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Filed: 3/21/2019

10100SB1908sam001

LRB101 08484 CPF 58244 a

1 AMENDMENT TO SENATE BILL 1908

2 AMENDMENT NO. _____. Amend Senate Bill 1908 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the Safe
5 Patient Limits Act.

6 Section 5. Definitions. In this Act:

7 "Couplet" means one mother and one baby.

8 "Critical trauma patient" means a patient who has an injury
9 to an anatomic area that (i) requires life-saving
10 interventions, or (ii) in conjunction with unstable vital
11 signs, poses an immediate threat to life or limb.

12 "Department" means the Department of Public Health.

13 "Facility" means a hospital licensed under the Hospital
14 Licensing Act or organized under the University of Illinois
15 Hospital Act, a private or State-owned and State-operated
16 general acute care hospital, an LTAC hospital as defined in

1 Section 10 of the Long Term Acute Care Hospital Quality
2 Improvement Transfer Program Act, an acute psychiatric
3 hospital, an acute care specialty hospital, an ambulatory
4 surgical treatment center as defined in Section 3 of the
5 Ambulatory Surgical Treatment Center Act, or an acute care unit
6 within a health care facility.

7 "Health care workforce" means personnel employed by or
8 contracted to work at a facility that have an effect upon the
9 delivery of quality care to patients, including, but not
10 limited to, registered nurses, licensed practical nurses,
11 unlicensed assistive personnel, service, maintenance,
12 clerical, professional, and technical workers, and other
13 health care workers.

14 "Immediate postpartum patients" means those patients who
15 have given birth within the previous 2 hours.

16 "Nursing care" means care that falls within the scope of
17 practice as defined in the Nurse Practice Act or is otherwise
18 encompassed within recognized standards of nursing practice,
19 including assessment, nursing diagnosis, planning,
20 intervention, evaluation, and patient advocacy.

21 "Registered nurse" means a competent registered nurse who
22 has accepted a direct, hands-on patient care assignment to
23 implement the nursing care plan for that patient and the
24 nursing process while, at all times, exercising independent
25 professional judgment in the exclusive interest of the patient.

26 "Specialty care unit" means a unit which is organized,

1 operated, and maintained to provide care for a specific medical
2 condition or a specific patient population.

3 For the purposes of this Act, a patient is considered
4 assigned to a registered nurse if the registered nurse accepts
5 responsibility for the patient's nursing care.

6 Section 10. Maximum patient assignments for registered
7 nurses.

8 (a) The maximum number of patients assigned to a registered
9 nurse in a facility shall not exceed the limits provided in
10 this Section. However, nothing shall preclude a facility from
11 assigning fewer patients to a registered nurse than the limits
12 provided in this Section. The requirements provided in this
13 Section shall apply at all times during each shift and within
14 each clinical unit and patient care area.

15 (b) In all units with critical care or intensive care
16 patients, including, but not limited to, coronary care, acute
17 respiratory, burn, or neonatal intensive care patients, the
18 maximum patient assignment of critical care patients to a
19 registered nurse is 2.

20 (c) In all units with step-down or intermediate care
21 patients, the maximum patient assignment of step-down or
22 intermediate care patients to a registered nurse is 3.

23 (d) In all units with postanesthesia care patients, the
24 maximum patient assignment of postanesthesia care patients
25 under the age of 18 to a registered nurse is one. The maximum

1 patient assignment of postanesthesia care patients 18 years of
2 age or older to a registered nurse is 2.

3 (e) In all units with operating room patients, the maximum
4 patient assignment of operating room patients to a registered
5 nurse is one, provided that a minimum of one additional person
6 serves as a scrub assistant for each patient.

7 (f) In the emergency department:

8 (1) In a unit providing basic emergency medical
9 services or comprehensive emergency medical services, the
10 maximum patient assignment at any time to a registered
11 nurse is 3.

12 (2) The maximum assignment of critical care emergency
13 patients to a registered nurse is 2. A patient in the
14 emergency department shall be considered a critical care
15 patient when the patient meets the criteria for admission
16 to a critical care service area within the hospital.

17 (3) The maximum assignment of critical trauma patients
18 in an emergency unit to a registered nurse is one.

19 (4) At least one direct care registered professional
20 nurse shall be assigned to triage patients. The direct care
21 registered professional nurse assigned to triage patients
22 shall be immediately available at all times to triage
23 patients when they arrive in the emergency department. The
24 direct care registered professional nurse assigned to
25 triage patients shall perform triage functions only.

26 (g) In all units with maternal child care patients:

1 (1) The maximum patient assignment to a registered
2 nurse of antepartum patients requiring continuous fetal
3 monitoring is 2.

4 (2) The maximum patient assignment of other antepartum
5 patients to a registered nurse is 3.

6 (3) The maximum patient assignment of active labor
7 patients to a registered nurse is one.

8 (4) The maximum patient assignment during birth is one
9 registered nurse responsible for the mother and, for each
10 baby born, one registered nurse whose sole responsibility
11 is that baby.

12 (5) The maximum patient assignment of immediate
13 postpartum patients is one couplet, and in the case of
14 multiple births, one nurse for each additional baby.

15 (6) The maximum patient assignment of postpartum
16 patients to a registered nurse is 6 patients or 3 couplets.

17 (h) In all units with pediatric patients, the maximum
18 patient assignment of pediatric patients to a registered nurse
19 is 3.

20 (i) In all units with psychiatric patients, the maximum
21 patient assignment of psychiatric patients to a registered
22 nurse is 4.

23 (j) In all units with medical and surgical patients, the
24 maximum patient assignment of medical or surgical patients to a
25 registered nurse is 4.

26 (k) In all units with telemetry patients, the maximum

1 patient assignment of telemetry patients to a registered nurse
2 is 3.

3 (l) In all units with observational patients, the maximum
4 patient assignment of observational patients to a registered
5 nurse is 3.

6 (m) In all units with acute rehabilitation patients, the
7 maximum patient assignment of acute rehabilitation patients to
8 a registered nurse is 4.

9 (n) In all specialty care units, the maximum patient
10 assignment to a registered nurse is 4.

11 (o) In all units with conscious sedation patients, the
12 maximum patient assignment of conscious sedation patients to a
13 registered nurse is one.

14 (p) In any unit not otherwise listed in this Section, the
15 maximum patient assignment to a registered nurse is 4.

16 Section 15. Use of rapid response teams as first responders
17 prohibited. A rapid response team nurse shall not be given
18 direct care patient assignments while assigned as a nurse
19 responsible for responding to a rapid response team request.

20 Section 20. Implementation by a facility.

21 (a) A facility shall implement the patient limits
22 established by Section 10 without diminishing the staffing
23 levels of the facility's health care workforce.

24 (b) There shall be no averaging of the number of patients

1 and the total number of registered nurses in each clinical unit
2 or patient care area in order to meet the limits established
3 under this Act.

4 (c) Only registered nurses providing direct patient care
5 shall be included in complying with the patient limits under
6 Section 10. Nurse administrators, nurse supervisors, nurse
7 managers, charge nurses, case managers, ancillary staff,
8 unlicensed personnel, or any other hospital administrator or
9 supervisor shall not be included in complying with the patient
10 limits under Section 10.

11 (d) Identifying a clinical unit or patient care area by a
12 name or term other than those listed in this Act does not
13 affect a facility's requirement to staff the unit consistent
14 with the patient limits identified for the level of intensity
15 or type of care described in this Act.

16 (e) A registered nurse providing direct care to a patient
17 has the authority to determine if a change in the patient's
18 status places the patient in a different category requiring a
19 different patient limit under Section 10.

20 (f) A registered nurse may determine that additional
21 ancillary staff, such as licensed practical nurses, certified
22 nursing assistants, or other ancillary staff, excluding
23 medical assistants, are needed in order to provide safe care.

24 (g) A facility shall not employ video monitors or any form
25 of electronic visualization of a patient as a substitute for
26 the direct observation required for patient assessment by the

1 registered nurse or for patient protection. Video monitors or
2 any form of electronic visualization of a patient shall not
3 constitute compliance with the patient limits under Section 10.

4 Section 25. Changes in patient census.

5 (a) A facility shall plan for routine fluctuations in its
6 patient census, including, but not limited to, admissions,
7 discharges, and transfers.

8 (b) If a health care emergency causes a change in the
9 number of patients in a clinical care unit or patient care
10 area, a facility must be able to demonstrate that immediate and
11 diligent efforts were made to maintain required staffing levels
12 under this Act. For purposes of this subsection, "health care
13 emergency" means an emergency declared by the federal
14 government or the head of a State or local governmental entity.

15 Section 30. Record of staff assignments. A facility shall
16 keep a record of the actual direct care registered professional
17 nurse, licensed practical nurse, certified nursing assistant,
18 and other ancillary staff assignments to individual patients
19 documented on a day-to-day, shift-by-shift basis and shall keep
20 copies of its staff assignments on file for a period of 7
21 years.

22 Section 35. Implementation by the Department. The
23 Department shall adopt rules governing the implementation and

1 operation of this Act.

2 Section 40. Patient acuity systems. Nothing in this Act
3 precludes the use of patient acuity systems consistent with
4 Section 10.10 of the Hospital Licensing Act. However, the
5 maximum patient assignments in Section 10 shall not be exceeded
6 regardless of the use and application of any patient acuity
7 system.

8 Any method, software, or tool used to create or evaluate a
9 staffing plan adopted by a facility shall be established in
10 coordination with direct care registered professional nurses
11 and shall be transparent in all respects, including disclosure
12 of detailed documentation of the methodology used to determine
13 nurse staffing and identifying each factor, assumption, and
14 value used in applying the methodology. The Department shall
15 establish procedures to ensure that the documentation
16 submitted under this Section is available for public inspection
17 in its entirety.

18 Section 45. Training. All facilities shall adopt written
19 policies and procedures for the training and orientation of
20 nursing staff. No registered nurse shall be assigned to a
21 nursing unit or clinical area unless that nurse has first
22 received training and orientation in that clinical area that is
23 sufficient to provide competent care to patients in that area
24 and has demonstrated competence in providing care in that area.

1 The written policies and procedures for that training and
2 orientation of nursing staff shall require that all temporary
3 personnel receive the same amount and type of training and
4 orientation that is required for permanent staff. Coverage
5 during breaks, meals, and other routine, expected absences from
6 the clinical or patient care area must comply with this
7 Section.

8 Section 50. Enforcement. A facility's failure to adhere to
9 the limits set by Section 10 shall be reported by the
10 Department to the Attorney General for enforcement, for which
11 the Attorney General may bring action in a court of competent
12 jurisdiction seeking injunctive relief and civil penalties. A
13 separate and distinct violation, for which the facility shall
14 be subject to a civil penalty of up to \$25,000, shall be deemed
15 to have been committed on each day during which any violation
16 continues after receipt of written notice of the violation from
17 the Department by the facility. The requirements of this Act,
18 and its enforcement, shall be suspended during a public health
19 emergency declared by the State or federal government.

20 Section 55. Whistleblower protection.

21 (a) A registered professional nurse may object to or refuse
22 to participate in any activity, practice, assignment, or task
23 if:

24 (1) in good faith, the nurse reasonably believes it to

1 be a violation of the direct care registered professional
2 nurse-to-patient ratios established under this Act; or

3 (2) the nurse is not prepared by education, training,
4 or experience to fulfill the assignment without
5 compromising the safety of any patient or jeopardizing the
6 license of the nurse.

7 (b) A facility shall not retaliate, discriminate, or
8 otherwise take adverse action in any manner with respect to any
9 aspect of a nurse's employment, including discharge,
10 promotion, compensation, or terms, conditions, or privileges
11 of employment, based on the nurse's refusal to complete an
12 assignment under subsection (a).

13 (c) A facility shall not file a complaint against a
14 registered professional nurse with the Board of Nursing based
15 on the nurse's refusal to complete an assignment under
16 subsection (a).

17 (d) A facility shall not retaliate, discriminate, or
18 otherwise take adverse action in any manner against any person
19 or with respect to any aspect of a nurse's employment,
20 including discharge, promotion, compensation, or terms,
21 conditions, or privileges of employment, based on that nurse's
22 or that person's opposition to any hospital policy, practice,
23 or action that the nurse in good faith believes violates this
24 Act.

25 (e) A facility shall not retaliate, discriminate, or
26 otherwise take adverse action against any patient or employee

1 of the facility or any other individual on the basis that the
2 patient, employee, or individual, in good faith, individually
3 or in conjunction with another person or persons, has presented
4 a grievance or complaint, or has initiated or cooperated in any
5 investigation or proceeding of any governmental entity,
6 regulatory agency, or private accreditation body, made a civil
7 claim or demand, or filed an action relating to the care,
8 services, or conditions of the facility or of any affiliated or
9 related facilities.

10 (f) A facility shall not do either of the following:

11 (1) Interfere with, restrain, or deny the exercise of,
12 or attempt to deny the exercise of, a right conferred under
13 this Act.

14 (2) Coerce or intimidate any individual regarding the
15 exercise of, or an attempt to exercise, a right conferred
16 by this Act.

17 Section 60. Severability. The provisions of this Act are
18 severable, and if any clause, sentence, paragraph, subsection,
19 or Section of this law or any application thereof shall be
20 adjudged by any court of competent jurisdiction to be invalid,
21 such judgment shall not affect, impair, or invalidate the
22 remainder thereof but shall be confined in its operation to the
23 clause, sentence, paragraph, subsection, Section, or
24 application adjudged invalid and such clause, sentence,
25 paragraph, subsection, Section, or application shall be

1 reformed and construed so that it would be valid to the maximum
2 extent permitted.

3 Section 85. The Hospital Licensing Act is amended by
4 changing Section 10.10 as follows:

5 (210 ILCS 85/10.10)

6 Sec. 10.10. Nurse Staffing by Patient Acuity.

7 (a) Findings. The Legislature finds and declares all of the
8 following:

9 (1) The State of Illinois has a substantial interest in
10 promoting quality care and improving the delivery of health
11 care services.

12 (2) Evidence-based studies have shown that the basic
13 principles of staffing in the acute care setting should be
14 based on the complexity of patients' care needs aligned
15 with available nursing skills to promote quality patient
16 care consistent with professional nursing standards.

17 (3) Compliance with this Section promotes an
18 organizational climate that values registered nurses'
19 input in meeting the health care needs of hospital
20 patients.

21 (b) Definitions. As used in this Section:

22 "Acuity model" means an assessment tool selected and
23 implemented by a hospital, as recommended by a nursing care
24 committee, that assesses the complexity of patient care needs

1 requiring professional nursing care and skills and aligns
2 patient care needs and nursing skills consistent with
3 professional nursing standards.

4 "Department" means the Department of Public Health.

5 "Direct patient care" means care provided by a registered
6 professional nurse with direct responsibility to oversee or
7 carry out medical regimens or nursing care for one or more
8 patients.

9 "Nursing care committee" means an existing or newly created
10 hospital-wide committee or committees of nurses whose
11 functions, in part or in whole, contribute to the development,
12 recommendation, and review of the hospital's nurse staffing
13 plan established pursuant to subsection (d).

14 "Registered professional nurse" means a person licensed as
15 a Registered Nurse under the Nurse Practice Act.

16 "Written staffing plan for nursing care services" means a
17 written plan for guiding the assignment of patient care nursing
18 staff based on multiple nurse and patient considerations that
19 yield minimum staffing levels for inpatient care units and the
20 adopted acuity model aligning patient care needs with nursing
21 skills required for quality patient care consistent with
22 professional nursing standards.

23 (c) Written staffing plan.

24 (1) Every hospital shall implement a written
25 hospital-wide staffing plan, recommended by a nursing care
26 committee or committees, that provides for minimum direct

1 care professional registered nurse-to-patient staffing
2 needs for each inpatient care unit. The written
3 hospital-wide staffing plan shall include, but need not be
4 limited to, the following considerations:

5 (A) The complexity of complete care, assessment on
6 patient admission, volume of patient admissions,
7 discharges and transfers, evaluation of the progress
8 of a patient's problems, ongoing physical assessments,
9 planning for a patient's discharge, assessment after a
10 change in patient condition, and assessment of the need
11 for patient referrals.

12 (B) The complexity of clinical professional
13 nursing judgment needed to design and implement a
14 patient's nursing care plan, the need for specialized
15 equipment and technology, the skill mix of other
16 personnel providing or supporting direct patient care,
17 and involvement in quality improvement activities,
18 professional preparation, and experience.

19 (C) Patient acuity and the number of patients for
20 whom care is being provided.

21 (D) The ongoing assessments of a unit's patient
22 acuity levels and nursing staff needed shall be
23 routinely made by the unit nurse manager or his or her
24 designee.

25 (E) The identification of additional registered
26 nurses available for direct patient care when

1 patients' unexpected needs exceed the planned workload
2 for direct care staff.

3 (2) In order to provide staffing flexibility to meet
4 patient needs, every hospital shall identify an acuity
5 model for adjusting the staffing plan for each inpatient
6 care unit.

7 (3) The written staffing plan shall be posted in a
8 conspicuous and accessible location for both patients and
9 direct care staff, as required under the Hospital Report
10 Card Act. A copy of the written staffing plan shall be
11 provided to any member of the general public upon request.

12 (d) Nursing care committee.

13 (1) Every hospital shall have a nursing care committee.
14 A hospital shall appoint members of a committee whereby at
15 least 50% of the members are registered professional nurses
16 providing direct patient care.

17 (2) A nursing care committee's recommendations must be
18 given significant regard and weight in the hospital's
19 adoption and implementation of a written staffing plan.

20 (3) A nursing care committee or committees shall
21 recommend a written staffing plan for the hospital based on
22 the principles from the staffing components set forth in
23 subsection (c). In particular, a committee or committees
24 shall provide input and feedback on the following:

25 (A) Selection, implementation, and evaluation of
26 minimum staffing levels for inpatient care units.

1 (B) Selection, implementation, and evaluation of
2 an acuity model to provide staffing flexibility that
3 aligns changing patient acuity with nursing skills
4 required.

5 (C) Selection, implementation, and evaluation of a
6 written staffing plan incorporating the items
7 described in subdivisions (c)(1) and (c)(2) of this
8 Section.

9 (D) Review the following: nurse-to-patient
10 staffing guidelines for all inpatient areas; and
11 current acuity tools and measures in use.

12 (4) A nursing care committee must address the items
13 described in subparagraphs (A) through (D) of paragraph (3)
14 semi-annually.

15 (e) Nothing in this Section 10.10 shall be construed to
16 limit, alter, or modify any of the terms, conditions, or
17 provisions of a collective bargaining agreement entered into by
18 the hospital.

19 (f) A hospital shall not directly assign any unlicensed
20 personnel to perform registered professional nurse functions
21 in lieu of care delivered by a registered professional nurse
22 and shall not assign unlicensed personnel to perform registered
23 professional nurse functions under the supervision of a direct
24 care registered professional nurse.

25 (g) Unlicensed personnel shall not be required to perform
26 tasks that require the clinical assessment, professional

1 judgment, and skill of a licensed registered professional
2 nurse, including, but not limited to, the following: activities
3 that require a nursing assessment or nursing judgment during
4 implementation; physical, psychological, and social
5 assessments that require nursing judgment, intervention,
6 referral, or follow-up; formulation of a plan of nursing care
7 and evaluation of a patient's response to the care provided;
8 and administration of medications.

9 (Source: P.A. 96-328, eff. 8-11-09; 97-423, eff. 1-1-12;
10 97-813, eff. 7-13-12.)

11 Section 90. The Nurse Practice Act is amended by adding
12 Sections 50-15.1, 50-15.5, 50-15.10, and 50-15.15 as follows:

13 (225 ILCS 65/50-15.1 new)

14 Sec. 50-15.1. Functions generally.

15 (a) A direct care registered professional nurse, holding a
16 valid license to practice as a registered professional nurse,
17 employing scientific knowledge and experience in the physical,
18 social, and biological sciences, and exercising independent
19 professional judgment in applying the nursing process in the
20 exclusive interests of a patient, shall directly perform the
21 following essential functions:

22 (1) Continuous and ongoing comprehensive nursing
23 assessments of a patient's condition based upon the
24 independent professional judgment of the direct care

1 registered professional nurse.

2 (2) Planning, implementation, and evaluation of the
3 nursing care provided to each patient. The implementation
4 of nursing care may be assigned by the direct care
5 registered professional nurse responsible for the patient
6 to other licensed nursing staff or to unlicensed staff,
7 subject to any limitations of the licensure,
8 certification, level of validated competency, or
9 applicable law concerning such staff. In any case, however:

10 (A) The direct care registered professional nurse
11 assigned to a patient must determine in her or his
12 professional judgment that nursing personnel to be
13 assigned patient care tasks possess the necessary
14 preparation and capability to competently perform the
15 assigned tasks.

16 (B) The direct care registered professional nurse
17 may assign the implementation of nursing care only when
18 the registered professional nurse is physically
19 present and available.

20 (3) Assessment, planning, implementation, and
21 evaluation of patient education, including ongoing
22 discharge education of each patient.

23 (b) The planning and delivery of patient care shall: (i)
24 reflect all elements of the nursing process, including
25 comprehensive nursing assessment, nursing diagnosis, planning,
26 intervention, evaluation, and, as circumstances require,

1 patient advocacy; and (ii) be initiated by a direct care
2 registered professional nurse at the time of a patient's
3 admission to the hospital.

4 (c) A nursing plan for a patient's care shall be discussed
5 with and developed as a result of coordination with the
6 patient, the patient's family, or other representatives of the
7 patient, when appropriate, and staff of other disciplines
8 involved in the care of the patient.

9 (d) A direct care registered professional nurse shall
10 evaluate the effectiveness of the care plan through: (i)
11 comprehensive nursing assessments based on direct observation
12 of the patient's physical condition and behavior, signs and
13 symptoms of illness, and reactions to treatment; and (ii)
14 communication with the patient and other caregivers as
15 applicable. The direct care registered professional nurse
16 shall modify the plan as needed.

17 (e) Information related to the patient's initial
18 comprehensive nursing assessment and reassessments, nursing
19 diagnosis, plan, intervention, evaluation, and patient
20 advocacy shall be permanently recorded, as narrative
21 registered professional nurse progress notes, in the patient's
22 medical record. The practice of "charting by exception" is
23 expressly prohibited.

24 (225 ILCS 65/50-15.5 new)

25 Sec. 50-15.5. Patient assessment.

1 (a) Patient assessment requires: (i) direct observation of
2 the patient's signs and symptoms of illness, reaction to
3 treatment, behavior and physical condition; and (ii)
4 interpretation of information obtained from the patient and
5 others, including other caregivers, as applicable.

6 (b) Only a direct care registered professional nurse who is
7 physically present with the patient is authorized to perform
8 patient assessments. A licensed practical nurse may assist a
9 direct care registered professional nurse in data collection.

10 (225 ILCS 65/50-15.10 new)

11 Sec. 50-15.10. Determining nursing care needs of patients.

12 (a) The nursing care needs of each individual patient shall
13 be determined by a direct care registered professional nurse
14 through the process of ongoing comprehensive nursing
15 assessments, nursing diagnosis, and formulation and adjustment
16 of nursing care plans.

17 (b) The prediction of individual patient nursing care needs
18 for prospective assignment of direct care registered
19 professional nurses shall be based on individual comprehensive
20 nursing assessments by the direct care registered professional
21 nurse assigned to each patient.

22 (225 ILCS 65/50-15.15 new)

23 Sec. 50-15.15. Independent professional judgment.

24 (a) Competent performance of the essential functions of a

1 direct care registered professional nurse requires the
2 exercise of independent professional judgment in the exclusive
3 interests of the patient. The exercise of such independent
4 professional judgment, unencumbered by the commercial or
5 revenue-generation priorities of a hospital, long term acute
6 care hospital, or ambulatory surgical treatment center or other
7 employing entity of a direct care registered professional
8 nurse, is necessary to ensure safe, therapeutic, effective, and
9 competent treatment of hospital patients and is essential to
10 protect the health and safety of the people of Illinois.

11 (b) The exercise of independent professional judgment by a
12 direct care registered professional nurse in the performance of
13 the essential functions, as described in paragraphs (1), (2),
14 and (3) of subsection (a) of Section 15-1, shall be provided in
15 the exclusive interests of the patient and shall not, for any
16 purpose, be considered, relied upon, or represented as a job
17 function, authority, responsibility, or activity undertaken in
18 any respect for the purpose of serving the business,
19 commercial, operational, or other institutional interests of
20 the hospital.

21 (c) No hospital, long term acute care hospital, ambulatory
22 surgical treatment center, or other health care institution
23 shall utilize technology that:

24 (1) limits a direct care registered professional nurse
25 in performing functions that are part of the nursing
26 process, including full exercise of independent

1 professional judgment in assessment, planning,
2 implementation and evaluation of care; or

3 (2) limits a direct care registered professional nurse
4 in acting as a patient advocate in the exclusive interests
5 of the patient.

6 Technology shall not be skill-degrading, interfere with a
7 direct care registered professional nurse's provision of
8 individualized patient care, or override a direct care
9 registered professional nurse's independent professional
10 judgment."