

Mr. Speaker and Colleagues, please join me in honor and remembrance of Edward E. Kotecki, Jr.—business leader, beloved father, grandfather, great-grandfather, brother, and friend and mentor to many. Although Mr. Kotecki will be deeply missed, his vision, life and legacy will live on forever, like the granite angel whose wings rise forever against the Cleveland sky.

INTRODUCTION OF THE SAFE
NURSING AND PATIENT CARE ACT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 12, 2003

Mr. STARK. Mr. Speaker, I rise to introduce the Safe Nursing and Patient Act of 2003 with Rep. STEVEN LATOURETTE and more than 40 of our colleagues. Assuring quality medical care and addressing our nursing shortage should not divide us on partisan lines. That's why I'm especially pleased that the bill we're introducing today has support from Democrats and Republicans alike. Senator KENNEDY is introducing the companion legislation in the Senate.

There are some 500,000 trained nurses in this country who are not working in their profession. Of course, their reasons for leaving nursing are many. But nurses consistently cite their concerns about the quality of care they feel they 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 research to back up the concern. A recent study published in JAMA (October 23/30, 2002) proves what nurses have been telling us—that working too many hours while caring for too many patients leads to increased patient deaths and increased job dissatisfaction. The study found that the risk of death to a patient who has undergone surgery increases by 7 percent for each patient over four in a nurse's workload. It also found that patients in hospitals with the lowest nurse staffing levels (eight patients per nurse) have a 31% greater chance of dying than those patients in hospitals with four patients per nurse.

Studies also point to overtime issues as reasons for the 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 percent below the level necessary to meet demand.

We have existing 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.

This legislation is not the final 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.

I know that our nation's hospital trade associations will claim that my 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.

This bill takes the first step to address the problem by strictly limiting the ability of providers to force nurses to work beyond their professional opinion of what is safe for fear of losing their jobs. This is a very real problem facing the nursing profession and that is why my bill is endorsed by the American Nurses Association, AFSCME, AFT, SEIU, AFGE, UAW, and the AFL-CIO—organizations that speak for America's nearly 3 million nurses.

Again, my bill is not the sole solution. I supported the Nurse Reinvestment Act, which was passed by Congress and signed into law last year. 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. And, it will take even longer if the President and Republicans in Congress continue to withhold the funding necessary for the act to be implemented.

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 to 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.

STATE OF THE UNION

HON. MARCY KAPTUR

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 12, 2003

Ms. KAPTUR. Mr. Speaker, I submit the following article to be included in the RECORD:

[From the New York Times, Jan. 30, 2003]

WHAT THE WORLD HEARS WHEN THE
PRESIDENT SPEAKS; CALMING FEARS

(By Bill Emmott)

Before President Bush's State of the Union address, worry about war and suspicion of America were the prevailing views in the outside world. After his address, worry and suspicion still prevail. But there is now hope that the suspicion, at least, could soon ease.

Don't misunderstand. I have long supported America's effort to enforce the United Nations resolutions calling on Saddam Hussein to disarm, and have felt that only under an ever-nearing threat of war was there any chance that this might be achieved, peacefully or otherwise. Few of my fellow Europeans (and surprisingly few Britons) have felt the same. Every time they have seen Mr. Bush speaking informally about this issue, their fears and suspicions have grown. However, every time they have seen him make a big, formal speech (as at the United Nations in September and before Congress on Tuesday) they have felt reassured.

This time, the reassurance did not come from his deliberately reassuring gestures, such as the promise to put up \$15 billion to combat H.I.V. and AIDS in Africa and the Caribbean or the \$1.2 billion for research into pollution-free cars. It came from his announcement that on Feb. 5 Secretary of State Colin Powell would reveal evidence of Iraq's weapons concealment to the Security Council.