

**SB**

**28**

**SFIN**

**FILE**

**SENATE FINANCE COMMITTEE REPORT**

DATE: 1/23/08

FURTHER:

DATE TURNED  
IN TO OFFICE: \_\_\_\_\_

Finance Committee considered

SENATE BILL NO. 28

**SB 28 LIMIT OVERTIME FOR REGISTERED NURSES**

"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."

and recommends:

- be replaced with  SCS or  CS SB 28 (Final)
- adopt previous  SCS or  CS \_\_\_\_\_ ( )
- attached amendment(s)
- adopt \_\_\_\_\_ Letter of Intent
- further referral to \_\_\_\_\_ Committee

<b>SENATE BILL:</b>	
<input checked="" type="checkbox"/>	Same Title
<input type="checkbox"/>	New Title
<hr/>	
<b>HOUSE BILL:</b>	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	Technical Title Change
<input type="checkbox"/>	New Title w/ SCR # _____

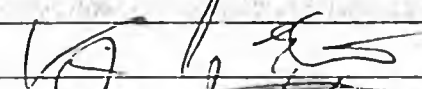

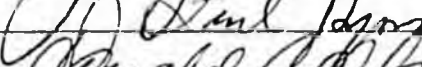



**NEW FISCAL NOTE(S):**

Department	Date	Fiscal	Indet.	Zero	FN#
CED	1/21/08			<input checked="" type="checkbox"/>	
HSS	3/31/08			<input checked="" type="checkbox"/>	
LWF	1/21/08	<input checked="" type="checkbox"/>			

**PREVIOUS FISCAL NOTE(S):**

Department	Date	Fiscal	Indet.	Zero	FN#
ADM	11/29/08			<input checked="" type="checkbox"/>	4
HSS	12/1/08			<input checked="" type="checkbox"/>	6
HSS	12/20/08			<input checked="" type="checkbox"/>	8

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	E Han	<input checked="" type="checkbox"/>			
	Thomas	<input checked="" type="checkbox"/>			
	Dyson			<input checked="" type="checkbox"/>	
	OLSON			<input checked="" type="checkbox"/>	
CO-CHAIR: 				<input checked="" type="checkbox"/>	
CO-CHAIR: 	St. Simons			<input checked="" type="checkbox"/>	

# FISCAL NOTE

STATE OF ALASKA  
2008 LEGISLATIVE SESSION

Fiscal Note Number: \_\_\_\_\_  
Bill Version: CSSB 28(L&C)  
( ) Publish Date: \_\_\_\_\_

Identifier (file name): SB028CS-DOLWD-WH-01-24-08 Dept. Affected: Labor and Workforce Development  
Title: Limit Overtime for Registered Nurses RDU: Labor Standards and Safety  
Sponsor: Senator Davis Component: Wage and Hour  
Requester: Senate FIN Component Number: 345

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation Required	Information						
		FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
<b>OPERATING EXPENDITURES</b>								
Personal Services	71.3		71.3	71.3	71.3	71.3	71.3	71.3
Travel	3.0		3.0	3.0	3.0	3.0	3.0	3.0
Contractual	19.1		19.1	19.1	19.1	19.1	19.1	19.1
Supplies	3.8		0.5	0.5	1.8	0.5	0.5	0.5
Equipment								
Land & Structures								
Grants & Claims								
Miscellaneous								
<b>TOTAL OPERATING</b>	<b>97.2</b>	<b>0.0</b>	<b>93.9</b>	<b>93.9</b>	<b>95.2</b>	<b>93.9</b>	<b>93.9</b>	<b>93.9</b>

<b>CAPITAL EXPENDITURES</b>								
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<b>CHANGE IN REVENUES ( )</b>								
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**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts								
1003 GF Match								
1004 GF	97.2		93.9	93.9	95.2	93.9	93.9	93.9
1005 GF/Program Receipts								
1037 GF/Mental Health								
Other Interagency Receipts								
<b>TOTAL</b>	<b>97.2</b>	<b>0.0</b>	<b>93.9</b>	<b>93.9</b>	<b>95.2</b>	<b>93.9</b>	<b>93.9</b>	<b>93.9</b>

Estimate of any current year (FY2008) cost: None

**POSITIONS**

Full-time	1		1	1	1	1	1
Part-time							
Temporary							

**ANALYSIS:** (Attach a separate page if necessary)

The bill requires the Department of Labor and Workforce Development to investigate complaints, collect evidence, interview witnesses, subpoena records and make determinations regarding "mandatory overtime" worked by licensed practical nurses and registered nurses. It also requires the Commissioner of Labor to request the Office of the Attorney General to represent the department and the complainant upon reaching a determination of employer retaliation. The anticipated workload will require a full-time Wage & Hour Investigator I position funded with General Funds. Costs include \$71.3 for salary and benefits and \$25.9 in various associated position costs including \$3.3 of one-time position costs for basic office equipment and \$10.0 for legal costs associated with representation by the Department of Law.

Prepared by: Gray Mitchell, Director  
Division: Labor Standards & Safety  
Approved by: Click Bishop, Commissioner  
Department of Labor and Workforce Development

Phone: (907) 465-4855  
Date/Time: 1/24/08 8:17 AM  
Date: 1/24/2008

# FISCAL NOTE

STATE OF ALASKA  
2008 LEGISLATIVE SESSION

Fiscal Note Number: \_\_\_\_\_  
 Bill Version: CS SB 28 (L&C)  
 () Publish Date: \_\_\_\_\_  
 Dept. Affected: Health & Social Services  
 RDU Behavioral Health  
 Component Alaska Psychiatric Institute

ID (File name) SB028CS(L&C)-DHSS-API-03-03-08  
 Title RELATING TO MANDATORY OVERTIME FOR NURSES IN HEALTH CARE FACILITIES

Sponsor DAVIS  
 Requester SENATE (FIN) Component No. 311

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation Required	Information						
		FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
<b>OPERATING EXPENDITURES</b>								
Personal Services								
Travel								
Contractual								
Supplies								
Equipment								
Land & Structures								
Grants & Claims								
Miscellaneous								
<b>TOTAL OPERATING</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>CAPITAL EXPENDITURES</b>								
<b>CHANGE IN REVENUES (0)</b>								

**FUND SOURCE** (Thousands of Dollars)

	FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
1002 Federal Receipts							
1003 GF Match							
1004 GF							
1037 GF/Mental Health							
Other(Specify Type-do not abbreviate)							
Other(Specify Type-do not abbreviate)							
<b>TOTAL</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Estimate of any current year (FY2008) cost: \_\_\_\_\_

**POSITIONS**

	FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Full-time							
Part-time	1		1	1	1	1	1
Temporary							

**ANALYSIS:** (Attach a separate page if necessary)

SB 28 establishes limitations on overtime for Registered Nurses (RNs) in health care facilities, provides penalties for violations, and requires reporting of any overtime, with the overtime designated as voluntary or mandatory by the RN. The intent of SB 28 is to eliminate mandatory overtime for RNs unless the overtime is due to a grave and unforeseen event. Under the bill, use of mandatory overtime in excess of the bill's limitations will result in a report to the Department of Labor. It is difficult to estimate the cost for nurse mandatory overtime because nursing vacancies, census and other factors can fluctuate. However, in FY07, DHSS spent \$167,968.08 hiring relief nurses to fill in during staff shortages, and there were 97 episodes of mandatory overtime that required 468.5 hours of overtime by nursing staff. On the aggregate, the API Nursing staff is loyal to the hospital mission and aware of the public safety issues related to the population served. There has never been a grievance filed over the use of mandatory overtime and it would be speculation to estimate any level of potential fines incurred as a result of this legislation.

Prepared by: Melissa Stone, Director  
 Division Behavioral Health  
 Approved by: Karleen Jackson, Commissioner  
 Agency Department of Health and Social Services

Phono 269-3410  
 Date/Time 02/21/2008  
 Date 03/03/2008

# FISCAL NOTE

STATE OF ALASKA  
2008 LEGISLATIVE SESSION

Fiscal Note Number: \_\_\_\_\_  
Bill Version: CSSB 28(HES)  
( ) Publish Date: \_\_\_\_\_

Identifier (file name): SB028CS(HES)-CED-OL-01-11-08 Dept. Affected: DCCED  
Title Limit Overtime For Registered Nurses RDU Corp. Bus & Prof Licensing (117)  
Component Corp. Bus & Prof Licensing  
Sponsor Davis  
Requester Senate Labor & Commerce Component No. 2360

## Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation Required	Information						
		FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
<b>OPERATING EXPENDITURES</b>								
Personal Services								
Travel								
Contractual								
Supplies								
Equipment								
Land & Structures								
Grants & Claims								
Miscellaneous								
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

<b>CAPITAL EXPENDITURES</b>								
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<b>CHANGE IN REVENUES ( )</b>								
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## FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts								
1003 GF Match								
1004 GF								
1005 GF/Program Receipts								
1037 GF/Mental Health								
Other Interagency Receipts								
<b>TOTAL</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Estimate of any current year (FY2008) cost: \_\_\_\_\_

### POSITIONS

Full-time								
Part-time								
Temporary								

**ANALYSIS:** (Attach a separate page if necessary)

This legislation amends various provisions of AS 18.20, Hospitals and Nursing Facilities, to add specifications regarding overtime for registered nurses. This is not expected to impact the operations of the division.

Prepared by: Jenifer Strickler, Chief  
Division: Corporations, Business, and Professional Licensing  
Approved by: Emil Notti, Commissioner  
Commerce, Community, and Economic Development

Phone (907) 465-2144  
Date/Time 1/12/08 11:50 AM  
Date 1/12/2008

# FISCAL NOTE

STATE OF ALASKA  
2008 LEGISLATIVE SESSION

Fiscal Note Number: 8  
 Bill Version: CSSB 28(L&C)  
 (S) Publish Date: 1/23/08  
 Dept. Affected: Health & Social Services

ID(File name) SB028CS(HES)-DHSS-APH-12-20-07  
 Title RELATING TO MANDATORY OVERTIME FOR NURSES IN HEALTH CARE FACILITIES

RDU Alaskan Pioneer Homes  
 Component Pioneers Homes

Sponsor DAVIS  
 Requester SENATE (L&C) Component No. 2671

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation		Information				
	Required						
OPERATING EXPENDITURES	FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Personal Services							
Travel							
Contractual							
Supplies							
Equipment							
Land & Structures							
Grants & Claims							
Miscellaneous							
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

CAPITAL EXPENDITURES							
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CHANGE IN REVENUES (0)							
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**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts							
1003 GF Match							
1004 GF							
1037 GF/Mental Health							
Other(Specify Type-do not abbreviate)							
Other(Specify Type-do not abbreviate)							
<b>TOTAL</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Estimate of any current year (FY2008) cost: \_\_\_\_\_

**POSITIONS**

Full-time							
Part-time							
Temporary							

**ANALYSIS:** (Attach a separate page if necessary)

SB 28 establishes limitations on overtime for Registered Nurses (RNs) in health care facilities, provides penalties for violations, and requires reporting of any overtime, with the overtime designated as voluntary or mandatory by the RN. The intent of SB 28 is to eliminate mandatory overtime for RNs unless the overtime is due to a grave and unforeseen event. Under the bill, use of mandatory overtime in excess of the bill's limitations will result in a report to the Department of Labor.

The division has determined that passage of this bill will have zero fiscal impact. Situations requiring overtime are adequately addressed by utilizing on-call RNs and requesting voluntary overtime.

Prepared by: Dave Coto  
 Division: Alaska Pioneer Homes  
 Approved by: Karleen Jackson, Commissioner  
 Agency: Department of Health and Social Services

Phone: (907) 465-5737  
 Date/Time: 12/04/2007  
 Date: 12/20/2007

# FISCAL NOTE

STATE OF ALASKA  
2008 LEGISLATIVE SESSION

Fiscal Note Number: 6  
 Bill Version: CSSB 28(L&C)  
 (S) Publish Date: 1/23/08  
 Dept. Affected: Health & Social Services

ID(File name) SB028CS(HES)-DHSS-DPH-12-20-07  
 Title RELATING TO MANDATORY OVERTIME FOR NURSES IN HEALTH CARE FACILITIES

RDU Public Health  
 Component Nursing

Sponsor DAVIS  
 Requester SENATE (L&C) Component No. 288

**Expenditures/Revenues (Thousands of Dollars)**

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation Required		Information				
	FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
<b>OPERATING EXPENDITURES</b>							
Personal Services							
Travel							
Contractual							
Supplies							
Equipment							
Land & Structures							
Grants & Claims							
Miscellaneous							
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

<b>CAPITAL EXPENDITURES</b>							
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<b>CHANGE IN REVENUES (0)</b>							
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**FUND SOURCE (Thousands of Dollars)**

	FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
1002 Federal Receipts							
1003 GF Match							
1004 GF							
1037 GF/Mental Health							
Other(Specify Type-do not abbreviate)							
Other(Specify Type-do not abbreviate)							
<b>TOTAL</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Estimate of any current year (FY2008) cost: \_\_\_\_\_

**POSITIONS**

Full-time							
Part-time							
Temporary							

**ANALYSIS:** (Attach a separate page if necessary)

This bill sets limitations for nurses working overtime hours beyond the scope of their regular duties. While the language in the bill makes it applicable to public health nurses, it would have a very limited effect on the Division of Public Health Section of Public Health Nursing. Most Public Health Nurses, as salaried employees, are not overtime eligible.

The mandated semi-annual report to the Department of Labor and Workforce Development would typically require no effort because public health nurses rarely work "in excess of a predetermined and regularly scheduled shift that is agreed upon by the nurse and a health care facility." Normal itinerant schedules, even though they often involve more than a 7.5-hour day, are always predetermined and agreed upon. In addition, the bill exempts reporting requirements for unforeseen emergencies requiring extra work. There is no projected fiscal impact on the Section of Public Health Nursing.

Prepared by: Jay Butler, Chief Medical Officer  
 Division: Public Health  
 Approved by: Karleen Jackson, Commissioner  
 Agency: Department of Health and Social Services

Phone 269-8126  
 Date/Time 12/11/2007  
 Date 12/20/2007

# FISCAL NOTE

STATE OF ALASKA  
2008 LEGISLATIVE SESSION

Fiscal Note Number: 4  
Bill Version: CSSB 28(L&C)  
(S) Publish Date: 1/23/08

Identifier (file name): SB028CS(HES)-DOA-DOP-11-28-07 Dept. Affected: Administration  
Title: Limited Overtime for Registered Nurses RDU: Central Administrative Services  
Component: Personnel  
Sponsor: Senator Davis  
Requester: (S)Health, Education & Social Services Component Number: 56

(Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	Appropriation Required	Information					
	FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Personal Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Travel	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Contractual	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Supplies	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Equipment	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Land & Structures	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Grants & Claims	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

CAPITAL EXPENDITURES							
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CHANGE IN REVENUES ( )							
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FUND SOURCE	(Thousands of Dollars)						
1002 Federal Receipts	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1003 GF Match	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1004 GF	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1005 GF/Program Receipts	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1037 GF/Mental Health	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Interagency Receipts	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>TOTAL</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Estimate of any current year (FY2008) cost: 0.0

**POSITIONS**

Full-time							
Part-time							
Temporary							

**ANALYSIS:** *(Attach a separate page if necessary)*

SB28 would place limits on hours worked per day, hours worked per week, and mandatory overtime hours worked by registered nurses and licensed practical nurses.

This bill will have no fiscal impact on the division of Personnel.

Prepared by: Nicki Noal, Director  
Division: Division of Personnel  
Approved by: Kevin Brooks, Deputy Commissioner  
Department of Administration

Phone 907-465-4429  
Date/Time 11/28/2007 11:44 a.m.  
Date 11/29/2007

Adopted  
3/25/08

25-LS0212T  
Wayne  
3/17/08

CS FOR SENATE BILL NO. 28( )  
IN THE LEGISLATURE OF THE STATE OF ALASKA  
TWENTY-FIFTH LEGISLATURE - SECOND SESSION

BY

Offered:  
Referred:

Sponsor(s): SENATOR DAVIS

A BILL  
FOR AN ACT ENTITLED

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

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

4 \* Section 1. The uncodified law of the State of Alaska is amended by adding a new section  
5 to read:

6 LEGISLATIVE FINDINGS AND INTENT. The legislature finds that

7 (1) it is essential that registered nurses and licensed practical nurses providing  
8 direct patient care be available to meet the needs of patients;

9 (2) quality patient care is jeopardized by registered nurses and licensed  
10 practical nurses who work unnecessarily long hours in health care facilities;

11 (3) registered nurses and licensed practical nurses are leaving their profession  
12 because of workplace stresses, long work hours, and depreciation of their essential role in the  
13 delivery of quality and direct patient care;

14 (4) it is necessary to safeguard the efficiency, health, and general well-being

1 of registered nurses and licensed practical nurses, and the health and general well-being of the  
2 persons receiving care from registered nurses and licensed practical nurses in health care  
3 facilities;

4 (5) it is necessary that registered nurses and licensed practical nurses be made  
5 aware of their rights, duties, and remedies concerning hours worked and patient safety; and

6 (6) health care facilities should provide adequate and safe nurse staffing  
7 without the need for or use of mandatory overtime.

8 \* Sec. 2. AS 18.20 is amended by adding new sections to read:

9 **Article 4. Overtime Limitations for Nurses.**

10 **Sec. 18.20.400. Limitations on nursing overtime.** (a) Except as provided in  
11 (c) of this section, a nurse in a health care facility may not be required or coerced,  
12 directly or indirectly,

13 (1) to work beyond a predetermined and regularly scheduled shift that  
14 is agreed to by the nurse and the health care facility;

15 (2) to work beyond 80 hours in a 14-day period; or

16 (3) to accept an assignment of overtime if, in the judgment of the  
17 nurse, the overtime would jeopardize patient or employee safety.

18 (b) Except as provided by (c) of this section, after working a predetermined  
19 and regularly scheduled shift that is agreed to by the nurse and the health care facility  
20 as authorized by (a)(1) of this section, a nurse in a health care facility shall be allowed  
21 not less than 10 consecutive hours of off-duty time immediately following the end of  
22 that work.

23 (c) Subsection (a) of this section does not apply to

24 (1) a nurse who is employed by a health care facility providing  
25 services for a school, school district, or other educational institution, when the nurse is  
26 on duty for more than 14 consecutive hours during an occasional special event, such as  
27 a field trip, that is sponsored by the employer;

28 (2) a nurse voluntarily working overtime on an aircraft in use for  
29 medical transport, so long as the shift worked is allowable under regulations adopted  
30 by the Board of Nursing based on accreditation standards adopted by the Commission  
31 on Accreditation of Medical Transport Systems;

1 (3) a nurse on duty in overtime status because of an unforeseen  
2 emergency situation that could otherwise jeopardize patient safety; in this paragraph,  
3 "unforeseen emergency situation" means an unusual, unpredictable, or unforeseen  
4 situation caused by an act of terrorism, disease outbreak, natural disaster, or a declared  
5 national, state, or local emergency, but does not include a situation in which a health  
6 care facility has reasonable knowledge of increased patient volume or inadequate  
7 staffing because of some other cause, if that cause is foreseeable;

8 (4) a nurse fulfilling on-call time that is agreed upon by the nurse and a  
9 health care facility before it is scheduled;

10 (5) a nurse voluntarily working overtime so long as the work is  
11 consistent with professional standards and safe patient care and does not exceed 14  
12 consecutive hours;

13 (6) a nurse voluntarily working beyond 80 hours in a 14-day period so  
14 long as the nurse does not work more than 14 consecutive hours without a 10-hour  
15 break and the work is consistent with professional standards and safe patient care;

16 (7) a nurse who agrees to work under a contract that requires the  
17 employer to provide full-time pay and benefits equivalent to the pay and benefits for a  
18 40-hour workweek if the nurse works a weekend schedule of four eight-hour shifts,  
19 with not more than 16 consecutive hours on duty without a break of at least eight  
20 hours; in this paragraph, a "weekend" means the period that begins Friday at 5:00 p.m.  
21 and ends Monday at 8:00 a.m.;

22 (8) the first hour on overtime status when the health care facility is  
23 obtaining another nurse to work in place of the nurse in overtime status.

24 **Sec. 18.20.410. Health care facility complaint process for overtime work**  
25 **by nurses.** A health care facility shall provide for an anonymous process by which a  
26 patient or a nurse may make a complaint about staffing levels and patient safety that  
27 relate to overtime work by nurses and to limitations on overtime work by nurses under  
28 AS 18.20.400.

29 **Sec. 18.20.420. Enforcement, offenses, and penalties.** (a) The commissioner  
30 shall administer AS 18.20.400 - 18.20.449 and adopt regulations for implementing and  
31 enforcing AS 18.20.400 - 18.20.449.

1 (b) A complaint alleging a violation of AS 18.20.400 - 18.20.449 must be filed  
2 with the commissioner within 30 days after the date of the alleged violation. The  
3 commissioner shall provide a copy of the complaint to the health care facility named  
4 in the filing within three business days after receiving the complaint.

5 (c) If the commissioner finds that a health care facility has knowingly violated  
6 an overtime provision of AS 18.20.400 - 18.20.449, the following civil penalties shall  
7 apply:

8 (1) for a first violation of AS 18.20.400 - 18.20.449, the health care  
9 facility shall receive a reprimand;

10 (2) for a second violation of AS 18.20.400 - 18.20.449 within 12  
11 months, the health care facility shall receive a reprimand and shall be assessed a  
12 penalty of \$500;

13 (3) for a third violation of AS 18.20.400 - 18.20.449 within 12 months,  
14 the health care facility shall receive a reprimand and shall be assessed a penalty of not  
15 less than \$2,500 but not more than \$5,000;

16 (4) for each violation of AS 18.20.400 - 18.20.449 after a third  
17 overtime violation of AS 18.20.400 - 18.20.449 within 12 months, the health care  
18 facility shall receive a public reprimand and shall be assessed a penalty of not less than  
19 \$5,000 but not more than \$25,000.

20 (d) As an employer, a health care facility violates an overtime provision of  
21 AS 18.20.400 - 18.20.449 "knowingly" when the facility is either aware that its  
22 conduct is of a nature prohibited by the overtime provision or aware that the  
23 circumstances described in the overtime prohibition exist; however, when knowledge  
24 of the existence of a particular fact is required in order to establish that the violation  
25 was knowing, that knowledge exists when the facility is aware of a substantial  
26 probability of its existence, unless the facility reasonably believes it does not exist.

27 **Sec. 18.20.430. Prohibition of retaliation.** A health care facility may not  
28 discharge, discipline, threaten, discriminate against, penalize, or file a report with the  
29 Board of Nursing against a nurse for exercising rights under AS 18.20.400 - 18.20.449  
30 or for the good faith reporting of an alleged violation of AS 18.20.400 - 18.20.449.

31 **Sec. 18.20.440. Enforcement against prohibition of retaliation.** The

1 commissioner shall investigate every complaint alleging a violation of AS 18.20.430,  
2 and, within 90 days after the complaint's date of filing, provide to the complainant, the  
3 office of the attorney general, and the health care facility named in the complaint a  
4 written determination as to whether the health care facility violated AS 18.20.430. If  
5 the commissioner finds a violation of AS 18.20.430, the commissioner shall request  
6 that the office of the attorney general represent the department and the complainant  
7 and obtain from the health care facility all appropriate relief, including rehiring or  
8 reinstatement of the complainant to the complainant's former position with back pay.

9 **Sec. 18.20.445. Report requirements.** A health care facility shall file with the  
10 division of labor standards and safety, Department of Labor and Workforce  
11 Development, a semiannual report. The report for the six-month period ending June 30  
12 must be filed before the following August 1, and the report for the six-month period  
13 ending December 31 must be filed before the following February 1. The report must  
14 include, for each nurse employed by the health care facility or under contract with the  
15 health care facility, the number of overtime hours worked, the number of overtime  
16 hours that were mandatory, the number of overtime hours that were voluntary, the  
17 number of on-call hours, the number of on-call hours that were mandatory, and the  
18 number of on-call hours that were voluntary.

19 **Sec. 18.20.449. Definitions.** In AS 18.20.400 - 18.20.449,

20 (1) "commissioner" means the commissioner of labor and workforce  
21 development;

22 (2) "health care facility" means a private, municipal, state, or federal  
23 hospital; psychiatric hospital; independent diagnostic testing facility; residential  
24 psychiatric treatment center; skilled nursing facility; kidney disease treatment center  
25 (including freestanding hemodialysis units); intermediate care facility; ambulatory  
26 surgical facility; Alaska Pioneers' Home or Alaska Veterans' Home administered by  
27 the Department of Health and Social Services under AS 47.55; correctional facility  
28 administered by the Department of Corrections or the Department of Health and  
29 Social Services; private, municipal, state, or federal facility employing one or more  
30 public health nurses; long-term care facility; or primary care outpatient facility;

31 (3) "nurse" means an individual licensed to practice registered nursing

1 or practical nursing under AS 08.68 who provides nursing services through direct  
2 patient care or clinical services and includes a nurse manager when delivering in-  
3 hospital patient care;

4 (4) "on-call" means a status in which a nurse must be ready to report to  
5 the health care facility and may be called to work by the health care facility;

6 (5) "overtime" means the hours worked in excess of a predetermined  
7 and regularly scheduled shift that is agreed to by a nurse and a health care facility.

8 \* Sec. 3. The uncodified law of the State of Alaska is amended by adding a new section to  
9 read:

10 APPLICABILITY. The first report required to be filed under AS 18.20.445, enacted in  
11 sec. 2 of this Act, shall be filed before February 1, 2009, for the period July 1, 2008, through  
12 December 31, 2008.

13 \* Sec. 4. AS 18.20.445, enacted in sec 2 of this Act, and sec. 3 of this Act take effect  
14 July 1, 2008.

15 \* Sec. 5. Except as provided in sec. 4 of this Act, this Act takes effect January 1, 2009.

*Adopted 3/21/08*

25-LS0212VT  
Wayne  
3/5/08

**CS FOR SENATE BILL NO. 28( )**

**IN THE LEGISLATURE OF THE STATE OF ALASKA**

**TWENTY-FIFTH LEGISLATURE - SECOND SESSION**

**BY**

**Offered:  
Referred:**

**Sponsor(s): SENATOR DAVIS**

**A BILL**

**FOR AN ACT ENTITLED**

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

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 **\* Section 1.** The uncodified law of the State of Alaska is amended by adding a new section  
5 to read:

6 **LEGISLATIVE FINDINGS AND INTENT.** The legislature finds that

7 (1) it is essential that registered nurses and licensed practical nurses providing  
8 direct patient care be available to meet the needs of patients;

9 (2) quality patient care is jeopardized by registered nurses and licensed  
10 practical nurses who work unnecessarily long hours in health care facilities;

11 (3) registered nurses and licensed practical nurses are leaving their profession  
12 because of workplace stresses, long work hours, and depreciation of their essential role in the  
13 delivery of quality and direct patient care;

14 (4) it is necessary to safeguard the efficiency, health, and general well-being

1 of registered nurses and licensed practical nurses, and the health and general well-being of the  
2 persons receiving care from registered nurses and licensed practical nurses in health care  
3 facilities;

4 (5) it is necessary that registered nurses and licensed practical nurses be made  
5 aware of their rights, duties, and remedies concerning hours worked and patient safety; and

6 (6) health care facilities should provide adequate and safe nurse staffing  
7 without the need for or use of mandatory overtime.

8 \* Sec. 2. AS 18.20 is amended by adding new sections to read:

9 **Article 4. Overtime Limitations for Nurses.**

10 **Sec. 18.20.400. Limitations on nursing overtime.** (a) Except as provided in  
11 (c) of this section, a nurse in a health care facility may not be required or coerced,  
12 directly or indirectly,

13 (1) to work beyond a predetermined and regularly scheduled shift that  
14 is agreed to by the nurse and the health care facility;

15 (2) to work beyond 80 hours in a 14-day period; or

16 (3) to accept an assignment of overtime if, in the judgment of the  
17 nurse, the overtime would jeopardize patient or employee safety.

18 (b) Except as provided by (c) of this section, after working a predetermined  
19 and regularly scheduled shift that is agreed to by the nurse and the health care facility  
20 as authorized by (a)(1) of this section, a nurse in a health care facility shall be allowed  
21 not less than 10 consecutive hours of off-duty time immediately following the end of  
22 that work.

23 (c) Subsection (a) of this section does not apply to

24 (1) a nurse who is employed by a health care facility providing  
25 services for a school, school district, or other educational institution, when the nurse is  
26 on duty for more than 14 consecutive hours during an occasional special event, such as  
27 a field trip, that is sponsored by the employer;

28 (2) a nurse voluntarily working overtime on an aircraft in use for  
29 medical transport, so long as the shift worked is allowable under regulations adopted  
30 by the Board of Nursing based on accreditation standards adopted by the Commission  
31 on Accreditation of Medical Transport Systems;

1 (3) a nurse on duty in overtime status because of an unforeseen  
2 emergency situation that could otherwise jeopardize patient safety; in this paragraph,  
3 "unforeseen emergency situation" means an unusual, unpredictable, or unforeseen  
4 situation caused by an act of terrorism, disease outbreak, natural disaster, or a declared  
5 national, state, or local emergency, but does not include a situation in which a health  
6 care facility has reasonable knowledge of increased patient volume or inadequate  
7 staffing because of some other cause, if that cause is foreseeable;

8 (4) a nurse fulfilling on-call time that is agreed upon by the nurse and a  
9 health care facility before it is scheduled;

10 (5) a nurse voluntarily working overtime so long as the work is  
11 consistent with professional standards and safe patient care and does not exceed 14  
12 consecutive hours;

13 (6) a nurse voluntarily working beyond 80 hours in a 14-day period so  
14 long as the nurse does not work more than 14 consecutive hours without a 10-hour  
15 break and the work is consistent with professional standards and safe patient care;

16 (7) a nurse who agrees to work under a contract that requires the  
17 employer to provide full-time pay and benefits equivalent to the pay and benefits for a  
18 40-hour workweek if the nurse works a weekend schedule of four eight-hour shifts,  
19 with not more than 16 consecutive hours on duty without a break of at least eight  
20 hours; in this paragraph, a "weekend" means the period that begins Friday at 5:00 p.m.  
21 and ends Monday at 8:00 a.m.;

22 (8) the first hour on overtime status when the health care facility is  
23 obtaining another nurse to work in place of the nurse in overtime status.

24 **Sec. 18.20.410. Health care facility complaint process for overtime work**  
25 **by nurses.** A health care facility shall provide for an anonymous process by which a  
26 patient or a nurse may make a complaint about staffing levels and patient safety that  
27 relate to overtime work by nurses and to limitations on overtime work by nurses unde:  
28 AS 18.20.400.

29 **Sec. 18.20.420. Enforcement, offenses, and penalties.** (a) *The commissioner*  
30 shall administer AS 18.20.400 - 18.20.449 and adopt regulations for implementing and  
31 enforcing AS 18.20.400 - 18.20.449.

1 (b) A complaint alleging a violation of AS 18.20.400 - 18.20.449 must be filed  
2 with the commissioner within 30 days after the date of the alleged violation. The  
3 commissioner shall provide a copy of the complaint to the health care facility named  
4 in the filing within three business days after receiving the complaint.

5 (c) If the commissioner finds that a health care facility has knowingly violated  
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26 surgical facility; ~~Alaska Pioneers' Home~~ or Alaska Veterans' Home administered by  
27 the Department of Health and Social Services under AS 47.55; correctional facility  
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14 July 1, 2008.

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# STATE OF ALASKA

Department of Labor and Workforce Development

OFFICE OF THE COMMISSIONER

Miles  
Darwin

SARAH PALIN, GOVERNOR

P.O. BOX 111149  
JUNEAU, ALASKA 99811-1149

PHONE: (907) 465-2700  
FAX: (907) 465-2764

March 7, 2008

COPY RECEIVED  
MAR 10 2008

The Honorable Senator Bert Stedman  
Senate Finance Committee Co-Chair  
State Capitol Building Room 520  
Juneau, AK 99801-1182

The Honorable Senator Lyman Hoffman  
Senate Finance Committee Co-Chair  
State Capitol Building Room 520  
Juneau, AK 99801-1182

RE: SB 28

Dear Senator:

I am writing to explain further the fiscal note submitted by the Department of Labor and Workforce Development for SB 28. As with any proposed legislation, our first task in evaluating the fiscal implications of SB 28 was to consider whether existing staff might be able to absorb the additional duties required by the legislation. Our existing Wage and Hour Section personnel are assigned to the following programs:

- o Child Labor Law Enforcement and Education
- o Wage Claim Investigation and Enforcement
- o Wage and Hour Law Enforcement and Education
- o Prevailing Wage Enforcement and Education
- o Alaska Resident Hire Enforcement and Education
- o Certificate of Fitness Enforcement
- o Contractor Licensing Enforcement

Although it may be possible for existing staff to perform the additional work associated with SB 28, it would result in negative consequences for these other programs. In particular, the Wage and Hour Section strives to provide adequate education to help employers avoid costly violations of Alaska's complex wage laws. However, our education and outreach function is not mandated and, consequently, would be subject to elimination with the addition of new statutorily mandated tasks.

2008-03-10-16-04-32

March 7, 2008

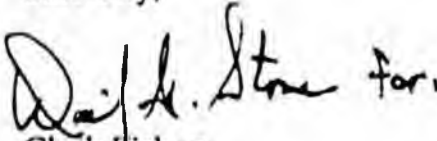
If SB 28 becomes law, the department will be required to provide the following services:

- Investigate complaints that a nurse in a health care facility was required or coerced to:
  - Work beyond the nurse's regularly scheduled shift
  - Work beyond 80 hours in a 14-day period
  - Accept an overtime assignment when the nurse believes the overtime assignment would jeopardize patient or employee safety
- Enforce 10 consecutive hours of off-duty time at the end of each work shift
- Enforce requirement for health care facilities to have an anonymous complaint process relating to patient safety and staffing levels
- Establish whether a violation was committed "knowingly"
- Issue a reprimand for a first time violation
- Issue civil penalties for subsequent violations (1<sup>st</sup> - \$500, 2<sup>nd</sup> - \$2,500 to \$5,000, 3<sup>rd</sup> - \$5,000 to \$25,000)
- Investigate complaint allegations that a health care facility has discharged, disciplined, threatened, discriminated against, penalized, or filed a report with the Board of Nursing for exercising rights or reporting violations under SB 28
- Issue a determination regarding the investigation within 90 days
- Upon finding a violation, request the Attorney General to represent the department and complainant and obtain all appropriate relief including rehiring or reinstatement with back pay

Based on this extensive list of tasks we continue to believe the department's fiscal note for one Wage and Hour Investigator position is necessary. The only cost listed in the fiscal note that is not directly associated with position costs is \$10,000 for legal representation by the Department of Law for court actions related to the retaliation prohibitions in SB 28. These funds could be exhausted with just one case of unlawful retaliation.

Thank you for your consideration.

Sincerely,

  
Clark Bishop  
Commissioner

ASHNHA Comments on CSSB28 (L&C)

Prepared by: Rod Betit, President/CEO

March 4, 2008

- ☞ The latest survey also shows that there have been no grievances filed in any of our facilities, including API, by nurses who felt mandatory overtime was being misused or that they were being singled out.
- ☞ To our knowledge there have been no documented grievances filed with the Alaska Department of Labor alleging misuse of overtime policies either.
- ☞ We have been tracking this issue now for 4 years and do see evidence of a problem in the use of mandatory overtime. If there is another side to this picture we would appreciate an opportunity to see that data and respond to it.
- ☞ ASHNHA's members take the nursing issue very seriously. Patient safety is an important matter as is treating our nursing personnel fairly.
- ☞ For 5 years ASHNHA's members have been financially contributing to an expanded nursing program at UAA that now graduates 200 nurses a year rather than 100.
- ☞ Tracking of these nursing graduates show that 93% of these nurses work in the Alaska health care system in some capacity.
- ☞ In the 2004-2005 survey 60% of our members reported that they believed the nursing shortage was about the same or getting better. 40% believe it was worse. This same percentage spread appeared in the 2006 - 2007 survey even with the efforts being made to graduate more nurses.
- ☞ We are told by workforce forecasters that Alaska's picture for availability of nurses is better than in the rest of the country. ASHNHA is committed to working with the University of Alaska to continue improving this picture.
- ☞ The reporting requirements under this bill are also very burdensome. The bill would require reporting the overtime usage and on-call time for every single nurse employed by a facility. Further the cost to collect and report this data by the State would also be significant.
- ☞ For these reasons and others my membership does not believe this measure is necessary or helpful and therefore respectfully requests that you not move it forward from this Committee.

I would be happy to answer any questions Mr. Chairman if that would be helpful.

**BOTTOM LINE:** Arm a few guards. Everyone else, check your weapons at the door.

# Good move

*Medicare uses its clout to make hospitals safer for patients*

**A** national push to keep hospitals from making you sicker has come to this: Beginning in October, Medicare, the big national insurance program for people 65 and older, will stop paying hospitals when they make certain mistakes.

The hospitals won't be able to bill patients, either. Eventually, some private insurers are expected to follow suit.

That's OK with medical officers at both of Anchorage's public hospitals. They say it will motivate hospitals to do what it takes to stop making errors that can be prevented.

That seems to be a likely outcome, which makes this drastic step worth taking.

Besides making your hospital stay safer, the decision is expected to save the federal government a little money too — about \$190 million over five years. The Associated Press reports.

The eight mistakes covered by the Medicare ban include allowing a patient to get bed sores, leaving a sponge or something else in a person's body after surgery, or giving someone a dangerously wrong blood type. Urinary tract infections caused by catheters is another common one that won't be eligible for Medicare payments.

All of the mistakes are considered preventable.

Both Providence Alaska Medical Center and Alaska Regional have already been trying to eliminate errors, they say.

For example, Providence is setting up a checklist that includes the question, does a particular patient still need a catheter, which could lead to infection?

"As we make rounds, we ask, what things does this patient have in them and what things can come out," said Dr. Roy Davis, Providence's medical chief.

Lee Vanderbrink, Alaska Regional's quality and safety director, said her hospital recently did tests to see how clean items in rooms are, such as the bed rails. They discovered computer keyboards can be a problem — stuff falls into them. So they're working on a solution.

American hospitals have been increasing patient safety efforts over several years. They should be ready to take this important next step.

**BOTTOM LINE:** A hit to hospitals' pocketbooks may spur improvements. Safer patients should be the result.

# NAME THAT

**How this works:** Each week we'll publish an Alaska section and Tuesday evening online at adn.com. Your Name That Toon link in the online opinion section staff each week will select finalists from which you'll vote. Voting will close at 4 p.m. Friday will be the winner. The winner and two runners-up will have their names published in the paper. (Sorry, Daily News employees)

# Slime scanda

It was one of those moments. I shoved the piece of salmon with a pill into the eagle's mouth as one volunteer held him and another gingerly pried his mouth open. I'd get the salmon down far enough to think he'd surely have to swallow. He'd glare at me and, the minute we let go of his mouth, spit the salmon right back out. Then he'd glare some more.

I'd pick up the now tattered piece of salmon barely holding a melting pill in its center and we'd do the dance again. Eventually the humans won. But it was not lost on me that three adults with opposable thumbs and cognitive reasoning couldn't outsmart one eagle. Ultimately, we could only outmuscle him.

Maybe this is why, in the most important election of this campaign season, it was an eagle that came out on top as bird of the year. Petra, who has been an education bird with the Bird Treatment and Learning Center for over 10 years, took home the title after some fierce campaigning on the part of her human Todd. Petra, of course, stayed above the politics that went into the campaign, preferring to keep herself unsullied. Todd had no such qualms.

Her two rivals, a great horned owl named Gus and a raven named Crawford, feel that if the election had been held after the Kodiak incident, they would have surely won. As Gus so succinctly put it, "You didn't see a bunch of owls diving into a slime truck, did you? We are much too wise for that."

In a world in which presidential campaigns in America seem to stretch on endlessly, one flowing into another with barely a break of a day, the recent election for Bird of the Year sponsored by Anchorage's very own wild bird rehab cen-

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ASHNHA 2004 and 2005 NURSE OVERTIME SURVEY RESULTS - VERSION 'D' (February 13, 2006)

Facility	Nurses in Union?	Shortage Better or Worse?	Length of Shift (Hrs)	Nurse Vacancy Rates		Mandatory OT Usage- Total Hrs		On-call Policy		Temp Nursing Hours Needed to Fill Vacancy		# of OT grievances filed	
				2004	2005	2004	2005	Require Certain Units	# times /month	2004	2005		
Alaska Regional Hospital	No	Yes	Worse	8,10,12	4 to 6%	4 to 6%	NONE	NONE	Certain Units	varies	37000 hrs	56000 hrs	NONE
Alaska Native Medical Center	No	REPORT NOT RECEIVED IN TIME TO INCLUDE IN THIS ANALYSIS											
Alaska Pioneer Homes (All Six Facilities)	No	Yes	Worse	7.5	unknown	unknown	unknown	unknown	No	NONE	NONE	NONE	unknown
Alaska Psychiatric Institute	No	Yes	Worse	8,10,12	20%	30%	unknown	46 hrs.	No	NONE	NONE	NONE	unknown
Bartlett Regional Hospital	No	REPORT NOT RECEIVED IN TIME TO INCLUDE IN THIS ANALYSIS											
Bassett Army Community Hospital	No	REPORT NOT RECEIVED IN TIME TO INCLUDE IN THIS ANALYSIS											
Central Peninsula General Hospital	No	Yes	Worse	12	14%	11%	NONE	NONE	Certain Units	7-8 X	3744 hrs	5916 hrs	NONE
Cordova Community Medical Center	Yes	No	No Chg.	12	10%	20%	NONE	NONE	Certain Units	varies	1872 hrs	3744 hrs	NONE
Denali Center Nursing Home	No	REPORT NOT RECEIVED IN TIME TO INCLUDE IN THIS ANALYSIS											
Fairbanks Memorial Hospital	No	No	No Chg.	8, 10, 12	7%	7%	NONE	NONE	Certain Units	varies	5144 hrs	12175 hrs	NONE
Heritage Place Nursing Home	No	REPORT NOT RECEIVED IN TIME TO INCLUDE IN THIS ANALYSIS											
Kanakanak General Hospital	Yes	REPORT NOT RECEIVED IN TIME TO INCLUDE IN THIS ANALYSIS											
Ketchikan General Hospital	No	Yes	Better	12	12%	8%	NONE	NONE	Certain Units	10 X	10000 hrs	10000 hrs	NONE
Manillaq Health Center	Yes	REPORT NOT RECEIVED IN TIME TO INCLUDE IN THIS ANALYSIS											
Mary Conrad Center Nursing Home	No	No	Worse	8, 10, 12	15%	5.55%	NONE	NONE	No Certain Units	NONE	NONE	NONE	NONE
Mat-Su Regional Medical Center	No	No	No Chg.	8 & 12	10%	12%	unknown	unknown	Certain Units	7 X	1400 hrs	1000 hrs	NONE
Mt. Edgecumbe SEARHC Hospital	No	No	Worse	8, 10, 12	15%	15%	NONE	NONE	Certain Units	8 X	4200 hrs	4200 hrs	NONE
North Star Behavioral Health System	No	REPORT NOT RECEIVED IN TIME TO INCLUDE IN THIS ANALYSIS											
Norton Sound Regional Hospital	Yes	REPORT NOT RECEIVED IN TIME TO INCLUDE IN THIS ANALYSIS											
Petersburg Medical Center	Yes	No	Worse	8 & 10	5%	5%	unknown	NONE	Yes Certain Units	4 X	NONE	NONE	NONE
Providence Alaska Medical Center	No	Yes	Worse	8, 10, 12	4.36%	4.76%	NONE	NONE	Certain Units	NA	NONE	NONE	NONE
Providence Extended Care Center	No	No	Worse	8, 10, 12	20.83%	20.75%	NONE	NONE	No Certain Units	NONE	NONE	NONE	NONE
Providence Kodiak Island Medical Center	Yes	Yes	No Chg.	12	10%	10%	NONE	NONE	Certain Units	NA	unknown	4000 hrs	NONE
Providence Seward Medical & Care Center	Yes	No	No Chg.	8 & 12	unknown	5%	NONE	NONE	Yes	3 X	NONE	NONE	NONE
Providence Valdez Medical Center	Yes	REPORT NOT RECEIVED IN TIME TO INCLUDE IN THIS ANALYSIS											
Sitka Community Hospital	Yes	No	No Chg.	12	20%	20%	NONE	NONE	Certain Units	varies	5847 hrs	4738 hrs	NONE
South Peninsula Hospital	No	Yes	No Chg.	8,10,12	6%	3%	NONE	NONE	Certain Units	15 X	144 hrs	1056 hrs	NONE
USAF 3rd Medical Group-Elmendorf	No	REPORT NOT RECEIVED IN TIME TO INCLUDE IN THIS ANALYSIS											
Wildflower Court Nursing Home	No	No	No Chg.	8 & 12	0%	0%	NONE	NONE	No	NONE	1040 hrs	80 hrs	NONE
Wrangell Medical Center	Yes	No	No Chg.	8 & 12	0%	0%	unknown	NONE	Yes Certain Units	55 hrs	NONE	NONE	NONE
Yukon Kuskokwim Delta Regional Hospital	No	No	Better	8 & 10	40%	28%	NONE	NONE	Certain Units	NONE	34000 hrs	26208 hrs	NONE
TOTAL Temporary Nursing Hours Purchased by Non-exempt Facilities											104391 hrs	128817 hrs	\$24.17

ASHNHA 2006 and 2007 NURSE OVERTIME SURVEY RESULTS -  
(February 13, 2008)

B

Facility		Nurses in Union?	Shortage Better or Worse?	Length of Shift (Hrs)	Nurse Vacancy Rates		Mandatory OT Usage- Total Hrs		On-call Policy		Temp Nursing Hours Needed to Fill Vacancy		# of OT grievances filed
					2006	2007	2006	2007	Require	# times /month	2006	2007	
Alaska Regional Hospital	No	Yes	Worse	12	n/a	31%	0	0	Certain Units	n/a	Inc. 07	57,153	None
Alaska Native Medical Center	No	No	Worse	12	6.80%	7.75%	0	0	Certain Units	3	8623	8,045	None
Alaska Pioneer Homes (All Six Facilities)	No	Yes	Better	7.5	4-11%	n/z	0	0	No	0	0	0	None
Alaska Psychiatric Institute	No	Yes	Worse	8,10,12	10%	12%	748	524.75	No	n/a	600	2850	None
Bartlett Regional Hospital	No	Yes	N/C	8, 12	14%	14%	120	108	Certain Units	n/a	7050	7990	None
Central Peninsula General Hospital	No	Yes	Worse	12	10%	10%	0	0	Certain Units	7-8x	2297	1230	None
Cordova Community Medical Center	No	No	N/C	12	20%	10%	0	0	Certain Units	3x	2066	2573	None
Denali Center Nursing Home	No	No	Better	8,10,12	0%	0%	0	0	0	n/a	0	0	None
Fairbanks Memorial Hospital	No	No	N/C	8,10,12	4-9%	4-9%	0	0	No	n/a	15750	16640	None
Heritage Place Nursing Home	No	Yes	N/C	8, 12	5%	6%	0	0	No	n/a	0	0	None
Kanakanak General Hospital													
Ketchikan General Hospital		Yes	Better	8, 12	10%	7%	0	0	Certain Units	1-6x	11,700	9,500	None
Manilaq Health Center													
Mary Conrad Center Nursing Home	No	No	Better	8	n/a	0.00%	n/a	0	Yes	1x	n/a	0	None
Mat-Su Regional Medical Center	No	No	Better	8,10,12	2%	2%	0	0	Certain Units	varies	4100	3200	None
Mt. Edgecumbe SEARHC Hospital	No	No	Worse	8,10,12	30%	25%	0	0	Certain Units	4	33,280	24,960	None
North Star Behavioral Health System	No	No	N/C	8	6%	10%	0	0	No	n/a	0	0	None
Norton Sound Regional Hospital													
Petersburg Medical Center		No	N/C	12	13%	13%	0	0	Certain Units	1 or 2	3000	3000	None
Providence Alaska Medical Center	No	Yes	Worse	8,10,12	6.70%	8.10%	0	0	Certain Units	3 Dept	n/a	n/a	None
Providence Extended Care Center	No	No	Worse	8,10,12	14.80%	8.50%	0	0	no		n/a	n/a	None
Providence Kodiak Island Medical Center		Yes	Worse	8,10,12	11%	8%	0	0	Certain Units	n/a	n/a	n/a	None
Providence Seward Medical & Care Center		No	Worse	8,10,12	4.30%	11%	0	0	na	na	n/s	n/a	None
Providence Valdez Medical Center		No	Worse	8,10,12	12.50%	36%	0	0	na	na	n/a	n/a	None
Sitka Community Hospital		No	N/C	12	18%	21%	0	0	Certain Units	various	5700	5100	None
South Peninsula Hospital		Yes	N/C	8,10,12	n/a	n/a	n/a	n/a	Certain Units	10, 12	n/a	n/a	None
USAF 3rd Medical Group-Elmendorf	No												
Wildflower Court Nursing Home	No	No	N/C	8, 12	0%	0%	0	0	No	0	0	0	None
Wrangell Medical Center		No	N/C	8 & 12	0%	0%	None	NONE	Certain Units	55 hrs	0	0	None
Yukon Kuskokwim Delta Regional Hospital	No												None
TOTAL Temporary Nursing Hours Purchased by Non-exempt Facilities											122,742	113,764	\$24.17



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Mandatory Overtime Legislation:  
A positive approach to improved  
patient care  
for the State of Alaska

SB28

January 2008

## Executive Summary

Robert Steinbrook MD, begins his report in the New England Journal of Medicine about nurses this way: "Nursing is an embattled profession." (2002). Since the Institute of Medicine Report (IOM) in 1996 and this article in 2002, many states have taken positive steps to stop the hemorrhaging of seasoned, experienced professional registered nurses from the workforce and to add more, younger energetic people to the mix. The same can be said of other health professionals such as pharmacists, certain physician specialties, and health care professionals in general. How the states are accomplishing this is through positive legislative efforts evidencing a sincere desire for improved working conditions and health care environments.

**In the nursing profession, states that have passed legislation in four main target areas are having the most success in retaining and drawing registered nurses to employment. The four legislative areas include but are not limited to: banning mandatory overtime, safe patient handling, staffing ratio systems, and increasing scholarship funds.**

In this context, we will discuss the necessity of banning mandatory overtime and/or mandatory call as a first step in advancing the retention of professional registered nurses in the State of Alaska.

## Background

The population in Alaska as well as the rest of the United States is aging. Registered nurses (RN's) are aging as well. In 2000, the average age of the RN was 45. Today that age is 46 and remains 95 percent female; in Alaska, the average age is 48 (2007 Alaska Senate Testimony by AaNA). At the same time, the IOM report concluded that "women are finding other choices". Dr. Steinbrook quoted Frank Sloan of Duke University and co-chair of the committee of the IOM that reported on nursing as saying, nursing "is a very stressful job with a very flat career path." Dr. Steinbrook continued by noting RN's are discontented for many reasons including inadequate levels of staffing for both nurses and support staff and excessive workloads. That discontent goes beyond the RN's according to the April 2002 report of the American Hospital Association's Commission on Workforce for Hospitals and Health Systems. That report notes, "Most health care professionals entered their profession to make a difference through personal interaction with people in need. Today many in direct patient care feel tired and burned out from a stressful, often understaffed environment, with little or no time to experience the one-on-one caring that should be the heart of hospital employment."

Linda H. Aiken of the University of Pennsylvania School of Nursing notes that, "There is a sense that nursing is becoming an impossible job, and that nurses have no control over things that are required to provide good patient care. Yet nurses are accountable for the health and welfare of their patients." Combine this feeling with an aging work force and the future looks bleak. In 2000, only 9 percent of RN's were less than 30 years of age, as

compared with 25 percent in 1980. According to Buerhaus et al in their 2000 JAMA article, by 2020 a shortage of more than 400,000 RN's is possible. The Bureau of Labor Statistics estimates that the United States will need an additional 1.1 million registered nurses by 2014.

Ann Converso, Vice-President of the UAN, when addressing the 6<sup>th</sup> International Conference on Occupational Stress and Health, March 2, 2006 noted: "In one of the latest Institute of Medicine reports, they found that work shifts longer than twelve hours per day endanger patient safety due to fatigue, causing reduced attention span and capacity to catch errors. However, the same study found that 27 percent of full-time hospital and nursing home nurses reported working more than 13 consecutive hours one or more times per week. The IOM recommends that states prohibit nurses from working more than 12 hours in a 24 hour period or more than 60 hours per week."

Through it all, the worst case scenario is a tired, over-extended health care professional administering care to a patient.

### Statement of the Problem

In October of 2007, the Alaska Statewide Nurses Conference was held in Anchorage. Over 120 nurses attended over a three day period representing RN's from Kotzebue to Ketchikan. Every staff nurse in attendance agreed that mandatory overtime is a curtailment to the working environment. Over 50 nurses (a majority of the staff nurses present) indicated that not only have they been asked to work overtime in the past three months, many indicated they had to take mandatory call. Several nurses indicated that "not only does it mess with your family life; you really worry about patient safety when you're so exhausted." In the instance of mandatory call, the RN may or may not be called to work, but must curtail personal/family time above and beyond the normal work time just in case they're needed for work. In many cases, the callback occurs within a few hours of completing a regular-12 hour shift – resulting in working more than 14 hours within a 24-hour period. Most facilities do provide incentives for on-call pay and on-call return to work status, but it continues to remain a way to staff facilities across the state without hiring more RN's.

Upon further questioning of the staff nurses at the Statewide Conference, 100 percent indicated that mandatory overtime, if used and maintained in their workplace, would cause them to leave the profession early and/or look for employment elsewhere. Several nurses with spouses in other professions noted their spouses have time curtailments in their work areas for safety, especially pilots and truck drivers. "You'd think the same people who set those limits would worry if their grandmother was in the hospital being treated by someone who had been there for over 14 hours." one nurse said. At meetings held between AANA members, staff, hospital managers and administrators during the fall and winter of 2007, no one could say overtime does not exist and no one could guarantee mandatory overtime or mandatory call didn't occur at times.

In her testimony to the House Ways and Means Committee in Washington, D.C., Mary Foley, President of the American Nurses Association, stated, "By far the riskiest result of understaffing is the abuse of mandatory overtime as a staffing tool" (2002). According to a study published by the American Association of Nurse Executives, 61 percent of respondent RN's said they had observed increases in overtime or double shifts during the past year (2002).

### Solutions

Around the country, California, Washington, Oregon, Missouri, Texas, Connecticut, Illinois, Maine, Minnesota, New Hampshire, New Jersey, and West Virginia have all passed legislation limiting nurses to 12 hour shifts with mandatory rest periods prior to another work time. Rhode Island's legislature just passed the same legislation on an override of a governor's veto. New York and Pennsylvania are poised to pass the legislation this year. Congress has HR2122 and S1842 pending with the support of the United American Nurses and the American Nurses Association.

"In the long term, the future of the nursing profession is related to its ability to attract more young nurses, to support the careers of current nurses, and to create more jobs for nurses with higher wages, and greater responsibilities. Such efforts can be successful only if the positions students are training to fill are sufficiently attractive, as compared with the alternatives in other fields." (Steinbrook, 2002)

In Alaska we are on the cusp of a legislative effort to begin making a true commitment to the professional registered nurse. The current version of Senate Bill 28 actually provides for an extended work period up to 14 hours to assist hospitals that routinely schedule nurses for 12-hour shifts. The legislation also provides for an exemption from this limitation to address legitimate, unforeseeable emergencies. The Alaska Nurses Association urges the passing of this legislation as an effort to retain nurses in the state, increase the incentives to new nurses, and most importantly assist with improved patient safety.

# Alaska State Legislature

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Senator Bettye Davis@legis.state.ak.us  
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## Senator Bettye Davis

### Senate Bill 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.”**

### Sponsor Statement

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SB 28, hereafter also to be known as “The Alaska Safe Nursing and Patient Care Act,” prevents Alaska registered and licensed practical nurses from being forced to work mandatory overtime, *i.e.*, compulsory as opposed to voluntary work in excess of an agreed to, predetermined, regularly scheduled shift, and it protects patients from the dangers caused by overworked nurses.

Too often Alaska’s nurses are overworked, underpaid, and undervalued. This bill will improve the lives of nurses and their families and enhance the quality of patient care in communities across the state. It will let nurses decide if they can provide their same quality care while working overtime. SB 28 strictly limits the use of mandatory overtime for nurses to situations in which an official state of emergency is declared by federal, state or a local government, or other stated exceptions. It does, however, allow nurses to work overtime voluntarily when they feel they can continue to provide safe, quality care.

This legislation also protects nurses from discrimination and retaliation by employers who continue to force them into working hours beyond what they believe safe for quality care. SB 28 requires that health care facilities monitor, document, and report overtime semiannually and face penalties for knowing violations.

Faced with nursing shortages nationwide, Alaska needs to encourage and support nurses to enter and stay in the profession. SB 28 is a long overdue step in that direction.

FEB 21 2008

#### WHO DOES ASHNHA REPRESENT?

The *Alaska State Hospital and Nursing Home Association* represents 24 acute care hospitals, 2 behavioral health facilities, 6 assisted living facilities (Alaska Pioneer Homes), and 5 nursing facilities. Nine of our 24 acute care hospitals also include nursing home beds. We believe ASHNHA's rich composition of private, federal, state, and tribal health care facilities provides a balanced viewpoint on important health care policy matters. ASHNHA's membership evaluates health care legislation weekly and has authorized the position expressed here.

#### ASHNHA's POSITION ON SB28: OPPOSED TO SB 28

While ASHNHA's membership has always appreciated Senator Davis' important work on health care legislation, the overwhelming response by ASHNHA membership to SB 28 is that this legislation is unnecessary and would place facility management in an unfair position when negotiating work hour agreements with their nursing staff. ASHNHA's members rarely use mandatory overtime to address nursing shortages. Rather, nursing shortages are managed through use of voluntary overtime and hire of temporary nursing staff. Patient safety is always foremost in ASHNHA's members' minds, and CEOs would not allow use of nurse staffing practices that would jeopardize patient care or would place nurses in working conditions that would put them in untenable situations.

#### SUPPORTING TESTIMONY:

☞ The attached chart compares 2004 and 2005 overtime usage in some of ASHNHA's facilities. With the exception of API, ASHNHA's members do not use mandatory overtime to fill their nursing gaps. With respect to API, the 2006 Legislature provided additional funding to improve starting salary levels to allow API to reduce mandatory overtime usage in the future.

☞ In all facilities except API, when nursing shortages exist facility management uses a combination of voluntary overtime and temporary nursing staff rather than imposing mandatory overtime (see 'pink' columns on attached chart). This practice has avoided the need to rely on mandatory overtime to fill gaps in nursing staff schedules except in rare situations.

☞ In addition, ASHNHA's members have worked to reduce the nursing shortage problem in Alaska by contributing substantial funding over the last four years to help support an expanded nursing program at the University of Alaska. This program is now graduating 200 nurses annually compared to 100 nurses before the program's expansion.

☞ Proponents of SB28 have not presented any evidence that facilities are imposing mandatory overtime on nursing staff. Nor have complaints of unsafe patient care been filed with the Alaska Department of Health & Social Services licensing section asserting that facilities have improperly used nursing staff.

☞ Passage of SB 28 would adversely impact delivery of patient care in several important ways including:

1. "Sec. 18.20.400(a) Limitations on nursing overtime" would place the decision to accept overtime assignments in the hands of the nurse rather than with management. Generally, collective bargaining agreements give management the right to prescribe reasonable work rules, develop qualifications for all new and existing positions, establish work schedules, assign work and work times, create, eliminate or modify positions, and establish and/or modify locations and standards of work. SB 28 would place management in an unfair position when negotiating work hour agreements acceptable to all parties, and could potentially affect the facility's ability to provide safe patient care by placing staffing decisions with the judgment of the nurse versus maintaining these as management rights and responsibilities.
2. "Sec. 18.20.400(d) would define an 'unforeseen emergency' to exclude all 'foreseeable' events. This is a vague standard that cannot be reasonably applied given the variety of staffing challenges that arise in a facility on any given day. While facilities are generally able to fill these staffing gaps using voluntary overtime and temporary nursing staff, there may occasionally be a need for some mandatory overtime to meet patient care

ASHNHA Position on Senate Bill 28 - April 3, 2007  
Prepared by: Rod Betit, President/CEO

needs. Management should have the discretion to exercise that option within the scope of the bargaining agreement negotiated for that facility.

3. "Sec 18.20.430. Report Requirements" would impose a whole new set of onerous reporting requirements for facilities. These reports would have to be filed semi-annually and must contain detailed work hour information for each staff nurse employed by the facility as well as each contract nurse hired during the reporting period. The time needed to compile these reports would be significant and simply not justified given the responsible manner in which Alaska's facilities have handled the use of mandatory overtime.

⇒ In summary, SB 28 is unnecessary legislation. SB 28 would limit the ability of facilities to negotiate labor contracts to manage the workforce and respond to the varying demands of patient care; it would impose onerous and unnecessary financial penalties on facilities that are already struggling to survive financially; imposes onerous reporting requirements around the use of overtime; and introduces legislation where good management practices are all that is needed.

⇒ ASHNHA's membership respectfully requests that you not move SB 28 forward from this Committee.

Thank you for the opportunity to testify and express ASHNHA's members concerns around this legislation.

**This Testimony is on Behalf of the Following Alaska Health Care Facilities**

Alaska Regional Hospital, Alaska Native Medical Center, Bartlett Regional Hospital, Bassett Army Community Hospital, Central Peninsula Hospital, Cordova Community Medical Center, Denali Center Nursing Home, Fairbanks Memorial Hospital, Heritage Place Nursing Home, Kakanak General Hospital, Ketchikan General Hospital, Manillaq Health Center, Mary Conrad Center, Mat-Su Regional Hospital, Mt. Edgecumbe Hospital SEARHC, Norton Sound Regional Hospital, Petersburg Medical Center, Providence Alaska Medical Center, Providence Extended Care Center, Providence Kodiak Island Medical Center, Providence Seward Medical & Care Center, Providence Valdez Medical Center, Sitka Community Hospital, South Peninsula Hospital, St. Elias Acute Care Hospital, USAF 3<sup>rd</sup> Medical Group- Elmendorf, Wrangell Medical Center, Yukon Kuskokwim Delta Regional Hospital, North Star Behavioral Health, and Wildflower Court Nursing Home.

2808  
1976  
32

Thank you  
Mr. Chairman  
members of  
the committee

My name is Tom Renkes, the Executive Director of the Alaska Nurses Association. I am a professional Registered Nurse, and have been employed in the health care arena for 35 years. I have been a health care educator at the collegiate level for 15 years; a health care CEO for 19 years; a staff nurse; a hospital manager and administrator; and a consultant to state governments and health care institutions since 1987.

Dear Senators, nurses are leaving the nursing workforce in the State of Alaska. The Board of Nursing reports that that the average age of professional Registered Nurses (RN's) has climbed to almost 49 years old, and 84% of those nurses have said they will be retiring in the next 5 years. The next greatest number of RN's, 10.8%, has said they will be leaving the workforce due to working environments.

Adeline

Thank the  
Chairman

In the last 5 months, I have personally visited and spoke with nurses in Fairbanks, Valdez, Anchorage, Wrangell, Ketchikan, Juneau, and Wasilla, as well as several groups of nursing students from UAA and their faculty. One hundred percent of those nurses interviewed said mandatory overtime is a problem in their career, while the students indicated they would not work at a facility where overtime was the rule and mandatory overtime was a policy.

There is a major arbitration occurring as we speak for one facility's inability to offer meals and breaks to nurses during the course of a work day. There is another facility that has one RN on her 7<sup>th</sup> 12 hour shift in 8 days, which is why she cannot be here today. Finally, one nurse at a Southeast facility indicated it was just expected they take mandatory call because they always work short.

Quote #1

Most private hospitals and health care institutions have made record earnings over the last 10 years all across the US and Alaska. One of our major health care corporations had a recent profit margin of 9.6%. There is a choice on how the health care industry chooses to spend its revenue. At this point it has not been on an increase of the nursing workforce. The argument of the nursing shortage has not followed clear free-market principles of supply and demand.

As an example, in a health care system in Illinois (one of the states biggest), they have a 1.7% vacancy rate after the state passed a pro-nursing legislative agenda that included a ban on Mandatory Overtime, a safe staffing bill, and scholarship money.

have one  
000 Registered  
Nurses in  
the  
State of Alaska  
y (6,000) have  
made address  
only 500 are  
(= 4500)  
create  
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ST

The argument about this bill increasing the cost of health care isn't rational either. Health care costs have skyrocketed while the supply of nurses has dropped per capita patient. The money must be paying for other things. To fully staff and retain professional Registered Nurses as a cost savings relating to decreased mortality and morbidity, has been well documented in the literature not only from nursing authors, but also by the federally funded Institute of Medicine reports and in the Journal of American Medicine. A strong, healthy, fully staffed Registered Nurse group actually saves health care dollars in the long run. That should be of far greater importance to Alaska than short term profits. Especially since health care is becoming the fastest growing product in this State.

ST is the  
number of quoted  
by the department  
are not initially  
in writing

Board of  
Nursing can  
only be the  
strongly board  
and make  
Hawaii

As a nurse that has worked in a mandatory  
call area most of my career I can tell you  
that the extra work shifts (mandatory call)  
and extended shifts take a toll on not  
only the nurse but the nurses family as  
well as the patients. <sup>many times</sup> Extended shifts and  
lack of adequate rest have been likened to  
0.5 blood alcohol level - showing signs of  
decreased reaction times & speed in mental  
processing. The legal limit in many states is 0.8-1.0.  
I can tell you that nurses entering the  
Profession at this time are not willing to  
accept the status quo of health care  
facilities & work under the condition that  
have been thought of as a regular part of the  
job - This pertains particularly to those  
specialty areas that require call (mandatory)  
as a part of the job.

Nurses are always there for you in time  
of need & nurses need you to be there  
for them now. Voluntary OT must be  
consistent with prof. standards of safe patient  
care and a nursing professional will  
know their own limit.

Thank you for this opportunity to speak  
with you on this issue.

I believe Senators we should provide the highest quality product available. A start is by improving the work environment of the nurse and getting them back to the bedside in our state. We have the capability to do that. It's just a choice. Just like we want our nurses to have a choice to say NO to extended and mandatory overtime and mandatory call.

I thank you very much for this great opportunity to testify before you.

I am Bebb Thompson and I have been a nurse for 32 years. I have practiced in Critical Care areas of nursing during that time & have spent the last 25 years practicing in the Operating Room. I am serving my second term as President of the Alaska Nurses Association.

I have travelled around the state of Alaska & have spoken at various nursing conferences and education conferences. I have also given the privilege to lecture to nurses from all the descriptions & categories of work without the nursing experience & rate of responsibility. I have worked with and mentored CNA nursing students.

Characteristics and learning the nursing profession & also work stress levels in the state of Alaska. The average age of nurses in AK is almost 40 years old. The average age of the nurses in the state are 51-60 years old. The next highest reason for leaving the profession is 10.8% is due to poor work environment.

In all my travels & personal work with nurses they say that working conditions, maintaining overtime, mandatory fall and safe practice.

From

"Keeping Patients Safe: Transforming the  
Work Environment of Nurses"

National Academy of Science  
Institute of Medicine

2004



By 2002 6 states had prohibited mandatory  
overtime,  
5 years later two states to name states  
have passed similar legislation.

In this report I quote Recommendation  
6-1 from the National Academy of  
Science document:

"To reduce error-producing fatigue, state  
regulatory bodies should prohibit nursing  
staff from providing patient care in any  
ambulatory or scheduled shifts, mandatory  
overtime, or voluntary overtime in excess of  
12 hours in any given 24 hour period  
and in excess of 60 hours per 7 day period."

There are similar legislative ~~proposals~~ <sup>proposals</sup> regarding  
truck drivers, air traffic controllers, railroad engineers, police officers,  
firefighters, maritime personnel, physicians, and even pilots  
in various countries. All with similar results.

**Letters, E-mail communications and testimony in support of Senate Bill No. 28:**

1. Letter from Tina Gonzales, R.N. dated February 7, 2008.
2. Letter from Dr. Patrick Nolan, D.O. dated May 8, 2007.
3. Letter from Donna Phillips, R.N. dated May 2, 2007.
4. Letter from Judy Brame, R.N. dated May 2, 2007.
5. E-mail from Debbie Drake, R.N. dated May 2, 2007.
6. E-mail from Carol Goss, R.N. dated May 1, 2007.
7. E-mail from Pat Senner, R.N. , F.N.P. dated May 1, 2007.
8. Testimony from Susan Walsh, R.N. provided during 2007.
9. Letter from Debbie Thompson, BSN, RN, CNOR provided during 2007.
10. E-mail from Paul Mordini, R.N. dated April 30, 2007.
11. Letter from Suan Rettig, R.N. provided during 2007.
12. E-mail from Marita Lerwick, R.N. dated April 16, 2007.
13. Testimony dated April 16, 2007 & E-mail dated May 2, 2007 from Kathleen Geddes, R.N.
14. E-mail from Lisa Wahl-Hermosillio, R.N., F.N.P. dated April 14, 2007.
15. E-mail from Tara Orley, R.N. dated April 14, 2007.

RECEIVED

FEB 11 2008

February 7, 2008

Senator Bettye Davis  
State Capitol  
Room 30  
Juneau, AK 99801-1182

Re: SB 28 Mandatory Overtime for Nurses

Dear Senator Davis:

As a professional registered nurse at Providence Hospital in Valdez, I wanted to bring to your attention our issues with mandatory and excessive overtime.

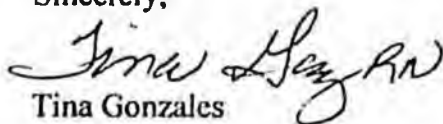
We sign a sheet for two to three shifts a pay period for mandatory call since we work short staffed. One individual recently worked up to 8 days in a row after working 6 days in a row. Those are 12 hour shifts! I myself have worked 4 on, one off, and 4 on. Again these are 12 hour shifts. And, I often work well beyond my 12 hours in a day; one instance was a 15 hour day then having to return at night.

At times I've been so fatigued; I've been worried about my safety and the patient's safety. I'm apprehensive to call management about my worries because they don't bring on more staff, and I am not in a union setting.

I've been working in Valdez since October of 2007. Before that I was in New Mexico working as an RN for 4 years. I never experienced mandatory overtime or mandatory call. I can honestly tell you, I would not have begun working for Providence had I known about the overtime. I could have easily taken a travel assignment which would have made things easier on me and my family.

Please support the professional registered nurses in the state of Alaska by passing SB 28 as soon as possible.

Sincerely,

  
Tina Gonzales

RECEIVED

FEB 11 2008

February 7, 2008

Senator Bert Stedman  
Co-Chair Senate Finance Committee  
State Capitol  
Room 516  
Juneau, AK 99801-1182

Re: SB 28 Mandatory Overtime for Nurses

Dear Senator Stedman:

As a professional registered nurse at Providence Hospital in Valdez, I wanted to bring to your attention our issues with mandatory and excessive overtime.

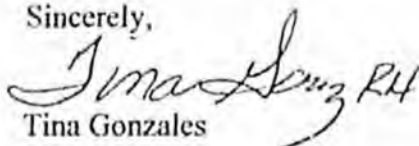
We sign a sheet for two to three shifts a pay period for mandatory call since we work short staffed. One individual recently worked up to 8 days in a row after working 6 days in a row. Those are 12 hour shifts! I myself have worked 4 on, one off, and 4 on. Again these are 12 hour shifts. And, I often work well beyond my 12 hours in a day; one instance was a 15 hour day then having to return at night.

At times I've been so fatigued; I've been worried about my safety and the patient's safety. I'm apprehensive to call management about my worries because they don't bring on more staff, and I am not in a union setting.

I've been working in Valdez since October of 2007. Before that I was in New Mexico working as an RN for 4 years. I never experienced mandatory overtime or mandatory call. I can honestly tell you, I would not have begun working for Providence had I known about the overtime. I could have easily taken a travel assignment which would have made things easier on me and my family.

Please support the professional registered nurses in the state of Alaska by passing SB 28 as soon as possible.

Sincerely,

  
Tina Gonzales

*Patrick M. Nolan, D.O., F.A.C.E.*

ENDOCRINOLOGY/ INTERNAL MEDICINE

A PROFESSIONAL CORPORATION

3300 PROVIDENCE DRIVE

SUITE 208

ANCHORAGE, ALASKA 99508

TELEPHONE (907) 561-6100

March 3, 2008

Re: Comments on SB 28: "An act relating to limitations on mandatory overtime for registered nurses and licensed practical nurses in health care facilities."

Dear Mr. Chairman:

Thank you Mr. Chairman for listening to my comments. According to John Howard, MD, Director of the National Institute for Occupational Safety and Health, "The average number of hours worked annually by workers in the United States has increased steadily over the past several decades and currently surpasses that of Japan and most of Western Europe." (2004) As a physician, specifically an Endocrinologist, I am distressed at the physical altercations that can occur in an aging nursing workforce while their hours and demands steadily rise.

It is no secret that the population of America is aging. At the same time, due to influences of society and the health care work environment, there are fewer nurses willing to work in acute care settings. Thus, the nurses currently in that employ are aging as well. In the State of Alaska, the average age of a professional Registered Nurse is close to 49 years old.

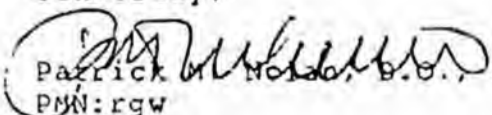
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Nurses are critical thinking professionals educated and employed to assess, treat, and evaluate patients. We all depend on the nurse to be alert and aware. With increased hours of work, fatigue and increased stress can occur, resulting in mistakes and errors of thinking, ultimately higher risk to patient care and for poor outcomes.

I would encourage the Senate Finance Committee to be judicious and rational in its thinking. Please limit the overtime and extended hours worked by nurses in the State of Alaska.

I thank you for this opportunity.

Sincerely,

  
Patrick M. Nolan, D.O., F.A.C.E.  
PMN:rgw

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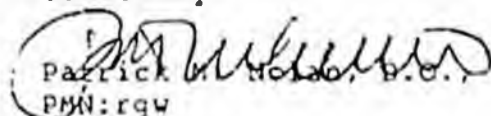
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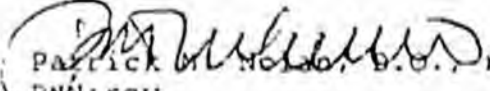
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I thank you for this opportunity.

Sincerely,

  
Patrick M. Nolan, D.O., F.A.C.E.  
PMN:rgw

I am Debbie Thompson and I have been a Nurse for 32 years. I have practiced in Critical Care areas of nursing during that time & have spent the last 25 years practicing in The Operating Room. I am serving my second term as President of the Alaska Nurses' Association.

I have travelled around the state of Alaska & have spoken at various nursing functions and education opportunities. I have also had the privilege to listen to nurses from all job descriptions & categories speak about the nursing opportunities & lack of job opportunities. I have worked the University on a Task Force & worked with and mentored UAA nursing students.

Senators nurses are leaving the nursing profession & its workforce here in the State of Alaska. The Alaska Board of Nursing reports that the average age of nurses in AK is almost 49 years old, that 84% of these nurses will retire 5 years & that almost 40% of the nurses in the State are 51-60 years old. The next highest reason for leaving the profession at 10.8% is due to poor work environments.

In all my travels & personal talk with nurses they say that working conditions, mandatory overtime, mandatory call and safe practice

As a nurse that has worked in a mandatory  
call area most of my career I can tell you  
that the extra work shifts (mandatory call)  
and extended shifts take a toll on not  
only the nurse but the nurses family as  
well as the patients. \*Extended shifts and  
lack of adequate rest have been likened to  
0.5 Blood alcohol level - showing signs of  
decreased reaction times & fixed in mental  
processing. The legal limit in many states is 0.8-1.0.  
I can tell you that nurse entering the  
Profession at this time are not willing to  
accept the status quo of health care  
facilities & work under the condition that  
have been thought of as a regular part of the  
job - This pertains particularly to those  
specialty areas that require call (mandatory)  
as a part of the job.

Nurses are always there for you in time  
of need & nurses need you to be there  
for them now. Voluntary. It must be  
consistent with prof. standards of safe patient  
care and a nursing professional will  
know their own limits.

Thank you for this opportunity to speak  
with you on this issue.

*Patrick M. Nolan, D.O., F.A.C.E.*

ENDOCRINOLOGY/ INTERNAL MEDICINE

A PROFESSIONAL CORPORATION

3300 PROVIDENCE DRIVE

SUITE 208

ANCHORAGE, ALASKA 99508

TELEPHONE (907) 561-8100

May 8, 2007

Attn: Mark Hickey


Re: Ellis Meeting

To Whom It May Concern,

I would like to support Senate Bill 28. I have reviewed this bill and it seems very reasonable and much needed. Thank you.

*Please call me if question!*

Sincerely,

  
Patrick M. Nolan, D.O., F.A.C.E.

PMN:rgw

5-2-2007

Dear Senator Ellis and members of Labor and  
Commerce committee,

My name is Donna Phillips. I am  
a registered nurse for the past 28 years.  
I have spent the past 14 years in  
Alaska working in an Anchorage  
hospital critical care unit.

I am in strong support of SB 28.  
I believe this is important legislation  
that will protect patient from  
potential error that can be made  
when RN's work in excess of  
14 hours. I have done my  
share of overtime to assist hospital  
meet patient care needs over the  
past 28 years. I can tell you  
there is no way that I am as  
sharp and alert to changes in  
patients status in the 14th hour  
as I am in the beginning of the  
day. There are challenges that are  
facing our nations health care system.

My goal has always been to work for patient safety. Using mandatory overtime and extended duty time will be a deterrent to keeping RN's in the workforce as well as recruiting new nurses to the profession. The cost of training a new critical care RN is about \$60,000. It would be great if we could keep these nurses in the workforce. When I started in nursing, RN's would stay working in the hospital about 5 years. I believe we could keep up with the demand at that time because of the number of graduating RN's. I appreciate that NAA is trying to increase the number of graduates, but we also need to work on retaining nurses at the bedside.

Please support this very important legislation and protect the citizens of the State of Alaska. Thank you for the work you do.

Sincerely,  
Dana Phillips, RN

For: Lobbyist Mark Hickey – FAXED on May 2, 2007

From: WRONGFULLY TERMINATED – PROVIDENCE HOSPITAL NURSE

Judy Brame RN BSN – 23.5 years of service to PAMC (NICU and OR)  
Terminated for working a 14.75 hour MANDATORY OVERTIME  
MANDATORY CALL of 24 hours straight

Subject: SENATE BILL 28 for the ALASKA SAFE NURSING AND PATIENT CARE ACT (placing much-needed limits on the use of MANDATORY overtime/call by hospitals) AND FORCED ON NURSES TO WORK.

Seeking assistance of SENATOR Ellis on Wednesday May 2, 2007 to review my testimony.

I, JUDY BRAME RN, BSN feel so strongly against my FORCED OVERTIME on 10/8/06 That I, had personally sought out legal advice, spoke with the Alaska Board of Nursing Director Dorothy Fulton RN, MSN, and filed a complaint with the Seattle EEOC on 12/27/06-----in which a CLAIM WAS FILED AGAINST PAMC on 2/20/07. ↗

I look forward, to flying to Juneau, and SPEAKING OUT in the legislature regarding my misfortune for having worked at PAMC for 23.5 years and being terminated for ONE DAY of mandatory overtime/call.

I HAVE A PERFECT WORK HISTORY with NO PATIENT HARM. I have seen the pattern of dismissing LONG-TERM/HIGHLY SKILLED workers after they have given years of mandatory overtime and call to PAMC, only to be cheated out of their pensions.

So the Human Resource Representative for PAMC on April 26, 2007 was not telling the truth about nurses staying to work at PAMC with retirement plans, as they have a history/pattern of terminating people/nurses in line for the Rule of 85. If you don't believe me see the Anchorage Daily News 6/15/2006 article in the MONEY section front page. And as of 1/1/2007 PAMC removed the Rule of 85 pension for all NEW hires.

My case with the Seattle EEOC will be settled over time, but I am fortunate to have this opportunity to discuss with you the POOR working conditions for nurses at PAMC, regarding the forced mandatory overtime/call schedule mandated by the hospital.

My goal has always been to work for patient safety. Using mandatory overtime and extended duty time will be a deterrent to keeping RN's in the workforce as well as recruiting new nurses to the profession.

The cost of training a new critical care RN is about \$60,000. It would be great if we could keep these nurses in the workforce.

When I started in nursing, RN's would stay working in the hospital about 5 years. I believe we could keep up with the demand at that time because of the number of graduating RN's. I appreciate that NAA is trying to increase the number of graduates, but we also need to work on retaining nurses at the bedside.

Please support this very important legislation and protect the citizens of the State of Alaska. Thank you for the work you do.

Sincerely,  
Donna Phillips, RN

**HISTORICAL RESPONSES OF PAMC TO PROBLEMS AT PAMC - IN THE EYES OF THE PUBLIC:**

It is of utmost importance, before I cover **MANDATORY OVERTIME/CALL**, to review **HOW PAMC** responds to **ISSUES**, that nurses and other workers have fought so hard against within their institutional walls.

**FIRST** of all, it is important to recollect, that when PAMC fought against the ability for a **CHARGE NURSE** to be a **UNION** member. PAMC fought this so diligently and long, that it ended up at the Supreme Court **LEVEL OF GOVERNMENT**, and PAMC was told they were **WRONG**.

After, it was determined PAMC lost that battle, they simply changed the **JOB DESCRIPTION** from **CHARGE NURSE** TO **CLINICAL SUPERVISOR**, and added nurse evaluations and other minor functions, to regain the status of a **NON UNION MEMBER** in a power position. So once again **PAMC OUTDID THE LAW**.

**THE TESTIMONY OF Mary Stackhouse RN-33** years of nursing background, and a proactive professional nurse for **NURSES RIGHTS**, clearly testified on 4/26/06 regarding the blatant disregard of PAMC to **FOLLOW LABOR LAWS** and provide all nurses **THEIR RIGHT** to be granted a meal break of one half hour, and two fifteen minute breaks in a twelve hour shift.

Nurses in the NICU are forced to **NOT** even have the ability to go to the bathroom. **HOW DOES THIS OCCUR???** PAMC holds up their own voice, ignoring the **LABOR LAWS OF THE GOVERNMENT/UNION CONTRACT**, and simply tells the nurses that they will be charged with **"ABANDONMENT of their patients"** and their **NURSING LICENSE WILL BE REVOKED BY THE ALASKA BOARD OF NURSING!!** Where are the **GOVERNMENTAL OFFICIALS FOR THE STATE OF ALASKA** that need to be protecting the labor laws on the books? If you didn't hear her **"cry for help"**, I can stand up for her, having worked in the PAMC NICU for 14 years, that this expectation by PAMC to have nursing assignments so **"unbelievably heavy in load"** is a common occurrence. Therefore the fact a nurse cannot even get her breaks as mandated by **LAW** in the State of Alaska, is simply **ANOTHER DISREGARD FOR THE LAW BY PAMC**.

**FINALLY**, PAMC HAS A **STRONG HISTORY** of removing **LONG-TERM, PENSION (Rule of 85) ELIGIBLE** employee's after years of service to the PAMC institution. **SO**, once again, when the Human Resource Representative clearly stated on 4/26/07 that **"nurses continued to work at PAMC and were retiring from PAMC, despite the MANDATORY OVERTIME/CALL"**, it is an outright **LIE**. Many of us, who have

worked hard over the years, have been terminated by PAMC, because they want to withhold our retirement money for their own institution. There are a minimum of TWO EEOC cases on file, and all of us are patiently waiting, to see justice. ONCE AGAIN, PAMC THOUGHT THEY WERE ABOVE LABOR LAWS and have dismissed good employees to cheat them out of their pensions. ANOTHER JOB DESCRIPTION CHANGE by PAMC! However, I provided the necessary information to the EEOC, regarding how poorly trained and educated the new surgical aides were. The safety of all patients was of utmost concern to me.

These are just a few examples of THE PAMC CULTURE OF DISREGARD FOR LABOR LAWS.

PAMC has managers, clinical supervisors, and charge nurses dictating POOR working conditions for nurses. Let me describe some of the PAMC ISSUES:

1-THE TERMS MANDATORY OVERTIME and MANDATORY CALL should be viewed by the public as equivalent to "FORCED EXTRA WORK HOURS". I guarantee you that PAMC is going to try to CONFUSE the terms and conditions to the public as I AM A PERFECT EXAMPLE.

These were the LABOR LAW VIOLATIONS that I encountered and provided to the EEOC.

I WAS TERMINATED FOR WORKING A CALL SHIFT AS A MANDATORY OVERTIME SHIFT and here is my story:

PAMC CALL SHEET listed me for 24 hour call (07:00 10/08/06 to 06:45 10/09/06)

I worked in the operating room on 10/08/06 from (6:44 to 21:24 = 14.75 hours) AND THEN HAD A SCHEDULED REGULAR DAY OF WORK 06:45 to 15:15 on 10/09/06.

TOTAL NUMBER OF HOURS OF WORK REQUIRED = 32.5 hours for 10/08-09/06 as MANDATED BY THE PAMC CALL SHEET AND OR SCHEDULE!

Just imagine working the 32.5 hours straight for two days.

Add in a half hour to get to work and a half hour to get home and you are 15 minutes short of a 16 hour day.

-I was told to come in 15 minutes earlier than what I was scheduled for on the official call sheet. CALL IS ASSIGNED FAIRLY BY A SCHEDULING DELEGATE. Changing the call schedule is NOT up to the supervisor the day before. I was discriminated against

in the fact that I had to do a SCHEDULED DAY of work, that I was not initially scheduled to do. This was in fact = FORCED OVERTIME, and not CALL, as I was working the room, that traditionally the supervisor would work on a Sunday. She changed the rules to meet her needs, due to the high acuity of cases already scheduled for that day, scheduled earlier in the week. And as she was working my 24 hour CALL shift, she sat at the OR DESK, as there were NO emergencies coming in.

-I was told to run a SCHEDULED ROOM - "UNTIL ALL THE CASES THAT WERE SCHEDULED WERE DONE." The 24 hour scrub tech was NOT treated in this fashion.

-Although my supervisor was working my "24 hour call", as soon as she left her "scheduled hours for the day", I became the "24 hour call" nurse, even though I was tied up in a room doing scheduled cases. Other call teams were in room one, and I was really NOT available to do an emergency case of trauma should it arrive, as I was doing a scheduled case. My supervisor LEFT ME working in a room, fully knowing I was a 24 hour "life and limb" CALL nurse!

-I received NO BREAKS/REST PERIOD between 12:30 to 21:10 DUE TO BEING IGNORED by my supervisor, hospital demand, and the inability to abandon my patient during a surgical operation. Almost 9 hours of CONSTANT DEMAND and NO 15 minute pause for those 9 hours of work.

-I asked three times for relief, and was told throughout the day by my supervisor (she only did one case < one hour of work), "YOUR not going home until ALL THE SCHEDULED CASES ARE DONE AND NO MORE ARE COMING!!" The PAMC management works the nurses in the operating room with a high level of intimidation and hostility when it comes to questioning their supervision of POOR WORKING CONDITIONS.

-I asked my supervisor to OPEN another room, as that is how her one case of the day was done, because I got bumped from my scheduled room (originally laser case) to actually having to do an EMERGENCY CASE. So she changed the game plan of my scheduled room, and I had to do the emergency case, with very little notice/communication. Again, the supervisor told me one thing and then I became what I was originally scheduled to do!! Which was emergency cases only!!

-I asked that the heart room nurses (4) be called into work to help with the flow of patient care, however she did NOT want to put the hospital on DIVERT, and continued harping at us in the room "that we needed to speed things up, and get these cases done, as we were not leaving until all the cases scheduled were done and no more were coming!!" She herself had NO PROBLEM LEAVING when her scheduled hours of work were completed and did not respond in any manner of communicating how many more cases were left as I was working on patient #5. This supervisor totally ignored my signs of fatigue and pleas for relief.

-I asked and was turned down 3 times for relief.

-Day CALL and Night CALL had come and gone. This is NOT how the 24 hour call is to be utilized. 24 hour call is to be relieved by other call teams (12 hour shifts), and I am to be utilized for their backup for emergencies. I WAS NOT treated in that manner on 10/08/06-as all other call teams were gone, when my case was completed!

-When 4 heart room nurses came in/and left for a cancelled emergency, they all ended up going home within 2 hours or less in the PAMC OR. My supervisor made no attempt to have one of those nurses relieve me, with her knowledge of how many patients were left, and what would happen as the night shift crew came and went, with less then 2 hours of work time, and I was approaching the 14 hour of work.

-At patient (#4) I had been SOBBING with frustration/exhaustion/and feelings of abandonment FROM MY SUPERVISOR—as the WORK CONDITIONS I HAVE DOCUMENTED, FOR THE EEOC, WERE BELOW STANDARDS OF PRACTICE for any nurse trying to PRACTICE in a safe manner in horrible conditions at PAMC.

Although, my team players (anesthesiologist, surgeon, surgical tech) on case 4 saw me apologizing/sobbing for my exhaustion—NO ONE CAME TO MY RESCUE!!

-On case (#5) I was UNABLE TO HELP MOVE A PATIENT who weighed over 300 pounds, as my muscular-skeletal system (PAIN IN MY BACK, LEGS, FEET) was so overworked that day = I COULD NOT EVEN HELP MOVE MY PATIENT!!

-The surgical aides who worked their 12 hour shifts had come and gone and the new noc shift aide that came on duty, was the final straw, that broke my emotional tolerance. THE AIDE IS HIRED BY PAMC TO DO PATIENT TRANSFERS. HE IS STANDING IN THE HALLWAY, PAST ASSISTING ME PUSH THE PATIENT FROM THE HOLDING ROOM INTO THE OR ROOM. INSTEAD OF THE AIDE STAYING TO HELP GET THE PATIENT ON THE OR TABLE, HE LEFT.

\*\*\* I PHYSICALLY HAD TO WALK OUT OF THE OR ROOM AND TELL HIM HIS JOB WAS TO ASSIST IN TRANSFERRING PATIENTS TO THE OR TABLE!\*\*\*

The aides all worked 12 hour shifts or less that day. They do not have the training or experience to function as their job descriptions at PAMC mandate, however they are treated better then the nurses at PAMC. I had documented to the EEOC the POOR WORKING ENVIRONMENT AT PAMC and will not go into detail here, however let it be known that the REGISTERED NURSE AT PAMC HAS NO POWER TO CONTROL POORLY TRAINED ANCILLARY HELP, as many nurses end up doing other health care team members jobs plus their RN duties, which ONLY LEADS to prolonging my CALL HOURS/FORCED OVERTIME, as they are not capable of functioning to the level that surgery demands. AGAIN, previous documentation to the EEOC shows lack of SUPERVISORS/MANAGERS providing nurses with skilled help to function safely.

I am sure every one is familiar with the PAMC MISSION STATEMENT-if not I have a copy they forwarded to me AFTER MY TERMINATION.

THAT DAY 10/08/06

OF FORCED OVERTIME/CALL,

OTHERWISE KNOWN AS "ADDITIONAL WORK HOURS"  
TO MEET SCHEDULED HOSPITAL DEMANDS OF WORK

UNDER HORRIBLE WORK SYSTEMS/CONDITIONS AT PAMC

LEFT ME WANTING TO LEAVE THE NURSING FIELD PERMANENTLY.

Today, I am grateful to GOD to have not injured any patients in my 28 years of practice.

I have a 4 year degree from Northwestern University in Chicago, however at this time in My life I now declare the Mission Statement provided by PAMC a LIE- They FIRED ME FOR GIVING GOOD PATIENT CARE, and putting patient needs and hospital demand issues, before myself. GOD WILL BE THE JUDGE OF THIS WRONGFUL TERMINATION SOME DAY, not PAMC!

And as I reflect on my 6 months of unemployment, lack of medical insurance for myself and my son, and lack of funds to give my son for college-----I pray every day to see the justice is served for those of us who upheld standards of the nursing profession, that we have so little control over.

When I graduated in 1979-overtime was rare. When 8 hours went to 10 hours, then onto 12 hours, and now 14 hours????? It is NOT acceptable.

What are any of you THINKING? PLEASE remember one thing-I, Judy Brame RN, DO NOT WANT ANY NURSE TAKING CARE OF ME WHO HAS WORKED OVER THE 12 HOUR LIMIT. I have seen the mistakes made, and our nursing journals are always covering articles with staffing issues/mandatory overtime or call, with relationship to direct fatigue problems or injuries to nurses.

For any of you leaning towards making the 14 hour rule LAW. Good luck when you check into the hospital next time. When the MEDICAL MISTAKE happens to you or your loved one, think of me, as I am just ONE small VOICE fighting against CORPORATE PAMC. If you don't listen to the nurses, you will notice that the CEO has

no trouble writing off your hospital bill, once the medical mistake has occurred. I know, after 12 hours of high demand/critical care nursing duties, I lose my SAFE DECISION making skills, especially when hospitals no longer provide rest periods mandated by law.

I myself, in respect to the previous DIRECTOR OF NURSING (Dorothy Fulton RN, MSN) agree to no more than 10-12 hours of forced overtime/additional work hours – along with your weekly hours. IF THE LEGISLATURE DOES NOT LISTEN TO the STATE OF ALASKA NURSING GOVERNING BODY, THEN I HAVE WASTED MY TIME IN MY EFFORT TO FIGHT FOR PROPER STAFFING FOR SAFE PATIENT CARE.

PAMC and other health care agencies-CEO's, DIRECTORS, MANAGERS, SUPERVISORS you all some day will have very few nurses at the bedside willing to work under such horrible conditions. MY BIGGEST HOPE IS those that want 14 hour exhausted nurses, get these exhausted nurses for themselves when they require nursing care some day.

When PAMC fired me, they did not allow me to fill out an INCIDENT REPORT for my "fatigue level" and a hospital acquired infection that I received that day. So hospitals in general prevent the documentation accumulation for FATIGUE.

You can have my mandatory overtime/call day = FORCED ADDITIONAL WORK HOURS on top of your weekly scheduled hours. The hospital took my job, the ads are in the Anchorage Daily Newspaper, so feel free to apply for my old position, as I don't want those WORK HOURS any longer. ONE LESS GOOD NURSE AT THE BEDSIDE.

*July Braine*

## Stacy Allen

---

From: Debra Drake [alaskadrake@gci.net]  
Sent: Wednesday, May 02, 2007 10:55 PM  
To: sallen@local341.com  
Subject: overtime

stacy,

Heard you were looking for people who have had actual mandatory overtime. Just last weekend I was "on-call" for Recovery Room. Call time starts at 7am Saturday. We had about 19 cases scheduled for this particular day. I was called to come in at 0830. we cared for patients, without any sort of break, until Sunday morning at 0415. Almost 20 hour shift.

I clocked out at 0415 and went home-still on-call. Was called back to the hospital at 10am; not even a 6 hour break after a 20 hour shift. so exhausted i could hardly see straight.

We only had to work for about 4 hours on sunday. which was fine because i was thrashed. i understand that our administration said we don't have any "mandatory overtime" at ARH. We in PACU take call one night a week and one weekend a month and this frequently results in working more than 14 hours. admin can say it's not mandatory overtime, but "on-call" is mandatory for my department.

In the O.R. they have 2 call teams. if one team works many hours and becomes exhausted they call in the second team. Recovery has only one call team so we work until all patients are done. We have no back up.

feel free to contact me for any questions thanks d. drake

**Subject: sentate bill 28**

**Date:** Saturday, April 14, 2007 2:47 AM

**From:** carol goss <carolgoss@yahoo.com>

**To:** mshickey@gci.net

I sent a e-mail to Betty Davis in support of Senate Bill 28. I forgot to send a copy to you. Basically I stated that I am a nurse at API and have been forced to work 16 hour shifts. This practice is unsafe for patients and staff. It is also a practice being used daily at API. I also mentioned that I listened to the hearing on TV last week and found it disconcerting that the question "Has there been a lawsuit" kept coming up. Does there have to be a lawsuit before and unsafe practice is stopped? Anyway I feel strongly about this bill. Thank you, Carol Widman. (907) 333-8797.

Ahhh...imagining that irresistible "new car" smell?

Check out new cars at Yahoo! Autos. <[http://us.rd.yahoo.com/evt=48245/\\*http://autos.yahoo.com/new\\_cars.html;\\_ylc=](http://us.rd.yahoo.com/evt=48245/*http://autos.yahoo.com/new_cars.html;_ylc=)

X3oDMTE1YW1jcXJ2BF9TAzk3MTA3MDc2BHNIYwNtYWlscGFncwRzbGsDbmV3LWNhcnM->

**Subject: FW: SB 28**

**Date:** Saturday, April 28, 2007 6:37 PM

**From:** Senner Family <senfam@acsalaska.net>

**Reply-To:** senfam@acsalaska.net

**To:** 'Caren Robinson' dcc@alaska.net, 'Mark Hickey' mshickey@gci.net

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Senner Family

P O Box 102264

Anchorage, AK 99510

907 243 8044

senfam@acsalaska.net <mailto:senfam@acsalaska.net>

-----Original Message-----

**From:** Sen. Johnny Ellis [mailto:Senator\_Johnny\_Ellis@legis.state.ak.us]

**Sent:** Saturday, April 28, 2007 4:11 PM

**To:** senfam@acsalaska.net

**Subject:** RE: SB 28

Thx for your msg. We are working though the important issues involved in this bill

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**From:** Senner Family [mailto:senfam@acsalaska.net]

**Sent:** Thursday, April 26, 2007 6:44 AM

**To:** Sen. Johnny Ellis

**Subject:** SB 28

Dear Senator Ellis: SB 28, which sets limits on how many consecutive hours a nurse can work, is being heard before your committee today. I hope you will give this bill your full support.

The demand for healthcare services is increasing in Alaska for many reasons. The number of nurses with the needed types of specialty training available to meet that demand is not increasing at the same rate. This has led to hospitals increasing their requests for nurses to work longer hours.

SB 28 protects the patients by making sure the people caring for them are not exhausted, it protects the nurses from unreasonable demands from their employers, and in the end protects the number of nurses practicing in Alaska. If nurses have too many unreasonable demands placed on them then they will leave the profession. Patricia Senner

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Senner Family

P.O. Box 102264

Anchorage, AK 99510

907 243 8044

senfam@acsalaska.net <mailto:senfam@acsalaska.net>

I'd like to thank you once again for studying this matter in SB 28. Prior to launching into my testimony, I would ask you to question "What do these people have to gain by either opposing or supporting this bill?" because that is basically what it boils down to.

Last week I heard various testimonies from nurses and business. Management stated that those nurses who would come to their supervisor and report that they are "dog tired" and could no longer function safely would be replaced by a "fresh" nurse. I am perplexed:- where in the Sam Hill are they going to find "fresh" nurses when the reason the nurse is working overtime in the first place is that there isn't anyone else to replace her/him?

The nurses are asking for 10 hours of rest after working 14 consecutive hours- would you like a nurse caring for you in ICU who is not at her best performance level? \* Life and death decisions should not be made when workers are exhausted, lethal mistakes could and are made. As for the LPN who testified that they work 2-16 hour shifts on weekends and manage just fine, well under their scope of practice they are not primary care givers in any of the critical care areas. I hope that when that LPN becomes an RN that she never encounters some of the scenarios my colleagues presented. Dianne O'Connell with the help of Mr. Obenmier gave you what sounds like a stellar visual presentation. I won't beleaguer those points.

Management reported that no nurse should feel intimidated for reporting her fatigue-poppycok! As a grievance officer in our local union I can testify that there is a great deal of fear of retaliation despite a strong union presence and education of our work force as to their contract and rights. Alaska has 37 health care facilities with only a handful that has union representation this is not a collective bargaining issue it is a patient safety issue.

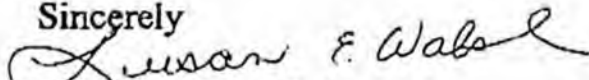
I have been a nurse here in Ketchikan for 30 years working in various areas of health care ranging from night supervisor, emergency room, medical surgical, pediatrics/family medicine and currently labor and delivery.

I came here in the 70's -a time of national nursing shortage. I was scheduled to work 8 hour shifts, it was very unusual to work 8 hrs as 12 and 16 hours was the norm "since you were only scheduled for 8-what's a couple more? That is why I don't wish to return to an 8 hour day-it never turned into just 8 hours. I can recall donating blood and then going upstairs to special the patient (ICU) for another 8 hours! "because we just can't find anyone else." I left after my one year, feeling bitter and frustrated. I returned only at a physicians' behest and other employment opportunities. In a time of shortage one would think that business would focus on long term retention instead of this cycle of burn out and replace.

Please do not be swayed by the fact that 11 other states have passed this kind of legislation, that is not the point... Alaskans safety is and always will be my and your primary focus.

Thank you for your time and consideration of this matter. If you have any questions regarding my thoughts, please feel free to contact me at 247-3828.

Sincerely



Susan E. Walsh R.N.

## Senate Bill 28

Senator Johnny Ellis, Chair,  
Senator Gary Stevens  
Senator Bettye Davis  
Senator Lyman Hoffman  
Senator Con Bunde

My name is Debbie Thompson, I am a Registered Nurse certified in Operating Room Nursing and I am the president of the Alaska Nurses' Association. In this role I act as a spokesperson for not only the public safety at large but just as importantly for the nurses of Alaska themselves.

When this bill was heard in HESS committee nurses testified on the various patient safety issues that this poses for their patient's safety and excellent patient care and safe nursing practices. I am here to speak out for the nurses themselves as they will always put the patient care and safety above their own safety. Nurses will put themselves and their safety after those of their patients.

During testimony at the HESS committee testimony showed that the numbers of errors extrapolate with the number of hours worked and show a spiked increase after 12.5 hours. Nursing errors have the potential to be fatal and that impacts both you and me. It could be either of us or someone that we love, do we really want nurses making life or death decisions when they are exhausted?

We as a society have recognized that extended work hours are not good for those who fly planes, drive trucks, trains etc. Why would we as society not want to step up and look at the risks we put ourselves and our loved ones in when they are seeking nursing care of any kind? When nurses make errors, they do or can do fatal or potentially fatal harm to another human being and could lose their license to practice nursing and earn a living for themselves and their families. This impacts society as a whole. Ethical and professional issues of risk management dictate that we ensure our nurses the right to adequate rest for the interest of public safety.

SB28 is not a condition of bargaining, not all nurses are represented by unions. This is not a benefit or a wage issue. With 11 different states already adapting legislation to ban mandatory overtime we as a people need to look at the reasons why and make decisions that will impact all Alaskans and their healthcare administration. As we speak there are 13 other states looking at adapting legislation that would limit the number of consecutive hours a nurse can work.

At a national level, when states have enacted mandatory overtime legislation, facilities have chosen to implement mandatory call. Mandatory call is the extension of hours that nurses have to be available to cover hours that are not staffed, or not adequately staffed. In this time of nursing shortages, it is sometimes cheaper to extend hours of staff that you have rather than trying to unsuccessfully recruit employees for positions that are unfilled. This extends the hours of availability of nurses up to 24 hours or more in some cases. This bill would ensure that nurses would receive 10 hours of mandatory rest after working 14 consecutive hours. We need not look any further than the national legislation that has been enacted across different states for the number of hours that interns and residents can work and apply the same general principles to RNs. Requiring down time between shifts for adequate rest and sustenance of health care workers makes common sense and helps to protect you and your loved ones.

Do we really believe that not addressing this issue will fix the nursing shortage? Nurses are a median age of approximately 46+ years old, with the manual demands on a nurse classifying their job as heavier than a laborer, it will serve to chase nurses away from the profession and put all of us in the position to be chasing our tails trying to correct an already national problem. As we as nurses age, we cannot nor do we want to put ourselves and our own physical well being at risk. We need to be focusing on how we can retain nurses in nursing, not increase the numbers that we chase away from nursing. This bill is about safe nursing practices that will in the long run protect the public, patients and nurses themselves.

If we do not look at the protection of the nurses, who will advocate for the protection of you or your loved one in your time of need? With this in mind, I urge each of you to vote for moving this bill through the legislative process as quickly as possible. If you have any questions do not hesitate to contact me and I will be happy to address them.

Thank you  
Debbie Thompson, BSN, RN, CNOR  
President, Alaska Nurses Association  
2922 Yale Drive  
Anchorage, AK 99508  
907-278-1070

**Subject: Senate Bill 28****Date:** Monday, April 30, 2007 8:58 AM**From:** Paul and Lanet Mordini <lani1031@mtaonline.net>**To:** Senator\_Johnny\_Ellis@legis.state.ak.us**Cc:** mshickey@gcl.net

Dear Senator Ellis,

My name is Paul Mordini, I am a constituent of District 17. I am a Registered Nurse serving the state at the Alaska Psychiatric Institute for the last 2.5 years. Before that, I served 20 years in the Air Force as a Nurse Corp Officer. I am writing to express my support for Senate Bill 28, currently in committee. I am in support of this Bill. I have been forced to work 8 hours overtime, usually a 16.5 hour work day, drive home to Eagle River, and get up and do it again in less than 8 hours. I can tell you it is exhausting and I feel the effects all week. Once I only received a 10 minute notice that I had to work overtime. I remember the first time this happened I made a medication error. There are plenty of statistics and research to indicate nurses are at risk for errors, may harm patients, or be harmed by patients because of fatigue from working 16 hours at a demanding job. Usually, I volunteer to work as volunteering to work puts me at the bottom of the mandatory overtime list and gives me a measure of control over my life. I have 4 active daughters and they are involved in many sports and church activities that demand my time.

Patients should not have to worry about nurses making errors in judgment when administering medications because they are on their second straight shift. Nurses should not be forced to work mandatory overtime. It's an unsafe and bad practice. Many nurses I know have moved on from API because of this practice. Additionally, to those that propose that this bill is unnecessary, I refer to states like New Jersey, Texas, California, and Washington that have already passed this bill. What of their regulatory burdens? They saw this as more important. The statistics they refer to are from an informal and voluntary survey of Alaska medical facilities, with many hospitals not even responding or understanding the question. API keeps statistics on mandatory and voluntary overtime as well as medication error rates. Look for yourself at the two on their Webpage: <http://www.hss.state.ak.us/dbh/API/pdf/Dashboard%2011-6-06.pdf> <<http://www.hss.state.ak.us/dbh/API/pdf/Dashboard%2011-6-06.pdf>> The medication error rate is at times, QUADRUPLE the national rate. Need more be said? At a minimum, this practice should be stopped at API.

My other point sir is that in my twenty years in the Air Force as a nurse, I never worked a "double shift." It was understood that such a practice was unsafe and would decrease moral and effectiveness. When I worked as a flight nurse, we followed strict regulations (laws) that dictated how many hours we could be on duty and then how much rest was required. If nurses are going to be forced to work 16 or more hours, then they at least deserve time to rest and recover.

I support your efforts and representation in the legislature. I hope I have conveyed my thoughts on this and it will help you when it comes up in committee. I would be happy to answer any questions you have. Thank You

Sincerely,

Paul Mordini, RN  
19517 Pribilof Loop  
Eagle River, AK 99577

907-301-4776

The Director, Elder and Younger (Aged  
and Community Committee,

My Name is Susan Betty. I have been a  
nurse for 12 years now 1/2 years in Alaska.

I am concerned about nurses working 12 hours in  
a row performing patient care. After 12 hours of  
nursing a day the fatigue nurse increased  
errors in performing nursing duties.

For patient safety I am in support of SB 28.

I have have worked 16 hours in a row and have  
been tired and feel it is unsafe for patients. Also  
working more than 3 twelve hour shifts a week is  
difficult and increases fatigue and can cause  
mistakes in patient care. Nurses should have the  
choice to work overtime not be forced into it by the  
employer.

Nurses have demanding duties and when forced  
to work understaffed and overtime nurses increase  
stress and possibly lose focus on the job. Please  
support this important piece of legislation and  
protect our patients and the nurses caring for  
them. Thank you for your time and consideration.

Sincerely,

Susan Betty RN

**Subject: FW: Bill 28**

**Date:** Monday, April 16, 2007 10:50 AM

**From:** Dianne O'Connell <dao@aknurse.org>

**Reply-To:** dao@aknurse.org

**To:** 'Mark Hickey' mshickey@gci.net

> -----Original Message-----

> From: Lerwick, Marita A

> Sent: Friday, April 13, 2007 6:36 PM

> To: 'Senator\_Bettye\_Davis@legis.state.ak.us'

> Cc: 'mshickey@gci.net'

> Subject: Bill 28

>

>

> April 13, 2007

> Senator Bettye Davis

>

> Dear Senator Bettye Davis:

> I am writing this in support for our Senate Bill 28, limiting the use of mandatory overtime for nurses. I have been a critical nurse for 26 years. This is a tremendous responsibility, often being on your feet with no breaks for hours titrating complicated medications, ventilators, Dialysis machines, and Intra Aortic Balloon pumps just to keep your patient alive. WORKING PAST 12 HOURS IS UNSAFE FOR THE NURSE AND PATIENT. This is a public safety issue, designed to protect patients and nurses. Life and death decisions cannot be made when one is tired, that is when medication errors occur and possible harm to the patient. The Alaska Railroad will not let their workers work past 12 hours, but nurses taking care of critically ill patients can? That does not make sense. Eleven other states have already enacted similar legislation. Thankyou,

> Sincerely,

> Marita Lerwick R.N CCRN, CSC

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**Subject: SB 28**

**Date:** Saturday, April 14, 2007 5:49 PM

**From:** Lisa Wahl-Hermosillo <lisarn@acsalaska.net>

**To:** Senator\_Bettye\_Davis@legis.state.ak.us, Senator\_Bettye\_Davis@legis.state.ak.us

**Cc:** mshickey@gci.net



April 14, 2007

Dear Senator Bettye Davis,

Thank you for supporting nurses in Alaska with the safety and efficacy necessary for public health.

Primary prevention and health promotion means intervening at the lowest level possible, to prevent problems from happening in the first place, such as immunizations and safety belts. Requiring down time between long shifts for adequate rest and sustenance of health care workers is good common sense. People who are driving cars and overly tired are proven to be as impaired as the inebriated driver. Tired nurses forced to work beyond their capacity are just as problematic. Ethical and professional issues of risk management dictate that we ensure our nurses the right to rest, in the interest of public safety.

I am an emergency department nurse. Life and death is the norm, not the exception, multiple times daily. We are a proud and driven lot, willing to face anything at any time to save lives. At the end of a good day (12.5 hour shifts), with a good night's sleep, we get up and do it again, and again, and again. The emotional, mental, and physical exhaustion is wearing. I wore a pedometer to work for a while, and found I average 12-14 miles daily. I have been hit, spit on, urinated on, kicked, fallen on, bled on, defecated on, cursed, left up, ignored, loved, appreciated, and blessed. Babies have died in my arms. Homeless people beg me not to turn them out into the subzero night. Addicts come to us as their last hope. Body parts in bags are carried in by their owners, hoping we can reattach them. Mothers are miscarrying. Some days I feel like the whole world is having chest pains! We need our breaks to keep the cloak of compassion from falling to the ground, a burned out memory.

Please let me know who else would be interested in my earnest support of this fundamental legal guide to positive outcomes.

Mrs. Lisa Wahl-Hermosillo, RN, BSN, MSN, ANP, FNP

Testimony of Kathleen A. Gettys, RN, BSN, BA  
Senate HESS Committee  
SB 28  
April 16<sup>th</sup>, 2007

Madam Chair and members of the Senate HESS Committee, please forgive my absence, however I am unable to change my work obligation today and unable to testify in person. My name is Kathleen Gettys and I am a registered nurse on the Progressive Care Unit at Providence Alaska Medical Center. I hold the office as President of the Providence Registered Nurses Bargaining Unit.

Today overtime, whether voluntary or mandatory are the most common method facilities use to cover staffing insufficiencies. We have heard testimony about long working hours and error rates, but what about the cost of extended duty hours?

Any institution that delivers care to Alaskans should be able to recognize the relationship between overtime and increased healthcare costs for patients. The most immediate financial impact of the stress and fatigue of extended nursing hours are manifested in absenteeism and turnover. Fatigue related to long shifts accounts for an estimated 12% of absences. Nursing turnover invariably leads to higher and preventable hospital operating costs. Every instance of extended working hours that results in turn over, costs hospitals hundreds of thousands of dollars in recruitment expenses, hiring and training dollars of new staff.

Although I respect Mr. Grange's position at PAMC, his example of 90% retention rate in nursing staff is a creative approach to statistics since it does not take in to account the percentage of RN's who transferred to other units or departments in the hospital. Lateral losses still result in training new staff and/or retraining to a new department.

Extended duty hours for nurses have resulted in an increase in work related injuries. It is estimated that 67% of nurses will incur a work related injury during their career. I need not expound on the cost of work related injuries on an already stressed Worker's Compensation system in Alaska.

All patient care errors are serious, but an estimated 5% of errors are life threatening. The cost of serious care errors in hospital acquired infections, such as pneumonia alone costs approximately \$22,000 to \$28,000 dollars when you add up additional care, tests, pharmaceuticals, and extended hospital stays.

Patient care errors can lead to increased risk management activities and can threaten accreditation and licensure. Hospitals or institutions that fail to recognize the correlation between long hours and nursing fatigue increase their medical liability front. Median jury awards in negligence cases reach up to \$1,000,000 dollars. Medical liability premiums for hospitals result in increased medical costs to patients and add to an already stressed healthcare system.

One can easily determine that improved working conditions for nurses alone will have a direct cost savings for Alaskans in liability losses and the reduced need to treat medical errors.

I ask the members of the Senate HESS Committee, would your constituents support a practice such as mandatory overtime or pleasantly "extended working hours" that jeopardizes their opportunity to receive safe, quality and affordable healthcare? I ask Alaska state legislators to support SB 28 and place public safety first concerning mandatory overtime for RN's.

Madam Chair and Honorable Senators, I am unavailable at this time for questions, but offer my accessibility for phone interviews at a later date. All of the Honorable Senators commentary is important and I would like to answer any questions.

Testimony of Kathleen A. Gettys, RN, BSN, BA  
Senate HESS Committee  
SB 28  
April 16<sup>th</sup>, 2007

Madam Chair and members of the Senate HESS Committee, please forgive my absence, however I am unable to change my work obligation today and unable to testify in person. My name is Kathleen Gettys and I am a registered nurse on the Progressive Care Unit at Providence Alaska Medical Center. I hold the office as President of the Providence Registered Nurses Bargaining Unit.

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One can easily determine that improved working conditions for nurses alone will have a direct cost savings for Alaskans in liability losses and the reduced need to treat medical errors.

I ask the members of the Senate HESS Committee, would your constituents support a practice such as mandatory overtime or pleasantly "extended working hours" that jeopardizes their opportunity to receive safe, quality and affordable healthcare? I ask Alaska state legislators to support SB 28 and place public safety first concerning mandatory overtime for RN's.

Madam Chair and Honorable Senators, I am unavailable at this time for questions, but offer my accessibility for phone interviews at a later date. All of the Honorable Senators commentary is important and I would like to answer any questions.

Dana Owen

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**From:** Sen. Johnny Ellis  
**Sent:** Wednesday, May 02, 2007 10:31 AM  
**To:** bkgettys  
**Subject:** RE: SB 28 Limiting Mandatory Overtime for RN's

We are working on the bill. Thx for sharing your experiences.

---

**From:** bkgettys [mailto:bkgettys@gci.net]  
**Sent:** Tuesday, May 01, 2007 11:24 PM  
**To:** Sen. Johnny Ellis; Sen. Gary Stevens; Sen. Bettye Davis; Sen. Lyman Hoffman; Sen. Con Dunde  
**Cc:** dao@aknurse.org; mshlckey@gci.net; Sen. Fred Dyson  
**Subject:** SB 28 Limiting Mandatory Overtime for RN's

Dear Senator Ellis and Honorable Senators of the Senate Labor and Commerce Committee;

My name is Kathleen A. Gettys and I am a registered nurse on the Progressive Care Unit at Providence Alaska Medical Center. I hold the office of President for the Providence Registered Nurses Bargaining Unit. I was disappointed not to be given the opportunity for my voice to be heard at the Senate Labor and Commerce Committee hearing on April 26th, 2007 regarding SB 28 and the use of mandatory overtime for registered nurses in Alaska. I was unable to be there in person secondary to responsibilities associated with the bargaining unit's commitment to patient safety.

Today, overtime whether voluntary or mandatory is the most common method facilities use to cover staffing insufficiencies. The Institute of Medicine (IOM) has estimated as many as 98,000 hospitalized Americans die each year as a result of errors in their care. The IOM illustrated that mandatory overtime is a serious contributing factor to medical errors. The IOM's *Save a 100,000 Lives Campaign* stated, "All overtime by nurses should be eliminated." A Study by Health Affairs in July of 2004 revealed that the likelihood of making an error was three times higher when RN's worked shifts lasting 12.5 hours or more.

RN's at PAMC recognize the potential hazards of long working hours. We are currently in the beginning of the arbitration phase in order to settle a dispute pertaining to RN's who are not receiving their contractual breaks and lunches. Every time RN's who work twelve-hour shifts do not receive their allotted meal periods they enter in to a 12.5-hour work day. Again, 12.5 hours is correlated with the increased likelihood of making an error. The question has been posed, "Who will care for the patients if overtime cannot be mandated?" Time and time again RN's are forced to choose between themselves and the safety of their patients. The reality is we do not **abandon** our patients or our co-workers. RN's will not leave their posts if we feel our patients will not be protected.

Unlike many other industries where public safety is a concern, healthcare is exempt from federal regulations that limit the use of overtime. If we do not want a pilot flying a plane for more than twelve hours, why would you want a nurse to care for you when long working hours have clearly illustrated the likelihood of a medical error? RN's are compared to pilots monitoring their instruments. "Nurses constitute an around the clock surveillance system and are responsible for detection and prompt intervention when a patient's condition deteriorates" (Aiken, Journal of American Medical Association, 2002).

I have heard the question...How many times does mandatory overtime occur versus did the RN voluntarily agree to overtime? Unfortunately, there are no studies involving RN's that account for the use of voluntary overtime. It only takes one time of an extended work shift to increase the likelihood of making an error.

I have heard that some institutions believe SB 28 is the union just "posturing for power." I am proud to be a union nurse, however, it is **NOT a union issue**, but rather a **PATIENT SAFETY** issue. I am a nurse first. If I stepped out of the union leadership role, I would still carry the torch to eliminate mandatory overtime for RN's. Strictly limiting mandatory overtime for nurses is a critical step in improving the quality of healthcare for Alaskans and reducing the number of medical errors.

As members of the Senate Labor and Commerce Committee, would your constituents support a practice such as mandatory overtime or long working hours that jeopardizes their opportunity to receive safe and quality healthcare?

I would think that any institution that delivers care to Alaskans should recognize the relationship between extended duty hours and patient safety. I urge Alaska State legislators to support SB 28 and place public safety first concerning the use of mandatory overtime for RN's.

Respectfully,

Kathleen A. Gettys, RN, BSN, BA  
President, Providence Registered Nurses Bargaining Unit

**Subject: Senate Bill 28**

**Date:** Saturday, April 14, 2007 7:49 PM

**From:** Tara Orley <sorenorley@gci.net>

**To:** Senator\_Bettye\_Davis@legis.state.ak.us

**Cc:** Senator\_Lesil\_McGuire@legis.state.ak.us, mshickey@gci.net

Dear Senator Davis,

I was encouraged and excited when I saw Senate Bill 28 that you are sponsoring. I certainly hope you will continue to support this much needed bill.

I would like to share with you why this bill is so important to the safety of Alaskans who are in need of the services of one of Alaska's many fine hospitals. I have worked as an RN in the acute care setting for the past 28 years, with 25 of those at the same hospital in Alaska. Over that time I have seen an increasing number of excellent nurses leave the profession due to excessive long hours which jeopardize the safety of the patients and have the secondary effect of burnout by the nurses and a loss of quality of life for the nurses and their families. Alaska is already facing a nursing shortage and bills like this are needed to help reduce the shortage since it is obvious self regulation by hospitals is not dealing with the issue of mandatory overtime. In the critical care settings where I have worked, I have seen the hospitals continue to reduce the number of nurses they have scheduled for a shift and when the already overextended nurses are unable to complete all of their duties in their scheduled shift they are forced to work overtime under great pressure. When nurses are rushed and fatigued from working too many hours they are prone to make mistakes. These may range from giving the wrong medication to missing a critical change in status, all of which can lead to severe negative consequences for the patient. I am convinced that the hospitals will not truly try to deal with this problem until they are forced by bills like the one you are sponsoring. No one wants a loved one to be in a hospital setting being cared for by a nurse who has been on duty for 15 hours straight while at the same time trying to take care of yet other critical patients. I am sure you do not. Most nurses are in the profession because they love what they do and are very conscientious. They do not want to give their patients substandard care, but when you have been working for 15 hours straight on a dead run all day, all the dedication in the world may not prevent this overly fatigued nurse from making a mistake that will harm someone's loved one. Because they are so conscientious and concerned for the safety of their patients they come to the conclusion that this problem is not going to be fixed and the only way they can keep their sanity is to leave the very profession they love so much. What a waste for someone, so well trained, with so many years of experience, so very dedicated and devoted to leave nursing. I see continually increasing numbers of nurses in my area leave the profession mainly as a result of mandatory overtime and forcing nurses to work when it is unsafe to do so.

There is no doubt in my mind that the hospitals will try to get you to change your mind. They will come up with all sorts of reasons why this is a bad bill, but in the end they will all just be excuses. If you give in to these excuses, hospitals will continue these unsafe practices and still fail to understand why so many hard working, diligent nurses are leaving the profession. Please continue your sponsorship of Senate Bill 28.

Very truly yours,

Waltara Orley RN, BSN, CCRN

Past secretary, Alaska Nurse Practitioners Association

2908 Lily St. #A

Anchorage, AK 99508

lisarn@acsalaska.net