

**HR 2122, THE SAFE NURSING AND PATIENT CARE ACT OF 2007**  
Introduced by Reps. Pete Stark (D-CA) and Steven LaTourette (R-OH)  
May 3, 2007

**PURPOSE:** This bill improves working conditions for nurses and quality of care for patients. It limits the ability of hospitals and other health care providers to require mandatory overtime from nurses. It would be enforced through Medicare's provider agreements. The legislation does not cover nursing homes as there are alternative staffing/quality of care proposals being pursued in that arena.

**BILL SUMMARY**

**MANDATORY OVERTIME LIMITATIONS:** Medicare's provider agreements would be amended to prohibit the use of mandatory overtime for nurses in order to protect quality patient care, except in the case of a declared state of emergency.

**Mandatory overtime** limitations would prohibit requirements that a nurse work in excess of any of the following:

The scheduled work shift or duty period of the nurse,  
12 hours in a 24-hour period,  
80 hours in a consecutive 14-day period.

And, which, if refused by the nurse, may result in an adverse employment consequence to her or him. Voluntary overtime is not affected.

**A Declared state of emergency** would be officially declared by the federal government or appropriate state or local government authority. It would not include staff shortages resulting from labor disputes in the health industry or consistent understaffing in a facility.

**ENFORCEMENT:** The Secretary of Health and Human Services is provided the authority to investigate complaints for violations of the above standard. If the Secretary finds a violation, he/she shall require a plan of action to eliminate the occurrence of such violation and is given the authority to issue civil monetary penalties up to \$10,000 for knowing violations and to increase those penalties for patterns of repeated violations.

**PROTECTIONS FOR NURSES:** There will be a need to protect nurses who choose to avail themselves of these new protections in order to assure that they are not discriminated against by employers. Therefore, the bill explicitly prohibits providers of services from penalizing, discriminating, or retaliating in any manner with respect to a nurse who avails themselves of these protections. In order to remain protected by this act, a nurse would be required to have acted in good faith.

**POSTING OF INFORMATION:** To assure that nurses are fully aware of these new protections, the bill requires that providers post these rights on a sign in an appropriate location in the workplace.

It also requires that providers post nurse schedules (for a period of time to be determined by the Secretary) in a prominent location with access to all nurses in the workplace and would require daily schedules to be made available upon request.

**POSTING OF PENALTIES:** HHS would be required to publish on their website the names of providers for which penalties were imposed under this act. If a provider changes ownership, violations under previous ownership would be eliminated from the site after one year.

## REPORTS

**SAFE WORKING HOURS FOR NURSES:** This legislation protects patient safety by eliminating pressure on nurses to work overtime beyond what they professionally believe to be safe for patient care because of the very real threat of losing their job. However, it remains true that working too long whether voluntarily or by mandate is likely to detrimentally impact patient care. Unfortunately, little good data exists today to provide us with accurate timeframes for safe nursing care.

That is why we've included an important study by the Agency for Healthcare Research and Quality to provide Congress with analysis of appropriate standards for the maximum number of hours a nurse may work without compromising quality patient care.

**FEDERALLY OPERATED MEDICAL FACILITIES:** Because our legislation is enforced through Medicare, it will not cover many government-run facilities. Nurses in these facilities also provide direct patient care and may face similar mandatory overtime demands. This study simply requires the Office of Management and Budget to analyze those programs and to report back to Congress about whether they are out of line with these new requirements and recommend changes to bring those facilities into compliance.