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RWH 5/16/08

P.L. 2007, CHAPTER 225, *approved January 3, 2008*
Senate, No. 1758 (*First Reprint*)

1 AN ACT concerning health care worker and patient safety and
2 supplementing Title 26 of the Revised Statutes.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6

7 1. This Act shall be known and may be cited as the “Safe Patient
8 Handling Act.”

9

10 2. The Legislature finds and declares that:

11 a. In New Jersey, nurses, nurse aides, orderlies and attendants,
12 combined, have the highest number of nonfatal occupational
13 injuries and illnesses involving days away from work of other
14 occupations;

15 b. Chronic back pain and other job-related musculoskeletal
16 disorders contribute significantly to the decision by nurses and
17 other health care workers to leave their professions, which
18 exacerbates the shortage of health care providers in this State;

19 c. Studies show that manual patient handling and movement
20 negatively affect patient safety, quality of care and patient comfort,
21 dignity and satisfaction;

22 d. The American Hospital Association has stated that work-
23 related musculoskeletal disorders account for the largest proportion
24 of workers’ compensation costs in hospitals and long-term care
25 facilities;

26 e. Studies demonstrate that assistive patient handling technology
27 reduces workers’ compensation and medical treatment costs for
28 musculoskeletal disorders among health care workers, and that
29 employers can recoup their initial investment in equipment and
30 training within three years;

31 f. Therefore, it is appropriate public policy to ¹**[require the use**
32 **of assistive]** minimize unassisted¹ patient handling ¹**[technology]**¹
33 as set forth in this act.

34

35 3. As used in this act:

36 “Assisted patient handling” means patient handling using:
37 mechanical patient handling equipment including, but not limited
38 to, electric beds, portable base and ceiling track-mounted full body
39 sling lifts, stand assist lifts, and mechanized lateral transfer aids;
40 and patient handling aids including, but not limited to, gait belts
41 with handles, sliding boards and surface friction-reducing devices.

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Senate SHH committee amendments adopted December 14, 2006.

1 “Covered health care facility” means a ¹ **[health care facility]**
2 general or special hospital or nursing home¹ licensed by the
3 Department of Health and Senior Services pursuant to P.L.1971,
4 c.136 (C.26:2H-1 et seq.), a State developmental center and a State
5 or county psychiatric hospital.

6 “Health care worker” means an individual who is employed by a
7 covered health care facility whose job duties entail patient handling.

8 “Patient” means a patient or resident at a covered health care
9 facility.

10 “Patient handling” means the lifting, transferring, repositioning,
11 transporting or moving of a patient in a covered health care facility.

12 ¹ **“Safe patient handling policy”** means a written policy to
13 minimize unassisted patient handling in all cases, and eliminate
14 such handling, when feasible, by maximizing the use of assisted
15 patient handling.¹

16 “Unassisted patient handling” means patient handling using a
17 health care worker's body strength without the use of mechanical
18 patient handling equipment or patient handling aids.

19

20 4. Within ¹ **[18] 36**¹ months of the effective date of this act,
21 each covered health care facility shall establish a safe patient
22 handling program to reduce the risk of injury to both patients and
23 health care workers at the facility.

24 a. The facility shall:

25 (1) maintain a detailed written description of the program and its
26 components;

27 (2) provide a copy of the written description ¹ of the program¹ to
28 the Department of Health and Senior Services or Department of
29 Human Services, as applicable, and make the description available
30 to health care workers at the facility and to any collective
31 bargaining agent representing health care workers at the facility;

32 (3) ¹ establish a safe patient handling policy, as provided in
33 subsection b. of this section;

34 (4) include in the safe patient handling policy a statement
35 concerning the right of a patient to refuse the use of assisted patient
36 handling, as provided in subsection e. of this section;

37 (5)¹ post the safe patient handling policy in a location easily
38 visible to staff, patients, and visitors; and

39 ¹ **[(4)] (6)**¹ designate a representative of management at the
40 facility who shall be responsible for overseeing all aspects of the
41 safe patient handling program.

42 b. A safe patient handling program shall include:

43 (1) a safe patient handling policy on all units and for all shifts
44 that ¹ **[.]** minimizes unassisted patient handling, taking into account
45 the patient's physical and cognitive condition, and that is¹
46 consistent with patient safety and well-being ¹ **[.]**, restricts unassisted
47 patient handling of all or most of a patient's weight to situations

- 1 where a patient is in need of immediate attention or where the use
2 of assisted patient handling would jeopardize the safety of the
3 patient¹;
- 4 (2) an assessment of the safe patient handling assistive devices
5 needed to carry out the facility's safe patient handling policy;
- 6 (3) ¹['the purchase of] recommendations for a three-year capital
7 plan to purchase¹ safe patient handling equipment and patient
8 handling aids necessary to carry out the safe patient handling
9 policy¹, which plan takes into account the financial constraints of
10 the facility¹;
- 11 (4) protocols and procedures for assessing and updating the
12 appropriate patient handling requirements of each patient of the
13 facility;
- 14 (5) a plan for ¹['assuring] achieving¹ prompt access to and
15 availability of mechanical patient handling equipment and patient
16 handling aids ¹['on all units and all shifts]¹;
- 17 (6) a provision requiring that all such equipment and aids be
18 stored and maintained in compliance with their manufacturers'
19 recommendations;
- 20 (7) a training program for health care workers that:
- 21 (a) covers the identification, assessment, and control of patient
22 handling risks; the safe, appropriate, and effective use of patient
23 handling equipment and aids, and proven safe patient handling
24 techniques;
- 25 (b) requires trainees to demonstrate proficiency in the techniques
26 and practices presented;
- 27 (c) is provided during paid work time; and
- 28 (d) is conducted upon commencement of the facility's safe
29 patient handling program and at least annually thereafter, with
30 appropriate interim training for individuals beginning work between
31 annual training sessions; and
- 32 (8) educational materials for patients and their families to help
33 orient them to the facility's safe patient handling program.
- 34 c. A facility shall conduct an annual evaluation of the program,
35 and make revisions to the program based on data analysis ¹['and
36 feedback from the facility's health care workers]¹.
- 37 d. A facility shall ¹['purchase the equipment and aids determined
38 necessary to carry out its safe patient handling policy and]¹ conduct
39 the initial training as required in this section within ¹['24] 36¹
40 months of the effective date of this act.
- 41 ¹e. Nothing in this act shall be construed to limit the right of a
42 patient to refuse the use of assisted patient handling.¹
- 43
- 44 5. a. Within 12 months of the effective date of this act¹['] :
- 45 (1)¹ each covered health care facility shall establish a safe
46 patient handling committee, which shall be responsible for all
47 aspects of the development, implementation and periodic evaluation

1 and revision of the facility's safe patient handling program,
2 including the evaluation and selection of patient handling
3 equipment and aids and other appropriate engineering controls¹;

4 (2) in the case of a health care system that owns or operates
5 more than one covered health care facility or Department of Human
6 Services facilities, the safe patient handling committee may be
7 operated at the system or department level, provided that committee
8 membership includes at least one health care worker from each
9 facility, and a safe patient handling program is developed for each
10 facility, taking into account the characteristics of the patients at the
11 facility¹.

12 b. At least 50% of the members of the committee shall be health
13 care workers who ¹**[provide direct patient care to patients at the**
14 **facility or are otherwise involved in patient handling at the facility]**
15 are representative of the different disciplines of health care workers
16 employed at the facility or facilities, in the case of a health care
17 system¹. In a facility ¹or health care system¹ where health care
18 workers are represented by ¹**[a] one or more**¹ collective bargaining
19 ¹**[agent] agents**¹, the ¹**[collective bargaining agent shall select]**
20 management of the facility or system shall consult with the
21 collective bargaining agents regarding the selection of¹ the health
22 care worker committee members.

23 The remaining members of the committee shall have experience,
24 expertise, or responsibility relevant to the operation of a safe patient
25 handling program.

26 c. ¹**[A health care system with more than one covered health**
27 **care facility shall have a committee at each facility.**

28 d.]¹ The committee shall meet ¹**[at least monthly]** as needed,
29 but no less than quarterly¹.

30

31 6. A covered health care facility shall not ¹**[retaliate]** take any
32 retaliatory action¹ against any health care worker because that
33 worker refuses to perform a patient handling task due to a
34 reasonable concern about worker or patient safety, or the lack of
35 appropriate and available patient handling equipment or aids. ¹In
36 the event the health care worker refuses to perform a patient
37 handling task pursuant to this section, the worker shall promptly
38 notify his supervisor of the refusal and the reason therefor.

39 As used in this section, "retaliatory action" shall have the same
40 meaning as provided in section 2 of P.L.1986, c.105 (C.34:19-2).¹

41

42 ¹**[7. The Commissioner of Health and Senior Services shall**
43 **provide training to covered health care facilities, at no cost, on how**
44 **to develop and implement a safe patient handling program.]**¹

1 ~~'[8.] 7.'~~¹ A covered health care facility licensed pursuant to
2 P.L.1971, c.136 (C.26:2H-1 et seq.) that is in violation of the
3 provisions of this act shall be subject to such penalties as the
4 Department of Health and Senior Services may determine pursuant
5 to sections 13 and 14 of P.L.1971, c.136 (C.26:2H-13 and 26:2H-
6 14).

7
8 ~~'[9.] 8.'~~¹ The Commissioner of Health and Senior Services shall
9 adopt rules and regulations pursuant to the "Administrative
10 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), within
11 ~~'[nine] 12'~~¹ months of the date of enactment of this act, to carry out
12 the purposes of this act.

13
14 ~~'[10.] 9.'~~¹ This act shall take effect immediately.

15
16
17
18
19 "Safe Patient Handling Act"; requires health care facilities to
20 establish safe patient handling programs.

SENATE, No. 1758

STATE OF NEW JERSEY 212th LEGISLATURE

INTRODUCED MARCH 21, 2006

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator LORETTA WEINBERG

District 37 (Bergen)

Co-Sponsored by:

Senators Adler, Madden and Rice

SYNOPSIS

“Safe Patient Handling Act”; requires health care facilities to establish safe patient handling programs.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 12/15/2006)

1 AN ACT concerning health care worker and patient safety and
2 supplementing Title 26 of the Revised Statutes.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

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7 1. This Act shall be known and may be cited as the “Safe Patient
8 Handling Act.”

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10 2. The Legislature finds and declares that:

11 a. In New Jersey, nurses, nurse aides, orderlies and attendants,
12 combined, have the highest number of nonfatal occupational
13 injuries and illnesses involving days away from work of other
14 occupations;

15 b. Chronic back pain and other job-related musculoskeletal
16 disorders contribute significantly to the decision by nurses and
17 other health care workers to leave their professions, which
18 exacerbates the shortage of health care providers in this State;

19 c. Studies show that manual patient handling and movement
20 negatively affect patient safety, quality of care and patient comfort,
21 dignity and satisfaction;

22 d. The American Hospital Association has stated that work-
23 related musculoskeletal disorders account for the largest proportion
24 of workers’ compensation costs in hospitals and long-term care
25 facilities;

26 e. Studies demonstrate that assistive patient handling technology
27 reduces workers’ compensation and medical treatment costs for
28 musculoskeletal disorders among health care workers, and that
29 employers can recoup their initial investment in equipment and
30 training within three years;

31 f. Therefore, it is appropriate public policy to require the use of
32 assistive patient handling technology as set forth in this act.

33

34 3. As used in this act:

35 “Assisted patient handling” means patient handling using:
36 mechanical patient handling equipment including, but not limited
37 to, electric beds, portable base and ceiling track-mounted full body
38 sling lifts, stand assist lifts, and mechanized lateral transfer aids;
39 and patient handling aids including, but not limited to, gait belts
40 with handles, sliding boards and surface friction-reducing devices.

41 “Covered health care facility” means a health care facility
42 licensed by the Department of Health and Senior Services pursuant
43 to P.L.1971, c.136 (C.26:2H-1 et seq), a State developmental center
44 and a State or county psychiatric hospital.

45 “Health care worker” means an individual who is employed by a
46 covered health care facility whose job duties entail patient handling.

47 “Patient” means a patient or resident at a covered health care
48 facility.

1 “Patient handling” means the lifting, transferring, repositioning,
2 transporting or moving of a patient in a covered health care facility.

3 “Safe patient handling policy” means a written policy to
4 minimize unassisted patient handling in all cases, and eliminate
5 such handling, when feasible, by maximizing the use of assisted
6 patient handling.

7 “Unassisted patient handling” means patient handling using a
8 health care worker's body strength without the use of mechanical
9 patient handling equipment or patient handling aids.

10

11 4. Within 18 months of the effective date of this act, each
12 covered health care facility shall establish a safe patient handling
13 program to reduce the risk of injury to both patients and health care
14 workers at the facility.

15 a. The facility shall:

16 (1) maintain a detailed written description of the program and its
17 components;

18 (2) provide a copy of the written description to the Department
19 of Health and Senior Services or Department of Human Services, as
20 applicable, and make the description available to health care
21 workers at the facility and to any collective bargaining agent
22 representing health care workers at the facility;

23 (3) post the safe patient handling policy in a location easily
24 visible to staff, patients, and visitors; and

25 (4) designate a representative of management at the facility who
26 shall be responsible for overseeing all aspects of the safe patient
27 handling program.

28 b. A safe patient handling program shall include:

29 (1) a safe patient handling policy on all units and for all shifts
30 that, consistent with patient safety and well-being, restricts
31 unassisted patient handling of all or most of a patient's weight to
32 situations where a patient is in need of immediate attention or
33 where the use of assisted patient handling would jeopardize the
34 safety of the patient;

35 (2) an assessment of the safe patient handling assistive devices
36 needed to carry out the facility's safe patient handling policy;

37 (3) the purchase of safe patient handling equipment and patient
38 handling aids necessary to carry out the safe patient handling
39 policy;

40 (4) protocols and procedures for assessing and updating the
41 appropriate patient handling requirements of each patient of the
42 facility;

43 (5) a plan for assuring prompt access to and availability of
44 mechanical patient handling equipment and patient handling aids on
45 all units and all shifts;

46 (6) a provision requiring that all such equipment and aids be
47 stored and maintained in compliance with their manufacturers'
48 recommendations;

- 1 (7) a training program for health care workers that:
2 (a) covers the identification, assessment, and control of patient
3 handling risks; the safe, appropriate, and effective use of patient
4 handling equipment and aids, and proven safe patient handling
5 techniques;
6 (b) requires trainees to demonstrate proficiency in the techniques
7 and practices presented;
8 (c) is provided during paid work time; and
9 (d) is conducted upon commencement of the facility's safe
10 patient handling program and at least annually thereafter, with
11 appropriate interim training for individuals beginning work between
12 annual training sessions; and
13 (8) educational materials for patients and their families to help
14 orient them to the facility's safe patient handling program.
15 c. A facility shall conduct an annual evaluation of the program,
16 and make revisions to the program based on data analysis and
17 feedback from the facility's health care workers.
18 d. A facility shall purchase the equipment and aids determined
19 necessary to carry out its safe patient handling policy and conduct
20 the initial training as required in this section within 24 months of
21 the effective date of this act.
22
23 5. a. Within 12 months of the effective date of this act, each
24 covered health care facility shall establish a safe patient handling
25 committee, which shall be responsible for all aspects of the
26 development, implementation and periodic evaluation and revision
27 of the facility's safe patient handling program, including the
28 evaluation and selection of patient handling equipment and aids and
29 other appropriate engineering controls.
30 b. At least 50% of the members of the committee shall be health
31 care workers who provide direct patient care to patients at the
32 facility or are otherwise involved in patient handling at the facility.
33 In a facility where health care workers are represented by a
34 collective bargaining agent, the collective bargaining agent shall
35 select the health care worker committee members.
36 The remaining members of the committee shall have experience,
37 expertise, or responsibility relevant to the operation of a safe patient
38 handling program.
39 c. A health care system with more than one covered health care
40 facility shall have a committee at each facility.
41 d. The committee shall meet at least monthly.
42
43 6. A covered health care facility shall not retaliate against any
44 health care worker because that worker refuses to perform a patient
45 handling task due to a reasonable concern about worker or patient
46 safety, or the lack of appropriate and available patient handling
47 equipment or aids.

1 7. The Commissioner of Health and Senior Services shall
2 provide training to covered health care facilities, at no cost, on how
3 to develop and implement a safe patient handling program.

4
5 8. A covered health care facility licensed pursuant to P.L.1971,
6 c.136 (C.26:2H-1 et seq.) that is in violation of the provisions of
7 this act shall be subject to such penalties as the Department of
8 Health and Senior Services may determine pursuant to sections 13
9 and 14 of P.L.1971, c.136 (C.26:2H-13 and 26:2H-14).

10
11 9. The Commissioner of Health and Senior Services shall adopt
12 rules and regulations pursuant to the “Administrative Procedure
13 Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), within nine months of
14 the date of enactment of this act, to carry out the purposes of this
15 act.

16
17 10. This act shall take effect immediately.

18

19

20 STATEMENT

21

22 This bill, the “Safe Patient Handling Act,” requires licensed
23 health care facilities, and State developmental centers and State and
24 county psychiatric hospitals to establish a safe patient handling
25 program to reduce the risk of injury to both patients and health care
26 workers at the facility.

27 The bill requires a facility to establish the program within 18
28 months of the bill’s enactment and to maintain a detailed written
29 description of the program and its components and provide a copy
30 of the written description to the Department of Health and Senior
31 Services or Department of Human Services, as applicable, and make
32 the description available to health care workers at the facility and to
33 any collective bargaining agent representing health care workers at
34 the facility. Further, a facility would be required to post its safe
35 patient handling policy in a location easily visible to staff, patients,
36 and visitors; and to designate a representative of management at the
37 facility who shall be responsible for overseeing all aspects of the
38 safe patient handling program.

39 A safe patient handling program shall include:

40 • a safe patient handling policy on all units and for all shifts that,
41 consistent with patient safety and well-being, restricts unassisted
42 patient handling of all or most of a patient’s weight to situations
43 where a patient is in need of immediate attention or where the use
44 of assisted patient handling would jeopardize the safety of the
45 patient;

46 • an assessment of the safe patient handling assistive devices
47 needed to carry out the facility’s safe patient handling policy.

48 The bill defines “assisted patient handling” to mean patient

- 1 handling using: mechanical patient handling equipment including,
2 but not limited to, electric beds, portable base and ceiling track-
3 mounted full body sling lifts, stand assist lifts, and mechanized
4 lateral transfer aids; and patient handling aids including, but not
5 limited to, gait belts with handles, sliding boards and surface
6 friction-reducing devices;
- 7 • the purchase of safe patient handling equipment and patient
8 handling aids necessary to carry out the safe patient handling
9 policy;
 - 10 • protocols and procedures for assessing and updating the
11 appropriate patient handling requirements of each patient of the
12 facility;
 - 13 • a plan for assuring prompt access to and availability of
14 mechanical patient handling equipment and patient handling aids
15 on all units and all shifts;
 - 16 • a provision requiring that all such equipment and aids be stored
17 and maintained in compliance with their manufacturers
18 recommendations;
 - 19 • a training program for health care workers, as specified in the
20 bill; and
 - 21 • educational materials for patients and their families to help orient
22 them to the facility's safe patient handling program.

23 The bill directs a facility to conduct an annual evaluation of the
24 program, and make revisions to the program based on data analysis
25 and feedback from the facility's health care workers. Also, a
26 facility would be required to purchase the equipment and aids
27 determined necessary to carry out its safe patient handling policy
28 and conduct the initial training within 24 months of the date of
29 enactment of the bill.

30 The bill would also require a facility, within 12 months, to
31 establish a safe patient handling committee. The committee would
32 be responsible for all aspects of the development, implementation
33 and periodic evaluation and revision of the facility's safe patient
34 handling program, including the evaluation and selection of patient
35 handling equipment and aids and other appropriate engineering
36 controls. At least one-half of the members of the committee shall
37 be health care workers who provide direct patient care to patients at
38 the facility or are otherwise involved in patient handling at the
39 facility. The remaining members of the committee shall have
40 experience, expertise, or responsibility relevant to the operation of a
41 safe patient handling program.

42 The bill provides that a health care facility shall not retaliate
43 against any health care worker because that worker refuses to
44 perform a patient handling task due to a reasonable concern about
45 worker or patient safety, or the lack of appropriate and available
46 patient handling equipment or aids.

47 Also, the bill provides that the Commissioner of Health and
48 Senior Services shall provide training to health care facilities, at no

S1758 VITALE, WEINBERG

7

1 cost, on how to develop and implement a safe patient handling
2 program.

3 Finally, the bill provides that a health care facility licensed
4 pursuant to N.J.S.A.26:2H-1 et seq. that is in violation of the
5 provisions of this bill shall be subject to such penalties as the
6 Department of Health and Senior Services may determine pursuant
7 to N.J.S.A.26:2H-13 and 26:2H-14.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 1758

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 14, 2006

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with amendments Senate Bill No. 1758.

As amended by committee, this bill, which is designated as the “Safe Patient Handling Act,” requires general and special hospitals, nursing homes, State developmental centers, and State and county psychiatric hospitals to establish a safe patient handling program to reduce the risk of injury to both patients and health care workers at the facility.

The bill requires a facility to establish the program within 36 months of the date of enactment; maintain a detailed written description of the program and its components; and provide a copy of the written description to the Department of Health and Senior Services or Department of Human Services, as applicable; and make the description available to health care workers at the facility and to any collective bargaining agent representing health care workers at the facility. Further, a facility would be required to: establish a safe patient handling policy; include in the policy a statement concerning the right of a patient to refuse the use of assisted patient handling; post its safe patient handling policy in a location easily visible to staff, patients, and visitors; and designate a representative of management at the facility who shall be responsible for overseeing all aspects of the safe patient handling program.

The bill defines “assisted patient handling” to mean patient handling using: mechanical patient handling equipment, including, but not limited to, electric beds, portable base and ceiling track-mounted full body sling lifts, stand assist lifts, and mechanized lateral transfer aids; and patient handling aids, including, but not limited to, gait belts with handles, sliding boards and surface friction-reducing devices.

The bill requires a safe patient handling program to include:

- a safe patient handling policy on all units and for all shifts that minimizes unassisted patient handling, taking into account the

patient's physical and cognitive condition, and that is consistent with patient safety and well-being;

- an assessment of the safe patient handling assistive devices needed to carry out the safe patient handling policy;
- recommendations for a three-year capital plan to purchase safe patient handling equipment and patient handling aids necessary to carry out the safe patient handling policy, which policy shall take into account the financial constraints of the facility;
- protocols and procedures for assessing and updating the appropriate patient handling requirements of each patient of the facility;
- a plan for achieving prompt access to and availability of mechanical patient handling equipment and patient handling aids;
- a provision requiring that all such equipment and aids be stored and maintained in compliance with their manufacturers' recommendations;
- a training program for health care workers, as specified in the bill; and
- educational materials for patients and their families to help orient them to the facility's safe patient handling program.

The bill directs a facility to conduct an annual evaluation of the program, and make revisions to the program based on data analysis. Also, a facility would be required to conduct the initial training within 36 months of the date of enactment of the bill.

The bill stipulates that nothing contained therein shall be construed to limit the right of a patient to refuse the use of assisted patient handling.

The bill would also require a facility, within 12 months, to establish a safe patient handling committee. The committee would be responsible for all aspects of the development, implementation and periodic evaluation and revision of the facility's safe patient handling program, including the evaluation and selection of patient handling equipment and aids and other appropriate engineering controls. In the case of a health care system that owns or operates more than one covered health care facility or Department of Human Services facilities, the safe patient handling committee may be operated at the system or department level, provided that committee membership includes at least one health care worker from each facility and a safe patient handling program is developed for each facility, taking into account the characteristics of the patients at the facility.

At least one-half of the members of the committee shall be health care workers (whose job duties entail patient handling), who are representative of the different disciplines of health care workers employed at the facility. In a facility where health care workers are represented by one or more collective bargaining agents, the management of the facility shall consult with the collective bargaining agents regarding the selection of health care worker committee members. The remaining members of the committee shall have

experience, expertise, or responsibility relevant to the operation of a safe patient handling program.

The bill provides that a health care facility shall not take retaliatory action against any health care worker because that worker refuses to perform a patient handling task due to a reasonable concern about worker or patient safety, or the lack of appropriate and available patient handling equipment or aids. If a health care worker refuses to perform a patient handling task, the worker will be required to notify his supervisor of the refusal and the reason for the refusal.

Finally, the bill provides that a special or general hospital or nursing home. that is in violation of the provisions of this bill shall be subject to such penalties as the Department of Health and Senior Services may determine pursuant to N.J.S.A.26:2H-13 and 26:2H-14.

As amended, this bill is similar to Assembly Bill No. 3028 (Conaway/Prieto/Schaer/Voss), which is pending in the Assembly Health and Senior Services Committee.

COMMITTEE AMENDMENTS:

The committee amended the bill to:

--clarify in the findings section that it is appropriate public policy to “minimize unassisted patient handling,” rather than “require the use of assistive patient handling technology” as the bill originally provided;

--limit the provisions of the bill to special and general hospitals and nursing homes, rather than to all licensed health care facilities, as the bill originally provided;

--specify that the safe patient handling policy (which is posted in a location easily visible to staff, patients, and visitors) shall include a statement concerning the right of a patient to refuse the use of assisted patient handling, and that nothing in the bill shall be construed to limit the right of a patient to refuse the use of assisted patient handling;

--clarify that the facility’s safe patient handling policy shall be one that minimizes unassisted patient handling, taking into account the patient’s physical and cognitive condition, and that is consistent with patient safety and well-being;

--specify that the facility’s safe patient handling program shall include recommendations for a three-year capital plan to purchase safe patient handling equipment and aids, which take into account the financial constraints of the facility, rather than simply require that the program include the purchase of the equipment and aids as the bill originally provided;

--specify that the facility’s safe patient handling program shall include a plan for “achieving,” rather than “assuring,” prompt access to and availability of mechanical patient handling equipment and aids, and delete language that specified the access and availability shall be “on all units and all shifts”;

--delete language providing that the facility's annual evaluation of the program shall be based on feedback from the facility's health care workers;

--delete the requirement that the facility purchase the equipment and aids determined necessary within 24 months of the effective date of the bill, and only provide that the facility conduct initial training of health care workers within 36 months of the effective date;

--make revisions to the requirements to establish safe patient handling committees to address health care systems with more than one covered facility and the Department of Human Services, which operates several psychiatric hospitals and developmental centers, and specify that the health care workers shall be representative of the different disciplines of workers at the facility;

--delete the provision that the collective bargaining agent select the health care worker members, and provide instead that the management of the facility consult with the collective bargaining agents in selecting members;

--require the safe patient handling committee to meet as needed, but no less than quarterly, rather than monthly as the bill originally provided;

--provide, in section 6 of the bill, that "retaliatory action" shall have the same meaning as that term in the "Conscientious Employee Protection Act," and that if a health care worker refuses to perform a patient handling task due to a reasonable concern about worker or patient safety, the worker shall promptly notify his supervisor of the refusal and the reason for the refusal;

--delete the requirement that the Department of Health and Senior Services provide training to covered health care facilities on how to develop and implement a safe patient handling program; and

--make other technical changes to the bill.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 1758

STATE OF NEW JERSEY

DATED: DECEMBER 3, 2007

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 1758 (1R).

This bill, the “Safe Patient Handling Act,” requires general and special hospitals, nursing homes, State developmental centers, and State and county psychiatric hospitals to establish a safe patient handling program to reduce the risk of injury to both patients and health care workers at the facility.

The bill requires a covered facility to: establish the program within 36 months of the date of enactment; develop written safe patient handling policies; conduct an annual program evaluation and make program revisions based on data analysis; conduct training; and establish a safe patient handling committee to be responsible for all aspects of the development, implementation and periodic evaluation and revision of the facility’s safe patient handling program.

The bill provides that a health care facility shall not take retaliatory action against any health care worker because that worker refuses to perform a patient handling task due to a reasonable concern about worker or patient safety, or the lack of appropriate and available patient handling equipment or aids.

Finally, the bill provides that a special or general hospital or nursing home that is in violation of the provisions of this bill shall be subject to such penalties as the Department of Health and Senior Services may determine pursuant to N.J.S.A.26:2H-13 and 26:2H-14.

FISCAL IMPACT:

The Office of Legislative Services is unable to determine any additional costs or savings affected health care facilities may realize as a result of the “Safe Patient Handling Act,” since the adequacy of existing safe patient handling policies at county nursing homes, State developmental centers, and State and county psychiatric hospitals relative to the requirements of the bill are not known. Thus, the OLS is unable to determine the costs which might be incurred by facilities which are not in compliance with the bills’ requirements.

The OLS further notes that to the extent the provisions of this bill result in a reduction in injuries to employees and patients, costs

associated with the treatment of injuries, sick leave, overtime or Workers Compensation may be reduced.

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

SENATE, No. 1758

STATE OF NEW JERSEY 212th LEGISLATURE

DATED: MAY 29, 2007

SUMMARY

- Synopsis:** “Safe Patient Handling Act”; requires health care facilities to establish safe patient handling programs.
- Type of Impact:** Possible increase in costs that cannot be determined.
To the extent that there is a reduction in injuries to employees and patients, costs associated with the treatment of injuries, sick leave, overtime or Workers Compensation may be reduced.
- Agencies Affected:** Departments of Health and Senior Services and Human Services. County governments that administer and/or operate nursing homes or psychiatric hospitals.

Office of Legislative Services Estimate

Fiscal Impact	<u>Years 1 -3</u>
State Cost and Local Costs	Possible increase in costs that cannot be determined. To the extent that there is a reduction in injuries to employees and patients, costs associated with the treatment of injuries, sick leave, overtime or Workers Compensation may be reduced.

- As patient handling procedures currently used at affected health care facilities are not known, the extent to which existing patient handling procedures will have to change, and any additional costs associated with such changes, cannot be determined.
- As the “assisted patient handling” capabilities of affected health care facilities are not known, the extent to which additional equipment would have to be purchased to facilitate assisted patient handling cannot be determined.

BILL DESCRIPTION

Senate Bill No. 1758 (1R) of 2006, the “Safe Patient Handling Act,” requires general and special hospitals, nursing homes, State developmental centers, and State and county psychiatric hospitals to establish within 36 months of enactment of legislation a safe patient handling program to reduce the risk of injury to both patients and health care workers at the facilities. The legislation establishes various requirements to meet the legislation’s objectives, such as

establishing of a safe patient handling committee within 12 months of enactment of the legislation, developing written safe patient handling policies, posting safe patient handling policies, and purchasing of equipment, training, etc.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The Office of Legislative Services is not able to determine any additional costs or any savings affected health care facilities may realize as a result of the “Safe Patient Handling Act.”

Costs

The adequacy of existing policies at county nursing homes, State developmental centers, and State and county psychiatric hospitals with respect to safe patient handling required by the legislation is not known. Thus, the extent to which government health care facilities may not be in compliance with the legislation’s requirements is not known.

Similarly, it is not known what equipment affected facilities currently utilize to facilitate safe patient handling. Thus, the additional equipment affected facilities may have to purchase and the cost of such equipment cannot be determined.

Unless the affected health care facilities would clearly identify additional costs associated with the legislation in the cost reports that are filed with government agencies, it would be difficult to determine any additional costs that may be associated with the “Safe Patient Handling Act.”

Savings

Implementation of the “Safe Patient Handling Act” may reduce medical costs related to the treatment of injuries to employees and patients and may reduce employee costs related to sick leave, overtime and Workers’ Compensation. Without examining expenditures for the treatment of injuries to employees and patients and expenditures related to sick leave, overtime and Workers’ Compensation prior to and subsequent to the implementation of the legislation, it would be difficult to determine what savings health care facilities may realize as a result of the legislation.

Section: Human Services

*Analyst: Jay A. Hershberg
Principal Fiscal Analyst*

*Approved: David J. Rosen
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L. 1980, c.67.

ASSEMBLY, No. 3028

STATE OF NEW JERSEY 212th LEGISLATURE

INTRODUCED MAY 15, 2006

Sponsored by:

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington and Camden)

Assemblyman VINCENT PRIETO

District 32 (Bergen and Hudson)

Assemblyman GARY S. SCHAER

District 36 (Bergen, Essex and Passaic)

Assemblywoman JOAN M. VOSS

District 38 (Bergen)

Co-Sponsored by:

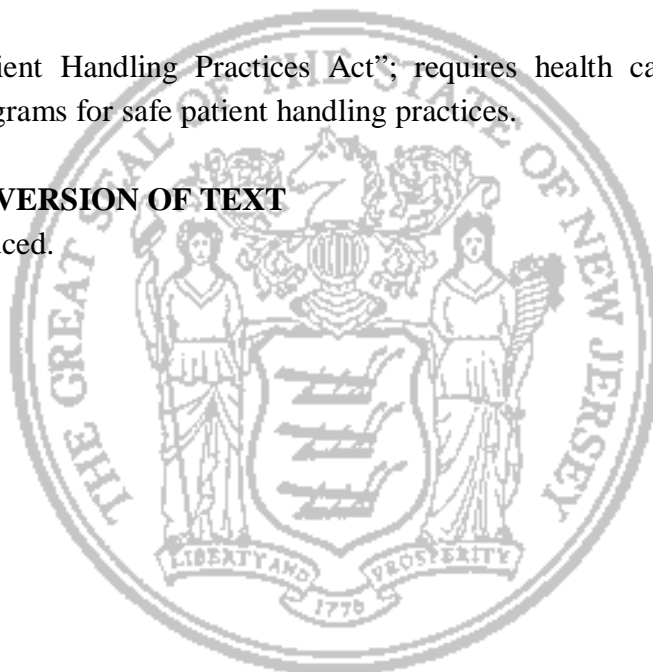
Assemblywomen Greenstein, Vainieri Huttle, Assemblymen Diegnan and Gordon

SYNOPSIS

“Safe Patient Handling Practices Act”; requires health care facilities to establish programs for safe patient handling practices.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 11/13/2006)

1 AN ACT concerning health care worker and patient safety and
2 supplementing Title 26 of the Revised Statutes.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6

7 1. This Act shall be known and may be cited as the “Safe Patient
8 Handling Practices Act.”

9

10 2. The Legislature finds and declares that:

11 a. In New Jersey, nurses, nurse aides, orderlies and attendants,
12 combined, have a higher number of nonfatal occupational injuries
13 and illnesses involving days away from work than any other
14 occupation;

15 b. Studies demonstrate that assistive patient handling equipment
16 and training reduce workers’ compensation and medical treatment
17 costs for musculoskeletal disorders among health care workers, and
18 that employers can recoup their initial investment in equipment and
19 training within three years; and

20 c. Therefore, it is appropriate public policy to require health care
21 facilities in the State to establish safe patient handling programs to
22 reduce the risk of injury to both patients and health care workers at
23 the facilities.

24

25 3. As used in this act:

26 “Assisted patient handling” means patient handling using:
27 mechanical patient handling equipment including, but not limited
28 to, electric beds, portable base and ceiling track-mounted full body
29 sling lifts, stand assist lifts, and mechanized lateral transfer aids;
30 and patient handling aids including, but not limited to, gait belts
31 with handles, sliding boards and surface friction-reducing devices.

32 “Covered health care facility” means a health care facility
33 licensed by the Department of Health and Senior Services pursuant
34 to P.L.1971, c.136 (C.26:2H-1 et seq), a State developmental center
35 and a State or county psychiatric hospital.

36 “Health care worker” means an individual who is employed by a
37 covered health care facility whose job duties entail patient handling.

38 “Patient” means a patient or resident at a covered health care
39 facility.

40 “Patient handling” means the lifting, transferring, repositioning,
41 transporting or moving of a patient in a covered health care facility.

42 “Unassisted patient handling” means patient handling using a
43 health care worker's body strength without the use of mechanical
44 patient handling equipment or patient handling aids.

45

46 4. Each covered health care facility shall establish a safe patient
47 handling program to reduce the risk of injury to both patients and
48 health care workers at the facility.

- 1 a. The facility shall:
 - 2 (1) maintain a detailed written description of the program and its
3 components;
 - 4 (2) provide a copy of the written description to the Department
5 of Health and Senior Services or Department of Human Services, as
6 applicable, and make the description available to health care
7 workers at the facility and to any collective bargaining agent
8 representing health care workers at the facility;
 - 9 (3) post a copy of its safe patient handling policy, as provided in
10 subsection b. of this section, in a location easily visible to staff,
11 patients, and visitors; and
 - 12 (4) designate a representative of management at the facility who
13 shall be responsible for overseeing all aspects of the safe patient
14 handling program.
- 15 b. A safe patient handling program shall include:
 - 16 (1) a safe patient handling policy on all units and for all shifts
17 that, consistent with patient safety and well-being, restricts
18 unassisted patient handling of all or most of a patient's weight to
19 situations where a patient is in need of immediate attention or
20 where the use of assisted patient handling would jeopardize the
21 safety of the patient;
 - 22 (2) an assessment of the safe patient handling assistive devices
23 needed to carry out the facility's safe patient handling policy;
 - 24 (3) the purchase of safe patient handling equipment and patient
25 handling aids necessary to carry out the safe patient handling
26 policy;
 - 27 (4) protocols and procedures for assessing and updating the
28 appropriate patient handling requirements of each patient of the
29 facility;
 - 30 (5) a plan for assuring prompt access to and availability of
31 mechanical patient handling equipment and patient handling aids on
32 all units and all shifts; and
 - 33 (6) a provision requiring that all such equipment and aids be
34 stored and maintained in compliance with their manufacturers'
35 recommendations;
 - 36 (7) a training program for health care workers that:
 - 37 (a) covers the identification, assessment, and control of patient
38 handling risks; the safe, appropriate, and effective use of patient
39 handling equipment and aids, and proven safe patient handling
40 techniques;
 - 41 (b) requires trainees to demonstrate proficiency in the techniques
42 and practices presented;
 - 43 (c) is provided during paid work time; and
 - 44 (d) is conducted upon commencement of the facility's safe
45 patient handling program and at least annually thereafter, with
46 appropriate interim training for individuals beginning work between
47 annual training sessions; and

- 1 (8) educational materials for patients and their families to help
2 orient them to the facility's safe patient handling policy.
- 3 c. A facility shall conduct an annual evaluation of the program,
4 and make revisions to the program based on data analysis and
5 feedback from the facility's health care workers.
- 6 d. A facility shall:
- 7 (1) establish the safe patient handling program within 18 months
8 of the effective date of this act; and
- 9 (2) purchase the equipment and aids determined necessary to
10 carry out its safe patient handling policy, and conduct the initial
11 training as required in this section, within 24 months of the
12 effective date of this act.
- 13
- 14 5. a. Each covered health care facility shall establish a safe
15 patient handling practices committee, which shall be responsible for
16 all aspects of the development, implementation and periodic
17 evaluation and revision of the facility's safe patient handling
18 program, including the evaluation and selection of patient handling
19 equipment and aids and other appropriate engineering controls.
- 20 b. At least 50% of the members of the committee shall be health
21 care workers who provide direct patient care to patients at the
22 facility or are otherwise involved in patient handling at the facility.
23 In a facility where health care workers are represented by a
24 collective bargaining agent, the collective bargaining agent shall
25 select the health care worker committee members.
- 26 The remaining members of the committee shall have experience,
27 expertise, or responsibility relevant to the operation of a safe patient
28 handling program.
- 29 c. A health care system with more than one covered health care
30 facility shall have a committee at each facility.
- 31 d. The committee shall meet at least monthly.
- 32 e. A facility shall establish its safe patient handling practices
33 committee within 12 months of the effective date of this act.
- 34
- 35 6. A covered health care facility shall not retaliate against any
36 health care worker because that worker refuses to perform a patient
37 handling task due to a reasonable concern about worker or patient
38 safety, or the lack of appropriate and available patient handling
39 equipment or aids.
- 40
- 41 7. The Commissioner of Health and Senior Services shall
42 provide training to covered health care facilities, at no cost, on how
43 to develop and implement a safe patient handling program.
- 44
- 45 8. A covered health care facility licensed pursuant to P.L.1971,
46 c.136 (C.26:2H-1 et seq.) that is in violation of the provisions of
47 this act shall be subject to such penalties as the Department of

1 Health and Senior Services may determine pursuant to sections 13
2 and 14 of P.L.1971, c.136 (C.26:2H-13 and 26:2H-14).

3

4 9. The Commissioner of Health and Senior Services shall adopt
5 rules and regulations pursuant to the “Administrative Procedure
6 Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), within nine months of
7 the date of enactment of this act, to carry out the purposes of this
8 act.

9

10 10. This act shall take effect immediately.

11

12

13

STATEMENT

14

15 This bill, which is designated the “Safe Patient Handling
16 Practices Act,” requires licensed health care facilities, and State
17 developmental centers and State and county psychiatric hospitals to
18 establish safe patient handling programs in order to reduce the risk
19 of injury to both patients and health care workers at the facilities.

20 The bill requires a facility to:

21 -- establish a safe patient handling program within 18 months of
22 the enactment of the bill;

23 -- maintain a detailed written description of the program and its
24 components and provide a copy of the written description to the
25 Department of Health and Senior Services or Department of Human
26 Services, as applicable;

27 -- make the description available to health care workers at the
28 facility and to any collective bargaining agent representing health
29 care workers at the facility;

30 -- post its safe patient handling policy (as described below) in a
31 location that is easily visible to staff, patients, and visitors; and

32 -- designate a representative of management at the facility to be
33 responsible for overseeing all aspects of the safe patient handling
34 program.

35 A safe patient handling program is to include:

36 • a safe patient handling policy on all units and for all shifts at the
37 facility that, consistent with patient safety and well-being,
38 restricts unassisted patient handling of all or most of a patient’s
39 weight to situations where a patient is in need of immediate
40 attention or where the use of assisted patient handling would
41 jeopardize the safety of the patient;

42 • an assessment of the safe patient handling assistive devices
43 needed to carry out the safe patient handling policy at the
44 facility. The bill defines “assisted patient handling” to mean
45 patient handling using: mechanical patient handling equipment
46 including, but not limited to, electric beds, portable base and
47 ceiling track-mounted full body sling lifts, stand assist lifts, and
48 mechanized lateral transfer aids; and patient handling aids

- 1 including, but not limited to, gait belts with handles, sliding
2 boards and surface friction-reducing devices;
- 3 • the purchase of safe patient handling equipment and patient
4 handling aids necessary to carry out the safe patient handling
5 policy;
 - 6 • protocols and procedures for assessing and updating the
7 appropriate patient handling requirements of each patient of the
8 facility;
 - 9 • a plan for assuring prompt access to and availability of
10 mechanical patient handling equipment and patient handling aids
11 on all units and all shifts;
 - 12 • a provision requiring that all such equipment and aids be stored
13 and maintained in compliance with their manufacturers
14 recommendations;
 - 15 • a training program for health care workers; and
 - 16 • educational materials for patients and their families to help orient
17 them to the safe patient handling policy at the facility.

18 The bill directs a facility to conduct an annual evaluation of the
19 program, and to make revisions to the program based on data
20 analysis and feedback from its health care workers. Also, a facility
21 would be required to purchase the equipment and aids determined
22 necessary to carry out its safe patient handling policy, and to
23 conduct the initial training, within 24 months of the enactment of
24 the bill.

25 The bill also requires a facility to establish a safe patient
26 handling practices committee. The committee will be responsible
27 for all aspects of the development, implementation and periodic
28 evaluation and revision of the safe patient handling program at the
29 facility, including the evaluation and selection of patient handling
30 equipment and aids and other appropriate engineering controls. At
31 least one-half of the members of the committee must be health care
32 workers who provide direct patient care to patients at the facility or
33 are otherwise involved in patient handling at the facility. The
34 remaining members of the committee must have experience,
35 expertise, or responsibility relevant to the operation of a safe patient
36 handling program.

37 The bill prohibits a health care facility from retaliating against a
38 health care worker because that worker refuses to perform a patient
39 handling task due to a reasonable concern about worker or patient
40 safety, or the lack of appropriate and available patient handling
41 equipment or aids.

42 The bill also requires the Commissioner of Health and Senior
43 Services to provide training to health care facilities, at no cost,
44 regarding development and implementation of a safe patient
45 handling program.

46 Finally, the bill provides that a licensed health care facility that
47 violates of the provisions of the bill shall be subject to such

A3028 CONAWAY, PRIETO

7

- 1 penalties as the Department of Health and Senior Services may
- 2 determine pursuant to N.J.S.A.26:2H-13 and 26:2H-14.

ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR ASSEMBLY, No. 3028

STATE OF NEW JERSEY

DATED: JANUARY 18, 2007

The Assembly Health and Senior Services Committee reports favorably an Assembly Committee Substitute for Assembly Bill No. 3028.

This committee substitute, which is designated as the "Safe Patient Handling Act," requires general and special hospitals, nursing homes, State developmental centers, and State and county psychiatric hospitals to establish a safe patient handling program to reduce the risk of injury to both patients and health care workers at the facility.

The substitute provides specifically as follows:

- A covered facility is required to: establish a safe patient handling program within 36 months of enactment of the substitute; maintain a detailed written description of the program and its components; provide a copy of the written description to the Department of Health and Senior Services or Department of Human Services, as applicable; and make the description available to health care workers at the facility and to any collective bargaining agent representing health care workers at the facility.
- The facility is also required to: establish a safe patient handling policy; include in the policy a statement concerning the right of a patient to refuse the use of assisted patient handling; post its safe patient handling policy in a location easily visible to staff, patients, and visitors; and designate a representative of management at the facility to be responsible for overseeing all aspects of the safe patient handling program.
- The substitute defines "assisted patient handling" to mean patient handling using: mechanical patient handling equipment, including, but not limited to, electric beds, portable base and ceiling track-mounted full body sling lifts, stand assist lifts, and mechanized lateral transfer aids; and patient handling aids, including, but not limited to, gait belts with handles, sliding boards and surface friction-reducing devices.
- The substitute requires a safe patient handling program to include:
 - a safe patient handling policy on all units and for all shifts that minimizes unassisted patient handling, taking into account the

patient's physical and cognitive condition, and that is consistent with patient safety and well-being;

-- an assessment of the safe patient handling assistive devices needed to carry out the safe patient handling policy;

-- recommendations for a three-year capital plan to purchase safe patient handling equipment and patient handling aids necessary to carry out the safe patient handling policy, which policy is to take into account the financial constraints of the facility;

-- protocols and procedures for assessing and updating the appropriate patient handling requirements of each patient of the facility;

-- a plan for achieving prompt access to and availability of mechanical patient handling equipment and patient handling aids;

-- a provision requiring that all such equipment and aids be stored and maintained in compliance with their manufacturers' recommendations;

-- a training program for health care workers, as specified in the substitute; and

-- educational materials for patients and their families to help orient them to the safe patient handling program at the facility.

- The facility is to conduct an annual evaluation of the program, and make revisions to the program based on data analysis.

- The facility is to conduct the initial training within 36 months of enactment of the substitute.

- The substitute stipulates that nothing contained therein is to be construed to limit the right of a patient to refuse the use of assisted patient handling.

- The facility is further required to establish a safe patient handling committee within 12 months of enactment of the substitute, to be responsible for all aspects of the development, implementation and periodic evaluation and revision of the safe patient handling program at the facility, including the evaluation and selection of patient handling equipment and aids and other appropriate engineering controls.

-- In the case of a health care system that owns or operates more than one covered health care facility or Department of Human Services facilities, the safe patient handling committee may be operated at the system or department level, provided that the committee members include at least one health care worker from each facility and a safe patient handling program is developed for each facility, taking into account the characteristics of the patients at the facility.

-- At least one-half of the committee members are to be health care workers (whose job duties entail patient handling), who are representative of the different disciplines of health care workers employed at the facility. In a facility where health care workers are represented by one or more collective bargaining agents, the management of the facility is to consult with the collective bargaining agents regarding the selection of health care worker committee members.

-- The remaining committee members are to have experience, expertise, or responsibility relevant to the operation of a safe patient handling program.

- The facility is prohibited from taking retaliatory action against any health care worker because that worker refuses to perform a patient handling task due to a reasonable concern about worker or patient safety, or the lack of appropriate and available patient handling equipment or aids. If a health care worker refuses to perform a patient handling task, the worker is required to notify his supervisor of the refusal and the reason for the refusal.
- Finally, a facility that is in violation of the provisions of the substitute is subject to such penalties as the Department of Health and Senior Services may determine pursuant to sections 13 and 14 of P.L.1971, c.136 (C.26:2H-13 and 26:2H-14).

This substitute is identical to Senate Bill No. 1758 (1R) (Vitale/Weinberg), which is pending in the Senate Budget and Appropriations Committee.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, No. 3028

STATE OF NEW JERSEY

DATED: MAY 10, 2007

The Assembly Appropriations Committee reports favorably Assembly Bill No. 3028 (ACS).

The bill, designated the "Safe Patient Handling Act," requires general and special hospitals, nursing homes, State developmental centers, and State and county psychiatric hospitals to establish a safe patient handling program to reduce the risk of injury to both patients and health care workers at the facility.

The bill provides specifically as follows:

- A covered facility is required to: establish a safe patient handling program within 36 months of enactment of the bill; maintain a detailed written description of the program and its components; provide a copy of the written description to the Department of Health and Senior Services or Department of Human Services, as applicable; and make the description available to health care workers at the facility and to any collective bargaining agent representing health care workers at the facility.
- The facility is also required to: establish a safe patient handling policy; include in the policy a statement concerning the right of a patient to refuse the use of assisted patient handling; post its safe patient handling policy in a location easily visible to staff, patients, and visitors; and designate a representative of management at the facility to be responsible for overseeing all aspects of the safe patient handling program.
- The facility is to conduct an annual evaluation of the program, and make revisions to the program based on data analysis.
- The facility is further required to establish a safe patient handling committee within 12 months of enactment of the bill.

-- In the case of a health care system that owns or operates more than one covered health care facility or Department of Human Services facilities, the safe patient handling committee may be operated at the system or department level, provided that the committee members include at least one health care worker from each facility and a safe patient handling program is developed for each facility, taking into account the characteristics of the patients at the facility.

-- At least one-half of the committee members are to be health care workers (whose job duties entail patient handling), representative of the different disciplines of health care workers employed at the facility. In a facility where health care workers are represented by one or more collective bargaining agents, the management of the facility is to consult with the collective bargaining agents regarding the selection of health care worker committee members.

-- The remaining committee members are to have experience, expertise, or responsibility relevant to the operation of a safe patient handling program.

- The facility is prohibited from taking retaliatory action against any health care worker because that worker refuses to perform a patient handling task due to a reasonable concern about worker or patient safety, or the lack of appropriate and available patient handling equipment or aids. If a health care worker refuses to perform a patient handling task, the worker is required to notify his supervisor of the refusal and the reason for the refusal.

FISCAL IMPACT:

The Department of Health and Senior Services has not provided any fiscal information on this bill. The Office of Legislative Services is unable to determine any cost due to the limitations of the data available to it.

LEGISLATIVE FISCAL ESTIMATE
ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, No. 3028
STATE OF NEW JERSEY
212th LEGISLATURE

DATED: MAY 29, 2007

SUMMARY

- Synopsis:** “Safe Patient Handling Act”; requires health care facilities to establish safe patient handling programs.
- Type of Impact:** Possible increase in costs that cannot be determined.
 To the extent that there is a reduction in injuries to employees and patients, costs associated with the treatment of injuries, sick leave, overtime or Workers Compensation may be reduced.
- Agencies Affected:** Departments of Health and Senior Services and Human Services. County governments that administer and/or operate nursing homes or psychiatric hospitals.

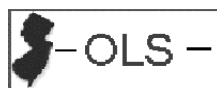
Office of Legislative Services Estimate

Fiscal Impact	<u>Years 1 -3</u>
State Cost and Local Costs	Possible increase in costs that cannot be determined. To the extent that there is a reduction in injuries to employees and patients, costs associated with the treatment of injuries, sick leave, overtime or Workers Compensation may be reduced.

- As patient handling procedures currently used at affected health care facilities are not known, the extent to which existing patient handling procedures will have to change, and any additional costs associated with such changes, cannot be determined.
- As the “assisted patient handling” capabilities of affected health care facilities are not known, the extent to which additional equipment would have to be purchased to facilitate assisted patient handling cannot be determined.

BILL DESCRIPTION

Assembly Committee Substitute for Assembly Bill No. 3028 of 2006, the “Safe Patient Handling Act,” requires general and special hospitals, nursing homes, State developmental centers, and State and county psychiatric hospitals to establish within 36 months of enactment of legislation a safe patient handling program to reduce the risk of injury to both patients and health care workers at the facilities. The legislation establishes various requirements to meet the



legislation's objectives, such as establishing a safe patient handling committee within 12 months of enactment of the legislation, developing written safe patient handling policies, posting safe patient handling policies, and purchasing of equipment, training, etc.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The Office of Legislative Services is not able to determine any additional costs or any savings affected health care facilities may realize as a result of the "Safe Patient Handling Act."

Costs

The adequacy of existing policies at county nursing homes, State developmental centers, and State and county psychiatric hospitals with respect to safe patient handling required by the legislation is not known. Thus, the extent to which government health care facilities may not be in compliance with the legislation's requirements is not known.

Similarly, it is not known what equipment affected facilities currently utilize to facilitate safe patient handling. Thus, the additional equipment affected facilities may have to purchase and the cost of such equipment cannot be determined.

Unless the affected health care facilities would clearly identify additional costs associated with the legislation in the cost reports that are filed with government agencies, it would be difficult to determine any additional costs that may be associated with the "Safe Patient Handling Act."

Savings

Implementation of the "Safe Patient Handling Act" may reduce medical costs related to the treatment of injuries to employees and patients and may reduce employee costs related to sick leave, overtime and Workers' Compensation. Without examining expenditures for the treatment of injuries to employees and patients and expenditures related to sick leave, overtime and Workers' Compensation prior to and subsequent to the implementation of the legislation, it would be difficult to determine what savings health care facilities may realize as a result of the legislation.

Section: Human Services

*Analyst: Jay A. Hershberg
Principal Fiscal Analyst*

*Approved: David J. Rosen
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L. 1980, c.67.