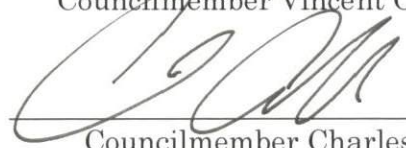


1   
2 Chairman Phil Mendelson

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6 Councilmember Elissa Silverman

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10 Councilmember Anita Bonds

  
Councilmember Vincent Orange

  
Councilmember Charles Allen

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20 A BILL  
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24  
25 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA  
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29

30 Chairman Phil Mendelson and Councilmembers Orange, Silverman, Allen, and Bonds  
31 introduced the following bill which was referred to the Committee  
32  
33

34 To amend the District of Columbia Occupational Safety and Health Act to ensure safe  
35 working conditions for health care workers with the collateral benefit of facilitating  
36 better quality of care for patients by requiring an acute care general hospital, special  
37 hospital, or psychiatric hospital to submit to the Department of Health a staffing  
38 plan that provides sufficient, appropriately qualified nursing staff in each unit  
39 within the facility; establishing and implementing an acuity system for addressing  
40 fluctuations in actual patient acuity levels and nursing care requirements  
41 necessitating increased staffing levels; and requiring the Department of Health to  
42 set minimal levels of nurse staffing and registered nurse staff ratios for schools.  
43

44 BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That  
45 this act may be cited as the "Safe Working Conditions for Healthcare Workers Amendment  
46 Act of 2015".

47           Sec. 2. The District of Columbia Occupational Safety and Health Act of 1988,  
48 effective March 16, 1989 (D.C. Law 7-186; D.C. Official Code § 32-1101 *et seq.*) is amended  
49 as follows:

50           (a) By designating section 2 through 26 as “TITLE I – OCCUPATIONAL SAFETY  
51 AND HEATH; GENERALLY”.

52           (b) By inserting a new Title II to read as follows:

53           “TITLE II – OCCUPATIONAL SAFETY AND HEALTH; HEALTHCARE WORKERS

54           “Sec. 30. Definitions.

55           “(1) “Acuity-Based Patient Classification System” or “acuity system” means an  
56 established measurement tool that:

57                   “(A) Predicts registered nursing care requirements for individual patients  
58 based on the severity of patient illness, the need for specialized equipment and technology,  
59 the intensity of required nursing interventions, and the complexity of clinical nursing  
60 judgment required to design, implement, and evaluate the patient’s nursing care plan  
61 consistent with professional standards, the ability for self-care, including motor, sensory,  
62 and cognitive deficits, and the need for advocacy intervention; and

63                   “(B) Details the amount of nursing care needed, the additional number of  
64 direct care registered nurses and other licensed and unlicensed nursing staff the acute care  
65 general hospital, special hospital or psychiatric hospital must assign, based on the  
66 independent professional judgment of the direct care registered nurse, to meet the  
67 individual patient needs at all times; and is stated in terms that can be readily used and  
68 understood by direct care nursing staff.

69           “(2) “Artificial life support” means a system that uses medical technology to aid,  
70 support, or replace a vital function of the body that has been seriously damaged.

71           “(3) “Competence” means the ability of the direct care registered nurse to act and  
72 integrate the knowledge, skills, abilities, and independent professional judgment that  
73 underpin safe, therapeutic, and effective patient care.

74           “(4) “Critical care unit” or “intensive care unit” means a nursing unit of an acute  
75 care general hospital that is established to safeguard and protect patients whose severity of  
76 medical conditions require continuous monitoring and complex interventions by direct care  
77 registered nurses, and whose restorative measures and level of nursing intensity requires  
78 intensive care through direct observation by the direct care registered nurse, complex  
79 monitoring, intensive intricate assessment, evaluation, specialized rapid intervention, and  
80 education/teaching of the patient, the patient’s family, or other representatives by a  
81 competent and experienced direct care registered nurse which includes: an intensive care  
82 unit, a burn center, a coronary care unit, or an acute respiratory unit.

83           “(5) “Declared state of emergency” means an officially designated state of emergency  
84 which has been declared by a federal or District of Columbia government official who has  
85 the authority to declare that the District of Columbia is in a state of emergency. The term  
86 does not include a state of emergency that results from a labor dispute in the health care  
87 industry.

88           “(6) “Direct Care Registered Nurse” or “Direct Care Professional Nurse” means a  
89 registered nurse currently licensed by the District of Columbia Board of Nursing to engage  
90 in “professional nursing” under Chapter 54 of Title 22 of the District of Columbia Official  
91 Code with documented clinical competence, as defined herein, who has accepted a direct,  
92 hands-on patient care assignment to implement medical and nursing regimens and provide  
93 related clinical supervision of patient care while exercising independent professional  
94 judgment at all times in the exclusive interest of the patient.

95           “(7) “General acute care hospital” means a health facility having a duly constituted  
96 governing body with overall administrative and professional responsibility and an  
97 organized medical staff that provides 24-hour inpatient care, including the following basic  
98 services: medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and  
99 dietary services.

100           “(8) “Hospital unit” or “clinical patient care area” means an intensive care/critical  
101 care unit, burn unit, labor and delivery room, antepartum and postpartum room, newborn  
102 nursery, post-anesthesia service area, emergency room, operating room, pediatric unit,  
103 step-down/intermediate care unit, specialty care unit, telemetry unit, general  
104 medical/surgical care unit, psychiatric unit, or rehabilitation unit.

105           “(9) “Medical/surgical unit” is a unit established to safeguard and protect patients  
106 whose severity of illness, including all co-morbidities, restorative measures and level of  
107 nursing intensity requires continuous care through direct observation by the direct care  
108 registered nurse, monitoring, multiple assessments, specialized interventions, evaluations,  
109 and education/teaching of the patient’s family, or other representatives by a competent and  
110 experienced direct care registered nurse. These units may include patients requiring less  
111 than intensive care or step-down care, and patients receiving 24 hour inpatient general  
112 medical care, post-surgical care, or both general medical and post-surgical care; and may  
113 include mixed patient populations of diverse diagnoses and diverse age groups excluding  
114 pediatric patients.

115           “(10) “Medication/somatic treatment services” means medical interventions  
116 including: physical examinations; prescription, supervision or administration of mental  
117 health-related medications; monitoring and interpreting results of laboratory diagnostic  
118 procedures related to mental health-related medications; medical interventions needed for  
119 effective mental health treatment provided as either an individual or group intervention;

120 monitoring the side effects and interactions of medications and the adverse reactions an  
121 individual may experience; and providing education and direction for symptom and  
122 medication self-management.

123       “(11) “Psychiatric hospital” means an inpatient psychiatric facility for individuals  
124 with serious and persistent mental illness who need intensive inpatient care to support  
125 their recovery.

126       “(12) “Specialty care unit” is a unit which is established to safeguard and protect  
127 patients whose severity of illness, including all co-morbidities, restorative measures and  
128 level of nursing intensity requires continuous care through direct observation by the direct  
129 care registered nurse, monitoring, multiple assessments, specialized interventions,  
130 evaluations, and education/teaching of the patient’s family, or other representatives by a  
131 competent and experienced direct care registered nurse, and provides intensity of care for a  
132 specific medical condition or a specific patient population; is more comprehensive for the  
133 specific condition or disease process than that which is required on medical/surgical units,  
134 and is not otherwise covered by the definitions in this section.

135       “(13) “Special Hospital” means a hospital that:

136               “(A) Defines a program of specialized services, such as obstetrics, mental  
137 health, orthopedic, long term acute care, rehabilitative services, or pediatric services;

138               “(B) Admits only patients with medical or surgical needs within the defined  
139 program; and

140               “(C) Has the facilities for specialized services and provides those specialized  
141 services.

142       “(14) “Staffing plan” means a written plan that establishes the minimum specific  
143 number of direct care registered nurses required to be present in each unit for each shift to  
144 ensure safe, therapeutic and effective patient care.

145           “(15) “Step down/intermediate intensive care unit” is defined as a unit established  
146 to safeguard and protect patients whose severity of illness, including all co-morbidities,  
147 restorative measures and level of nursing intensity requires intermediate intensive care  
148 through direct observation by the direct care registered nurse, monitoring, multiple  
149 assessments, specialized interventions, evaluations, and education/teaching of the patient’s  
150 family, or other representatives by a competent and experienced direct care registered  
151 nurse, and provide care to patients with moderate or potentially severe physiologic  
152 instability requiring technical support but not necessarily artificial life support.

153           “(16) “Technical support” means specialized equipment and/or direct care registered  
154 nurses providing for invasive monitoring, telemetry, and mechanical ventilation, for the  
155 immediate amelioration or remediation of severe pathology for those patients requiring less  
156 care than intensive care, but more than that which is required from medical/surgical care.

157           “(17) “Telemetry unit” is defined as a unit established to safeguard and protect  
158 patients whose severity of illness, including all co-morbidities, restorative measures and  
159 level of nursing intensity requires intermediate intensive care through direct observation  
160 by the direct care registered nurse, monitoring, multiple assessments, specialized  
161 interventions, evaluations, and education/teaching of the patient’s family, or other  
162 representatives by a competent and experienced direct care registered nurse, and is also  
163 designated for the electronic monitoring, recording, retrieval, and display of cardiac  
164 electrical signals.

165           “Sec. 31. Minimum Direct Care Registered Nurse to Patient Staffing Requirements.

166           “(a) Within one year after the effective date of this act, an acute care general  
167 hospital, special hospital, or psychiatric hospital shall submit to the Department of Health  
168 a staffing plan as provided under this section. Each acute care general hospital, special  
169 hospital, or psychiatric hospital is responsible for the development and implementation of a

170 written staffing plan that provides sufficient, appropriately qualified nursing staff in each  
171 unit, at all times, within the facility. In addition to the direct care registered nurse-ratios  
172 requirements of subsection (d) of this section, each acute care general hospital, special  
173 hospital, or psychiatric hospital shall assign additional nursing staff, such as, licensed  
174 practical nurses, licensed psychiatric technicians, and certified nursing assistants, through  
175 the implementation of a valid Patient Classification System for determining nursing care  
176 needs of individual patients that reflects the assessment, made by the assigned direct care  
177 registered nurse of patient nursing care requirements, and provides for shift-by-shift  
178 staffing based on those requirements. The ratios specified in subsection (d) of this section  
179 shall constitute the minimum number of registered nurses who shall be assigned to direct  
180 patient care.

181       “(b)(1) To assist in the development of a staffing plan, the acute care general  
182 hospital, special hospital, or psychiatric hospital shall establish a staffing committee for  
183 each unit and at least one half of the members shall be registered professional nurses who  
184 are direct care providers in that unit. If the nurses in the acute care general hospital,  
185 special hospital, or psychiatric hospital are represented by a labor organization, the  
186 collective bargaining representative shall designate the nurses from within each unit to  
187 serve on the staffing committee for that unit. Participation on the staffing committee shall  
188 be considered a part of the nurse’s regularly scheduled workweek. An acute care general  
189 hospital, special hospital, or psychiatric hospital shall not retaliate against a nurse who  
190 participates on the staffing committee. The staffing committee shall establish a staffing  
191 strategy for that unit if the patients’ needs within that unit for a shift exceed the required  
192 minimum direct care registered professional nurse-to-patient ratios set forth under  
193 subsection (d).

194                   “(2) Within one year after the effective date of this Act, each acute care  
195 general hospital, special hospital, or psychiatric hospital shall have established and  
196 implemented an acuity system for addressing fluctuations in actual patient acuity levels  
197 and nursing care requirements requiring increased staffing levels above the minimums set  
198 forth under subsection (d). The assessment tool shall be used annually to review the  
199 accuracy of the acuity system established under this subsection.

200                   “(c) To assist in the development of an acuity system, the acute care general  
201 hospital, special hospital, or psychiatric hospital shall establish an acuity committee for  
202 each unit and at least one-half of the members shall be registered professional nurses who  
203 are direct care providers in that unit. If the nurses in the acute care general hospital,  
204 special hospital, or psychiatric hospital are represented by a labor organization, the  
205 collective bargaining representative shall designate the nurses from within each unit to  
206 serve on the acuity committee for that unit. Participation on the acuity committee shall be  
207 considered a part of the nurse’s regularly scheduled workweek. An acute care general  
208 hospital, special hospital or psychiatric hospital shall not retaliate against a nurse who  
209 participates on the acuity committee.

210                   “(d) Within two years after the effective date of this act, an acute care general,  
211 special hospital, or psychiatric hospital shall implement and provide minimum, numerical,  
212 and specific staffing by direct care registered nurses that incorporate, at a minimum, the  
213 following direct care registered professional nurse-to-patient ratios, which shall apply to all  
214 shifts and at all times, including meals, breaks and routine absences for each of the  
215 corresponding units:

216                   “(1) Critical Care – Adult/Pediatric/Neonatal: at minimum, 1 nurse to 2  
217 patients;

218                   “(2) Operating Room: at minimum, 1 nurse to 1 patient;



219                   “(3) Labor and Delivery:

220                   “ (A) During 2nd and 3rd stages of labor: at minimum, 1 nurse to 1

221 patient;

222                   “ (B) During the 1st stage of labor: at minimum, 1 nurse to 2 patients;

223                   “ (C) Intermediate care newborn nursery: at minimum, 1 nurse to 3

224 patients;

225                   “ (D) Inpatient antepartum: at minimum, 1 nurse to 1 patient;

226                   “ (E) Postpartum mother baby couplet: at minimum, 1 nurse to 4

227 patient couplets; and

228                   “ (F) Postpartum or well-baby care: at minimum, 1 nurse to 4 patients.

229                   “(4) Post-anesthesia care unit: at minimum, 1 nurse to 2 patients;

230                   “(5) Emergency Department:

231                   “ (A) Non-trauma or noncritical care: at minimum, 1 nurse to 4

232 patients;

233                   “ (B) Trauma or critical care patient: at minimum, 1 nurse to 1

234 patient; and

235                   “ (C) Two RNs for triage.

236                   “(6) Stepdown: at minimum, 1 nurse to 3 patients;

237                   “(7) Telemetry: at minimum, 1 nurse to 4 patients;

238                   “(8) Medical/Surgical: at minimum, 1 nurse to 4 patients;

239                   “(9) Pediatrics: at minimum, 1 nurse to 4 patients;

240                   “(10) Behavioral Health: at minimum, 1 nurse to 64 patients;

241                   “(11) Rehabilitation care: at minimum, 1 nurse to 5 patients;

242                   “(12) Antepartum/Postpartum Unit (Non-Labor & Delivery):

243                   “ (A) Antepartum: at minimum, 1 nurse to 2 patients; and

244                   “(B) Postpartum: at minimum, 1 nurse to 3 patients.

245           “(e) Except as otherwise provided under this subsection, in computing the registered  
246 professional nurse-to-patient ratio required under subsection (d) of this section, the acute  
247 care general hospital, special hospital, or psychiatric hospital shall not include a registered  
248 professional nurse who is not assigned to provide direct patient care in that unit or who is  
249 not oriented, qualified, and competent to provide safe patient care in that unit. In the event  
250 of a declared state of emergency, an acute care general hospital may include a staff member  
251 who is a registered professional nurse who is not normally used in computing the ratio  
252 requirement because the staff member performs primarily administrative functions if the  
253 staff member provides direct patient care during the unforeseeable declared state of  
254 emergency, but shall be included in the computation only for the duration of the declared  
255 state of emergency. In computing the registered professional nurse-to-patient ratio for the  
256 operating room, the acute care general hospital or special hospital shall not include a  
257 circulating RN or a first assistant RN.

258           “(f) The registered professional nurse-to-patient ratio established for each unit  
259 under subsection (d) of this section does not limit, reduce or otherwise affect the need for  
260 other licensed or unlicensed health care professionals, assistants or support personnel  
261 necessary to provide safe patient care within the unit. An acute care general hospital,  
262 special hospital, or psychiatric hospital shall not impose lay-offs or work reductions of  
263 licensed practical nurses, certified nursing assistants, or other ancillary support staff to  
264 meet the clinical unit direct care registered nurse-to-patient ratios required in this section.

265           “(g) The acute care general hospital, special hospital, or psychiatric hospital shall  
266 post its staffing plan for each unit in a conspicuous place within the unit for public review.  
267 Upon request, the acute care general hospital, special hospital, or psychiatric hospital shall  
268 provide copies of the staffing plan that are filed with the Department of Health to the

269 public. The hospital shall make available for each member of the nursing staff a copy of the  
270 staffing plan for his or her unit, including the number of direct care registered professional  
271 nurses required for each shift and the names of those registered professional nurses  
272 assigned and present during each shift. A staffing plan developed under this section and  
273 the minimum staffing ratios established under this section are minimums and shall be  
274 increased as needed to provide safe patient care as determined by the acute care general  
275 hospital, special hospital, or psychiatric hospital's acuity system or assessment tool. An  
276 acute care general hospital, special hospital, or psychiatric hospital shall not use  
277 mandatory overtime as a staffing strategy in the delivery of safe patient care except in the  
278 event of a declared state of emergency.

279       “(h) In addition to any staffing requirements in health care facilities otherwise  
280 provided by law or regulation, the Director of the Department of Health shall adopt  
281 regulations that provide for the following registered nurse staff ratios for schools:

282               “(1) Senior High School: at minimum, 1 nurse to 900 patients (with a medical  
283 technician);

284               “(2) Middle School: at minimum, 1 nurse to 750 patients (with or without a  
285 medical technician); and

286               “(3) Elementary School: at minimum, 1 nurse to 700 patients (with or  
287 without a medical technician).

288       “(i) An acute care general hospital, special hospital, or psychiatric hospital shall not  
289 average the number of patients and the total number of direct care registered nurses  
290 assigned to patients in a clinical unit during any one shift or over any period of time for  
291 purposes of meeting the requirements under subsection (d) of this section.

292       “(j) Patients shall only be cared for on units or clinical patient care areas where the  
293 level of intensity, type of care, and direct care registered nurse-to-patient ratios meet the

294 individual requirements and needs of each patient. Identifying a unit or clinical patient  
295 care area by a name or term other than those defined in this section does not affect the  
296 requirement to staff at the direct care registered nurse-to-patient ratios identified for the  
297 level of intensity or type of care described in this section. The use of patient acuity-  
298 adjustable units is strictly prohibited.

299       “(k) These regulations shall require acute care general hospitals, special hospitals,  
300 and psychiatric hospitals to meet the staffing requirements in this section by maintaining  
301 or increasing the current number of registered professional nurses in an acute care general  
302 hospital and not replacing registered professional nurses with licensed practical nurses or  
303 unlicensed professional care givers.

304       “(l) Acute care general hospitals, special hospitals, and psychiatric hospitals shall  
305 ensure that only a direct care registered nurse may relieve another direct care registered  
306 nurse during breaks, meals, and routing absences from a clinical unit.

307       “(m) Direct care registered nurse-to-patient ratios represent the maximum number  
308 of patients that shall be assigned to one direct care registered nurse at all times.

309       “(n) Current documented, demonstrated and validated competency is required for  
310 all direct care registered nurses and must be determined based on the satisfactory  
311 performance of:

312               “(1) The statutorily recognized duties and responsibilities of the registered  
313 nurses, as set forth in Chapter 54 Title 22 – Registered Nurses, and regulations  
314 promulgated there under; and

315               “(2) The standards required under sections 44-1933.3 and 44-1933. 4 which  
316 are specific to each hospital unit.

317       “Sec. 32. Prohibition on Overtime.

318           “(a) No registered nurse of an acute care general hospital, special hospital, or  
319 psychiatric hospital may be required to work overtime. Attempts to compel or force  
320 registered nurses to work overtime are contrary to public policy, and any such requirement  
321 contained in a contract, agreement, or understanding is void.

322           “(b) The acceptance by any registered nurse of overtime is strictly voluntary, and  
323 the  
324 refusal of a registered nurse to accept such overtime work is not grounds for discrimination,  
325 dismissal, discharge, or any other penalty, threat of reports for discipline, or employment  
326 decision adverse to the employee.

327           “(c) This section does not apply to overtime work that occurs:

328                   “(1) Because of a declared state of emergency;

329                   “(2) Because of prescheduled on-call time;

330                   “(3) When the employer documents that the employer has used reasonable  
331 efforts to obtain staffing. An employer has not used reasonable efforts if overtime work is  
332 used to fill vacancies resulting from chronic staff shortages; or

333                   “(4) When an employee is required to work overtime to complete a patient  
334 care procedure already in progress where the absence of the employee could have an  
335 adverse effect on the patient.

336           “(d) This section may not be construed to prohibit a registered nurse from  
337 voluntarily agreeing to work more than the number of scheduled hours provided in this  
338 section.

339           “(e) A registered nurse may not be disciplined for refusing to work more than 12  
340 consecutive hours except where the registered nurse refuses to work mandatory overtime in  
341 the case of a declared state of emergency or when overtime is required as a last resort to  
342 ensure patient safety. Any registered nurse who is required to work more than 12

343 consecutive hours, as permitted by this subsection, must be allowed at least 12 consecutive  
344 hours of off-duty time immediately following the worked overtime. This subsection does not  
345 apply to overtime for performance of services in response to an emergency declared by the  
346 Mayor under the laws of the District of Columbia.

347 "Sec. 33. Compliance.

348 "(a) If an acute care general hospital, special hospital, or psychiatric hospital fails to  
349 submit an annual staffing plan as required in section 4 of this act or does not meet the  
350 required staffing plan established for each unit during each shift, as adjusted in accordance  
351 with the acute care general hospital, specialty hospital, or psychiatric hospital's acuity  
352 system or assessment tool to maintain safe patient care, the acute care general, special  
353 hospital, or psychiatric hospital is in violation of this act. Each violation shall be reported  
354 to the Department of Health by the acute care general, specialty hospital, or psychiatric  
355 hospital's designated representative.

356 "(b) Any person who fails to comply with any of the provisions of this act shall be  
357 subject to a fine not to exceed \$25,000 for each violation. Each day of the violation shall  
358 constitute a separate violation and the penalties prescribed shall be applicable to each  
359 separate violation unless otherwise indicated. An acute care general hospital, special  
360 hospital, or psychiatric hospital licensed pursuant to section 4902 of the Department of  
361 Health Functions Clarification Act of 2001, effective October 3, 2001 (D.C. Law 14-28; D.C.  
362 Official Code § 7-731), that is in violation of the staffing requirements of this Act shall be  
363 subject to a civil penalty of not more than \$25,000 for each day the hospital or facility is in  
364 violation.

365 "(c) The Mayor shall direct the District of Columbia Department of Public Health to  
366 develop provisions amending Chapter 20, Section 2005 of Title 22, District of Columbia  
367 Municipal Regulations to monitor the enforcement of this act.

368 "Sec. 34. Whistleblower and Patient Protections:

369 "(a) A registered nurse shall have the right to act as the patient's advocate, as  
370 circumstances require, by initiating action to improve health care, assist in enforcement of  
371 required patient care standards, or to change decisions or activities which, in the  
372 professional judgment of the nurse, are against the interests and wishes of the patient, and  
373 giving the patient an opportunity to make informed decisions about health care before it is  
374 provided.

375 "(b) A registered nurse may refuse to accept an assignment as a nurse in a health  
376 care facility if the assignment would violate subsection (a) of this section, or the nurse is not  
377 prepared by education, training, or experience to fulfill the assignment without  
378 compromising the safety of any patient or jeopardizing the license of the registered nurse.

379 "(c)(1) No health care facility shall discharge, discriminate, or retaliate in any  
380 manner with respect to any aspect of employment, including discharge, promotion,  
381 compensation, or terms, conditions, or privileges of employment against a current or former  
382 nurse because the nurse exercised a right, acted on a duty or refused a work assignment  
383 pursuant to this section.

384 "(2) No health care facility shall file a complaint or a report against a  
385 registered nurse or a former registered nurse with the appropriate District professional  
386 disciplinary entity because the nurse exercised a right, acted on a duty or refused a work  
387 assignment pursuant to this section.

388 "(d) Any nurse or former nurse who has been discharged, discriminated against,  
389 retaliated against or against whom a complaint has been filed in violation of this act may  
390 bring a cause of action for a jury trial. If the nurse or former nurse demonstrates that  
391 activity protected under subsections (1) or (2) above is a contributing factor for any alleged  
392 discrimination or retaliation, the nurse or former nurse shall prevail unless the health care

393 facility proves by clear and convincing evidence that it would have taken the same action  
394 for lawful, independent reasons. A nurse or former nurse who prevails on the cause of  
395 action shall be entitled to one or more of the following:

396           “(1) Reinstatement;

397           “(2) Reimbursement of lost wages, compensation, and benefits;

398           “(3) Attorneys’ fees;

399           “(4) Court costs; and

400           “(5) Other damages, including consequential, compensatory and exemplary  
401 damages.

402           “(e) A registered nurse, patient, or other individual may file a complaint with the  
403 Council or Designee against a health care facility that violates the provisions of this Act.

404 For any complaint filed, the Council or Designee shall:

405           “(1) Receive and investigate the complaint;

406           “(2) Determine whether a violation of this title as alleged in the complaint  
407 has occurred; and

408           “(3) Have the authority to order interim relief while the complaint is  
409 pending; and

410           “(4) If such a violation has occurred, issue an order that the complaining  
411 nurse or individual shall not suffer any retaliation described in this section, including the  
412 disciplinary action against any person who violates the order.

413           “(f) The Council or Designee shall provide for the establishment of a toll-free  
414 telephone hotline to provide information regarding the requirements under Act and to  
415 receive reports of violations of such section.

416           “(1) A health care facility shall provide each patient admitted to the hospital  
417 for in-patient care with the hotline described in subsection (a) above, and shall give notice



418 to each patient that such hotline may be used to anonymously report inadequate staffing or  
419 care.

420 “(g)(1) An acute care general hospital, special hospital, or psychiatric hospital shall  
421 not discriminate or retaliate in any manner against any patient or former patient, employee  
422 or former employee, or contract or former contract employee of the hospital, or any other  
423 individual, on the basis that such individual, in good faith, individually or in conjunction  
424 with another person or persons, has presented a grievance or complaint, or has initiated or  
425 cooperated in any investigation or proceeding of any governmental entity, regulatory  
426 Council or Designee, or private accreditation body, made a civil claim or demand, or filed an  
427 action relating to the care, services, or conditions of the hospital or of any affiliated or  
428 related facilities.

429 “(2) For purposes of this subsection, an individual shall be deemed to be  
430 acting in good faith if the individual reasonably believes:

431 “(A) The information reported or disclosed is true; and

432 “(B) The information provides evidence that a violation of this act has  
433 occurred or may occur.

434 “(3) An individual may file a complaint for violation of this subsection under  
435 the provisions of subsections (d) or (e).

436 “(h)(1) It shall be unlawful for any hospital to:

437 “(A) Interfere with, restrain, or deny the exercise, or attempt to  
438 exercise, by any person of any right provided or protected under this title; or

439 “(B) Coerce or intimidate any person regarding the exercise or  
440 attempt to exercise such right.

441                   “(2) It shall be unlawful for any hospital to discriminate or retaliate against  
442 any person for opposing any hospital policy, practice, or actions which the person  
443 reasonably believes violate, breach, or fail to comply with any provision of this title.

444                   “(3) An acute care general hospital, special hospital, or psychiatric  
445 hospital(or an individual representing an acute care general hospital, special hospital, or  
446 psychiatric hospital) shall not make, adopt, or enforce any rule, regulation, policy, or  
447 practice which in any manner directly or indirectly prohibits, impedes, or discourages a  
448 direct care registered nurse from, or intimidates, coerces, or induces a direct care registered  
449 nurse regarding, engaging in free speech activities or disclosing information as provided  
450 under this act.

451                   “(4) An acute care general hospital, special hospital, or a psychiatric hospital  
452 (or an individual representing an acute care general hospital, special hospital, or  
453 psychiatric hospital) shall not in any way interfere with the rights of nurses to organize,  
454 bargain collectively, and engage in concerted activity under section 7 of the National Labor  
455 Relations Act (29 U.S.C. 157).

456                   “(5) An acute care general hospital, special hospital, or psychiatric hospital  
457 shall post in an appropriate location in each unit a conspicuous notice in a form specified by  
458 the Council or Designee that:

459                                 “(A) Explains the rights of nurses, patients, and other individuals  
460 under this section;

461                                 “(B) Includes a statement that a nurse, patient, or other individual  
462 may file a complaint with the Council or Designee against an acute care general, special  
463 hospital or psychiatric hospital that violates the provisions of this title; and

464                                 “(C) Provides instructions on how to file a complaint under section.

465                   “(6) Any person who has been discharged, discriminated against or retaliated  
466 against in violation of this subsection may bring a cause of action for a jury trial. If the  
467 person demonstrates that activity protected under this subsection is a contributing factor  
468 for any alleged discrimination or retaliation, the person shall prevail unless the acute care  
469 general hospital, special hospital or psychiatric hospital proves by clear and convincing  
470 evidence that it would have taken the same action for independent reasons. A person who  
471 prevails on the cause of action shall be entitled to one or more of the following:

472                   “(A) Reinstatement;

473                   “(B) Reimbursement of lost wages, compensation, and benefits;

474                   “(C) Attorneys’ fees;

475                   “(D) Court costs; or

476                   “(E) Other damages, including consequential, compensatory and  
477 exemplary damages.

478                   “Sec. 35. Enforcement.

479                   “(a) Any acute care hospital, special hospital, or psychiatric hospital that fails to  
480 comply with any of the provisions of this act shall be subject to a fine of not more than  
481 \$25,000 for each violation.

482                   “(b) Any person employed by an acute care hospital, special hospital, or psychiatric  
483 hospital who fails to comply with any of the provisions of subsections 7(1) through (3) of this  
484 act shall be subject to a fine of not more than \$20,000 for each violation.

485                   “Sec. 36. Training Registered Professional Nurses.

486                   “(a) Within one year after the effective date of this Act, the District of Columbia  
487 Department of Health shall submit a detailed plan, working with the Department of  
488 Nursing and Allied Health, Community College of the University of the District of  
489 Columbia, (UDC-CC), to increase the number of registered professional nurses in the

490 District of Columbia by increasing the number of students graduating from the Associate in  
491 Applied Science (AASN) Degree in Nursing program by at least fifty per cent (50%)  
492 annually within two years. The Department of Health, the Workforce Investment Council,  
493 and other relevant District of Columbia government agencies shall seek federal funds which  
494 may be available through the Workforce Investment Act, the Affordable Care Act, or other  
495 monies, to develop nurse training and development. The plan may include strategies or  
496 incentives to encourage District residents to apply for and be admitted to this program.  
497 The plan should include encouragement for acute care general hospitals, specialty  
498 hospitals, or psychiatric hospitals located in the District of Columbia to cooperate with  
499 and/or support the training of registered professional nurses.”.

500           Sec. 3. Fiscal impact statement.

501           The Council adopts the fiscal impact statement in the committee report as the fiscal  
502 impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act,  
503 approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(3)).

504           Sec. 4. Effective date.

505           This act shall take effect following approval by the Mayor (or in the event of veto by  
506 the Mayor, action by the Council to override the veto), a 30-day period of Congressional  
507 review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved  
508 December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the  
509 District of Columbia Register.