

ALASKA STATE LEGISLATURE
SENATE HEALTH, EDUCATION AND SOCIAL SERVICES STANDING COMMITTEE

April 16, 2007

1:40 p.m.

MEMBERS PRESENT

Senator Bettye Davis, Chair
Senator Joe Thomas, Vice Chair
Senator John Cowdery
Senator Kim Elton
Senator Fred Dyson

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

SENATE BILL NO. 28

"An Act relating to limitations on mandatory overtime for registered nurses and licensed practical nurses in health care facilities; and providing for an effective date."

MOVED CSSB 28 (HES) OUT OF COMMITTEE

Overview: Sound Families Initiative

PREVIOUS COMMITTEE ACTION

BILL: SB 28

SHORT TITLE: LIMIT OVERTIME FOR REGISTERED NURSES

SPONSOR(s): SENATOR(s) DAVIS

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|----------|-----|---------------------------------|
| 01/16/07 | (S) | PREFILE RELEASED 1/5/07 |
| 01/16/07 | (S) | READ THE FIRST TIME - REFERRALS |
| 01/16/07 | (S) | HES, L&C, FIN |
| 04/04/07 | (S) | HES AT 2:45 PM BUTROVICH 205 |
| 04/04/07 | (S) | Heard & Held |
| 04/04/07 | (S) | MINUTE(HES) |
| 04/16/07 | (S) | HES AT 1:30 PM BELTZ 211 |

WITNESS REGISTER

Ray South, representing himself
Nikiski, AK

POSITION STATEMENT: Testified on SB 28

Tom Obermeyer, aide to Senator Davis
Juneau, AK

POSITION STATEMENT: Presented SB 28

Jeff Jesse, CEO
Alaska Mental Health Trust Authority
Anchorage, AK

POSITION STATEMENT: Presented overview

David Wertheimer, Senior Program Officer
Bill and Melinda Gates Foundation
Seattle, WA

POSITION STATEMENT: Presented overview

ACTION NARRATIVE

CHAIR BETTYE DAVIS called the Senate Health, Education and Social Services Standing Committee meeting to order at [1:43:29 PM](#). All members were present at the call to order.

SB 28-LIMIT OVERTIME FOR REGISTERED NURSES

CHAIR DAVIS announced SB 28 to be under consideration.

[1:46:47 PM](#)

RAY SOUTHWELL, representing himself, said that SB 28 is needed to make hospitals do the right thing in terms of not forcing overtime. He referenced several studies regarding the high numbers of deaths caused by medical error, and said that patient safety is an important issue in the medical field. He talked about his work history and personal experience with work fatigue, and said that hospitals refuse to discuss the problem; legislation will force this discussion and will help to recognize the issue.

SENATOR DYSON asked why nurses don't look for better jobs, when they're in such demand.

[1:51:51 PM](#)

MR. SOUTHWELL replied that some nurses do that, and such preferable hospitals are referred to as "magnet hospitals", but they are sometimes hard to find. There are often waiting lists at these hospitals for nurses who wait to work there.

[1:53:28 PM](#)

SENATOR DYSON said that some nurses do prefer longer shifts, and asked if shifts over eight hours should be outlawed.

MR. SOUTHWELL said that each individual nurse has a preferred schedule, and not everyone gets fatigued at the same time. Shifts longer than eight hours shouldn't necessarily be outlawed.

SENATOR DYSON asked if each nurse should be able to give their own parameters for shift length.

MR. SOUTHWELL said that that shouldn't necessarily happen; nurses need a regular schedule.

SENATOR COWDERY asked if there could be any alternative to the bill, and if a union could negotiate the issue.

[1:56:53 PM](#)

MR. SOUTHWELL said that the issue has been previously brought up, and money was given to nurses rather than a real solution being offered. Striking isn't a popular option for most nurses.

There being no further public testimony, Chair Davis asked her aide to present the bill before committee.

[1:58:49 PM](#)

TOM OBERMEYER, aide to Chair Davis, sponsor of SB 28, said that the bill is primarily a patient safety issue. Additionally, the nursing shortage wouldn't be such a problem if unreasonable hours didn't force nurses out of the profession. He explained how the bill would allow nurses to be able to gain control over their work lives. He said that there was a committee substitute available for the bill, and cited several small changes.

SENATOR THOMAS said that the 12-hour shift seems to be the easiest length to manage.

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MR. OBERMEYER said that the 12-hour shift was initially integrated due to nursing shortages; now, required sign-up for on-call on top of these shifts means incredible long work-weeks. There is overtime in all areas of hospitals, including intensive

and emergency care, that leads to medical mistakes and resulting death and litigation.

SENATOR THOMAS said that using 8-, 10-, or 12-hour shifts is the easiest ways to divide shifts, and in his opinion 12-hour shifts are the simplest for nursing.

MR. OBERMEYER said that a nurse told him that if additional nurses were available to spread work time out over, 12-hour shifts wouldn't be an issue. Some nurses don't even take breaks during their long shifts because there's no one to cover them.

SENATOR THOMAS asked what the response from the hospital association is to the idea of hiring more staff.

[2:07:42 PM](#)

MR. OBERMEYER said that the Fair Labor Standards Act, enacted in 1938, prevents overworking of individuals and encourages adequate employment. The shortage is self-created because nurses often are driven out of the profession.

[2:09:19 PM](#)

ROD BEATTY, President of Alaska State Hospital and Nursing Home Association (ASHNHA), explained how overtime works in the state, and said that nurse scheduling is done without requiring mandatory overtime; temporary nurses are used to fill the gaps. There isn't information that supports some of the negative comments made about hospitals and overtime in the meeting.

SENATOR DYSON asked for the definition of mandatory overtime.

MR. BEATTY said that that's time worked that's not scheduled, against a nurse's wishes.

SENATOR DYSON asked what happens if a nurse refuses to do so.

[2:11:49 PM](#)

MR. BEATTY replied that there are rules that protect nurses from such situations in bargaining agreements; Alaska doesn't use mandatory overtime.

SENATOR DYSON said that many nurses would stay voluntarily overtime to help people, but it seems strange that there would

be any repercussions for an employee who's asked to stay over and refuses.

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MR. BEATTY said that many hospitals have varied shifts, and so nurses can be flexible.

SENATOR DYSON said that apparently some nurses can't leave their jobs for better ones because they would lose their benefits.

MR. BEATTY replied that some people do get trapped in their jobs; health care and retirements are often non-transferable.

[2:14:50 PM](#)

SENATOR ELTON commented that many nurses are not covered by collective bargaining agreements, and referenced a study about work fatigue.

MR. BEATTY said that Alaska's scheduling methods are not inconsistent with other states'; hospitals know best how to schedule the shifts.

SENATOR ELTON asked if a caveat could be added to the bill regarding work hour maximums allowing for collective bargaining agreement adjustments.

MR. BEATTY said that he couldn't answer that question.

[2:19:35 PM](#)

SENATOR THOMAS said that there seems to be little indication of mandatory overtime being used, yet he gets a lot of comments complaining about it. He said that required documentation of overtime wouldn't be as difficult as some say; a written comment from a nurse would be the only documentation needed.

[2:18:17 PM](#)

MR. BEATTY said that ASHNHA has offered to track mandatory overtime in the past; it's a considerable effort, and there's nothing on the same scale in other states.

CHAIR DAVIS commented that the committee substitute (CS) at the last meeting was adopted, and has not changed. The nurses associations have said they're happy with the bill; there's been

ample time to make changes, and if they haven't been made by this time then they'll have to be addressed in another committee. Almost every comment she's received has been in support of the bill. Many times nurses don't feel comfortable speaking up for themselves; her recommendation is that the bill be moved out of committee.

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SENATOR ELTON moved to report CSSB 28(HES), referred to as Version K, from committee with individual recommendations and accompanying fiscal notes. There being no objection, the motion carried.

CHAIR DAVIS announced a brief at-ease.

OVERVIEW: SOUND FAMILIES INITIATIVE

[2:26:47 PM](#)

CHAIR BETTY DAVIS invited Mr. Jesse to present his overview on the sound families initiative.

JEFF JESSE, CEO for the Alaska Mental Health Trust Authority (AMHTA), said that the state's relationship with the Bill and Melinda Gates Foundation (BMGF) began when the previous governor commissioned a report examining homelessness in Alaska. The BMFG's actions in the Seattle area were a clear example for other states, and they've since presented their strategies for addressing homelessness. He then introduced David Wertheimer, with the BMFG.

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DAVID WERTHEIMER, Senior Program Officer with the BMFG, explained that the foundation looks for ways to address sets of problems and create partnerships to address issues from malaria in Africa to homelessness in Washington. No one system on its own can end issues like family homelessness, so the foundation works with various partners.

He explained the areas of involvement of the foundation, and said that the Sound Families Initiative was launched in 2000 on a \$40 million investment with the goal of creating 1,500 homeless family housing units. The goal was to create a cohesive system where there was none; the three levels of goals were the system, organization, and families. The launch phase began with the signing of an agreement between all the government and

housing authority partners. The foundation's incentives included \$20,000 per unit in capital expenses and \$1,500 yearly for service costs. While the money didn't cover all costs, it helped leverage other dollars from various donors.

He said that there were many partners in the program; the state offered tax credits, housing trust funds pitched in, and other resources leveraged by the foundation reached almost \$200 million. Housing authorities also helped provide access to Section 8 allocations and vouchers. Also, the assurance of guaranteed capital funds led to private housing landlords offering their units for rental. By 2004, preliminary evaluation results showed housing stability and movement towards economic self-sufficiency. The model of the Seattle program was then co-opted for a state-wide effort which leverages private and public funds for housing aide across the state.

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He cited the historical expenditures of the program to date, and said that the evaluations have shown that many of the program participants remain dependent on rental assistance, but the gap between their income and housing affordability is closing. The families have increased their incomes and daily wages, but they need to be further helped with workforce development resources.

He explained that the evaluations are also showing a decreased reliance on Temporary Assistance for Needy Families (TANF) funding, and the participants have shown improved support from families and friends and stabilized schooling for children.

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He concluded by saying that housing assistance is important to improving many aspects of life, and some families require more intensive services than others; oftentimes homeless families have co-occurring issues like mental illness and substance abuse as well. Families typically need assistance to transfer to market housing, so the program is looking into ways to aid further. The program has learned that case managers are essential to success, and integrated care is essential. The program will require several adjustments and further alignment of the involved systems. While current funding won't necessarily be available long-term, up-front, multi-year commitments by partners are necessary for stability in the program. The foundation is currently looking at how to continue its work with homelessness and share its work with others.

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CHAIR DAVIS asked for clarification on the people who didn't make it through the program, and asked what could be done to lower that number.

MR. WERTHEIMER replied that public health systems have very categorized funding, that doesn't allow for the possibility co-occurring illnesses. Many people have more than one mental health issue, which often leads to homelessness; in the absence of an integrated response, they won't be able to remain in the housing program. The initiative didn't do an adequate initial job of addressing this problem.

[2:58:20 PM](#)

CHAIR DAVIS said that there's a high transient student population in Alaska, not necessarily due to homelessness. She asked what the foundation has done in Alaska.

MR. JESSE said that there was information available to the committee about a proposed program much like the Washington initiative.

CHAIR DAVIS asked how much the BMGF foundation would give to the Alaskan program.

MR. JESSE clarified that the BMGF would not be contributing to the effort in Alaska.

CHAIR DAVIS said that the BMGF did help with education and libraries in Alaska, and clarified that the members of the committee who left during the presentation had already heard it earlier that morning.

There being no further business to come before the committee, she adjourned the meeting at [3:00:21 PM](#).