

May 3, 2007

Statement of Rep. Pete Stark
Introduction Statement for the Safe Nursing and Patient Care Act

Madam Speaker, I rise to introduce the Safe Nursing and Patient Care Act with Rep. Steven LaTourette (R-OH). Our legislation would achieve two vitally important goals. First, it would improve quality of care for patients across our country by assuring that nurses are not forced to work beyond the time they feel safe. Second, it would address our national nursing shortage by improving the working conditions that are causing nurses to leave their profession.

Assuring quality medical care and addressing our nursing shortage should not divide us on partisan lines. That's why I'm especially pleased to be working across the aisle with my friend from Ohio, Mr. LaTourette, in this important endeavor. This is legislation we've introduced together for several sessions of Congress. Given our changed environment in Congress, we are hopeful that we'll be able to enact it this time.

There are some 500,000 trained nurses in our country who are not working in their profession. While they leave nursing for many different reasons, nurses consistently cite concerns about the quality of care they feel that are able to provide in many health care settings today. Nurses are also greatly concerned about being forced to work mandatory overtime.

Listen to these words of a nurse in the state of Washington:

I have been a nurse for six years and most of the time I have worked in the hospital environment. It is difficult to tell you how terrible it is to "work scared" all the time. A mistake that I might make could easily cost someone their life and ruin mine. Every night at work we routinely "face the clock." All of us do without lunch and breaks and work overtime, often without pay, to ensure continuity of care for our patients. Yet, we are constantly asked to do more. It has become the norm for us to have patient assignments two and a half times greater than the staffing guidelines established by the hospital itself. I cannot continue to participate in this unsafe and irresponsible practice. So I am leaving, not because I don't love being a nurse, but because hospitals are not safe places: not for patients and not for nurses.

While stories like this are telling, we also have a growing body of research to back up the anecdotes. Premier among these studies is a comprehensive report issued by the Institute of Medicine in November 2003 entitled, "Keeping Patients Safe, Transforming the Work Environment of Nurses." The report finds that, "limiting the number of hours worked per day and consecutive days of work by nursing staff, as is done in other safety-sensitive industries, is a fundamental safety precaution." The report went on to specifically recommend that, "working more than 12 hours in any 24-hour period and more than 60 hours in any 7-day period be prevented except in case of an emergency, such as a natural disaster."

Another study published in the July/ August 2004 Health Affairs Journal, "The Working Hours of Hospital Staff Nurses and Patient Safety," found that nurses who worked shifts of twelve and a half hours or more were three times more likely to commit an error than nurses who worked eight and a half hours (a standard shift) or less. The study also found that working overtime increased the odds of making at least one error, regardless of how long the shift was originally scheduled. Finally, this article illustrates how nurses are being forced to work more and more overtime. The majority of nurses surveyed reported working overtime ten or more times in a twenty-eight day period and one-sixth reported working sixteen or more consecutive hours at least once during the period. Nurses reported being mandated to work overtime on 360 shifts and on another 143 shifts they described being "coerced" into working voluntary overtime.

As these studies show, the widespread practice of requiring nurses to work extended shifts and forgo days off causes nurses to frequently provide care in a state of fatigue, contributing to medical errors and other consequences that compromise patient safety. In addition to endangering patients, studies also point to overtime issues as a prime contributing factor to our nation's nursing shortage. For example, a 2001 report by the General Accounting Office, *Nursing Workforce: Emerging Nurse Shortages Due to Multiple Factors*, concluded:

[T]he current high levels of job dissatisfaction among nurses may also play a crucial role in determining the extent of current and future nurse shortages. Efforts undertaken to improve the workplace environment may both reduce the likelihood of nurses leaving the field and encourage more young people to enter the nursing profession...

We have the voices of nurses and the research evidence to prove that the practice of requiring nurses to work beyond the point they believe is safe is jeopardizing the quality of care patients receive. It is also contributing to the growing nurse shortage. Current projections are that the nurse workforce in 2020 will have fallen 20% below the level necessary to meet demand.

We have existing federal government standards that limit the hours that pilots, flight attendants, truck drivers, railroad engineers and other professions can safely work before consumer safety is endangered. However, no similar limitation currently exists for our nation's nurses who are caring for us at often the most vulnerable times in our lives.

The Safe Nursing and Patient Care Act would change that. It would set strict, new federal limits on the ability of health facilities to require mandatory overtime from nurses. Nurses would be allowed to continue to volunteer for overtime if and when they feel they can continue to provide safe, quality care. But, forced mandatory overtime would only be allowed when an official state of emergency was declared by federal, state or local government. These limits would be part of Medicare's provider agreements. They would not apply to nursing homes since alternative staffing and quality measures are already moving forward for those facilities.

To assure compliance, the bill provides HHS with the authority to investigate complaints from nurses about violations. It also grants HHS the power to issue civil monetary penalties of up to \$10,000 for violations of the act and to increase those fines for patterns of violations.

Providers would be required to post notices explaining these new rights and to post nurse schedules in prominent workplace locations. Nurses would also obtain anti-discrimination protections against employers who continued to force work hours for nurses beyond what a

nurse believes is safe for quality care. Providers found to have violated the law would be posted on Medicare's website.

As usual, many states are ahead of the federal government when it comes to pinpointing problems that need to be addressed. Numerous states are currently considering bills to strictly limit the use of mandatory nurse overtime. Several states – including California, Connecticut, Maine, Maryland, Minnesota, New Jersey, Oregon, Washington and West Virginia -- have already passed laws or regulations limiting the practice.

The Safe Nursing and Patient Care Act is an important first step, but it isn't the complete solution. I believe that standards must be developed to define timeframes for safe nursing care within the wide variety of health settings (whether such overtime is mandatory or voluntary). That is why the legislation also requires the Agency on Healthcare Research and Quality to report back to Congress with recommendations for developing overall standards to protect patient safety in nursing care. Once we have better data in that regard, I will support broader limitations on all types of overtime. But, we must not wait to act until that data can be developed. The data collection will take years and the crisis of mandatory overtime is upon us now.

I know that our nation's hospital trade associations will claim that our solution misses the mark because it is precisely the lack of nurses in the profession today that is necessitating their need to require mandatory overtime. Let me respond directly. Mandatory overtime is dangerous for patients plain and simple. It is also a driving force for nurses leaving the profession. These twin realities make mandatory overtime a dangerous short-term gamble at best. We should join together to end the practice.

Mandatory overtime is a very real problem facing the nursing profession and that is why our bill is endorsed by the American Nurses Association, the AFL-CIO, AFSCME, AFT, SEIU, UAN, and UAW – organizations that speak for millions of America's nurses.

Again, our bill is not the sole solution. For example, I supported the Nurse Reinvestment Act, which was passed by Congress and signed into law in August 2002. That legislation authorizes new federal investment and initiatives to increase the number of people pursuing a nursing education. Such efforts will help in the future, but it will be years before that law's impact is felt in our medical system.

We need to help now. We must take steps to improve the nursing profession immediately so that today's nurses will remain in the field to care for those of us who need such care before new nurses can be trained. We also need today's nurses to be there as mentors for the nurses of tomorrow.

Mandatory nurse overtime is a very real quality of care issue for our health system and I look forward to working with my colleagues enact the Safe Nursing and Patient Care Act. It will start us down the right path toward protecting patients and encouraging people to remain in -- and enter -- the nursing profession.