SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

BILL: CS/SB 2326

SPONSOR: Health, Aging and Long-Term Care Committee and Senator Dawson

SUBJECT: Health Care Facilities

DATE: March 12, 2002 REVISED: _____ _____ _____ _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Harkey	Wilson	HC	Favorable/CS
2.			JU	
3.			AHS	
4.			AP	
5.				
6.				

I. Summary:

The committee substitute creates an act entitled "Safe Staffing for Quality Care Act", which sets nursing staffing standards for hospitals, ambulatory surgical centers, mobile surgical facilities and psychiatric facilities and specified units within those facilities. The bill prohibits a health care facility from penalizing or retaliating against an employee for reporting violations and authorizes the Agency for Health Care Administration (AHCA) to adopt rules for enforcement of certain of the bill's requirements by October 1, 2002. The bill establishes requirements for overtime and time off and provides exceptions to the requirements during a declared state of emergency The bill creates a private right of action against health care facilities that violate the act and provides that willful violations of the act that are likely to have a serious and adverse impact on patient care are a misdemeanor of the first degree.

This bill creates eight unnumbered sections of law.

II. Present Situation:

Hospital Nursing Staffing Requirements

Part I of ch. 395, F.S., provides for the regulation of hospitals, ambulatory surgical centers, and mobile surgical facilities. The Florida Statutes and the Florida Administrative Code are general in their definition of staffing levels in these health care facilities. The current statutes and rules do not identify specific staff-to-patient ratios based on acuity. Section 395.1055(1)(a), F.S., states that "Sufficient numbers and qualified types of personnel and occupational disciplines are on duty and available at all times to provide necessary and adequate patient care and safety."

Florida Administrative Code, 59A-3.2085(5), Nursing Service, states that "Each hospital shall be organized and staffed to provide quality-nursing care to each patient. Where a hospital's

organizational structure does not have a nursing department or service, it shall document the organizational steps it has taken to assure that oversight of the quality of nursing care provided to each patient is accomplished."

Rule 59A-3.2085(5)(f), F.A.C., further states that "A sufficient number of qualified registered nurses shall be on duty at all times to give patients the nursing care that requires the judgment and specialized skills of a registered nurse, and shall be sufficient to ensure immediate availability of a registered nurse for bedside care of any patient when needed, to assure prompt recognition of an untoward change in a patient's condition, and to facilitate appropriate intervention by nursing, medical or other hospital staff members."

Rule 59A-3.2085(5)(g), F.A.C., states that "Each Class I and Class II hospital shall have at least one licensed registered nurse on duty at all times on each floor or similarly titled part of the hospital for rendering patient care services."

Rule 59A-3.2085(5)(h), F.A.C., states that "Each hospital shall maintain a list of licensed personnel, including private duty and per diem nurses, with each individual's current license number, and documentation of the nurses' hours of employment, and unit of employment within the hospital."

The Code of Federal Regulations, section 482.23(b), Standard: Staffing and Delivery of Care, states that: "The nursing service must have adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed. There must be supervisory and staff personnel for each department or nursing unit to ensure, when needed, the immediate availability of a registered nurse for bedside care of any patient."

Nursing Staffing Standards in Other States

The Service Employees International Union (SEIU) has made safe staffing a priority issue. In addition to bargaining for minimum staffing ratios, acuity tools, and patient care committees, the union is advocating the passage of laws that address staffing levels in health care facilities. The California Department of Health Services proposed a rule establishing nurse-to-patient ratios for hospitals in January 2002. The rule which is subject to a 45-day public comment period, is scheduled for public hearings in the Spring of 2002. The rule is scheduled to take effect in July 2003. The ratios include one nurse to two patients in critical care/intensive care units, neonatal intensive care units, burn units, and post anesthesia units. In step-down units, the ratio would be one nurse to four patients.

Nursing Shortage

In Florida there is a statewide shortage of nurses that mirrors the nationwide nursing shortage. According to a November 2001 report by the Florida Hospital Association (FHA), during the week of February 18-24, 2001, there were 3,087 open registered nursing (RN) positions in the 61 hospitals responding to a survey, indicating a statewide RN vacancy rate of 15.6 percent.

According to the United States Census Bureau the number of nurses practicing in the United States will be 20 percent below the projected need in the year 2020. In Florida, the demand for registered nurses will grow from 120,700 to 156,100 in the next decade. Efforts to improve patient safety and staffing levels to provide quality health care will continue to escalate the demand for qualified experienced registered nurses.

The Southern Regional Education Board (SREB) reports that nursing faculty shortages are worsening in the 16 SREB states and the District of Columbia to the point that the "… projected shortage of nurse educators threatens the region's capacity to ensure the health of its residents." The SREB survey shows that resignations reported by nursing education programs in the southern region for the 2000-2001 academic year and projected for the next two years will total 558. Of the 350 resignations and 144 retiring nurse educators for 2000-2001, 465 held a masters' degree or a doctorate. Florida, with 56 resignations or expected resignations, was one of four states with total resignations exceeding 50 during the next two years. The two most common reasons for resigning were family responsibilities and salaries. The survey projections indicate that 784 nurse educators expect to retire in 2002-2006. Florida, with 84, reported the second highest expected number of retiring nurse educators among the SREB states. Twelve institutions in Florida reported not having enough faculty for undergraduate and graduate nursing programs.

Mental Health Facilities

Part I of ch. 394, F.S., is "The Florida Mental Health Act" also known as "The Baker Act". Section 394.461, F.S., provides for the designation of receiving and treatment facilities by the Department of Children and Family Services. These facilities include state-owned, state-operated, or state-supported facilities, private facilities, or federal facilities.

III. Effect of Proposed Changes:

Section 1. Entitles the act as the "Safe Staffing for Quality Care Act".

Section 2. States the following legislative findings:

- The state has a substantial interest in assuring that the delivery of health care services to patients is adequate and safe and that health care facilities retain sufficient nursing staff to promote optimal health care outcomes.
- Health care facilities are receiving patients with higher acuity levels.
- Inadequate hospital staffing results in dangerous medical errors and patient infections.
- To ensure adequate protection and care for patients in health care facilities, it is essential that qualified licensed and adequately trained nurses be accessible and available to meet the nursing needs of patients.
- Inadequate and poorly monitored nurse-staffing practices jeopardize delivery of quality health care services and adversely impact the health of patients who enter hospitals and outpatient emergency and surgical centers.
- The basic principles of staffing in health care facilities should be focused on the health care needs of patients and based on consideration of patient acuity levels and services that need to be provided to ensure optimal outcomes.

- A substantial number of nurses indicate that hospital patient acuity measurements are inadequate and that many hospitals rarely, if ever, staff according to an acuity measurement tool.
- Establishing staffing standards will ensure that health care facilities throughout the state operate in a manner that guarantees the public safety and the delivery of quality health care services.
- Polling indicates that hospital nurses work substantial overtime hours and that nurses working 12-hour shifts work the most additional overtime hours per week.
- Mandatory overtime and lengthy work hours for direct-care nurses constitute a threat to the health and safety of patients, adversely impact the general well-being of nurses and their families, and result in greater turnover, which increases long-term shortages of nursing personnel.

Section 3. Defines the terms *acuity system, assessment tool, documented staffing plan, critical care unit, declared state of emergency, direct-care nurse, health care facility, nurse, nursing care, off-duty, on-duty, skill mix,* and *staffing level,* as follows:

Acuity system is an established measurement instrument that:

- Predicts the requirements for nursing care for individual patients and based on severity of patient illness; need for specialized equipment and technology; intensity of nursing interventions required; and the complexity of clinical nursing judgment needed to design, implement, and evaluate the patient's nursing care plan;

- Details the amount of nursing care needed, both in number of nurses and in skill mix of nursing personnel required, on a daily basis, for each patient in a nursing department or unit; and

- Is stated in terms that readily can be used and understood by direct-care nursing staff.

Assessment tool is a measurement system that compares the staffing level in each nursing department or unit against actual patient requirements for nursing care in order to review the accuracy of an acuity system.

Documented staffing plan is a detailed written plan setting forth the minimum number, skill mix, and classification of licensed nurses required in each nursing department or unit in the health care facility for a given year, based on reasonable projections derived from the patient census and average acuity level within each department or unit during the prior year, the department or unit size and geography, the nature of services provided, and any foreseeable changes in department or unit size or function during the current year.

Critical care unit is a unit of a hospital which is established to safeguard and protect patients whose severity of medical conditions requires continuous monitoring and complex nursing intervention.

Declared state of emergency is an officially designated state of emergency that has been declared by a federal, state, or local government official having authority to declare that the state, county, municipality, or locality is in a state of emergency, but does not include a state of emergency that results from a labor dispute in the health care industry.

Direct-care nurse or *direct-care nursing staff* is any nurse who has direct responsibility to oversee or carry out medical regimens or nursing care for one or more patients.

Health care facility is an acute care hospital; an emergency care, ambulatory, or outpatient surgery facility licensed under s. 395.003, F.S.; or a psychiatric facility licensed under ch. 394, F.S.

Nurse is a registered nurse or a licensed practical nurse.

Nursing care is care that falls within the scope of practice set forth in the applicable state nurse practice act or that is otherwise encompassed within recognized professional standards of nursing practice, including assessment, nursing diagnosis, planning, intervention, evaluation, and patient advocacy.

Off-duty is that the individual has no restrictions placed on his or her whereabouts and is free of all restraint or duty on behalf of the health care facility.

On-duty is that the individual is required to be available and ready to perform services on request within or on behalf of the health care facility and includes any rest periods or breaks during which the individual's ability to leave the health care facility is restricted, either expressly or by work-related circumstances beyond the individual's control.

Skill mix is the differences in licensing, specialty, and experience among direct-care nurses.

Staffing level means the actual numerical nurse-to-patient ratio by licensed nurse classification within a nursing department or unit.

Section 4. Establishes staffing standards for health care facilities as defined in the bill. These facilities, as a condition of licensing, must submit a staffing plan to AHCA along with written certification that the plan is sufficient to provide appropriate delivery of services to patients. This plan must:

- Meet minimum requirements specified in the bill.
- Be adequate to meet any additional requirements provided by other laws or rules.
- Employ and identify an approved acuity system for addressing fluctuations in patient acuity levels and nursing care requirements.
- Take into account activities such as discharges, transfers, admissions, administrative and support tasks in addition to direct nursing care.
- Identify the assessment tool that will validate the acuity system.
- Identify the system that will be used to document actual staffing on a daily basis within each department or unit.

- Include a written assessment of the accuracy of the prior year's staffing in light of actual need.
- Identify each nurse-staff classification together with a plan that sets forth minimum qualifications for each classification.
- Be developed in consultation with the direct care nursing staff, or with the representative of the collective bargaining unit that represents the nursing staff.

The bill sets out the direct-care nurse-to-patient ratios as follows:

- One-to-one in operating rooms, trauma, or emergency units;
- One-to-two in all critical care areas, including emergency critical care and intensive care units, labor and delivery units, and postanesthesia units;
- One-to-three in antepartum, emergency room, pediatrics, psychiatry, step-down, and telemetry units;
- One-to-four in intermediate-care nursery and medical or surgical floors;
- One-to-five in skilled nursing facilities and rehabilitation; and
- One-to-six in postpartum (three couplets) and well-baby nurseries.

These nurse-to patient ratios are a minimum. The bill requires facilities to assign nursing staff at a lower ratio if the acuity system indicates that more staff is required. AHCA is required to adopt rules for approving a health care facility's acuity system.

The skill mix in a staffing plan must assure that assessment, nursing diagnosis, planning, intervention, evaluation, and patient advocacy are performed in the planning and delivery of care for each patient. Registered nurses must constitute at least 80 percent of the direct-care nurses included in the staffing plan. The skill mix may not incorporate or assume that nursing-care functions that are required by licensing law, rules, or accepted standards of practice to be performed by a licensed nurse are to be performed by unlicensed assistive personnel.

As a condition of licensing, a health care facility must at all times assign staff in accordance with its staffing plan and its staffing standards or at higher direct-care nurse-to-patient staffing levels. A nurse may not be assigned, or included in the count of assigned nursing staff for purposes of compliance with minimum staffing requirements, to a nursing department or unit or a clinical area within the health facility without appropriate licensing, prior orientation, and verification that the nurse is capable of providing competent nursing care to the patients in the facility.

As a condition of licensure, each health care facility must maintain accurate daily records showing:

- The number of patients admitted, released, and present in each nursing department or unit within the facility;
- The individual acuity level of each patient present in each nursing department or unit within the facility; and
- The identity and duty hours of each direct-care nurse in each nursing department or unit within the facility.

As a condition of licensure, each health care facility shall maintain daily statistics, by nursing department and unit, of mortality, morbidity, infection, accident, injury, and medical errors. All required staffing records must be maintained for 7 years and must be made available upon request to AHCA and to the public. Information released to the public may not contain the name or other personal identifying information, apart from acuity level, about any individual patient.

Section 5. Prohibits a health care facility from mandating or requiring a health care employee to work or be on duty in excess of any one of the following:

- The scheduled work shift or duty period;
- Twelve hours in a 24-hour period; or
- Eighty hours in a 14-consecutive-day period.

The bill defines, the terms mandatory or mandate to mean a request that, if refused or declined by the health care employee, may result in discharge, discipline, loss of promotion, or other adverse employment consequence.

The bill does not prohibit a health care employee from voluntarily working overtime. However, a health care employee may not work or be on duty more than 16 hours in any 24-hour period; if working 16 hours in any 24-hour period the employee must have at least 8 consecutive hours off duty before being required to return to duty; and may not be required to work or be on duty more than 7 consecutive days without at least one consecutive 24-hour period off duty within that time.

During a declared state of emergency in which a health care facility is requested or otherwise reasonably may be expected to provide an exceptional level of emergency or other medical services to the community, the mandatory overtime prohibition in paragraph will be lifted to the following extent:

- Health care employees may be required to work or be on duty up to the maximum hour limitations set forth in the bill.
- Prior to requiring any health care employee to work mandatory overtime, the health care facility must make reasonable efforts to fill its immediate staffing needs through alternative efforts, including requesting off-duty staff to voluntarily report to work, requesting on-duty staff to volunteer for overtime hours, and recruiting per diem and registry staff to report to work.
- This exemption applies only during the duration of the declared state of emergency or while the health care facility has a direct role in responding to medical needs resulting from the declared state of emergency, whichever period is less.

During a declared state of emergency during which a health care facility is requested or otherwise reasonably may be expected to provide an exceptional level of emergency or other medical services to the community, the limitation on maximum hours will be lifted if:

- The decision to work the additional time is voluntarily made by the individual health care employee affected.

- The health care employee is given at least one uninterrupted 4-hour rest period before the completion of the first 16 hours of duty and an uninterrupted 8-hour rest period at the completion of 24 hours of duty.
- A health care employee does not work or remain on duty for more than 28 consecutive hours in a 72-hour period.
- A health care employee who has been on duty for more than 16 hours in a 24-hour period who informs the health care facility that he or she needs immediate rest must be relieved from duty as soon thereafter as possible, consistent with patient safety needs, and given at least 8 hours uninterrupted hours off duty before being required to return for duty.
- The term *rest period* means a period in which an individual may be required to remain on the premises of the health care facility but is free of all restraint or duty or responsibility for work or duty if the occasion arises.

This exemption does not exceed the duration of the declared state of emergency or the health care facility's direct role in responding to medical needs resulting from the declared state of emergency, whichever period is less.

A work shift schedule or overtime program established pursuant to a collective bargaining agreement negotiated on behalf of the health care employees by a bona fide labor organization may provide for mandatory on-duty hours in excess of that permitted under the bill if adequate measures are included in the agreement to ensure against excessive fatigue on the part of the affected employees.

Section 6. Establishes employee rights. As a condition of licensing, each health care facility must develop and disseminate to direct-care nursing staff a written policy regarding the circumstances under which a nurse may refuse a work assignment. A nurse may refuse a work assignment for which:

- The nurse is not prepared by education, training or experience to safely fulfill the assignment without compromising or jeopardizing patient safety, the nurse’s ability to meet the patient’s needs, or the nurse’s license.
- The nurse has volunteered for overtime but determines that his or her level of fatigue or alertness would compromise or jeopardize patient safety, the nurse’s ability to meet the patient’s needs, or the nurse’s license.
- The assignment would otherwise compromise the requirements of this act.

The work assignment policy must provide for prior notice to the nurse’s supervisor with an opportunity for the supervisor to review the circumstances surrounding the request and a process that allows a nurse to exercise the right to refuse under circumstance where there is no adequate remedy offered, a complaint investigation would be untimely, or the nurse believes in good faith the assignment meets conditions that justify the refusal.

The health care facility cannot penalize, discriminate, or retaliate against an employee who reports a violation or suspected violation of this act; participates, initiates, or cooperates in an investigation; informs or discusses with anyone violations or suspected violations of this act; or avails himself or herself of the rights set forth in the act.

An employee will be considered to have acted in good faith if the employee reasonably believes the reported information is true and that a violation has occurred or may occur.

Section 7. Establishes a private right of action. A health care facility that violates standards for work hours or employee rights may be held liable for equitable relief including reinstatement, promotion, lost wages, and benefits, and compensatory and sequential damages via a court of competent jurisdiction. The court may also award reasonable attorney's fees and costs to be paid by the defendant. The employee's right to institute a private action is not limited by any other rights granted under the act.

Section 8. Establishes procedures for enforcement of this act. The bill requires that a health care facility post in a conspicuous place a notice prepared by AHCA setting forth a summary of the provisions of this act. The mandatory and actual nurse staffing levels in each nursing department must be posted daily in a conspicuous place available to the public. The facility's staffing plan must be available to the public upon request. The facility must post daily staffing levels in each nursing department or unit that is readily available to the nursing staff. During each work shift the staff must have available a copy of the staffing plan, the number of direct-care nursing staff members required to be present during the shift based on the approved acuity system, and the actual number of direct-care nursing staff present during the shift.

The bill requires AHCA to ensure compliance with the staffing standards provided in section 4 of the act. AHCA may adopt rules to ensure general compliance with staffing plans and standards. The rules must provide for unannounced, random compliance site visits; a confidential system for reporting a health care facility's failure to comply with the act; a means of investigating and correcting violations; public access to information regarding results of investigations; and procedures for imposing penalties.

If AHCA finds that a facility has violated this act, the agency may revoke the facility's license under the authority of s. 395.003, F.S.; levy a fine of not less that $15,000 per violation per day for violation of section 4 of the act which provides staffing standards; a $1,000 per day fine for violation of the notice-posting requirements; a $15,000 fine per violation for a violation of the work hours requirements of section 5 or the employee rights established in section 6 of the bill; and a $15,000 per incident fine for failure to report, falsification of information required to be reported, or influencing another person not to report.

AHCA must notify the facility of all deficiencies in compliance and may order specific actions within a specified time as a corrective action. Those actions may include revising the facility's staffing plan; reducing the number of patients in a department; temporarily closing a nursing department or unit; or temporarily transferring patients to another department until corrections are made.

If a facility fails to comply with a order of correction in a timely manner, AHCA may take action it deems appropriate including appointing an administrative overseer; closing the facility, department or unit to admissions; placing the emergency room on bypass; or revoking the facility's license.

A person who willfully violates the act in a manner that evidences a pattern or practice of violations that will likely or potentially cause serious injury or death, commits a misdemeanor of the first degree punishable under section 775.082 or 775.083, Florida Statutes. A documented violation of the act shall result in an order to reimburse Medicaid or in termination from participation in the Medicaid program for a time specified by AHCA. A facility that falsifies documentation required by the act may not receive Medicaid reimbursement for a period of 6 months.

Section 9. Provides an effective date of October 1, 2002.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Art. VII, s. 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

On page 16, lines 29-31, the bill requires AHCA to develop rules that provide for an accessible and confidential system for the public and nursing staff to report a health facility's failure to comply with the requirements of the act. This provision creates a public records exemption by making information reported to AHCA confidential.

Article I, Section 24 of the State Constitution, provides that the Legislature may create exemptions to the Public Records Law, but requires that such laws be enacted in legislation that only contains public records exemptions.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Art. III, s. 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

There will be a fiscal impact on hospitals, ambulatory surgical centers, mobile surgical facilities and psychiatric facilities through the requirement to develop, implement, and update the staffing plan; post daily staffing ratios; evaluate the acuity level of patients on each shift; hire nurses to meet the staffing ratios; prepare and provide the annual assessment to AHCA, and defend against litigation brought under the private right of action created in the bill. Facilities would need to set up an internal grievance procedure to handle administrative complaints.

C. Government Sector Impact:

AHCA will incur the cost of the development and promulgation of the rule, determining and reviewing individual facility acuity systems for acceptability, reviewing the annual reports and preparing letters of omission, defending legal challenges for imposed administrative actions, increased site visits by field office surveyors due to complaints of failure to adhere to the provisions of the act, increase in the time required to conduct a licensing and validation survey due to the added requirements of the act, development of training materials, and statewide training of surveyors and providers on the implementation of the provisions of the act.

AHCA estimates the agency's costs as follows:

> There are approximately 220 general acute care hospitals in Florida that would be affected by this act. Each of these facilities would be required to develop/adopt an approved acuity system in which they would develop a written, documented staffing plan. Employee rights would have to be promulgated by each facility jointly with direct-care nurses and other staff to ensure appropriate input as required by the act. Acuity levels for each facility would require assessment.
>
> All of the documentation described above would require review and approval by AHCA at the central office level and the field offices at the time of survey. The staffing plans must be submitted annually by the facility and these would require AHCA staff for ongoing review and approval.
>
> Staff complaints would become a new survey investigation workload…Surveyors would be required to investigate each complaint and pursue administrative actions for violations. Approximately 1,365 hospital complaints were received and investigated between January and December 2001. This total includes initial investigations and required follow-up visits to determine that a facility came into compliance. The vast majority of the complaints received were from patients or relatives, not staff.
>
> It is estimated that there would be 500 complaints over the period of 12 months related to the bill. This would require 1 FTE for 2 days investigation for each complaint or 15,000 hours annually (16 hours X 500 complaints = 8,000 hours + an estimated 7,000 hours for travel time and report writing = 15,000 hours). Another 125 follow-up surveys would be required to verify compliance which would require 1 FTE for one day or 1,600 hours annually (8 hours X 125 visits = 1,000 hours + 600 hours for travel time and report writing). A total of 16,600 actual surveyor hours would be required which equates to 9 full-time equivalent registered nurse surveyors (16,600/1,854 hours per FTE = 9 FTE). Registered Nurse Specialist positions, pay grade 75 at Level 6 are requested due to the expertise needed, the difficulty in hiring and retaining qualified nurses, and the highly competitive nature of the job market. Extra travel expense of $3,000 above the limited agency standard allowance would be needed due to the new survey investigation workload of staff complaints that would increase over time. This bill

requires surveyors to investigate each complaint and pursue administrative actions for violations and also requires follow-up visits to determine if the facility came into compliance.

A Health Services and Facilities Consultant position, PG 24, would be needed in Agency headquarters to write the rule, hold public hearings, prepare training materials, travel the state holding training sessions with Agency staff and hospital providers ($3,000 extra travel), review annual hospital plans, prepare letters of correction/omissions, accompany field office staff on surveys to ensure consistency and appropriate application of the policy, write survey guidelines for surveyors to use in surveying hospitals on the requirements of the bill, and review all citations for appropriateness. An additional travel allowance will be needed to allow this position to be able to travel to hearings and training sessions. This position would be needed 7/1/02 or prior to the effective date of the act in order to write rules, hold public hearings and prepare for and conduct training sessions.

Given an estimated 500 complaints over 12 months, AHCA anticipates 40 percent will result in the filing of an administrative case by AHCA. Approximately 60 percent of the 200 cases (120 cases) filed may result in an administrative hearing. Assuming an average of 2.5 days hearing for each case (24 hrs), 8 days working time (64 hours), which includes preparation of pleadings, depositions, travel, and correspondence on each case, this equates to 88 hours X 120 cases = 10,560 hours annually. Given that 1 FTE equals approximately 1,854 hours annually, 6 Senior Attorney and 3 Administrative Assistant I positions will be required to handle the increased caseload.

Nonrecurring Expenditures

Expense (19 FTE @ $2,659)	$ 50,521
OCO (4 FTE @ 1,389 desktop)	$ 5,556
OCO (9 FTE @ $1,791 laptop)	$ 16,119
Total	$ 72,196

Recurring Expenditures

Salaries	**Year 1**	**Year 2**
Health Services & Facilities Consultant (effective 7/1/02, class code 5894, PG 24) 1 FTE	$ 47,998	$ 47,998
Registered Nurse Specialist (lapsed for 10/1/02, class code 5294, PG 75, Level 6) 9 FTE	$ 319,410	$ 425,880
Senior Attorney (lapsed for 10/1/02, class code 0709, PG 15) 6 FTE	$ 272,317	$ 363,090
Administrative Assistant I (lapsed for 10/1/02, class code 0709, PG 15) 3 FTE	$ 67,198	$ 89,598
Total Salaries & Benefits	$ **706,923**	**$ 926,566**

Expense	Year 1	Year 2
1 prof. FTE @ $11,057 + extra travel $3,000	$ 14,057	$ 14,057
18 prof. FTE @ $11,057 (lapsed for 10/1/02)	$ 149,269	$ 199,026
9 prof. FTE @ $3,000 each for extra travel	$ 20,250	$ 27,000
Total Recurring Expenditures	**$ 890,499**	**$ 1,166,649**

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Amendments:

None.