

107TH CONGRESS
1ST SESSION

S. 863

To require medicare providers to disclose publicly staffing and performance
in order to promote improved consumer information and choice.

IN THE SENATE OF THE UNITED STATES

MAY 10, 2001

Mr. REID introduced the following bill; which was read twice and referred to
the Committee on Finance

A BILL

To require medicare providers to disclose publicly staffing
and performance in order to promote improved consumer
information and choice.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Patient Safety Act of
5 2001”.

6 **SEC. 2. PUBLIC DISCLOSURE OF STAFFING AND OUTCOMES**

7 **DATA.**

8 (a) DISCLOSURE OF STAFFING AND OUTCOMES.—

9 Any provider under the medicare program shall, as a con-
10 dition of continued participation in such program, make

1 publicly available information regarding nurse staffing
2 and patient outcomes as specified by the Secretary. Such
3 information shall include at least the following:

4 (1) The number of registered nurses providing
5 direct care. This information shall be expressed both
6 in raw numbers, in terms of total hours of nursing
7 care per patient (including adjustment for case mix
8 and acuity), and as a percentage of nursing staff,
9 and shall be broken down in terms of the total nurs-
10 ing staff, each unit, and each shift.

11 (2) The number of licensed practical nurses or
12 licensed vocational nurses providing direct care. This
13 information shall be expressed both in raw numbers,
14 in terms of total hours of nursing care per patient
15 (including adjustment for case mix and acuity), and
16 as a percentage of nursing staff, and shall be broken
17 down in terms of the total nursing staff, each unit,
18 and each shift.

19 (3) Numbers of unlicensed personnel utilized to
20 provide direct patient care. This information shall be
21 expressed both in raw numbers and as a percentage
22 of nursing staff and shall be broken down in terms
23 of the total nursing staff, each unit, and each shift.

24 (4) The average number of patients per reg-
25 istered nurse providing direct patient care. This in-

1 formation shall be broken down in terms of the total
2 nursing staff, each unit, and each shift.

3 (5) Risk-adjusted patient mortality rate (in raw
4 numbers and by diagnosis or diagnostic-related
5 group).

6 (6) Incidence of adverse patient care incidents,
7 including as such incidents at least medication er-
8 rors, patient injury, pressure ulcers, nosocomial in-
9 fections, and nosocomial urinary tract infections.

10 (7) Methods used for determining and adjusting
11 staffing levels and patient care needs and the pro-
12 vider's compliance with these methods.

13 (b) DISCLOSURE OF COMPLAINTS.—Data regarding
14 complaints filed with the State agency, the Health Care
15 Financing Administration, or an accrediting agency, com-
16 pliance with the standards of which have been deemed to
17 demonstrate compliance with conditions of participation
18 under the medicare program, and data regarding inves-
19 tigation and findings as a result of those complaints and
20 the findings of scheduled inspection visits, shall be made
21 publicly available.

22 (c) INFORMATION ON DATA.—All data made publicly
23 available under this section shall indicate the source and
24 currency of the data provided.

1 (d) WAIVER FOR SMALL PROVIDERS.—The Secretary
2 may waive or reduce reporting requirements under this
3 section in the case of a small provider (as defined by the
4 Secretary) for whom the imposition of the requirements
5 would be unduly burdensome.

6 (e) DEFINITIONS.—For purposes of this section:

7 (1) LICENSED PRACTICAL NURSE OR LICENSED
8 VOCATIONAL NURSE.—The term “licensed practical
9 nurse or licensed vocational nurse” means an indi-
10 vidual who is entitled under State law or regulation
11 to practice as a licensed practical nurse or a licensed
12 vocational nurse.

13 (2) MADE PUBLICLY AVAILABLE.—The term
14 “made publicly available” means, with respect to in-
15 formation of a provider, information that is—

16 (A) provided to the Secretary and to any
17 State agency responsible for licensing or accred-
18 iting the provider;

19 (B) provided to any State agency which
20 approves or oversees health care services deliv-
21 ered by the provider directly or through an in-
22 suring entity or corporation; and

23 (C) provided to any member of the public
24 which requests such information directly from
25 the provider.

1 (3) MEDICARE PROGRAM.—The term “medicare
2 program” means the programs under title XVIII of
3 the Social Security Act.

4 (4) PROVIDER.—The term “provider” means an
5 entity that is—

6 (A) a psychiatric hospital described in sec-
7 tion 1861(f) of the Social Security Act (42
8 U.S.C. 1395x(f));

9 (B) a provider of services described in sec-
10 tion 1861(u) of such Act (42 U.S.C. 1395x(u));

11 (C) a rural health clinic described in sec-
12 tion 1861(aa)(2) of such Act (42 U.S.C.
13 1395x(aa)(2));

14 (D) an ambulatory surgical center de-
15 scribed in section 1832(a)(2)(F)(i) of such Act
16 (42 U.S.C. 1395k(a)(2)(F)(i)); or

17 (E) a renal dialysis facility described in
18 section 1881(b)(1)(A) of such Act (42 U.S.C.
19 1395rr(b)(1)(A)).

20 (5) REGISTERED NURSE.—The term “reg-
21 istered nurse” means an individual who is entitled
22 under State law or regulation to practice as a reg-
23 istered nurse.

1 (6) SECRETARY.—The term “Secretary” means
2 the Secretary of Health and Human Services.

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