

AK LEGISLATURE FINANCE COMMITTEES FILES 2007-2008 3302

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 6th 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

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 3rd 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 7th 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.

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000 Registered
Nurses in
the
State of Alaska
y (6,000) have
made address
only 500 are
(= 4500)
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600
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.

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by the department
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Board of
Nursing can
create why be the
standing board of
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. ^{many times} 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 limits.

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 on a scale of 1-5. 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 that almost 40% 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, management, overtime, mandatory fall and safe practice. ~~over time, 11000 hours cut of the work force.~~

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 6 more 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~~ ^{proposals} regarding
truck drivers, air traffic controllers, nuclear 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.

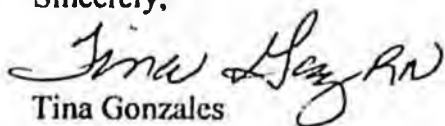
We sign a sheet for two to three shifts a pay period for mandatory call since we work short staffed. One individual recently worked up to 8 days in a row after working 6 days in a row. Those are 12 hour shifts! I myself have worked 4 on, one off, and 4 on. Again these are 12 hour shifts. And, I often 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.

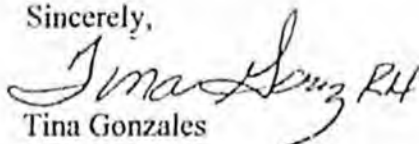
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Please support the professional registered nurses in the state of Alaska by passing SB 28 as soon as possible.

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.

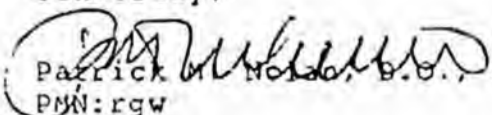
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Nurses are critical thinking professionals educated and employed to assess, treat, and evaluate patients. We all depend on the nurse to be alert and aware. With increased hours of work, fatigue and increased stress can occur, resulting in mistakes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

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.

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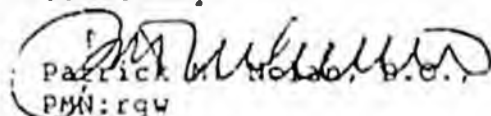
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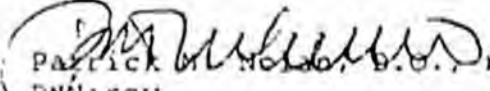
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I thank you for this opportunity.

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 apoloizing/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 TRANSFERING 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=

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

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

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

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-poppcock! 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.

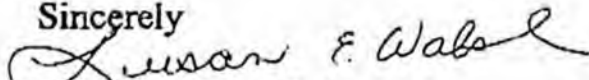
I have been a nurse here in Ketchikan for 30 years working in various areas of health care ranging from night supervisor, emergency room, medical surgical, pediatrics/family medicine and currently labor and delivery.

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 unfulfilled. 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 of being chased 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

Dear Senator Miller and members of Labor
and Commerce Committee,

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

I am concerned about nurses working 17 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 less 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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This message is intended for the sole use of the addressee, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the addressee you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete this message.

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 16th, 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.

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Senate HESS Committee
SB 28
April 16th, 2007

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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

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 patients 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

SB

36

SFIN

FILE

SENATE COMMITTEE REPORT

DATE: 2/23/07

FURTHER: Finance

DATE TURNED IN TO OFFICE: 3/20/07

Judiciary Committee considered SENATE BILL NO. 36

SB 36 SENTENCING FOR ALCOHOL-RELATED CRIMES

"An Act relating to sentencing for the commission of certain offenses influenced by alcohol and to the offense of consumption of alcohol in violation of sentence."

and recommends:

- be replaced with SCS or CS SB36 (JUD)
- adopt previous SCS or CS _____ (_____)
- attached amendment(s)
- adopt State Affairs Letter of Intent
- further referral to _____ Committee

SENATE BILL:

- Same Title
- New Title

HOUSE BILL:

- Same Title
- Technical Title Change
- New Title w/ SCR # _____

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
LAW	1/26/07		✓		6

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
CRS	1/22		✓		1
DOA	1/22		✓		2
DOA	1/22		✓		3
DOC	1/22		✓		4
LAW	1/22			✓	5

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	THERRIAULT	✓			
	Wielechowski	✓			
	Freguh	✓			
	NUGENT	X			
	McQuinn	✓			
CHAIR:					

SENATE COMMITTEE REPORT
First Committee of Referral

DATE: 1/16/07

FURTHER: Judiciary
 Finance

Date of 5-Day Notice: 01/18/07
 (in accordance with Uniform Rule 23)

DATE TURNED
 IN TO OFFICE: 2/22/07

State Affairs Committee considered SENATE BILL NO. 36

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

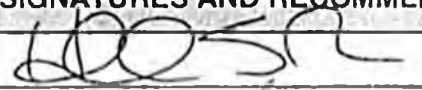
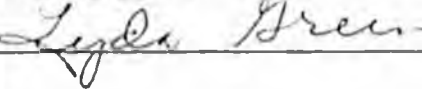
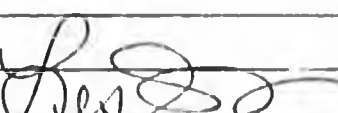
NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
CRT	01/22		✓		1
DOA/cPA	01/22		✓		2
DOA/pPA	01/22		✓		3
DOC	01/22		✓		4
LAW	01/22			✓	5

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	Do PASS	Do NOT PASS	NO REC	AMEND
	French	X			
	Green			✓	
CHAIR: 	McBure			✓	

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 6
Bill Version: CSSB 36(JUD)
(S) Publish Date: 3/21/07

Revision Date/Time (Note if correction): _____ Dept. Affected: Law
Title An Act relating to sentencing for alcohol related RDU Criminal Division
crimes. Component Criminal Justice Litigation
Sponsor Senator Theriault
Requester Senato State Affairs Component No. _____

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	***	***	***	***	***	***

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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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 (Specify Type--Do not abbreviate)						
TOTAL	***	***	***	***	***	***

Estimate of any current year (FY2007) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Please see the attached Analysis Continuation sheet.

Prepared by: Robert Meinors, Acting Director
Division: Administrative Services Division
Approved by: Robert Meinors for Talis Colberg, Attorney General
Agency: Department of Law

Phone: 435-5427
Date/Time: 1/26/07 11:10 AM
Date: 1/26/2007

FISCAL NOTE # 6

STATE OF ALASKA
2007 LEGISLATIVE SESSION

BILL NO. CSSB 36(JUD)

ANALYSIS CONTINUATION

This bill would allow a court, as part of a sentence for conviction of a crime against a person, or in certain drunk driving and refusal to submit to a breathalyzer offenses, to order the defendant not to consume alcohol for a period up to the defendant's lifetime. The court would first have to make certain findings by clear and convincing evidence, such as for a crime against a person, that the defendant's conduct was substantially influenced by the consumption of alcohol. The violation of the order imposed as a part of sentence would be a new crime, consumption of alcohol in violation of sentence. Violation of the new crime would be a class A misdemeanor for the first offense, and a class C felony for a second or subsequent offense.

Under current law courts may order a person not to drink as a condition of probation. Many petitions to revoke probation are based, at least in part, by violation of this condition. This suggests that the provisions in the bill may have a significant impact on the caseload of the District Attorneys offices; however, the budget impact is indeterminable since it is impossible to predict with any certainty how many such violations will arise.

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 5
 Bill Version: CSSB 36(STA)
 (S) Publish Date: 2/23/07

Revision Date/Time (Note if correction): _____ Dept. Affected: Law
 Title An Act relating to sentencing for alcohol related RDU Criminal Division
crimes. Component Criminal Justice Litigation
 Sponsor Senator Therriault
 Requester Senate State Affairs Component No. _____

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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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 (Specify Type--Do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0
 Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

The bill would amend current statute by increasing options for the court in sentencing persons for the commission of certain offenses influenced by alcohol and by creating the offense of consumption of alcohol in violation of sentence.

It is not anticipated that this bill would have any significant fiscal impact upon the Department of Law.

Prepared by: Robert Meiners, Acting Director Phone 465-5427
 Division: Administrative Services Division Date/Time 1/22/07 8:47 AM
 Approved by: Robert Meiners for Talis Colberg, Attorney General Date 1/22/2007
 Agency: Department of Law

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 4
Bill Version: CSSB 36(STA)
(S) Publish Date: 2/23/07

Revision Date/Time (Note if correction): _____ Dept. Affected: Corrections
Title: An Act relating to sentencing for the commission RDU: Administration and Operations
of certain offenses influenced by alcohol and the offense of . . . Component: Office of the Commissioner
Sponsor: Senator Therriault
Requester: Senate State Affairs Component No.: 694

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services	*	*	*	*	*	*
Travel	*	*	*	*	*	*
Contractual	*	*	*	*	*	*
Supplies	*	*	*	*	*	*
Equipment	*	*	*	*	*	*
Land & Structures	*	*	*	*	*	*
Grants & Claims	*	*	*	*	*	*
Miscellaneous	*	*	*	*	*	*
TOTAL OPERATING	*	*	*	*	*	*

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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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 (Specify Type--Do not abbreviate)	*	*	*	*	*	*
TOTAL	*	*	*	*	*	*

Estimate of any current year (FY2007) cost: 0.0
Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time	*	*	*	*	*	*
Part-time	*	*	*	*	*	*
Temporary	*	*	*	*	*	*

ANALYSIS: (Attach a separate page if necessary)
The Department of Corrections cannot determine fiscal impacts of this legislation. Data is not available for the department to calculate the number of offenders that would not comply with the sentencing requirements.

Prepared by: Sharleen Griffin, Director Phone: (907) 465-3339
Division: Administrative Services Date/Time: 1/22/07 5:23 PM
Approved by: Dwyano Peoples, Deputy Commissioner Date: 1/22/2007
Agency: Department of Corrections

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 3
Bill Version: CSSB 36(STA)
(S) Publish Date: 2/23/07

Revision Date/Time (Note if correction): _____ Dept. Affected: Administration
Title: An act relating to sentencing for the commission RDU: Legal and Advocacy Services
of certain offenses influenced by alcohol and... Component: Public Defender Agency
Sponsor: Senator Theriault
Requester: Senate State Affairs Component No.: 1631

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services
Travel
Contractual
Supplies
Equipment
Land & Structures
Grants & Claims
Miscellaneous
TOTAL OPERATING

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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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 (Specify Type--Do not abbreviate)						
TOTAL	.	.	.	.	.	.

Estimate of any current year (FY 2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This bill amends Titles 11 and 12 of the Alaska Statutes by allowing judges to impose as a condition of a criminal sentence that the defendant refrain from consuming alcohol for a period up to the defendant's lifetime in certain circumstances (Section 3). Specifically, the court could impose this condition if the defendant was convicted of an offense against a person and the court finds by clear and convincing evidence that the defendant's conduct was substantially influenced by alcohol, or where the defendant has two or more DWIs or Refusals, or where a DWI or Refusal resulted in death or serious physical injury. A first violation of this sentencing condition would be a Class A misdemeanor; subsequent offenses Class C felonies (Section 1). A significant portion of the Agency's cases involve alcohol abuse and other addictions. The Agency, however, can not reliably predict the fiscal impact of this legislation. The Agency accordingly submits an indeterminate fiscal note.

Prepared by: Quinlan Stoinor
Division: Public Defender Agency - Director
Approved by: Melanio Millhorn, Deputy Commissioner
Agency: Administration

Phone: 907-269-3501
Date/Time: 1/22/07 at 4:20 p.m.
Date: 1/22/2007

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 2
Bill Version: CSSB 36(STA)
(S) Publish Date: 2/23/07

Revision Date/Time (Note if correction): _____ Dept. Affected: Administration
Title: An act relating to sentencing for the commission RDU: Legal and Advocacy Services
of certain offenses influenced by alcohol and... Component: Office of Public Advocacy
Sponsor: Senator Therriault
Requester: Senate State Affairs Component No. 43

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services	*	*	*	*	*	*
Travel	*	*	*	*	*	*
Contractual	*	*	*	*	*	*
Supplies	*	*	*	*	*	*
Equipment	*	*	*	*	*	*
Land & Structures	*	*	*	*	*	*
Grants & Claims	*	*	*	*	*	*
Miscellaneous	*	*	*	*	*	*
TOTAL OPERATING	*	*	*	*	*	*

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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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 (Specify Type--Do not abbreviate)						
TOTAL	*	*	*	*	*	*

Estimate of any current year (FY2007) cost: 0.0
Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This bill amends Titles 11 and 12 of the Alaska Statutes by allowing judges to impose as a condition of a criminal sentence that the defendant refrain from consuming alcohol for a period up to the defendant's lifetime in certain circumstances (Section 3). Specifically, the court could impose this condition if the defendant was convicted of an offense against a person and the court finds by clear and convincing evidence that the defendant's conduct was substantially influenced by alcohol, or where the defendant has two or more DWIs or Refusals, or where a DWI or Refusal resulted in death or serious physical injury. A first violation of this sentencing condition would be a Class A misdemeanor; subsequent offenses Class C felonies (Section 1). A significant portion of the Agency's cases involve alcohol abuse and other addictions. The Agency, however, can not reliably predict the fiscal impact of this legislation. The Agency accordingly submits an indeterminate fiscal note.

Prepared by: Joshua P. Fink Phone 907-269-3501
Division: Office of Public Advocacy Date/Time 1/22/07 at 4:20 p.m.
Approved by: Melanie Millhorn, Deputy Commissioner Date 1/22/2007
Agency: Administration

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 1
Bill Version: CSSB 36(STA)
(S) Publish Date: 2/23/07

Revision Date/Time (Note if correction): _____ Dept. Affected: _____
Title Sentencing for alcohol-related crimes RDU Alaska Court System
Component Trial Courts
Sponsor Senator Therriault
Requester _____ Component No. _____

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	*	*	*	*	*	*

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

FUND SOURCE	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	*	*	*	*	*	*

Estimate of any current year (FY2007) cost: 00
Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)
Senate Bill 36 allows a judge to prohibit a person from consuming alcohol for up to the life of the person if the person has been convicted of a felony crime against a person under AS 11.41 or certain DUI and refusal offenses. The bill makes it a class A misdemeanor to violate an order not to consume alcohol. It will be a class C felony if a person has been previously convicted of this crime.
This bill will impact the court system because it will result in new misdemeanor and felony charges being filed against those who violate this new crime. However, because it is not clear how often this new provision will be imposed or how often it will be violated and prosecuted, the extent of the impact is too speculative to support a fiscal note at this time.

Prepared by: Doug Wooliver, Administrative Attorney Phone 463-4750
Division: Alaska Court System Date/Time 1/22/07 @ 3:30 p.m.
Approved by: Doug Wooliver for Stephanio Cole, Administrative Director Date 1/22/2007
Agency: Alaska Court System

ALASKA STATE LEGISLATURE

Sen. Lesil McGuire, Chair
Sen. Gary Stevens, Vice-Chair
Sen. Lyda Green
Sen. Hollis French
Sen. Con Bunde




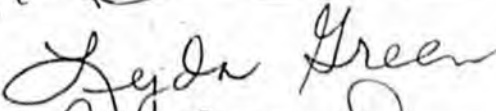
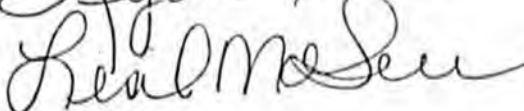
State Capitol, Room 125
Juneau, AK 99801-1182
(907) 465-2995
Fax (907) 465-6592

SENATOR LESIL McGUIRE
CHAIR, STATE AFFAIRS

Letter of Intent SB 36 – “Sentencing for Alcohol-Related Crimes”

The legislature recognizes that laws alone may not achieve the same level of behavioral correction that counseling and treatment are designed to provide. It is therefore the intent of the legislature that the courts, when addressing those who are first time violators of AS 12.55.015 (a) (13) in this act, use when available, Therapeutic Court in lieu of a standard sentencing.

If openings in the Therapeutic Court are not available, the legislature intends that standard sentencing for a class A misdemeanor be carried out as set out in AS 11.56.768 (b) (d) of this Act.

 SEN. FRENCH
 SEN. GREEN
 CHAIR McGUIRE

S B

3 8

SFIN

FILE

SENATE COMMITTEE REPORT

DATE: 3/21/07

FURTHER: Finance

DATE TURNED IN TO OFFICE: 4/27/07

Judiciary Committee considered SENATE BILL NO. 38

SB 38 SALVIA DIVINORUM AS CONTROLLED SUBSTANCE

"An Act relating to scheduling Salvia divinorum and Salvinorin A as controlled substances."

and recommends:

be replaced with SCS or CS _____ (_____)

adopt previous SCS or CS _____ (_____)

attached amendment(s)

adopt _____ Letter of Intent

further referral to _____ Committee

SENATE BILL:

- Same Title
- New Title

HOUSE BILL:

- Same Title
- Technical Title Change
- New Title w/ SCR # _____

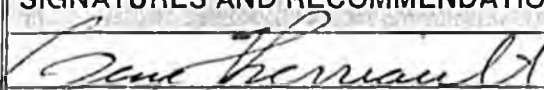

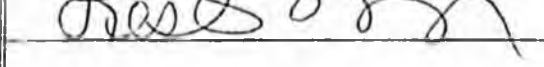

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
COR	3/1/07		✓		1
Law	3/1/07			✓	2

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	Do PASS	Do NOT PASS	NO REC	AMEND
	THE RRIAULT	✓			
	Wielechowski	✓			
	McOsene	✓			
CHAIR: 	French	✓			

SENATE COMMITTEE REPORT
First Committee of Referral

DATE: 1/16/07

FURTHER: Judiciary
Finance

Date of 5-Day Notice: 3/15/07
(in accordance with Uniform Rule 23)

DATE TURNED
IN TO OFFICE: 3/19/07

Health, Education and Social Services Committee considered

SENATE BILL NO. 38

SB 38 SALVIA DIVINORUM AS CONTROLLED SUBSTANCE

"An Act relating to scheduling Salvia divinorum and Salvinorin A as controlled substances."

and recommends:

- be replaced with SCS or CS _____ (_____)
- adopt previous SCS or CS _____ (_____)
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

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

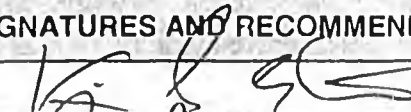

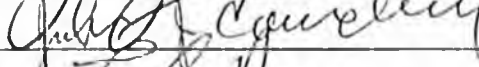

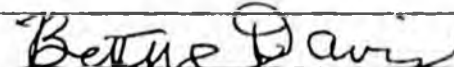
NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
COR	3/1/07		✓		1
LAW	3/1/07			✓	2

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	Elton	✓			
	Thomas	✓			
	Cowdery	✓			
	Dylson	✓			
CHAIR: 	DAVIS	-			

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 2
Bill Version: SB 38
(S) Publish Date: 3/21/07

Revision Date/Time (Note if correction): _____ Dept. Affected: Law
Title An Act relating to scheduling Salvia divinorum RDU Criminal
and Salvinorin A as controlled substances Component Criminal Justice Litigation
Sponsor SENATOR THERRIALT
Requester SENATE HEALTH, EDUCATION & SOCIAL SVCS Component No. _____

Expenditures/Revenues (Thousands Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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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 (Specify Type--Do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

The bill would add two substances, Salvia divinorum and Salvinorin A, to Schedule IIA as controlled substances.

The Department of Law does not anticipate any significant fiscal impact from passage of this legislation.

Prepared by: Robert Meiners, Acting Director
Division: Administrative Services Division
Approved by: Robert Meiners for Talis Colberg, Attorney General
Agency: Department of Law

Phone: 465-5427
Date/Time: 3/1/07 9:48 AM
Date: 3/1/2007

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 1
Bill Version: SB 38
(S) Publish Date: 3/21/07

Revision Date/Time (Note if correction): _____ Dept. Affected: Corrections
Title An Act relating to scheduling Salvia divinorum RDU Administration & Operations
and Salvinorin A as controlled substances. Component Office of the Commissioner
Sponsor Senator Theriault
Requester Senate Health, Education, and Social Services Component No. 694

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services
Travel
Contractual
Supplies
Equipment
Land & Structures
Grants & Claims
Miscellaneous
TOTAL OPERATING

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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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 (Specify Type--Do not abbreviate)	.	.	.	.	.	.
TOTAL	.	.	.	.	.	.

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time	.	.	.	.	.	.
Part-time	.	.	.	.	.	.
Temporary	.	.	.	.	.	.

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

The Department of Corrections cannot determine the fiscal impact. Data is not available for the department to calculate the number of offenses that may occur due to passage of this legislation.

Prepared by: Sharleen Griffin, Director
Division: Administrative Services
Approved by: Dwyane Peoples, Deputy Commissioner
Agency: Department of Corrections

Phone: (907) 465-3339
Date/Time: 3/1/07 9:51 AM
Date: 3/1/2007

SB

39

SFIN

FILE

**SENATE COMMITTEE REPORT
First Committee of Referral**

DATE: 1/16/07

FURTHER: Finance

Date of 5-Day Notice: 1/18/07
(in accordance with Uniform Rule 23)

DATE TURNED
IN TO OFFICE: 2/1/07

Labor and Commerce Committee considered SENATE BILL NO. 39

SB 39 BUSINESS LICENSE FEE

"An Act relating to the amount of the state's business license fee."

and recommends:

- be replaced with SCS or CS FOR SENATE BILL 39 (L+C)
- adopt previous SCS or CS _____ (_____)
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

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

NEW FISCAL NOTE(S):

PREVIOUS FISCAL NOTE(S):

	Department	Date	Fiscal	Indet.	Zero	FN#
License	COMMERCE	1/29/07	✓			1
E. Dev	COMMERCE	1/29/07	✓			2
Advoc.	COMMERCE	1/29/07	✓			3
	GOVERNOR COMMERCE	1/29/07	✓			4

Department	Date	Fiscal	Indet.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	Bunde		✓		
	DAVIS	✓			
	STEVENS	✓			
	Hoffman	✓			
	ELLIS	✓			
CHAIR					

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 4
 Bill Version: CSSB 39(L&C)
 (S) Publish Date: 2/2/07

Revision Date/Time (Note if correction): _____ Dept. Affected: OOG
 Title: "An Act relating to the amount of the state's business license fee." RDU: Executive Operations
 Sponsor: Senator Wielechowski Component: Executive Office
 Requester: Senate Labor and Commerce Committee Component No.: 6

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

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

1002 Federal Receipts						
1003 GF Match						
1004 GF	644.7	644.7	644.7	644.7	644.7	644.7
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (1175-Business License Receipts)	(644.7)	(644.7)	(644.7)	(644.7)	(644.7)	(644.7)
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

For FY2008, this fiscal note assumes the loss of Business License Receipts funding for International Trade operations. This note assumes that the loss of Business License Receipts will be replaced by General Funds to support personal services, foreign office contracts and travel relating to International Trade activities.

Prepared by: Gail Fonomiai, Asst. Admin. Director
 Division: Division of Administrative Services
 Approved by: Linda J. Perez, Administrative Director
 Agency: Office of the Governor

Phone 465-3885
 Date/Time 1/30/2007, 10:45am
 Date 1/30/2007

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 3
Bill Version: CSSB 39(L&C)
(S) Publish Date: 2/2/07

Revision Date/Time (Note if correction): _____ Dept. Affected: Commerce
Title Business License Fee Decrease RDU Comm Assist & Ec Dev (405)
Component Community Advocacy
Sponsor Senators WIELECHOWSKI, Wilken
Requester Senate Labor & Commerce Component No. 2703

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES (1175)						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF		1,822.2	3,089.7	3,089.7	3,089.7	3,089.7
1005 GF/Program Receipts						
1037 GF/Mental Health						
Business License & Corp (1175)		(1,822.2)	(3,089.7)	(3,089.7)	(3,089.7)	(3,089.7)
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This legislation reduces the Business License fees back to FY 2003 cost of \$25 per year with an effective date of 1 October 2008.

The Division of Community Advocacy operating expenses are partially funded with business license fees of \$3,089.7. After funding the Division of Corporations, Business and Professional Licensing and the Office of Economic Development in FY 2009, revenues are not sufficient to fully fund the division's operating expenses. It is assumed \$1822.2 will be funded by general funds. Starting in FY 2010, the department estimates a loss of business licenses revenue of \$4,455.0 which results in the need for funding the division with \$3,089.7 of general funds.

Prepared by: Mike Black, Director
Division: Community Advocacy
Approved by: Emil Notti, Commissioner
Agency: Commerce, Community, and Economic Development

Phone: (907) 269-4578
Date/Time: 1/29/07 5:32 PM
Date: 1/29/07 5:32 PM

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 2
 Bill Version: CSSB 39(L&C)
 (S) Publish Date: 2/2/07

Revision Date/Time (Note if correction): _____ Dept. Affected: Commerce
 Title Business License Fee Decrease RUDY Comm Assist & Ec Dev (405)
 Component Office of Economic Development
 Sponsor Senators WIELECHOWSKI, Wilken
 Requester Senate Labor & Commerce Component No. 2743

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES (1175)						
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FUND SOURCE (Thousands of Dollars)

FUND SOURCE	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
1002 Federal Receipts						
1003 GF Match						
1004 GF	0.0	0.0	404.8	404.8	404.8	404.8
1005 GF/Program Receipts						
1037 GF/Mental Health						
Business License & Corp (1175)			(404.8)	(404.8)	(404.8)	(404.8)
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This legislation reduces the Business License fees back to FY03 cost of \$25 per year with an effective date of 1 October 2008.

The Office of Economic Development operating expenses are partially funded with business license fees of \$1,173.8. No fund source change is anticipated in FY 2009 since business license fees will continue to cover operating expenditures to manage this function. Starting in FY 2010, the department estimates a loss of business licenses revenue of \$4,455.0. As a result of this legislation, revenues are not sufficient to fully fund the Office of Economic Development's operating expenses. The additional \$404.80 needed for operating costs are assumed to be funded with general funds.

Prepared by: Bill Allen, Development Manager
 Division: Office of Economic Development
 Approved by: Emil Notti, Commissioner
 Agency: Commerce, Community, and Economic Development

Phone: (907) 269-8112
 Date/Time: 1/29/07 5:30 PM
 Date: 1/29/07 5:30 PM

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 1
Bill Version: CSSB 39(L&C)
(S) Publish Date: 2/2/07

Revision Date/Time (Note if correction): _____ Dept. Affected: Commerce
Title Business License Fee Decrease RDU Corp, Bus & Prof Licensing (117)
Component Corp, Bus & Prof Licensing
Sponsor Senators WIELECHOWSKI, Wilken
Requester Senate Labor & Commerce Component No. 2360

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES (1175)	0.0	(2,228.0)	(4,455.0)	(4,455.0)	(4,455.0)	(4,455.0)
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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						
Business License & Corp (: 75)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This legislation reduces the Business License fees back to FY03 cost of \$25 per year with an effective date of 1 October 2008.

Revenue Impact: The department estimates a loss of revenue of \$2,228.0 in FY2009 and a loss of revenue of \$4,455.0 in the remaining fiscal years. The estimated loss of revenue in FY2009 reflects the decrease in the present \$100 fee to \$25 in the last half of the year. The estimated revenue loss in subsequent years is calculated by averaging (to account for biennial license renewal) the FY 2006 revenue of \$6,085.0 and the estimated FY 2007 revenue of \$5,795.0, less the amount of business license fee revenues \$1,485.0 (based on a 75% reduction in the annual average amount of revenue estimated to be generated.)

Prepared by: Chris Wyatt, Administrative Manager Phone (907) 465-2572
Division Corporations and Licensing Date/Time 1/29/07 5:26 PM
Approved by: Enil Notti, Commissioner Date 1/29/07 5:26 PM
Agency Commerce, Community, and Economic Development

ANALYSIS CONTINUATION

Fund Source Impact: The Division of Corporations, Business and Professional Licensing funds business license operating expenses of \$716.3 with business license fees. Revenue collected is expected to cover Business License operating expenses.

SB

40

SFIN

FILE

SENATE COMMITTEE REPORT

DATE: 3/2/07

FURTHER: Finance

DATE TURNED IN TO OFFICE: 5/8/07

State Affairs Committee considered SENATE BILL NO. 40

SB 40 LONGEVITY BONUS REAPPLICATIONS

"An Act relating to reapplications for the Alaska longevity bonus program; and providing for an effective date."

and recommends:

- be replaced with SCS or CS _____ (_____)
- adopt previous SCS or CS SB 40 (HES)
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

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

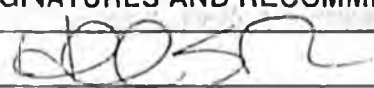


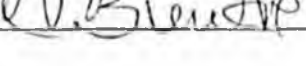

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
HSS HOLD HARMLESS	04/09	✓			4
HSS PRO. MANAGEMENT	04/09	✓			5
HSS GRANTS	04/10	✓			6

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	French	X			
	Stevens			K	
	Green			✓	
	Burck		✓		
CHA. R: 	McGuire	✓			

SENATE COMMITTEE REPORT
First Committee of Referral

DATE: 1/16/07

FURTHER: State Affairs
 Finance

Date of 5-Day Notice: 2/1/07
 (in accordance with Uniform Rule 23)

DATE TURNED
 IN TO OFFICE: 3/1/07

Health, Education and Social Services Committee considered SENATE BILL NO. 40

SB 40 LONGEVITY BONUS REAPPLICATIONS

"An Act relating to reapplications for the Alaska longevity bonus program; and providing for an effective date."

and recommends:

- be replaced with SCS or CS SB 40 (HES)
- adopt previous SCS or CS _____ (_____)
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

SENATE BILL:	
<input checked="" type="checkbox"/>	Same Title
<input type="checkbox"/>	New Title
<hr/>	
HOUSE BILL:	
<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#
HSS	2/6/07			✓	1
HSS ^(Hold) _{Harm's}	2/6/07	✓			2
HSS - aron's	2/6/07	✓			3

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	No REC	AMEND
<i>Joe Thomas</i>	THOMAS	✓			
<i>John Cowden</i>	Cowden	✓			
<i>Frank Dyson</i>	Dyson			✓	
CHAIR: <i>Betty Davis</i>	DAVIS	✓			

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 6
 Bill Version: CSSB 40(HES)
 (S) Publish Date: 5/8/07
 Dept. Affected: Health & Social Services
 RDU: Alaska Longevity Bonus Programs
 Component: Longevity Bonus Grants

Revision Date/Time (Note if correction): April 9, 2007
 Title: LONGEVITY BONUS REAPPLICATIONS

Sponsor: WIELECHOWSKI
 Requester: SENATE (STA)

Component No. 26

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	29,430.3	27,566.8	24,656.5	22,061.6	19,563.4	17,156.7
Miscellaneous						
TOTAL OPERATING	29,430.3	27,566.8	24,656.5	22,061.6	19,563.4	17,156.7

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	29,430.3	27,566.8	24,656.5	22,061.6	19,563.4	17,156.7
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	29,430.3	27,566.8	24,656.5	22,061.6	19,563.4	17,156.7

Estimate of any current year (FY2007) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

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

This proposed legislation reinstates the Alaska Longevity Bonus (ALB) payments for individuals who were qualified to receive them before January 1, 1997, and who received a payment in June 2003 when funding for the program ended. To qualify for the ALB, individuals must reapply for the program before January 1, 2008, and be a resident of the state under AS 01.10.055 on the day the reapplication is signed and dated.

Prepared by: Ellie Fitzjarrald, Director
 Division: Public Assistance
 Approved by: Karleen Jackson, Commissioner
 Agency: Department of Health and Social Services

Phone: 465-5847
 Date/Time: 04/09/2007
 Date: 04/10/2007