

110TH CONGRESS
1ST SESSION

H. R. 2123

To amend the Public Health Service Act to establish direct care registered nurse-to-patient staffing ratio requirements in hospitals, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 3, 2007

Ms. SCHAKOWSKY (for herself, Mr. STARK, Mr. GRIJALVA, Mr. KUCINICH, Mrs. MCCARTHY of New York, Mr. NADLER, Mr. OBERSTAR, Mr. RANGEL, Ms. SCHWARTZ, and Mr. TOWNS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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

A BILL

To amend the Public Health Service Act to establish direct care registered nurse-to-patient staffing ratio requirements in hospitals, and for other purposes.

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; FINDINGS.**

4 (a) **SHORT TITLE.**—This Act may be cited as the
5 “Nurse Staffing Standards for Patient Safety and Quality
6 Care Act of 2007”.

7 (b) **FINDINGS.**—Congress finds the following:

1 (1) The Federal Government has a substantial
2 interest in promoting quality care and improving the
3 delivery of health care services to patients in health
4 care facilities in the United States.

5 (2) Recent changes in health care delivery sys-
6 tems that have resulted in higher acuity levels
7 among patients in health care facilities increase the
8 need for improved quality measures in order to pro-
9 tect patient care and reduce the incidence of medical
10 errors.

11 (3) Inadequate and poorly monitored registered
12 nurse staffing practices that result in too few reg-
13 istered nurses providing direct care jeopardize the
14 delivery of quality health care services.

15 (4) Numerous studies have shown that patient
16 outcomes are directly correlated to direct care reg-
17 istered nurse staffing levels, including a 2002 Joint
18 Commission on Accreditation of Healthcare Organi-
19 zations report that concluded that the lack of direct
20 care registered nurses contributed to nearly a quar-
21 ter of the unanticipated problems that result in in-
22 jury or death to hospital patients.

23 (5) Requirements for direct care registered
24 nurse staffing ratios will help address the registered
25 nurse shortage in the United States by aiding in re-

1 cruitment of new registered nurses and improving
2 retention of registered nurses who are considering
3 leaving direct patient care because of demands cre-
4 ated by inadequate staffing.

5 (6) Establishing adequate minimum direct care
6 registered nurse-to-patient ratios that take into ac-
7 count patient acuity measures will improve the deliv-
8 ery of quality health care services and guarantee pa-
9 tient safety.

10 (7) Establishing safe staffing standards for di-
11 rect care registered nurses is a critical component of
12 assuring that there is adequate hospital staffing at
13 all levels to improve the delivery of quality care and
14 protect patient safety.

15 **SEC. 2. MINIMUM DIRECT CARE REGISTERED NURSE**
16 **STAFFING REQUIREMENT.**

17 (a) MINIMUM DIRECT CARE REGISTERED NURSE
18 STAFFING REQUIREMENT.—The Public Health Service
19 Act (42 U.S.C. 201 et seq.) is amended by adding at the
20 end the following new title:

21 **“TITLE XXX—MINIMUM DIRECT**
22 **CARE REGISTERED NURSE**
23 **STAFFING REQUIREMENT**

24 **“SEC. 3001. MINIMUM NURSE STAFFING REQUIREMENT.**

25 “(a) STAFFING PLAN.—

1 “(1) IN GENERAL.—A hospital shall implement
2 a staffing plan that—

3 “(A) provides adequate, appropriate, and
4 quality delivery of health care services and pro-
5 tects patient safety; and

6 “(B) is consistent with the requirements of
7 this title.

8 “(2) EFFECTIVE DATES.—

9 “(A) IMPLEMENTATION OF STAFFING
10 PLAN.—Subject to subparagraph (B), the re-
11 quirements under paragraph (1) shall take ef-
12 fect not later than 1 year after the date of the
13 enactment of this title.

14 “(B) APPLICATION OF MINIMUM DIRECT
15 CARE REGISTERED NURSE-TO-PATIENT RA-
16 TIOS.—The requirements under subsection (b)
17 shall take effect as soon as practicable, as de-
18 termined by the Secretary, but not later than 2
19 years after the date of the enactment of this
20 title, or in the case of a hospital in a rural area
21 (as defined in section 1886(d)(2)(D) of the So-
22 cial Security Act), not later than 4 years after
23 the date of the enactment of this title.

24 “(b) MINIMUM DIRECT CARE REGISTERED NURSE-
25 TO-PATIENT RATIOS.—

1 “(1) IN GENERAL.—A hospital’s staffing plan
2 shall provide that, during each shift within a unit of
3 the hospital, a direct care registered nurse may be
4 assigned to not more than the following number of
5 patients in that unit, subject to paragraph (3):

6 “(A) 1 patient in operating room units and
7 trauma emergency units.

8 “(B) 2 patients in critical care units, in-
9 cluding emergency critical care and intensive
10 care units, labor and delivery units, and
11 postanesthesia units.

12 “(C) 3 patients in antepartum units, emer-
13 gency room units, pediatrics units, stepdown
14 units, and telemetry units.

15 “(D) 4 patients in intermediate care nurs-
16 ery units, medical/surgical units, and acute care
17 psychiatric units.

18 “(E) 5 patients in rehabilitation units.

19 “(F) 6 patients in postpartum (3 couplets)
20 units and well-baby nursery units.

21 “(2) SIMILAR UNITS WITH DIFFERENT
22 NAMES.—The Secretary may apply minimum direct
23 care registered nurse-to-patient ratios established in
24 paragraph (1) to a type of hospital unit not referred
25 to in such paragraph if such other unit performs a

1 function similar to the function performed by the
2 unit referred to in such paragraph.

3 “(3) ADJUSTMENT OF RATIOS.—

4 “(A) IN GENERAL.—If necessary to protect
5 patient safety, the Secretary may prescribe reg-
6 ulations that—

7 “(i) increase minimum direct care reg-
8 istered nurse-to-patient ratios under this
9 subsection to further limit the number of
10 patients that may be assigned to each di-
11 rect care nurse; or

12 “(ii) add minimum direct care reg-
13 istered nurse-to-patient ratios for units not
14 referred to in paragraphs (1) and (2).

15 “(B) CONSULTATION.—Such regulations
16 shall be prescribed after consultation with af-
17 fected hospitals and registered nurses.

18 “(4) RELATIONSHIP TO STATE-IMPOSED RA-
19 TIOS.—

20 “(A) NO PREEMPTION OF CERTAIN STATE-
21 IMPOSED RATIOS.—Nothing in this title shall
22 preempt State standards that the Secretary de-
23 termines to be at least equivalent to Federal re-
24 quirements for a staffing plan established under
25 this title. Minimum direct care registered nurse-

1 to-patient ratios established under this sub-
2 section shall not preempt State requirements
3 that the Secretary determines are at least
4 equivalent to Federal requirements for a staff-
5 ing plan established under this title.

6 “(B) SATISFACTION OF CERTAIN FEDERAL
7 REQUIREMENTS WITH CERTAIN STATE-IMPOSED
8 NURSE-TO-PATIENT RATIOS.—States that, at
9 least 2 years prior to the date of the enactment
10 of this title, have enacted minimum direct care
11 nurse-to-patient ratios that allow the use of li-
12 censed practical nurses to meet State-imposed
13 minimum direct care nurse-to-patient ratios
14 may continue to make such allowance, and such
15 allowance shall be considered to satisfy require-
16 ments imposed under this subsection, so long as
17 the particular licensed practical nurse is em-
18 ployed in the same or a comparable position.

19 “(5) EXEMPTION IN EMERGENCIES.—

20 “(A) IN GENERAL.—The requirements es-
21 tablished under this subsection shall not apply
22 during a declared state of emergency if a hos-
23 pital is requested or expected to provide an ex-
24 ceptional level of emergency or other medical
25 services.

1 “(B) EMERGENCY DEFINED.—For pur-
2 poses of subparagraph (A), the term ‘declared
3 state of emergency’ means a state of emergency
4 that has been declared by the Federal Govern-
5 ment or the head of the appropriate State or
6 local governmental agency having authority to
7 declare that the State, county, municipality, or
8 locality is in a state of emergency, but such
9 term does not include a state of emergency that
10 results from a labor dispute in the health care
11 industry or consistent understaffing.

12 “(c) DEVELOPMENT AND REEVALUATION OF STAFF-
13 ING PLAN.—

14 “(1) CONSIDERATIONS IN DEVELOPMENT OF
15 PLAN.—In developing the staffing plan, a hospital
16 shall provide for direct care registered nurse-to-pa-
17 tient ratios above the minimum direct care reg-
18 istered nurse-to-patient ratios required under sub-
19 section (b) if appropriate based upon consideration
20 of the following factors:

21 “(A) The number of patients and acuity
22 level of patients as determined by the applica-
23 tion of an acuity system (as defined in section
24 3006(1)), on a shift-by-shift basis.

1 “(B) The anticipated admissions, dis-
2 charges, and transfers of patients during each
3 shift that impacts direct patient care.

4 “(C) Specialized experience required of di-
5 rect care registered nurses on a particular unit.

6 “(D) Staffing levels and services provided
7 by other health care personnel in meeting direct
8 patient care needs not required by a direct care
9 registered nurse.

10 “(E) The level of technology available that
11 affects the delivery of direct patient care.

12 “(F) The level of familiarity with hospital
13 practices, policies, and procedures by temporary
14 agency direct care registered nurses used dur-
15 ing a shift.

16 “(G) Obstacles to efficiency in the delivery
17 of patient care presented by physical layout.

18 “(2) DOCUMENTATION OF STAFFING.—A hos-
19 pital shall specify the system used to document ac-
20 tual staffing in each unit for each shift.

21 “(3) ANNUAL REEVALUATION OF PLAN AND
22 ACUITY SYSTEM.—

23 “(A) IN GENERAL.—A hospital shall annu-
24 ally evaluate—

1 “(i) its staffing plan in each unit in
2 relation to actual patient care require-
3 ments; and

4 “(ii) the accuracy of its acuity system.

5 “(B) UPDATE.—A hospital shall update its
6 staffing plan and acuity system to the extent
7 appropriate based on such evaluation.

8 “(4) REGISTERED NURSE PARTICIPATION.—A
9 staffing plan of a hospital shall be developed and
10 subsequent reevaluations shall be conducted under
11 this subsection on the basis of input from direct care
12 registered nurses at the hospital or, where such
13 nurses are represented through collective bargaining,
14 from the applicable recognized or certified collective
15 bargaining representative of such nurses. Nothing in
16 this title shall be construed to permit conduct pro-
17 hibited under the National Labor Relations Act or
18 under the Federal Labor Relations Act.

19 “(d) SUBMISSION OF PLAN TO SECRETARY.—A hos-
20 pital shall submit to the Secretary its staffing plan and
21 any annual updates under subsection (c)(3)(B). A feder-
22 ally operated hospital may submit its staffing plan
23 through the department or agency operating the hospital.

1 **“SEC. 3002. POSTING, RECORDS, AND AUDITS.**

2 “(a) POSTING REQUIREMENTS.—In each unit, a hos-
3 pital shall post a uniform notice in a form specified by
4 the Secretary in regulation that—

5 “(1) explains requirements imposed under sec-
6 tion 3001;

7 “(2) includes actual direct care registered
8 nurse-to-patient ratios during each shift; and

9 “(3) is visible, conspicuous, and accessible to
10 staff, patients, and the public.

11 “(b) RECORDS.—

12 “(1) MAINTENANCE OF RECORDS.—Each hos-
13 pital shall maintain accurate records of actual direct
14 care registered nurse-to-patient ratios in each unit
15 for each shift for no less than 3 years. Such records
16 shall include—

17 “(A) the number of patients in each unit;

18 “(B) the identity and duty hours of each
19 direct care registered nurse assigned to each
20 patient in each unit in each shift; and

21 “(C) a copy of each notice posted under
22 subsection (a).

23 “(2) AVAILABILITY OF RECORDS.—Each hos-
24 pital shall make its records maintained under para-
25 graph (1) available to—

26 “(A) the Secretary;

1 “(B) registered nurses and their collective
2 bargaining representatives (if any); and

3 “(C) the public under regulations estab-
4 lished by the Secretary, or in the case of a fed-
5 erally operated hospital, under section 552 of
6 title 5, United States Code (commonly known
7 as the ‘Freedom of Information Act’).

8 “(c) AUDITS.—The Secretary shall conduct periodic
9 audits to ensure—

10 “(1) implementation of the staffing plan in ac-
11 cordance with this title; and

12 “(2) accuracy in records maintained under this
13 section.

14 **“SEC. 3003. MINIMUM DIRECT CARE LICENSED PRACTICAL**
15 **NURSE STAFFING REQUIREMENTS.**

16 “(a) ESTABLISHMENT.—A hospital’s staffing plan
17 shall comply with minimum direct care licensed practical
18 nurse staffing requirements that the Secretary establishes
19 for units in hospitals. Such staffing requirements shall be
20 established not later than 18 months after the date of the
21 enactment of this title, and shall be based on the study
22 conducted under subsection (b).

23 “(b) STUDY.—Not later than 1 year after the date
24 of the enactment of this title, the Secretary, acting
25 through the Director of the Agency for Healthcare Re-

1 search and Quality, shall complete a study of licensed
2 practical nurse staffing and its effects on patient care in
3 hospitals. The Director may contract with a qualified enti-
4 ty or organization to carry out such study under this para-
5 graph. The Director shall consult with licensed practical
6 nurses and organizations representing licensed practical
7 nurses regarding the design and conduct of the study.

8 “(c) APPLICATION OF REGISTERED NURSE PROVI-
9 SIONS TO LICENSED PRACTICAL NURSE STAFFING RE-
10 QUIREMENTS.—Paragraphs (2), (3), (4)(A), and (5) of
11 section 3001(b), section 3001(c), and section 3002 shall
12 apply to the establishment and application of direct care
13 licensed practical nurse staffing requirements under this
14 section in the same manner that they apply to the estab-
15 lishment and application of direct care registered nurse-
16 to-patient ratios under section 3001.

17 “(d) EFFECTIVE DATE.—The requirements of this
18 section shall take effect as soon as practicable, as deter-
19 mined by the Secretary, but not later than 2 years after
20 the date of the enactment of this title, or in the case of
21 a hospital in a rural area (as defined in section
22 1886(d)(2)(D) of the Social Security Act), not later than
23 4 years after the date of the enactment of this title.

1 **“SEC. 3004. ADJUSTMENT IN REIMBURSEMENT.**

2 “(a) **MEDICARE REIMBURSEMENT.**—The Secretary
3 shall adjust payments made to hospitals (other than feder-
4 ally operated hospitals) under title XVIII of the Social Se-
5 curity Act in an amount equal to the net amount of addi-
6 tional costs incurred in providing services to medicare
7 beneficiaries that are attributable to compliance with re-
8 quirements imposed under sections 3001 through 3003.
9 The amount of such payment adjustments shall take into
10 account recommendations contained in the report sub-
11 mitted by the Medicare Payment Advisory Commission
12 under subsection (c).

13 “(b) **AUTHORIZATION OF APPROPRIATION FOR FED-**
14 **ERALLY OPERATED HOSPITALS.**—There are authorized to
15 be appropriated such additional sums as are required for
16 federally operated hospitals to comply with the additional
17 requirements established under sections 3001 through
18 3003.

19 “(c) **MEDPAC REPORT.**—Not later than 2 years after
20 the date of the enactment of this title, the Medicare Pay-
21 ment Advisory Commission (established under section
22 1805 of the Social Security Act) shall submit to Congress
23 and the Secretary a report estimating total costs and sav-
24 ings attributable to compliance with requirements imposed
25 under sections 3001 through 3003. Such report shall in-

1 clude recommendations on the need, if any, to adjust reim-
2 bursement for Medicare payments under subsection (a).

3 **“SEC. 3005. PROTECTION OF NURSES AND OTHER INDIVID-**
4 **UALS.**

5 “(a) REFUSAL OF ASSIGNMENT.—A nurse may
6 refuse to accept an assignment as a nurse in a hospital
7 if—

8 “(1) the assignment would violate section 3001
9 or 3003; or

10 “(2) the nurse is not prepared by education,
11 training, or experience to fulfill the assignment with-
12 out compromising the safety of any patient or jeop-
13 ardizing the license of the nurse.

14 “(b) RETALIATION FOR REFUSAL OF ASSIGNMENT
15 BARRED.—

16 “(1) NO DISCHARGE, DISCRIMINATION, OR RE-
17 TALIAION.—No hospital shall discharge, discrimi-
18 nate, or retaliate in any manner with respect to any
19 aspect of employment (as defined in section
20 3006(5)), including discharge, promotion, compensa-
21 tion, or terms, conditions, or privileges of employ-
22 ment against a nurse based on the nurse’s refusal of
23 a work assignment under subsection (a).

24 “(2) NO FILING OF COMPLAINT.—No hospital
25 shall file a complaint or a report against a nurse

1 with the appropriate State professional disciplinary
2 agency because of the nurse's refusal of a work as-
3 signment under subsection (a).

4 “(c) CAUSE OF ACTION.—Any nurse who has been
5 discharged, discriminated, or retaliated against in viola-
6 tion of subsection (b)(1) or against whom a complaint has
7 been filed in violation of subsection (b)(2) may bring a
8 cause of action in a United States district court. A nurse
9 who prevails on the cause of action shall be entitled to
10 one or more of the following:

11 “(1) Reinstatement.

12 “(2) Reimbursement of lost wages, compensa-
13 tion, and benefits.

14 “(3) Attorneys' fees.

15 “(4) Court costs.

16 “(5) Other damages.

17 “(d) COMPLAINT TO SECRETARY.—A nurse or other
18 individual may file a complaint with the Secretary against
19 a hospital that violates the provisions of this title. For any
20 complaint filed, the Secretary shall—

21 “(1) receive and investigate the complaint;

22 “(2) determine whether a violation of this title
23 as alleged in the complaint has occurred; and

24 “(3) if such a violation has occurred, issue an
25 order that the complaining nurse or individual shall

1 not suffer any retaliation under subsection (b) or
2 under subsection (e).

3 “(e) PROTECTION FOR REPORTING.—

4 “(1) RETALIATION BARRED.—A hospital shall
5 not discriminate or retaliate in any manner with re-
6 spect to any aspect of employment, including hiring,
7 discharge, promotion, compensation, or terms, condi-
8 tions, or privileges of employment against any indi-
9 vidual who in good faith, individually or in conjunc-
10 tion with another person or persons—

11 “(A) reports a violation or a suspected vio-
12 lation of this title to the Secretary, a public reg-
13 ulatory agency, a private accreditation body, or
14 the management personnel of the hospital;

15 “(B) initiates, cooperates, or otherwise
16 participates in an investigation or proceeding
17 brought by the Secretary, a public regulatory
18 agency, or a private accreditation body con-
19 cerning matters covered by this title; or

20 “(C) informs or discusses with other indi-
21 viduals or with representatives of hospital em-
22 ployees a violation or suspected violation of this
23 title.

24 “(2) GOOD FAITH DEFINED.—For purposes of
25 this subsection, an individual shall be deemed to be

1 acting in good faith if the individual reasonably be-
2 lieves—

3 “(A) the information reported or disclosed
4 is true; and

5 “(B) a violation of this title has occurred
6 or may occur.

7 “(f) NOTICE.—A hospital shall post in an appropriate
8 location in each unit a conspicuous notice in a form speci-
9 fied by the Secretary that—

10 “(1) explains the rights of nurses and other in-
11 dividuals under this section;

12 “(2) includes a statement that a nurse or other
13 individual may file a complaint with the Secretary
14 against a hospital that violates the provisions of this
15 title; and

16 “(3) provides instructions on how to file a com-
17 plaint under paragraph (2).

18 “(g) EFFECTIVE DATES.—

19 “(1) REFUSAL; RETALIATION; CAUSE OF AC-
20 TION.—

21 “(A) IN GENERAL.—Subsections (a)
22 through (c) shall apply to refusals occurring on
23 or after the effective date of the provision to
24 which the refusal relates.

1 “(B) EXCEPTION.—Subsection (a)(2) shall
2 not apply to refusals in any hospital before the
3 requirements of section 3001(a) apply to that
4 hospital.

5 “(2) PROTECTIONS FOR REPORTING.—Sub-
6 section (e) shall apply to actions described in sub-
7 paragraphs (A) and (C) of subsection (e)(1) occur-
8 ring on or after the effective date of the provision
9 to which the violation relates. Subsection (e) shall
10 apply to initiation, cooperation, or participation in
11 an investigation or proceeding on or after the date
12 of the enactment of this title.

13 “(3) NOTICE.—Subsection (f) shall take effect
14 18 months after the date of the enactment of this
15 title.

16 **“SEC. 3006. DEFINITIONS.**

17 “For purposes of this title:

18 “(1) ACUITY SYSTEM.—The term ‘acuity sys-
19 tem’ means an established measurement tool that—

20 “(A) predicts nursing care requirements
21 for individual patients based on severity of pa-
22 tient illness, need for specialized equipment and
23 technology, intensity of nursing interventions
24 required, and the complexity of clinical nursing

1 judgment needed to design, implement, and
2 evaluate the patient’s nursing care plan;

3 “(B) details the amount of nursing care
4 needed, both in number of nurses and in skill
5 mix of nursing personnel required, on a daily
6 basis, for each patient in a nursing department
7 or unit;

8 “(C) takes into consideration the patient
9 care services provided not only by registered
10 nurses but also by direct care licensed practical
11 nurses and other health care personnel; and

12 “(D) is stated in terms that can be readily
13 used and understood by nurses.

14 “(2) DIRECT CARE LICENSED PRACTICAL
15 NURSE.—The term ‘direct care licensed practical
16 nurse’ means an individual who has been granted a
17 license by at least 1 State to practice as a licensed
18 practical nurse or a licensed vocational nurse and
19 who provides bedside care for 1 or more patients.

20 “(3) NURSE.—The term ‘nurse’ means any di-
21 rect care registered nurse or direct care licensed
22 practical nurse (as the case may be), regardless of
23 whether or not the nurse is an employee.

24 “(4) DIRECT CARE REGISTERED NURSE.—The
25 term ‘direct care registered nurse’ means an indi-

1 vidual who has been granted a license by at least 1
2 State to practice as a registered nurse and who pro-
3 vides bedside care for 1 or more patients.

4 “(5) EMPLOYMENT.—The term ‘employment’
5 includes the provision of services under a contract or
6 other arrangement.

7 “(6) HOSPITAL.—The term ‘hospital’ has the
8 meaning given that term in section 1861(e) of the
9 Social Security Act, and includes a hospital that is
10 operated by the Department of Veterans Affairs, the
11 Department of Defense, the Indian Health Services
12 Program, or any other department or agency of the
13 United States.

14 “(7) STAFFING PLAN.—The term ‘staffing plan’
15 means a staffing plan required under section 3001.”.

16 (b) RECOMMENDATIONS TO CONGRESS.—No later
17 than 1 year after the date of the enactment of this Act,
18 the Secretary of Health and Human Services shall submit
19 to Congress a report containing recommendations for en-
20 suring that sufficient numbers of nurses are available to
21 meet the requirements imposed by title XXX of the Public
22 Health Service Act, as added by subsection (a).

1 **SEC. 3. ENFORCEMENT OF REQUIREMENTS THROUGH FED-**
2 **ERAL PROGRAMS.**

3 (a) **MEDICARE PROGRAM.**—Section 1866(a)(1) of the
4 Social Security Act (42 U.S.C. 1395cc(a)(1)) is amend-
5 ed—

6 (1) by striking “and” at the end of subpara-
7 graph (U);

8 (2) by striking the period at the end of sub-
9 paragraph (V) and inserting “, and”; and

10 (3) by inserting after subparagraph (V) the fol-
11 lowing:

12 “(W) in the case of a hospital, to comply with
13 the provisions of title XXX of the Public Health
14 Service Act.”.

15 (b) **MEDICAID PROGRAM.**—The first sentence of sec-
16 tion 1902(a) of the Social Security Act (42 U.S.C.
17 1396(a)) is amended—

18 (1) by striking “and” at the end of paragraph
19 (69);

20 (2) by striking the period at the end of para-
21 graph (70) and inserting “; and”; and

22 (3) by inserting after paragraph (70) the fol-
23 lowing new paragraph:

24 “(71) provide that any hospital receiving pay-
25 ments under such plan must comply with the provi-

1 sions of title XXX of the Public Health Service
2 Act.”.

3 (c) HEALTH BENEFITS PROGRAM OF THE DEPART-
4 MENT OF VETERANS AFFAIRS.—Section 8110(a) of title
5 38, United States Code, is amended by adding at the end
6 the following new paragraph:

7 “(7) In the case of a Department medical facility that
8 is a hospital, the hospital shall comply with the provisions
9 of title XXX of the Public Health Service Act.”.

10 (d) HEALTH BENEFITS PROGRAM OF THE DEPART-
11 MENT OF DEFENSE.—

12 (1) IN GENERAL.—Chapter 55 of title 10,
13 United States Code, is amended by adding at the
14 end the following new section:

15 **“§ 1110a. Staffing requirements**

16 “In the case of a facility of the uniformed services
17 that is a hospital, the hospital shall comply with the provi-
18 sions of title XXX of the Public Health Service Act.”.

19 (2) CLERICAL AMENDMENT.—The table of sec-
20 tions at the beginning of such chapter is amended
21 by inserting after the item relating to section 1110
22 the following new item:

“1110a. Staffing requirements.”.

23 (e) INDIAN HEALTH SERVICES PROGRAM.—Title
24 VIII of the Indian Health Care Improvement Act (25

1 U.S.C. 1671 et seq.) is amended by adding at the end
2 the following new section:

3 **“SEC. 826. STAFFING REQUIREMENTS.**

4 “A hospital of the Service shall comply with the provi-
5 sions of title XXX of the Public Health Service Act.”.

○