



The Politics of Caring

Proposed Bills Would Transform Nursing Workplace and Improve Care

Two bills introduced at the beginning of the 109th U.S. Congress would vastly improve the nursing workplace. If enacted, these bills, which are top priorities for the ANA, would address some of nursing's pressing concerns and improve patient outcomes. However, these bills face opposition from the health care facilities that they aim to transform. The ANA urges you to help us in our efforts to increase Congressional support for both bills; you can find advocacy materials at www.anapoliticalpower.org.

REGISTERED NURSE SAFE STAFFING ACT

Senator Daniel Inouye (D-HI) introduced the Registered Nurse Safe Staffing Act of 2005 (S 71) on January 24. The bill would require acute care facilities to develop and implement staffing systems that include the input of direct-care RNs. Rather than establishing a specific ratio, the act demands a system that ensures appropriate staffing levels for patient care. Specifically, the staffing system must

- be based on the number of patients and level and intensity of care to be provided, with consideration given to admissions, discharges, and transfers that nurses must handle each shift.
- account for the work environment and available technology.
- reflect the level of preparation and experience of those providing care.
- reflect staffing levels recommended by specialty nursing organizations.
- provide that an RN not be assigned to work in a particular unit without first having demonstrated adequate skills.

In addition, this bill would provide whistle-blower protections for RNs

who file complaints about or participate in investigations of staffing issues. It would establish procedures for receiving and investigating complaints. The Registered Nurse Safe Staffing Act also would require public reporting of staffing information. Hospitals would be required every day to post the number of licensed and unlicensed staff providing direct patient care on each unit and each shift, while specifically noting the number of RNs. This information would be reported to the U.S. Department of Health and Human Services (HHS), which would be required to make it available on the Internet. HHS also would be able to impose penalties on any hospital that violates the requirements of the legislation.

In 2004 Florida, Hawaii, Illinois, Maryland, Rhode Island, and Washington introduced legislation that would require health care facilities to develop nurse staffing plans. The bills contain a variety of components, such as requiring that nurse administrators to adopt and implement a staffing plan with input from direct care RNs, the numbers of nursing staff responsible for patient care be posted daily, the adequacy of the staffing plan be evaluated through the collection of patient quality outcomes, the ANA's Principles for Nurse Staffing serve as a basis for development of a staffing plan, and civil penalties be used for enforcement purposes.

SAFE NURSING AND PATIENT CARE ACT

The Safe Nursing and Patient Care Act of 2005 was introduced in both chambers of the U.S. Congress on February 10, 2005. The House bill (HR 791) was sponsored by Representatives Pete Stark (D-CA) and Steven LaTourette (R-OH); the Senate bill (S 351) was sponsored by Senators Ted Kennedy (D-MA) and 14 other senators.

The bills would prohibit health care facilities that receive Medicare funding from requiring a RN or LPN to work beyond an agreed-to, pre-determined, regularly scheduled shift. A nurse couldn't be required to work more than 12 hours in a 24-hour period or for more than 80 hours in a two-week period. The only exception would be in the case of a declared national, state, or local emergency, such as a disaster, and not a staffing deficiency resulting from management practices.

The bills include protections for nurses who refuse overtime and for whistle-blowers. HHS also would be provided the authority to investigate complaints for violations of the overtime standard. HHS would be given the authority to issue penalties up to \$10,000 for violations and to increase those penalties for repeated violations.

These bills also would provide for a study by HHS on the maximum number of hours that may be worked by a nurse without compromising patient safety. Recent studies have shown a clear link between fatigue and medical errors. A study published in the July–August 2004 issue of *Health Affairs* found that the risk of making an error greatly increased when nurses worked shifts longer than 12 hours, when they worked significant overtime, or when they worked more than 40 hours per week. This study reinforced findings of the 2004 Institute of Medicine Report, "Keeping Patients Safe: Transforming the Work Environment of Nurses."

In 2004, 17 states enacted or introduced legislation prohibiting mandatory overtime except in special circumstances, such as participating in a surgical procedure until the procedure is completed or assisting with a public health emergency. (See www.nursingworld.org/gova/state/2005/mandatory.htm for a list of states that have been working on this legislation.) ▼

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