

SUBSTITUTE FOR  
HOUSE BILL NO. 4176

A bill to amend 1978 PA 368, entitled  
"Public health code,"  
by amending section 21720a (MCL 333.21720a).

**THE PEOPLE OF THE STATE OF MICHIGAN ENACT:**

1       Sec. 21720a. (1) ~~A~~ THE DEPARTMENT SHALL NOT LICENSE A  
2 nursing home ~~shall not be licensed~~ under this part unless that  
3 nursing home has on its staff at least 1 registered PROFESSIONAL  
4 nurse LICENSED UNDER ARTICLE 15 with specialized training or rel-  
5 evant experience in the area of gerontology, who ~~shall serve~~  
6 SERVES as the director of nursing and who ~~shall be~~ IS responsi-  
7 ble for planning and directing nursing care. The nursing home  
8 shall have at least 1 ~~licensed nurse~~ REGISTERED PROFESSIONAL  
9 NURSE OR LICENSED PRACTICAL NURSE LICENSED UNDER ARTICLE 15 on  
10 duty at all times and shall employ additional registered  
11 PROFESSIONAL NURSES and licensed practical nurses ~~in accordance~~

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1 AS NECESSARY TO COMPLY with subsection (2). ~~This subsection~~  
2 ~~shall not take effect until January 1, 1980.~~

3 (2) A nursing home shall employ ~~nursing personnel~~ DIRECT  
4 PATIENT CARE PROVIDERS sufficient to provide continuous 24-hour  
5 nursing care and services sufficient to meet the needs of each  
6 patient in the nursing home. ~~Nursing personnel~~ DIRECT PATIENT  
7 CARE PROVIDERS employed in the nursing home shall be under the  
8 supervision of the director of nursing. ~~A licensee shall main-~~  
9 ~~tain a nursing home staff sufficient to provide not less than~~  
10 ~~2.25 hours of nursing care by employed nursing care personnel per~~  
11 ~~patient per day. The ratio of patients to nursing care personnel~~  
12 ~~during a morning shift shall not exceed 8 patients to 1 nursing~~  
13 ~~care personnel; the ratio of patients to nursing care personnel~~  
14 ~~during an afternoon shift shall not exceed 12 patients to 1 nurs-~~  
15 ~~ing care personnel; and the ratio of patients to nursing care~~  
16 ~~personnel during a nighttime shift shall not exceed 15 patients~~  
17 ~~to 1 nursing care personnel and there shall be sufficient nursing~~  
18 ~~care personnel available on duty to assure coverage for patients~~  
19 ~~at all times during the shift. An employee designated as a~~  
20 ~~member of the nursing staff shall not be engaged in providing~~  
21 ~~basic services such as food preparation, housekeeping, laundry,~~  
22 ~~or maintenance services, except in an instance of natural~~  
23 ~~disaster or other emergency reported to and concurred in by the~~  
24 ~~department. In a nursing home having 30 or more beds, the direc-~~  
25 ~~tor of nursing shall not be included in counting the minimum~~  
26 ~~ratios of nursing personnel required by this subsection.~~ SUBJECT  
27 TO SUBSECTION (4) AND EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION

1 (7), A LICENSEE SHALL MAINTAIN A NURSING HOME STAFF-TO-PATIENT  
2 RATIO SUFFICIENT TO PROVIDE NOT LESS THAN 3.0 HOURS OF DIRECT  
3 PATIENT CARE BY A DIRECT PATIENT CARE PROVIDER PER PATIENT PER  
4 DAY. THE STAFF-TO-PATIENT RATIO REQUIRED UNDER THIS SUBSECTION  
5 SHALL BE COMPUTED ON A 24-HOUR BASIS SO THAT AT NO TIME DURING  
6 THE 24-HOUR PERIOD DOES THE STAFF-TO-PATIENT RATIO FALL BELOW 1  
7 DIRECT PATIENT CARE PROVIDER TO 15 NURSING HOME PATIENTS.

8 (3) IN COMPUTING THE STAFF-TO-PATIENT AND  
9 HOURS-PER-PATIENT-PER-DAY RATIOS UNDER SUBSECTION (2), A NURSING  
10 HOME MAY USE A MEMBER OF THE NURSING HOME STAFF WHO IS A REGIS-  
11 TERED PROFESSIONAL NURSE OR A LICENSED PRACTICAL NURSE LICENSED  
12 UNDER ARTICLE 15 AND IS NOT NORMALLY USED IN COMPUTING THOSE  
13 RATIOS BECAUSE THE STAFF MEMBER PERFORMS PRIMARILY ADMINISTRATIVE  
14 FUNCTIONS IF THE STAFF MEMBER PROVIDES DIRECT PATIENT CARE DURING  
15 AN EMERGENCY, BUT ONLY FOR AS LONG AS THE EMERGENCY EXISTS.  
16 EXCEPT AS OTHERWISE PROVIDED IN THIS SUBSECTION, A NURSING HOME  
17 SHALL NOT USE AN INDIVIDUAL WHO IS NOT A [DIRECT PATIENT CARE  
18 PROVIDER ] IN COMPUTING THE STAFF-TO-PATIENT AND  
19 HOURS-PER-PATIENT-PER-DAY RATIOS UNDER SUBSECTION (2), BUT MAY  
20 USE SUCH AN INDIVIDUAL TO PROVIDE SOME TYPES OF DIRECT PATIENT  
21 CARE, IF THE NURSING HOME PROVIDES THE INDIVIDUAL WITH THE TRAIN-  
22 ING REQUIRED UNDER SECTION 21795 FOR EACH TYPE OR ELEMENT OF  
23 DIRECT PATIENT CARE PROVIDED. THE NURSING HOME MAY, FOR PURPOSES  
24 OF COMPUTING THE STAFF-TO-PATIENT AND HOURS-PER-PATIENT-PER-DAY  
25 RATIOS UNDER SUBSECTION (2), USE AN INDIVIDUAL WHO HAS COMPLETED  
26 THE TRAINING REQUIRED UNDER TITLE XVIII OR TITLE XIX, BUT HAS NOT  
27 YET BEEN TESTED AS REQUIRED UNDER TITLE XVIII AND TITLE XIX, AS

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1 LONG AS MORE THAN 120 DAYS HAVE NOT ELAPSED SINCE THE INDIVIDUAL  
2 COMPLETED THE TRAINING.

3       (4) ~~(3) In administering this section, the department shall~~  
4 ~~take into consideration a natural disaster or other emergency.~~

5 FOR PURPOSES OF SUBSECTION (2), FROM OCTOBER 1, 1998 TO APRIL 1,  
6 1999, A LICENSEE SHALL ASSURE THAT THE NUMBER OF HOURS OF DIRECT  
7 PATIENT CARE BY A DIRECT PATIENT CARE PROVIDER PER PATIENT PER  
8 DAY IN THE NURSING HOME IS NOT LESS THAN 2.75. FROM APRIL 2,  
9 1999 TO OCTOBER 1, 1999, A LICENSEE SHALL ASSURE THAT THE NUMBER  
10 OF HOURS OF DIRECT PATIENT CARE BY A DIRECT PATIENT CARE PROVIDER  
11 PER PATIENT PER DAY IN THE NURSING HOME IS NOT LESS THAN 2.85.  
12 AFTER OCTOBER 1, 1999, A LICENSEE SHALL ASSURE THAT THE NUMBER OF  
13 HOURS OF DIRECT PATIENT CARE BY A DIRECT PATIENT CARE PROVIDER  
14 PER PATIENT PER DAY IN THE NURSING HOME IS NOT LESS THAN 3.0.

15       (5) IF A DIRECT PATIENT CARE PROVIDER PERFORMS DUTIES OTHER  
16 THAN DIRECT PATIENT CARE DURING HIS OR HER SHIFT, THE NURSING  
17 HOME MAY COUNT THE NUMBER OF DIRECT PATIENT CARE HOURS PROVIDED  
18 BY THE DIRECT PATIENT CARE PROVIDER DURING THE SHIFT IN COMPUTING  
19 COMPLIANCE WITH SUBSECTION (2) OR SUBSECTION (4), OR BOTH. A  
20 NURSING HOME MAY USE THE TIME A DIRECT PATIENT CARE PROVIDER  
21 SPENDS IN DOCUMENTING HIS OR HER DIRECT PATIENT CARE IN COMPUTING  
22 COMPLIANCE WITH SUBSECTION (2) OR SUBSECTION (4), OR BOTH.

23       (6) A DIRECT PATIENT CARE PROVIDER SHALL NOT PROVIDE SERV-  
24 ICES OTHER THAN DIRECT PATIENT CARE TO PATIENTS, INCLUDING, BUT  
25 NOT LIMITED TO, FOOD PREPARATION, HOUSEKEEPING, LAUNDRY, OR MAIN-  
26 TENANCE SERVICES, EXCEPT IN TIME OF NATURAL DISASTER OR OTHER  
27 EMERGENCY CIRCUMSTANCES THAT ARE REPORTED TO AND CONCURRED IN BY

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1 THE DEPARTMENT. A NURSING HOME MAY DIRECT AN EMPLOYEE WHO IS NOT  
2 QUALIFIED AS A DIRECT PATIENT CARE PROVIDER TO PROVIDE DIRECT  
3 PATIENT CARE IN TIME OF NATURAL DISASTER OR OTHER EMERGENCY CIR-  
4 CUMSTANCES THAT ARE REPORTED TO AND CONCURRED IN BY THE  
5 DEPARTMENT. A NURSING HOME MAY USE THE HOURS OF DIRECT PATIENT  
6 CARE PROVIDED UNDER THIS SUBSECTION IN COMPUTING COMPLIANCE WITH  
7 SUBSECTION (2) OR SUBSECTION (4), OR BOTH.

8 (7) SUBJECT TO SUBSECTION (8), IF A NURSING HOME'S COSTS OF  
9 OPERATION ARE INCREASED AS A RESULT OF ITS COMPLIANCE WITH THE  
10 AMENDATORY ACT THAT ADDED THIS SUBSECTION, THE NURSING HOME MAY  
11 ADVISE THE DEPARTMENT IN WRITING OF THE INCREASED OPERATIONAL  
12 COSTS. THE NURSING HOME MAY INCLUDE IN THE WRITTEN ADVISORY A  
13 REQUEST FOR REIMBURSEMENT FROM THE DEPARTMENT FOR THE INCREASED  
14 COSTS. UPON RECEIPT OF A WRITTEN ADVISORY FROM A NURSING HOME  
15 UNDER THIS SUBSECTION, THE DEPARTMENT SHALL IMMEDIATELY ADJUST  
16 THE NURSING HOME'S PER DIEM REIMBURSEMENT UNDER TITLE XVIII IN AN  
17 AMOUNT SUFFICIENT TO REIMBURSE THE NURSING HOME FOR THE INCREASED  
18 COSTS. THE DEPARTMENT SHALL INCREASE THE NURSING HOME'S PER DIEM  
19 REIMBURSEMENT RATE UNDER THIS SUBSECTION REGARDLESS OF PREVIOUSLY  
20 APPLIED COST LIMITS. IF THE DEPARTMENT FAILS TO ADJUST A NURSING  
21 HOME'S PER DIEM REIMBURSEMENT RATE UNDER THIS SUBSECTION WITHIN  
22 30 DAYS AFTER RECEIVING A REQUEST FOR REIMBURSEMENT UNDER THIS  
23 SUBSECTION, THEN ALL OF THE FOLLOWING SHALL OCCUR:

24 (A) THE NURSING HOME IS EXEMPT FROM THE STAFF-TO-PATIENT  
25 RATIO AND THE HOURS-PER-PATIENT-PER-DAY RATIO REQUIREMENTS OF  
26 THIS SECTION UNTIL THE DEPARTMENT ADJUSTS THE NURSING HOME'S PER  
27 DIEM REIMBURSEMENT RATE UNDER THIS SUBSECTION.

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1           (B) THE NURSING HOME SHALL MAINTAIN AN  
2 HOURS-PER-PATIENT-PER-DAY RATIO OF 2.25 AND THE STAFF-TO-PATIENT  
3 RATIO REQUIRED UNDER THIS SECTION BEFORE IT WAS AMENDED BY THE  
4 AMENDATORY ACT THAT ADDED THIS SUBSECTION.

5           (C) WITHIN 30 DAYS AFTER BEING NOTIFIED BY THE DEPARTMENT  
6 THAT THE NURSING HOME'S STATUS HAS CHANGED AND THAT IT WILL BE  
7 REIMBURSED AT THE APPROPRIATE LEVEL, THE NURSING HOME SHALL  
8 RETURN TO THE STAFF-TO-PATIENT RATIO AND THE  
9 HOURS-PER-PATIENT-PER-DAY RATIO REQUIRED BY THE AMENDATORY ACT  
10 THAT ADDED THIS SUBSECTION.

11           (8) SUBSECTION (7) IS NOT INTENDED AS A REMEDY THAT ALLOWS  
12 THE DEPARTMENT TO REIMBURSE A NURSING HOME AT A RATE THAT ALLOWS  
13 THE NURSING HOME TO MAINTAIN A NURSING HOME STAFF-TO-PATIENT  
14 RATIO OF LESS THAN 3.0 HOURS OF DIRECT PATIENT CARE BY A DIRECT  
15 PATIENT CARE PROVIDER PER PATIENT PER DAY AS REQUIRED UNDER SUB-  
16 SECTION (2). IT IS THE INTENT OF THE LEGISLATURE THAT THE  
17 DEPARTMENT REIMBURSE NURSING HOMES UNDER TITLE XVIII IN AN AMOUNT  
18 SUFFICIENT TO MAINTAIN THE STAFF-TO-PATIENT RATIO REQUIRED UNDER  
19 SUBSECTION (2). IF THE DEPARTMENT FAILS TO ADJUST A NURSING  
20 HOME'S REIMBURSEMENT RATE UNDER SUBSECTION (7) WITHIN THE 30-DAY  
21 TIME PERIOD REQUIRED UNDER SUBSECTION (7), THE DEPARTMENT IMMEDI-  
22 ATELY SHALL FILE A WRITTEN REPORT WITH THE STANDING APPROPRIA-  
23 TIONS COMMITTEES OF THE SENATE AND THE HOUSE OF REPRESENTATIVES  
24 AND WITH THE APPROPRIATE SUBCOMMITTEES. THE DEPARTMENT SHALL  
25 INCLUDE IN THE REPORT ITS REASONS FOR FAILING TO ADJUST THE NURS-  
26 ING HOME'S REIMBURSEMENT RATE.

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1       (9) THE DEPARTMENT SHALL DETERMINE WHETHER THE NURSING  
2 HOME'S OPERATIONAL COSTS WERE ACTUALLY INCREASED AS DESCRIBED IN  
3 SUBSECTION (7) DURING THE DEPARTMENT'S AUDIT OF THE NURSING  
4 HOME'S ANNUAL COST REPORT. IF THE DEPARTMENT DETERMINES AS A  
5 RESULT OF THE AUDIT THAT THE NURSING HOME'S COSTS WERE NOT IN  
6 FACT INCREASED, THE DEPARTMENT MAY RETROACTIVELY DISALLOW THE  
7 INCREASED COSTS CLAIMED BY THE NURSING HOME IN AN AMOUNT EQUAL TO  
8 THE AMOUNT OF COSTS DETERMINED BY THE DEPARTMENT NOT TO HAVE BEEN  
9 INCURRED BY THE NURSING HOME. A RETROACTIVE DISALLOWANCE BY THE  
10 DEPARTMENT UNDER THIS SUBSECTION IS AN "ADVERSE ACTION" AS THAT  
11 TERM IS DEFINED IN R 400.3401 OF THE MICHIGAN ADMINISTRATIVE  
12 CODE, AND IS SUBJECT TO APPEAL UNDER R 400.3401 TO R 400.3425 OF  
13 THE MICHIGAN ADMINISTRATIVE CODE.

14       (10) A NURSING HOME MAY FILE WITH THE DEPARTMENT A PETITION  
15 FOR TEMPORARY, EMERGENCY RATE RELIEF FROM THE STAFF-TO-PATIENT  
16 RATIO REQUIREMENT OF SUBSECTION (2) OR THE MINIMUM HOURS OF  
17 DIRECT PATIENT CARE REQUIRED UNDER SUBSECTION (4), OR BOTH. THE  
18 DEPARTMENT MAY GRANT THE NURSING HOME'S PETITION FOR TEMPORARY,  
19 EMERGENCY RATE RELIEF IF THE NURSING HOME DEMONSTRATES TO THE  
20 SATISFACTION OF THE DEPARTMENT THAT THE STAFF-TO-PATIENT RATIO  
21 REQUIREMENT OF SUBSECTION (2) OR THE DIRECT PATIENT CARE REQUIRE-  
22 MENT OF SUBSECTION (4), OR BOTH, HAS A SUBSTANTIAL EFFECT ON THE  
23 NURSING HOME'S OPERATING COSTS. THE DEPARTMENT SHALL ISSUE A  
24 DECISION ON A PETITION FILED UNDER THIS SUBSECTION WITHIN 90 DAYS  
25 AFTER RECEIPT OF THE PETITION. IF THE DEPARTMENT DENIES THE  
26 PETITION, THE DEPARTMENT SHALL PROVIDE THE NURSING HOME, IN  
27 WRITING, WITH THE REASONS FOR THE DENIAL. IF THE DEPARTMENT

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1 FAILS TO ISSUE A DECISION ON A PETITION WITHIN THE 90-DAY TIME  
2 LIMIT, THE PETITION IS GRANTED.

3       (11) A NURSING HOME MAY APPEAL A DENIAL OF A PETITION FOR  
4 TEMPORARY, EMERGENCY RATE RELIEF UNDER SUBSECTION (10). THE  
5 DEPARTMENT SHALL HOLD A HEARING ON THE APPEAL. THE DEPARTMENT OR  
6 THE DEPARTMENT'S DESIGNEE SHALL CONDUCT THE HEARING IN A LESS  
7 FORMAL MANNER THAN IT WOULD CONDUCT A CONTESTED CASE HEARING  
8 UNDER THE ADMINISTRATIVE PROCEDURES ACT OF 1969. THE DEPARTMENT  
9 SHALL ALLOW A REPRESENTATIVE OF THE NURSING HOME TO PRESENT  
10 INFORMATION, DATA, AND OTHER EVIDENCE IN SUPPORT OF GRANTING THE  
11 PETITION UNDER SUBSECTION (10). THE DEPARTMENT OR THE  
12 DEPARTMENT'S DESIGNEE SHALL PRESENT THE DEPARTMENT'S REASONS FOR  
13 DENYING THE PETITION. THE DEPARTMENT SHALL ISSUE A WRITTEN DECISION  
14 ON THE APPEAL WITHIN 30 DAYS AFTER THE HEARING HELD UNDER  
15 THIS SUBSECTION. THE DEPARTMENT SHALL INCLUDE IN THE WRITTEN  
16 DECISION THE REASONS FOR DENYING THE APPEAL. A DENIAL OF AN  
17 APPEAL BY THE DEPARTMENT UNDER THIS SUBSECTION HAS THE EFFECT OF  
18 CREATING AN EMERGENCY UNDER SECTION VII, ENTITLED "EXCEPTION  
19 PROCEDURE", OF THE POLICY AND METHODS FOR ESTABLISHING PAYMENT  
20 RATES IN THE STATE PLAN REQUIRED UNDER TITLE XIX, WHICH DOCUMENT  
21 IS INCORPORATED BY REFERENCE FOR PURPOSES OF THIS SUBSECTION.

22       (12) A NURSING HOME MAY APPEAL AN ADVERSE DECISION UNDER  
23 SUBSECTION (11) TO THE CIRCUIT COURT FOR THE COUNTY IN WHICH THE  
24 NURSING HOME IS LOCATED OR THE CIRCUIT COURT FOR INGHAM COUNTY.  
25 IF THE NURSING HOME PREVAILS ON THE APPEAL, THE COURT MAY AWARD  
26 COMPENSATORY DAMAGES TO THE NURSING HOME FOR THE COST OF  
27 PROVIDING CARE TO ITS RESIDENTS DURING THE PERIOD FROM THE FILING



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1 OF A PETITION WITH THE DEPARTMENT UNDER SUBSECTION (10) TO THE  
2 DECISION ON THE APPEAL UNDER THIS SUBSECTION. THE COURT MAY ALSO  
3 AWARD COSTS TO THE NURSING HOME IF IT PREVAILS ON THE APPEAL.

4 [(13) IN ORDER TO NOTIFY PATIENTS AND THEIR FAMILIES REGARDING  
5 THE REQUIREMENTS OF THIS SECTION, A NURSING HOME SHALL POST THE NAME  
6 OF THE DIRECT PATIENT CARE PROVIDER WHO IS ASSIGNED TO A PARTICULAR  
7 PATIENT EITHER IN A CONSPICUOUS PLACE NEAR THE NURSES STATION OR  
8 OUTSIDE THE PATIENT'S DOOR NEAR THE PATIENT'S NAME.

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19 (14) AS USED IN THIS SECTION:

20 (A) "COMPETENCY-EVALUATED NURSE ASSISTANT" MEANS A NURSE'S  
21 AIDE OR NURSE ASSISTANT TRAINED AS REQUIRED UNDER SECTION  
22 1819(b)(5) OF TITLE XIII OF THE SOCIAL SECURITY ACT, CHAPTER 531,  
23 49 STAT. 620, 42 U.S.C. 1395i-3, AND UNDER SECTION 1919(b)(5) OF  
24 TITLE XIX OF THE SOCIAL SECURITY ACT, CHAPTER 531, 49 STAT. 620,  
25 42 U.S.C. 1396r.

26 (B) "DIRECT PATIENT CARE" MEANS 1 OR MORE OF THE FOLLOWING  
27 ACTIVITIES OR SERVICES PROVIDED BY A DIRECT PATIENT CARE PROVIDER

1 TO A PATIENT IN A NURSING HOME AS REQUIRED BY THE PATIENT'S CARE  
2 PLAN:

3       *(i)* PERSONAL CARE, INCLUDING, BUT NOT LIMITED TO, ALL OF THE  
4 FOLLOWING: BATHING A PATIENT WHILE ENCOURAGING THE PATIENT'S  
5 INDEPENDENCE; SUPPORTIVE AND PREVENTATIVE SKIN CARE; ROUTINE  
6 MORNING AND EVENING MOUTH CARE; HAIR AND NAIL CARE; SHAVING;  
7 DRESSING AND UNDESSING, WITH EMPHASIS ON ENCOURAGING AND MAIN-  
8 TAINING THE PATIENT'S INDEPENDENCE; ASSISTING IN THE USE OF PROS-  
9 THETIC DEVICES; AND OTHER MATTERS OF PERSONAL HYGIENE.

10       *(ii)* NUTRITION, INCLUDING, BUT NOT LIMITED TO, ALL OF THE  
11 FOLLOWING: MAKING MEALTIME A PLEASANT EXPERIENCE; MEASURING AND  
12 RECORDING THE PATIENT'S FOOD INTAKE; ASSISTING THE PATIENT IN  
13 INCREASING OR REDUCING FLUID INTAKE; ASSISTING THE PATIENT IN  
14 EATING, WITH EMPHASIS ON ENCOURAGING THE PATIENT'S INDEPENDENCE  
15 AND DIGNITY.

16       *(iii)* ELIMINATION, INCLUDING, BUT NOT LIMITED TO, ALL OF THE  
17 FOLLOWING: ENCOURAGING AND MAINTAINING THE PATIENT'S INDEPEN-  
18 DENCE IN TOILET, BEDPAN, AND URINAL USE; CATHETER CARE; PREVENT-  
19 ING INCONTINENCE; THE PREVENTION OF CONSTIPATION; PERINEAL CARE;  
20 MEASURING AND RECORDING BLADDER OUTPUT; URINE TESTING; AND BOWEL  
21 AND BLADDER TRAINING.

22       *(iv)* RESTORATION AND REHABILITATION, INCLUDING, BUT NOT  
23 LIMITED TO, ALL OF THE FOLLOWING: ASSISTANCE AND ENCOURAGEMENT  
24 WITH AMBULATION, WALKING, AND TRANSFERRING FROM LOCATION TO LOCA-  
25 TION OR FROM POSITION TO POSITION; TURNING A PATIENT; MAINTAINING  
26 PROPER BODY ALIGNMENT; RANGE OF MOTION EXERCISES; THE USE OF  
27 AMBULATION AIDS, SUCH AS WHEELCHAIRS, WALKERS, CANES, AND

1 CRUTCHES; UTILIZING TRANSFER TECHNIQUES AND THE PROPER BODY  
2 MECHANICS INVOLVED IN LIFTING A PATIENT OR AN OBJECT; USING BED  
3 BOARDS, FOOT BOARDS, FOOT STOOLS, TROCHANTER ROLLS, PILLOWS FOR  
4 POSITIONING, AND ORTHOTIC DEVICES.

5 (v) FEEDING AND CLOTHING PATIENTS AND MAKING AND CHANGING  
6 BEDS.

7 (vi) ADMINISTRATION OF MEDICATIONS [AND TREATMENTS].

8 (vii) OTHER ACTIVITIES OR SERVICES, OR BOTH, PERFORMED WITH  
9 OR FOR THE DIRECT PATIENT CARE PROVIDER'S ASSIGNED PATIENT THAT  
10 ENHANCES THAT PATIENT'S QUALITY OF LIFE.

11 (C) "DIRECT PATIENT CARE PROVIDER" MEANS AN INDIVIDUAL WHO  
12 IS A REGISTERED PROFESSIONAL NURSE OR A LICENSED PRACTICAL NURSE  
13 LICENSED UNDER ARTICLE 15 AND WHOSE PRIMARY FUNCTION IS AS A  
14 NURSE, OR AN INDIVIDUAL WHO IS CERTIFIED, AT A MINIMUM, AS A  
15 COMPETENCY-EVALUATED NURSE ASSISTANT, WHO IS EMPLOYED BY OR UNDER  
16 CONTRACT TO A NURSING HOME, AND WHO PROVIDES DIRECT PATIENT CARE  
17 IN THE NURSING HOME. DIRECT PATIENT CARE PROVIDER DOES NOT  
18 INCLUDE THE FOLLOWING:

19 (i) THE DIRECTOR OF NURSING FOR A NURSING HOME.

20 (ii) A QUALITY ASSURANCE NURSE FOR A NURSING HOME.

21 (iii) A STAFF DEVELOPMENT NURSE FOR A NURSING HOME.

22 (iv) A PHYSICAL THERAPIST LICENSED UNDER ARTICLE 15.

23 (v) A CERTIFIED SPEECH AND LANGUAGE THERAPIST.

24 (vi) AN OCCUPATIONAL THERAPIST LICENSED UNDER ARTICLE 15.

25 (vii) AN ACTIVITIES DIRECTOR OR ACTIVITIES STAFF.

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1       (viii) AN INDIVIDUAL WHO IS HIRED AND PAID PRIVATELY BY A  
2 PATIENT OR THE PATIENT'S FAMILY AND WHO WORKS ONLY WITH THAT  
3 PATIENT.

4       (D) "TITLE XVIII" MEANS TITLE XVIII OF THE SOCIAL SECURITY  
5 ACT, CHAPTER 531, 49 STAT. 620, 42 U.S.C. 1395 TO 1395b, 1395b-2,  
6 1395c TO 1395i, 1395i-2 TO 1395i-4, 1395j TO 1395t, 1395u TO  
7 1395w-2, 1395w-4 TO 1395yy, AND 1395bbb TO 1395ddd.

8       (E) "TITLE XIX" MEANS TITLE XIX OF THE SOCIAL SECURITY ACT,  
9 CHAPTER 531, 49 STAT. 620, 42 U.S.C. 1396 TO 1396f AND 1396g-1 TO  
10 1396v.

11       (15) THE AMENDATORY ACT THAT ADDED THIS SUBSECTION DOES NOT  
12 LIMIT, MODIFY, OR OTHERWISE AFFECT THE PRACTICE OF NURSING AS  
13 THAT TERM IS DEFINED IN SECTION 17201.

14       Enacting section 1. This amendatory act takes effect July  
15 1, 1998.