

HB4228 Welcome **Public Account** | [Staff Login](#) [My Account](#)

Keywords | Citations | Categories - Select - **SEARCH** **TRACKS** **REPORTS**

HB4228 - An Act relative to patient limits in all hospital intensive care units (Chapter 155 of 2014)

Progress:
Status: Signed by the Governor (SIGNED)
Last Action: 6/30/14 - G - Signed by the Governor



This bill is from a prior session. You can add it to tracks, but it will not indicate that it is tracked here.

[Design Report](#)

- Summary
- Co-sponsors (0)
- Categories (0)
- Citations (1)

Adds new section to G.L. 111 establishing the registered nurse patient ratio in intensive care units as 1:1 or 1:2, depending on the stability of the patient as measured by the acuity tool and the unit's nurses; requires each hospital to develop such an acuity tool, which shall be certified by DPH; directs the Health Policy Commission to promulgate regulations governing the implementation of this provision; requires hospitals to measure and report to the public on staffing compliance and related patient safety quality indicators; also adds another new section to the statute establishing a folic acid awareness initiative within DPH. (This is a new draft of HB 2103, which only dealt with the folic acid awareness initiative.)

POSITION: New **PRIORITY:** New **TASK:** New

- Assign - - Assign - - Assign -

(BOSTON UNIVERSITY SCHOOL OF LAW LIBRARY) COMMENTS:

All (Boston University School of Law Library) users can see this. It's not private to you, so use discretion when adding to this comment field.

- History (11)
 - Text (2)
 - Reports (1)
 - News (0)
 - Files (0)
 - Votes (2)
 - Testimony (0)
 - Related (1)
 - Refiles (0)
 - Floor Debate (6)
 - Tracks(0)
- House (0) Senate (6)

6

Bill	Date	Floor Debate
	DATE	FLOOR DEBATE
Sen. Rosenberg, Stanley (D)	6/26/14	This bill says that nurses have exclusive responsibility to one patient in an intensive care unit. This bill establishes the appropriate staff ratio for a patient as 1 to 1. There will be circumstances in which a patient who is stable may need less attention and the nurse, by agreement with their colleagues, can take on a second patient. If the condition changes and they need a one on one patient ratio again, they can revert back. The further provision addresses the possibility of stalemate. If there is a disagreement about whether a second patient can be added and the question cannot be resolved on the floor, a nurse manager will be consulted. Most hospitals used to have an acuity system that has disappeared in many settings. This would move us back to that system. The acuity system model will be developed and submitted to the Department of Public Health. This will ensure that nurses have the appropriate number of patients based on the patients' conditions. This puts patients first. In most ICU's it is known that a one to one ratio is the appropriate level. This bill will codify those policies. There has been an agreement between nurses and hospitals. This will also remove two ballot questions. Please support this bill.
Sen. Moore, Richard (D)	6/26/14	I would like to thank the member on his hard work and diplomacy on this issue. It reminds me of Henry Kissinger. I think there is a benefit to insisting that patients in the ICU have this attention. It's the closest we can get to a flawless solution. I am concerned that this will be a step toward a system that is not science based. California has a broad range of patient to nurse ratios and there have not been scientifically proven to show that there is a change in patient outcomes. I think it is important to have flexibility in patient care and not base decisions on a formula.
Sen. Pacheco, Marc (D)	6/26/14	Many leaders over the years have worked on this issue. It is very difficult to get both sides to make an agreement to benefit the patients. I would like to thank the leaders, the nursing associations and the hospital administration. In this proposal, the patient has been put at the center of the decision making process.
Sen. Chandler, Harriette (D)	6/26/14	This is an example of our system working. Hospitals, nurses and the legislature worked together to improve patient outcomes. I think it is a very promising sign of the road ahead.
Sen. Tarr, Bruce (R)	6/26/14	I would also like to add my thanks to the leadership and the stakeholders. This bill strikes an important balance that creates regulation without micromanaging.
Sen. Montigny, Mark (D)	6/26/14	This bill is a long time coming and there were tough negotiations. When something is this complex, all sides must give something. I think the nurses associations deserve the most commendation. They are overworked and underpaid. Their

6

Bill

Date

Floor Debate

DATE FLOOR DEBATE

dedication is constantly impressive. Their job has been getting more difficult over the last decade. Many hospital are not putting the patient relationship first as they ought to. I don't think the hospital would have come to the table to negotiate if it weren't for the ballot question.