 93 addressing the issue of mandatory overtime.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2019	19a-89e(c)
Sec. 2	October 1, 2019	19a-490l