



Once enacted into law *An Act Concerning Adequate and Safe Health Care Staffing* will:

- Establish **local, health professional-approved patient limits** by requiring staffing plans to be voted on by a majority of the facility's staffing committee, which will be **made up of 50% + 1 bedside nurses** (effective Oct. 1, 2023);
- Requires hospitals to **pay members of the staffing committee** for their participation;
- Empower the Department of Public Health to hold hospital administrators accountable for implementing hospital staffing plans (effective Oct. 1, 2024);
- Protect health professionals' ability to exercise their **ethical responsibility to object to unsafe assignments** (effective Oct. 1, 2023);
- Prohibit hospitals from forcing nurses to work more than 12 hours a day or 48 hours a week (effective Oct. 1, 2023 or upon expiration of union contract*);
- **Strengthens the prohibition on mandatory overtime** while allowing voluntary overtime for health professionals (effective Oct. 1, 2023 or upon expiration of union contract*); &
- Increase transparency of hospital staffing plans to staff, patients, and the public.

*for UConn Health will likely be effective July 1, 2027



"We are more than just numbers on a staffing plan; we are human beings, and we are struggling. Our patients are struggling, our communities are struggling; we deserve better, our patients deserve better and healthcare corporations can afford to do better."

-Danielle Dufour, RN, Backus Hospital -

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https://aftct.org/Safe_Pt_Limits_Law_Win



	CURRENT LAW	STAFFING LEGISLATION (Effective 10/1/2023)
Are there nurse-patient ratios?	No. Current law says staffing plans should include ratios, but those ratios are set by management and the hospital is not required to actually follow it.	While statewide ratios are not included, each hospital must have a staffing plan – approved by direct care nurses – that includes local, nurse-approved ratios. The staffing plan must be voted on and approved by a majority of the staffing committee, and the staffing committee must be a majority of direct care nurses (i.e., not management). The hospital is required to follow the staffing plan and ratios.
What is makeup of staffing committee?	50% direct care nurses & 50% management	Direct care nurses make up 50% “plus 1” or the committee. So direct care nurses always have a majority.
How are direct care nurses selected for committee?	Law does not specify. At many places it is volunteer and selected by management.	At union hospitals, the union selects the members of the committee. This gives a strong voice to the nurses who are not selected by management and make up a majority of the committee. In effect, we now control the staffing committee and can set the ratios we deem safe. At non-union hospitals, the current nurses on the committee will determine the process for selecting the direct care nurses. While this is an improvement, staffing committees will be much stronger at unionized hospitals because management can’t influence which nurses are on the committee, we aren’t afraid of retaliation, and we are organized to vote in unison.
Are staffing plans (including ratios) enforceable?	No. No requirement hospital follow staffing plan, and no agency enforces it.	Yes. If a hospital does not meet ratios in each area at least 80% of the time, will be fined \$3,500 for the first violation and \$5,000 for each subsequent violation. Will be enforced through audits conducted by DPH. Also hospitals must certify to DPH every six months whether it was in compliance at least 80% of time.
Do staffing plans include ratios for assistive personnel?	Yes.	Yes includes ratios for “assistive personnel”.
Posting of staffing plan?	No.	Yes, must post in a public area on each unit.
How often is staffing plan reported to DPH?	Once a year.	Twice a year.
Maintain records of actual ratios?	No.	Hospital must maintain records of the actual ratios on each shift/unit and make such records available to staff, union, patients, and public upon request. This will allow us to also track hospitals and hold them accountable.
What data must be included?	No data is collected.	Report to DPH must include retention, turnover and recruitment metrics for direct care nurses.
Protection from retaliation?	No.	Yes – legal protection from retaliation for participating in staffing committee, and for raising concerns of unsafe staffing, workplace violence, racism or bullying.
Can a nurse object or refuse to participate in an assignment?	No.	Yes if the “nurse is not competently able based on education, training or experience to participate” in the assignment “without compromising the safety of a specific patient”. If a nurse objects to or refuses an assignment must tell a supervisor and fill out a form. However, there are limitations on this rule, including: (1) during ongoing surgical procedure, (2) in CCU, L&D, and ED until relieved by another nurse, (3) public health/institutional emergency, and (4) when “inaction or abandonment” would “jeopardize patient safety” Nurses can also continue to accept assignments but fill out unsafe staffing forms.
MANDATORY OVERTIME LEGISLATION		
When is mandatory overtime permissible?	Hospital can mandate overtime: 1. During a surgery until it is completed. 2. CCU until relieved by a nurse commencing a scheduled shift 3. Public Health Emergency 4. Institutional emergency (e.g., weather conditions) 5. If a collective bargaining agreement contains provisions addressing the issue of mandatory OT.	The collective bargaining exception is removed. Once a current union contract expires, MOT can only be used in other listed emergencies (like at non-union hospitals).* Even in those situations, MOT is only allowed if patient safety requires it, there are no reasonable alternatives, and there are no volunteers. Hospitals cannot use it as a regular staffing practice. *for UConn Health will likely be effective July 1, 2027
How is mandatory OT defined?	Hospitals cannot require a nurse to work “in excess of a predetermined scheduled shift” (other than exceptions listed above)	Hospitals cannot require a nurse to work (1) “in excess of a predetermined scheduled shift”, (2) more than 12 hours in a 24-hour period, or (3) more than 48 hours in a workweek (other than emergency exceptions.) Voluntary OT is still permissible.

LEARN MORE HERE:
<https://tinyurl.com/CTStaffingBillLanguage>

