

**ALASKA STATE LEGISLATURE**  
**HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**

March 12, 2009

3:04 p.m.

**MEMBERS PRESENT**

Representative Bob Herron, Co-Chair  
Representative Wes Keller, Co-Chair  
Representative John Coghill  
Representative Bob Lynn  
Representative Paul Seaton  
Representative Sharon Cissna  
Representative Lindsey Holmes

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

HOUSE BILL NO. 2

"An Act relating to the issuance of a certificate of birth resulting in a stillbirth."

- MOVED CSHB 2 (HSS) OUT OF COMMITTEE

HOUSE BILL NO. 50

"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."

- HEARD AND HELD

**PREVIOUS COMMITTEE ACTION**

BILL: HB 2

SHORT TITLE: BIRTH CERTIFICATE FOR STILLBIRTH

SPONSOR(S): REPRESENTATIVE(S) GATTO

01/20/09	(H)	PREFILE RELEASED 1/9/09
01/20/09	(H)	READ THE FIRST TIME - REFERRALS
01/20/09	(H)	HSS, JUD
02/26/09	(H)	HSS AT 3:00 PM CAPITOL 106
02/26/09	(H)	Heard & Held

02/26/09 (H) MINUTE(HSS)  
03/12/09 (H) HSS AT 3:00 PM CAPITOL 106

BILL: HB 50

SHORT TITLE: LIMIT OVERTIME FOR REGISTERED NURSES

SPONSOR(s): REPRESENTATIVE(s) WILSON, GARA, TUCK, PETERSEN,  
LYNN, SEATON, GATTO, CISSNA, MUNOZ, GARDNER

01/20/09 (H) PREFILE RELEASED 1/9/09  
01/20/09 (H) READ THE FIRST TIME - REFERRALS  
01/20/09 (H) HSS, FIN  
03/12/09 (H) HSS AT 3:00 PM CAPITOL 106

**WITNESS REGISTER**

SANDRA WILSON, Staff  
to Representative Carl Gatto  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Spoke about the proposed CS to HB 2 on behalf of the prime sponsor, Representative Carl Gatto, and responded to questions.

REPRESENTATIVE CARL GATTO  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Spoke as the prime sponsor of HB 2.

REPRESENTATIVE PEGGY WILSON  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Introduced HB 50 as the joint prime sponsor.

REBECCA ROONEY, Staff  
to Representative Peggy Wilson  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Answered questions about HB 50.

DR. PATRICK NOLAN  
Providence Hospital  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 50.

REPRESENTATIVE BERTA GARDNER  
Alaska State Legislature

Juneau, Alaska

**POSITION STATEMENT:** Testified as a joint prime sponsor of HB 50.

EVANGELYN DOTOMAIN, President & CEO  
Alaska Native Health Board (ANHB)  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in opposition to HB 50.

DEBBIE THOMPSON, Executive Director  
Alaska Nurses Association  
Anchorage, Alaska

**POSITION STATEMENT:** Testified about HB 50.

MARIE ORIA  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in opposition to HB 50.

STACY ALLEN  
Laborers' Local 341  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 50.

CHRISTIE ARTUSO, Director of Neurosciences  
Providence Alaska Medical Center  
Anchorage, Alaska

**POSITION STATEMENT:** Testified about HB 50.

MARY STACKHOUSE  
Alaska Nurses Association  
Anchorage, Alaska

**POSITION STATEMENT:** Testified about HB 50.

CAROL CLAUSSON  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 50.

CINDY ALKIRE, Assistant Chief Nurse Executive  
Providence Alaska Medical Center  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in opposition to HB 50.

MARILYN EDWARDS, Operating Room Clinical Manager  
Providence Alaska Medical Center  
Anchorage, Alaska

**POSITION STATEMENT:** Testified about HB 50.

ROGER LEWERENZ, RN  
Providence Alaska Medical Center  
Anchorage, Alaska  
**POSITION STATEMENT:** Testified in opposition to HB 50.

GENEVA EDMISTON, Associate Administrator  
Denali Center, Fairbanks Memorial Hospital  
Fairbanks, Alaska  
**POSITION STATEMENT:** Testified in opposition to HB 50.

BRENDA FRANZ, Director of ICU and Emergency  
Fairbanks Memorial Hospital  
Fairbanks, Alaska  
**POSITION STATEMENT:** Testified about HB 50.

DONNA PHILLIPS, RN  
Girdwood, Alaska  
**POSITION STATEMENT:** Testified in support of HB 50.

JOHN BRINGHURST, Administrator  
Petersburg Medical Center  
Petersburg, Alaska  
**POSITION STATEMENT:** Testified about HB 50.

WENDY CONRADI, RN  
**POSITION STATEMENT:** Testified in support of HB 50.

ROD BETIT, President & CEO  
Alaska State Hospital and Nursing Home Association (ASHNHA)  
Juneau, Alaska  
**POSITION STATEMENT:** Testified in opposition to HB 50

LAUREE MORTON  
Juneau, Alaska  
**POSITION STATEMENT:** Testified in support of HB 50.

#### **ACTION NARRATIVE**

[3:04:28 PM](#)

**CO-CHAIR WES KELLER** called the House Health and Social Services Standing Committee meeting to order at 3:04 p.m. Representatives Keller, Herron, Lynn, Coghill, and Seaton were present at the call to order. Representatives Cissna and Holmes arrived as the meeting was in progress.

HB 2-BIRTH CERTIFICATE FOR STILLBIRTH

3:05:07 PM

CO-CHAIR KELLER announced that the first order of business would be HOUSE BILL NO. 2, "An Act relating to the issuance of a certificate of birth resulting in a stillbirth." [Before the committee was CSHB 2, Version R, the working document.]

3:05:49 PM

CO-CHAIR HERRON moved to adopt the proposed committee substitute (CS) for HB 2, version 26-LS0003\S, Mischel, 3/5/09, as the working document.

3:06:04 PM

REPRESENTATIVE SEATON objected for the purpose of discussion.

3:06:19 PM

SANDRA WILSON, Staff to Representative Carl Gatto, Alaska State Legislature, explained that the changes in Version S included: all references to "stillborn" were removed, and the definition of "stillbirth" in subsection (h), paragraph (1) was now the same definition as AS 18.50.240.

3:07:04 PM

REPRESENTATIVE SEATON removed his objection. There being no further objection, Version S was adopted as the working document.

3:07:16 PM

REPRESENTATIVE CARL GATTO, Alaska State Legislature, said that the bill had been approved by the Alaska House of Representatives during the 25th Legislature, but he opined that the reason it had not passed out of the Senate due to concern that the bill was pro-life or pro-choice. He pointed out that the bill had no connection to pro-life or pro-choice, and that it was written for mothers.

3:08:17 PM

CO-CHAIR KELLER opened public testimony.

[3:08:29 PM](#)

CO-CHAIR KELLER closed public testimony.

[3:08:42 PM](#)

CO-CHAIR HERRON moved to report CSHB 2, Version 26-LS0003\S, Mischel, 3/5/09, out of committee with individual recommendations and the accompanying zero fiscal notes. There being no objection, CSHB 2 (HSS) was reported from the House Health and Social Services Standing Committee.

HB 50-LIMIT OVERTIME FOR REGISTERED NURSES

[3:09:52 PM](#)

CO-CHAIR KELLER announced that the final order of business would be HOUSE BILL NO. 50, "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."

[3:10:20 PM](#)

REPRESENTATIVE PEGGY WILSON, Alaska State Legislature, explained that HB 50 would prevent Alaska Registered and Licensed Practical Nurses from being forced to work overtime. She defined overtime as "work beyond an agreed to predetermined regularly scheduled shift." She offered her opinion that this would protect patients from the dangers caused by overworked nurses. She warned that a standard staffing tool for "most hospitals in the state" was the use of forced, involuntary overtime and required "on-time" call, as this was less expensive than hiring more full time nurses. She stated that HB 50 would not allow a nurse to be coerced to work beyond a 14 hour shift, work beyond 80 hours in a 14 day period, or accept overtime that would jeopardize patient or employee safety. She also explained that a nurse must be allowed at least 10 consecutive hours of off-duty time immediately following a scheduled shift. She detailed the exceptions to include an "unforeseen emergency situation," overtime on a medical transport aircraft, and an occasional special event for a school.

[3:14:26 PM](#)

REPRESENTATIVE WILSON suggested the three most important questions to be: are nurses working overtime immediately

following a 12 hour work period; are nurses working more than 14 consecutive hours; and, do nurses go to on-call status immediately following a regular shift. She opined that nurses were working more hours with less help.

[3:17:28 PM](#)

REPRESENTATIVE WILSON reported that nurses felt subjected to mandatory on-call duties and forced overtime, and she declared that nurses had an ever present fear of retaliation if they reported complaints. She noted an Alaska Nurses Association survey which mentioned that over 80 percent of nurses reported to be forced to work overtime, and all of the nurses surveyed reported that mandatory on-call was required. She predicted that this led to burn-out and contributed to the shortage of nurses.

[3:19:34 PM](#)

REPRESENTATIVE WILSON noted that other professions had work schedule limitations imposed by the legislature. She affirmed that 15 states had enacted similar legislation. She reported that nurses were three times more likely to make an error when shifts lasted more than 12.5 hours.

[3:22:12 PM](#)

REPRESENTATIVE LYNN noted that he had a conflict of interest, as two of his daughters were registered nurses.

[3:22:33 PM](#)

REPRESENTATIVE SEATON asked for an explanation of page 3, lines 9 & 10, Section 2 (4).

REPRESENTATIVE WILSON explained that a nurse would agree to a schedule before it was published.

[3:23:43 PM](#)

REBECCA ROONEY, Staff to Representative Peggy Wilson, Alaska State Legislature, said that the nurses would testify about this.

[3:24:05 PM](#)

CO-CHAIR HERRON referred to a letter from the Alaska Native Health Board, dated March 6, 2009. [Included in members' packets.] He noted that ANHB expressed "deep reservations over HB 50" and he asked Representative Wilson to remark on two points regarding the reasons that similar legislation had been adopted in 15 states: (1) out of concern that hospitals might be under-hiring; and (2) that mandatory overtime rules were used as a collective bargaining tactic. He asked if the under-hiring and collective bargaining tactics were issues in Alaska.

[3:26:01 PM](#)

REPRESENTATIVE WILSON replied that she did not know if some hospitals were under-hired. She opined that an increase to the shortage of nurses would lead to an under-hired dilemma. She offered her belief that nurses would be attracted to a state with safeguards in place, and would help alleviate the nursing shortage.

[3:26:49 PM](#)

CO-CHAIR KELLER asked if there was data to support that nurses migrated to states with safeguards.

[3:27:09 PM](#)

REPRESENTATIVE WILSON replied that there was not yet any data.

[3:27:25 PM](#)

CO-CHAIR KELLER referred to the Alaska Native Tribal Health Consortium (ANTHC) position paper, dated March 9, 2009. [Included in members' packets.] He asked Representative Wilson to comment on the first paragraph on page 2, "The bill provides no new resources and no new options."

[3:28:12 PM](#)

REPRESENTATIVE WILSON replied that she disagreed with the statement. She explained that there were new options, as HB 50 would protect nurses from retaliation for refusal to work overtime.

[3:30:02 PM](#)

REPRESENTATIVE CISSNA asked about the suitability of HB 50 for rural Alaska.

[3:31:26 PM](#)

REPRESENTATIVE WILSON said that, even though most states had limited the work day to 12 hours, HB 50 would limit the work day to 14 hours.

[3:32:21 PM](#)

REPRESENTATIVE CISSNA referred to the list of exceptions, and asked if these were designed for rural Alaska.

[3:33:17 PM](#)

REPRESENTATIVE WILSON, in response to Representative Cissna, noted that the exceptions were not for a specific group, but were intended to maintain safety for everyone.

[3:34:47 PM](#)

CO-CHAIR KELLER opened public testimony.

[3:35:06 PM](#)

DR. PATRICK NOLAN, Providence Hospital, commented that nurses worked long hard hours. He accepted the correlation between fatigue and errors, and noted that this was a safety issue. He offered his belief that a predictive schedule was important to attracting nurses. He noted that he had submitted a letter with comments on HB 50, in which he quoted the National Institute for Occupational Safety and Health comments about high error rates with overtime work. [Included in the members' packets.] He opined that HB 50 would be conducive to nurses working in high stress situations.

[3:39:02 PM](#)

REPRESENTATIVE BERTA GARDENER, Alaska State Legislature, said that prior testimony had convinced her that hospitals used this as a cost control tool. She stressed the need for a limit on mandatory overtime and mandatory call. She agreed that rural Alaska had special needs.

[3:41:18 PM](#)

EVANGELYN DOTOMAIN, President & CEO, Alaska Native Health Board (ANHB), said that Alaska Native Health Board employed 7000

people and served more than 130,000 patients. She praised the Tribal health providers and nurses, and their dedication to provide high-quality care. She expressed concerns that HB 50 would hurt patient care in rural Alaska. She explained that should a nurse decide that they don't want to work overtime, it could often mean that the shift was not covered. She pointed out that rural health providers did not have the same resource as urban providers to call in other off-duty nurses, to call temporary "agency" nurses on short notice, or to send patients to other facilities. She surmised that this could be a reason that no rural states had adopted this legislation. She expressed concern for the increased cost to Tribal health providers if they were forced to over hire regular shift nurses, fly in temporary nurses at the last minute, or transfer patients to an urban provider. She opined that HB 50 had been adopted by states concerned that urban hospitals under-hired and abused mandatory overtime as a control for payroll and benefit costs, or as a collective bargaining tactic. She acknowledged that there were chronic challenges for nurse staffing in a remote, rural location, but she denied that this was a tactic used by Tribal health providers. She observed that nursing was a "tough profession," but that the challenges came with the healthcare territory, and she added that physicians, administrators, technicians, and clerks also adjusted their scheduling to meet the needs of the patients. She suggested that the mandatory overtime issues could be addressed in employment agreements. [Letters to committee included in members' packets.]

[3:46:46 PM](#)

DEBBIE THOMPSON, Executive Director, Alaska Nurses Association, stated that she was a professional registered nurse, and that she had worked as an operating room nurse. She emphasized that nurses would not leave patients without coverage in an emergency. She reported that her extensive interviews with nurses throughout Alaska indicated that 100 percent agreed that mandatory overtime was a problem which affected the decision to work in acute care. She relayed that hospital personnel had suggested addressing this in employment agreements, yet nurses had been told that this was not a negotiable issue. She asked if patient safety was any less of a concern in rural or urban environments. She referred to SB 139, which offered financial incentives for recruitment in hard to fill health care jobs, and she suggested that these could be used for staffing the rural areas. She explained that it was necessary "to have a good patient - nurse ratio in order to have a quality patient outcome."

[3:52:37 PM](#)

MARIE ORIA said that she worked in a residential treatment center without acute medical concerns. She said that she does not have mandatory overtime, and that she has not been called during her off time to do mandatory overtime. She observed that the current economic situation was financially overwhelming, and that HB 50 would limit her work time opportunities.

[3:58:21 PM](#)

STACY ALLEN, Laborers' Local 341, said that she was required to accept mandatory on-call on the weekends. She acknowledged that although she could choose her on-call time, this meant that she would be responsible to work 16 hour shifts. She shared that other nurses had mentioned that mandatory on call was a reason to "look around for something else to do because it was too exhausting." She opined that most hospitals did not choose to use mandatory overtime as a management tool, but that it was "a relatively easy thing to do." She confirmed the difficulty for refusal to work overtime knowing that a patient may be abandoned. She expressed the support of Laborers' Local 341 for HB 50.

[4:02:32 PM](#)

CHRISTIE ARTUSO, Director of Neurosciences, Providence Alaska Medical Center, said that she was also a national member on the Board of Directors for the Certification Corporation of the American Association of Critical Care Nurses, which she described as the largest national specialty nursing association, representing over 500,000 registered nurses working in critical care and acute care settings. She stated that the organization had been actively studying the components of healthy work environments. She shared that one component was the nurse's ability to participate in the decision making about the work environment, which included the types of shifts and the flexibility of the work hours. She asked that consideration be given for a nurse's ability to choose the work environment. She summarized that HB 50 would negatively impact patient care and nurses' satisfaction, as it would remove the choices.

[4:07:11 PM](#)

REPRESENTATIVE LYNN asked if all registered nurses had the health, stamina, and personality to work the long hours.

[4:08:09 PM](#)

MS. ARTUSO replied that nurses had the right to choose. She noted the ineffectiveness of this legislation as nurses could still work at two different institutions, in order to meet their personal needs.

[4:09:05 PM](#)

REPRESENTATIVE LYNN asked if the hospital administration brought undue pressure on nurses to work.

[4:09:37 PM](#)

MS. ARTUSO said that she had always been permitted to leave, even in hospital settings with mandatory overtime. She allowed that she had heard stories, but had never seen it happen. She opined that it was not happening in the overwhelming majority of cases.

[4:10:34 PM](#)

MARY STACKHOUSE, Alaska Nurses Association, commented that the work environment was "running people away from the bedside." She expressed that nurses' had autonomy and responsibility for their work performance. She offered her opinion that mandatory overtime undermines these obligations. She asked that the legislature protect the nurses' professional judgment. She emphasized that mandatory overtime eliminated professional judgment and autonomy, yet it still required professional accountability. She read from a resolution by the National Council of State Boards of Nursing: "recognizes the professional responsibility of nurses to accept or decline overtime assignments based on their self assessment of ability to provide safe care." She shared that mandatory overtime was used when patient assignments were heavy and staffing was a problem.

[4:14:51 PM](#)

CAROL CLAUSSON said that she was a registered nurse. She pointed out that it was very hard work, and that she was tired at the end of her 12 hour shift. She noted that she was not as mentally sharp when she was tired. She opined that mandatory overtime would worsen the nursing shortage. She said that she supported HB 50.

4:16:19 PM

CINDY ALKIRE, Assistant Chief Nurse Executive, Providence Alaska Medical Center, said that Providence Alaska Medical Center did not use mandatory overtime, and instead, allowed nurses to bid on overtime if they desired. She considered that the on-call part of the legislation was vague and would create misinterpretations. She explained that the medical center only had three specialized areas which utilized "on-call," the availability to come to work and care for patients within 30 minutes. She spoke specifically about the Operating Room (OR). She explained that there was always an OR team at the hospital, but in the event of a second emergency, there would be a need for a second team. She disclosed that the need for quick response was the reason for an "on-call" team. She shared that the agreement to be "on-call" for the three specialized areas was clearly stated at hiring. She reported that nurses were allowed to schedule their "on-call" time, but that this could be affected by the interpretation of "on-call" in HB 50. She explained that, should "on-call" be interpreted to mean the same as "work," this would limit staff scheduling of "on-call" to follow time actually worked. She offered that union negotiations were a better way to deal with this issue. [Letter included in members' packets.]

4:22:12 PM

REPRESENTATIVE LYNN asked if she was a nurse prior to becoming a supervisor.

MS. ALKIRE said that she was.

REPRESENTATIVE LYNN asked if her attitude had changed when she became a supervisor.

MS. ALKIRE said that her attitude had not changed. She said that she became a nurse because she cared about patients. She said that she did not want HB 50 to stop nurses when they wanted to work. She agreed that nurses had the right to leave when they were tired. She offered her concern that HB 50 would take away a nurse's choice and professional judgment.

REPRESENTATIVE LYNN asked if she would have given the same testimony as a new nurse.

MS. ALKIRE indicated that she worked long shifts as a new nurse. She said that she gave good care.

4:25:08 PM

MARILYN EDWARDS, Operating Room Clinical Manager, Providence Alaska Medical Center, shared that she had been a nurse for 31 years. She said that her immediate concerns were for a safe work environment and safe quality patient outcomes. She offered her opinion that a "one size solution" prescribed in state law to resolve mandatory nurse overtime would be devastating for patients at Providence Medical Center. She detailed the staffing schedule for the operating room at Providence. [Letter included in members' packets.]

4:28:53 PM

ROGER LEWERENZ, RN, Providence Alaska Medical Center, said that he was against the "on-call" section of HB 50. He explained that he worked as a clinical educator in the heart center, that this area was highly specialized, and that it required approximately one year to fully train an experienced critical care nurse. He reported that it was necessary to utilize an "on-call" team as not all nurses had the necessary specialized training. He allowed that this produced a chronic shortage of staff. He offered his opinion that the "on-call" schedule was "not that bad." He noted in his submitted written testimony that the "restrictions that would be imposed if this bill passes would negatively impact our ability to care for this patient population due to the unavailability of trained staff." [Letter included in members' packets.]

4:32:46 PM

GENEVA EDMISTON, Associate Administrator, Denali Center, Fairbanks Memorial Hospital, said that she opposed HB 50, but that she appreciated the intent of the bill to focus on patient safety and nursing satisfaction. She expressed her disagreement with legislation as the means of solution. She affirmed awareness for the need to attract and retain registered nurses. She said that Fairbanks Memorial Hospital hired the new nurse graduates from University of Alaska Fairbanks (UAF) in support for nursing services. She explained that the hospital would spend the extra money for travelling nurses and temporary staff to avoid the overtime issue. She noted that only four hospitals and nursing homes in Alaska reported using mandatory overtime. She agreed that the legislation was a "one size fits all" which was not practical for Tribal and small community health providers. She opined that it would have "unintended

consequences." She concluded that this was "unneeded legislation at this time."

[4:37:47 PM](#)

BRENDA FRANZ, Director of ICU and Emergency, Fairbanks Memorial Hospital, said that Fairbanks Memorial Hospital worked hard to promote nursing and that there was a culture of patient and nurse safety. She stated that the hospital did not support mandatory overtime, and that each area scheduled collaboratively with its nursing staff.

[4:38:39 PM](#)

REPRESENTATIVE SEATON asked if there was a safety issue when nurses were required to work longer than a continuous 14 hour shift.

MS. FRANZ replied that Fairbanks Memorial Hospital did not support mandatory overtime, but that they allowed the choice and encouraged nurses to communicate their needs.

[4:39:14 PM](#)

REPRESENTATIVE SEATON asked to clarify that voluntary overtime did not impinge safety.

MS. FRANZ replied that nurses made the decision for overtime work.

[4:39:52 PM](#)

REPRESENTATIVE LYNN asked if the refusal for overtime would negatively impact a nursing career.

MS. FRANZ said that there was not any retaliation. She expressed the priority for a safe, healthy working environment.

[4:41:52 PM](#)

DONNA PHILLIPS, RN, said that she had been a registered nurse for 30 years. She expressed her concern for the patients, and she read from a prepared statement [Included in members' packets.]:

The Institute of Medicine (IOM) report has identified how long hours and fatigue contributes to errors in

healthcare. These errors can cost lives, or increase length of stay in the hospital which in turn adds to the already ballooning cost of healthcare.

She urged support for HB 50.

[4:43:58 PM](#)

JOHN BRINGHURST, Administrator, Petersburg Medical Center, said that he had been the administrator at Petersburg Medical Center for eleven years. He called attention to the small hospital perspective and noted that the nurses had requested the switch to 12 hour work shifts. He said that Petersburg Medical Center did not have mandatory overtime and that there was no pressure to work an additional shift. He shared that there was mandatory "on-call." He explained that the emergency room was staffed by the acute care nurse. If an incoming case appeared difficult, then the "on-call" nurse was summoned to cover the nurses' station. He offered his belief that there was not any other practical, economic way to staff the emergency room. He opined that Alaska was being responsible in its [medical] facility staffing without legislation, and that regulations were stifling the [hospital] industry.

REPRESENTATIVE SEATON asked if the nurses went "on-call" immediately following a 12 hour shift.

MR. BRINGHURST replied that this was a decision made by each nurse, but that the practice was to first ask the nurses who had not worked that shift.

REPRESENTATIVE SEATON asked how often a nurse worked more than a continuous 14 hour shift.

[4:49:17 PM](#)

MR. BRINGHURST replied that the nurses had the option to sign up for an "on-call" shift which immediately followed a regular shift.

[4:49:41 PM](#)

WENDY CONRADI, RN, said that she had been a registered nurse for 16 years. She said that similar Washington State legislation had had a positive effect on patient care and nurse's lives. [Letter included in members' packets.]

[4:50:39 PM](#)

The committee took an at-ease from 4:50 p.m. to 4:51 p.m.

[4:51:35 PM](#)

ROD BETIT, President & CEO, Alaska State Hospital and Nursing Home Association (ASHNHA), said that he represented 27 private, tribal, state, and federal health facilities and they did not support HB 50. He said that ASHNHA members had a strong commitment to nursing, and that they did not use mandatory overtime as a strategy to fulfill the staffing needs. He reported that collective bargaining and informal agreements were used to reach solutions to staffing issues. He mentioned that the latest survey indicated that there was not a lot of mandatory overtime. He reported that ASHNHA members did not use mandatory overtime as it was not good for patients or staff. He cited that ASHNHA members were showing a strong responsible commitment to patient care that was good for the patient and the nurse.

[4:55:23 PM](#)

REPRESENTATIVE COGHILL asked if ASHNHA kept track of nurse turnover rates within specific hospitals.

MR. BETIT, in response to Representative Coghill, said that the vacancy rate was an annual average, but that it did not reflect the total staff turnover in relation to the total staff.

REPRESENTATIVE COGHILL opined that the turnover rate and the formal grievances filed might give an indication of the misuse of work timelines.

MR. BETIT said that the Department of Labor had not received any of these grievances.

[4:57:10 PM](#)

REPRESENTATIVE COGHILL asked how many lawsuits had been proffered based on nurse malpractice, and on what basis.

MR. BETIT said that he would ask.

[4:57:50 PM](#)

REPRESENTATIVE LYNN asked if mandatory overtime was minimal.

MR. BETIT said yes.

[4:58:14 PM](#)

MR. BETIT, in response to Representative Lynn, said that the bill was attempting to place, in statute, one solution for work scheduling that would not work for every facility. He said that there was not a problem with mandatory overtime that would suggest the need for legislation.

REPRESENTATIVE LYNN concluded by stating that it was a problem for some people, hence the legislation.

[4:58:51 PM](#)

REPRESENTATIVE SEATON asked about the mandatory "on-call."

MR. BETIT said that it was used, and that it was used differently in different situations. He elaborated that "on-call" was more often being used in specially trained staffing units that could not be staffed all of the time.

[5:00:24 PM](#)

REPRESENTATIVE SEATON said that the legislation was to not schedule for longer than 14 consecutive hours. He asked if ASHNHA members agreed that it was safe to work longer than a 14 hour shift.

MR. BETIT said that ASHNHA did not perceive this as a safety issue.

[5:01:33 PM](#)

REPRESENTATIVE SEATON referred to the list of mandatory "on-calls" each month, and asked if that was reasonable, even if it occurred immediately after a regular shift.

MR. BETIT, in response to Representative Seaton, noted that an "on-call" listing did not specify whether the nurse had actually worked. He added that these "on-calls" were scheduled in agreement with the nursing staff.

[5:02:48 PM](#)

REPRESENTATIVE LYNN compared nursing to other occupations with hourly work limitations for safety, and asked why nurses would not have these same limitations.

MR. BETIT replied that each individual occupation had unique reasons for this structure. He said that nursing was one important piece of the health care delivery system. He agreed that there were limits to what should be asked of nurses, and that ASHNHA members respected those limits, and allowed the nurses the choice. He opined that HB 50 was attempting to:

legislate what an individual thinks their abilities are, and where they want to practice in health care, and whether they want to work in a specialized unit, knowing full well it takes some on-call with it because of the nature of that unit, or whether they want to stay in a more generalized unit where they can work an 8 or 10 or 12 hour shift. So, the current law gives us that flexibility, the current law gives local hospitals, nursing homes, and nursing staff the flexibility to work through that. We just don't see any evidence that we need to do anything to legislate something to limit that because the record is very good, I think, in terms of what we have put before you as far as our hospitals' and our nursing homes' performance.

[5:04:15 PM](#)

REPRESENTATIVE LYNN responded by concluding that those other occupations with hourly limitations also deemed that they could safely work more hours.

[5:05:10 PM](#)

REPRESENTATIVE HOLMES allowed that she was attempting to balance both sides. She asked why the mandatory overtime issue was being advocated so strongly, if it was not a problem.

MR. BETIT agreed that ASHNHA members were also confused by this, and that they did not understand the reasons behind the concern. He reported that ASHNHA records showed no problems with mandatory overtime. He shared a desire to know the reasons for the concern, as collective bargaining should bring these issues to the table. He reiterated that ASHNHA members had stated a commitment to not implement mandatory overtime, and he asked how that was being heard differently by nursing staff.

5:07:30 PM

REPRESENTATIVE SEATON asked if ASHNHA represented Alaska Psychiatric Institute (API).

MR. BETIT said that API was a state operated facility and an ASHNHA member, so that API did report its data on the use of mandatory overtime. He did not know if API had taken a position on HB 50. He offered his belief that API had received additional funding for nursing salaries, and that they were coordinating with private facilities for "on-call" staff.

5:08:55 PM

REPRESENTATIVE SEATON referred to prior testimony which stated that API was unsafe. He asked if those testimonies were fabricated or truthful about the existing situation.

MR. BETIT offered his personal belief, not that of ASHNHA, that the testimony was the truth. He shared that API officials would have stated that wages were very low, which made it difficult to hire enough qualified staff. He explained that API had not had the same financial tools as the private facilities to fill the staffing vacancies. He offered his belief that this issue had recently been addressed and resolved.

5:10:41 PM

LAUREE MORTON said that she was representing herself and her parents. She allowed that she did not have any major hospital horror stories, but that many small indignities had occurred during the more than two years that she cared for her mother: pain medication that was administered incorrectly or not on-time; or [lack of] assistance with use of the bathroom. She acknowledged that nurses wanted to do what was right. She offered her belief that patients, as consumers of the service, were more confident with shorter work shifts. She requested that nursing staff be fresh, "on their toes," and ready to give the best care possible. She agreed that these were tough decisions without easy answers, but should be weighed against the call to do no harm. She stipulated that the right of nurses to decide their own schedule should not be at the expense of the patient. She suggested that hospitals make the schedule for mandatory on-call to ensure that staff had the required rest periods. She stressed that patient safety was the guiding principle, and not a catch phrase. She emphasized that the

legislature should determine the length of work shift by what was best for the patient. [Letter included in members' packets.]

[5:17:11 PM](#)

CO-CHAIR KELLER closed public testimony. [HB 50 was held over.]

[5:17:45 PM](#)

**ADJOURNMENT**

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:17 p.m.