

107TH CONGRESS  
1ST SESSION

# H. R. 1804

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

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## IN THE HOUSE OF REPRESENTATIVES

MAY 10, 2001

Mr. HINCHEY introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## 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”.

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

2 **DATA.**

3 (a) DISCLOSURE OF STAFFING AND OUTCOMES.—

4 Any provider under the medicare program shall, as a con-  
5 dition of continued participation in such program, make  
6 publicly available information regarding nurse staffing  
7 and patient outcomes as specified by the Secretary. Such  
8 information shall include at least the following:

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

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

24 (3) Numbers of unlicensed personnel utilized to  
25 provide direct patient care. This information shall be  
26 expressed both in raw numbers and as a percentage

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

3 (4) The average number of patients per reg-  
4 istered nurse providing direct patient care. This in-  
5 formation shall be broken down in terms of the total  
6 nursing staff, each unit, and each shift.

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

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

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

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

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

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

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

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

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

19 (A) provided to the Secretary and to any  
20 State agency responsible for licensing or accred-  
21 iting the provider;

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

1 (C) provided to any member of the public  
2 which requests such information directly from  
3 the provider.

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

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

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

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

14 (C) a rural health clinic described in sec-  
15 tion 1861(aa)(2) of such Act (42 U.S.C.  
16 1395x(aa)(2));

17 (D) an ambulatory surgical center de-  
18 scribed in section 1832(a)(2)(F)(i) of such Act  
19 (42 U.S.C. 1395k(a)(2)(F)(i)); or

20 (E) a renal dialysis facility described in  
21 section 1881(b)(1)(A) of such Act (42 U.S.C.  
22 1395rr(b)(1)(A)).

23 (5) REGISTERED NURSE.—The term “reg-  
24 istered nurse” means an individual who is entitled

1 under State law or regulation to practice as a reg-  
2 istered nurse.

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

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