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Details:

(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2007-08

(session year)

Senate

(Assembly, Senate or Joint)

Committee on ... Labor, Elections and Urban Affairs (SC-LEUA)

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
 - (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
 - (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

Date?

Boyer

PROHIBIT MANDATORY OVERTIME FOR HEALTH CARE WORKERS

Senate Bill 512

Mandatory Overtime *Bad For Nurses--Worse For Patients*

ISSUE:

Mandatory overtime affects both health care workers and health care consumers. In the past, mandatory overtime in health care was used only in response to unforeseen emergencies in acute care hospitals. Since the mid-1990's hospitals have used mandatory overtime as standard practice in an attempt to cut costs by not hiring additional nurses. The practice is now becoming more common in nursing homes as well. Nurses and other direct care staff are being required to work double shifts, often without any advance notice, which can also put a severe strain on their family obligations.

Nurses and other health care workers are vital to the delivery of health care in our hospitals and nursing homes. The abuse of mandatory overtime by health care employers is forcing many nurses to work when they are seriously fatigued. Fatigue from overwork can lead to medical errors in administering medications and an impaired ability to observe important changes in a patient's condition. This situation is not fair to nurses or safe for patients.

LEGISLATION:

Legislation has been introduced by Senator Judy Robson to prohibit mandatory overtime, except in cases of unforeseen emergency. The bill will prohibit a health care facility from requiring an employee who is involved in the direct care of patients or residents or in clinical services to work for more than a work shift of eight, ten, or twelve hours, unless the hours have been determined and agreed to by the employee before performance of the work. The facility is also prohibited from requiring more than 40 hours per week without the consent of the health care worker, except in cases of emergency in which the health care facility has exhausted all other options.

INTRODUCED BY SENATORS ROBSON, COGGS, LEHMAN, CARPENTER, MILLER, HANSEN, CARPENTER, AND ERPENBACH, COSPONSORED BY REPRESENTATIVE BENEDICT, ZEPNICK, VAN AKKEREN, TURNER, BOYLE, BERCEAU, KESSLER, POCAN, SHERIDAN, BOCK, GRIGSBY, TOLES, RICHARDS, MASON, STASKUNAS, COLON AND HINTZ.

-Continued on other side-

TRUCK DRIVERS HAVE LIMITS ON WORK HOURS-WHY NOT NURSES?

There are limits on the work hours of truckers, airline pilots, flight attendants and rail workers because it is assumed that alertness is critical to the safe performance of their jobs, and many other lives are at risk. Lucian Leape of the Harvard School of Public Health stated: "It really ought to be illegal for nurses to work double shifts. You don't allow flight attendants to work more than eight hours. Why would anyone think that nurses are less important?"

(New York Times, April 8, 2001)

NURSING SHORTAGE LINKED TO BAD WORKING CONDITIONS

According to a major investigative report by the *Chicago Tribune*, "hospitals across the country regularly blame the shortage of nurses for staffing deficiencies, but in reality there is more often a shortage of nurses willing to work in hospitals. Deteriorating, oppressive workplace conditions--from mandatory overtime to stagnant pay--have made hospital jobs less appealing...Mandatory overtime and 16-hour shifts have driven many nurses away."

(Chicago Tribune, September, 10, 2000)

FORCING EXHAUSTED NURSES TO CARE FOR PATIENTS DOES NOT PROMOTE QUALITY PATIENT CARE

The highly-regarded Institute of Medicine reports that as many as 98,000 patients die from medical errors in hospitals every year. This indicates that the problem is not with individual decision-making or carelessness by doctors and other directcare workers, but it is a systematic failure in the delivery of care. It is clear that exhausted workers will be more prone to errors in judgement or lack of attention to detail. This is especially serious when the wrong decision can be life-threatening to a patient.

For more information please contact the Wisconsin Federation of Nurses and Health Professionals locally at 414-475-6065 or toll-free at 1-800-828-2256.



Date?
SB 5127



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FACT SHEET on Mandatory Overtime

Mandatory Overtime for Health Care Workers is Endemic

- Mandatory overtime began as a rarely used response to unforeseen emergencies, primarily in acute care hospitals. Since the mid 1990s, hospitals have increasingly used mandatory overtime as a cost cutting measure. Mandatory overtime is now part of a deliberate strategy in many hospitals to operate with less direct care staff.
- Nurses and other health care professionals across the state report that they are being forced to work overtime when they are exhausted after 12 hour shifts. According to a national survey by SEIU, nurse's now work an average of 8 ½ weeks of overtime a year.¹
- An SEIU survey of Wisconsin RNs who provide direct care in hospitals found that 42% had been mandated.²
- In order to further reduce costs, hospitals are increasingly extending mandatory overtime to non-professional hospital workers.

Mandatory Overtime is Driving Nurses Out of the Profession

- Nurses throughout Wisconsin and across the nation report that mandatory overtime leads to nearly overwhelming fatigue, and reaps havoc on family lives. They believe that it is one of the primary reasons so many nurses are either finding non-hospital jobs, or leaving nursing altogether.
- 84% of Wisconsin RNs believe that nurses are leaving the profession because of poor staffing and mandatory overtime.³
- According to a major investigative report by the *Chicago Tribune*, "hospitals across the country regularly blame the shortage of nurses for staffing deficiencies, but in reality, there is more often a shortage of nurses willing to work in hospitals. Deteriorating, oppressive workplace conditions—from mandatory overtime to stagnant pay—have made hospital jobs less appealing. . . . Mandatory overtime and 16-hour shifts have driven many nurses away." A noted nursing expert, Suzanne Gordon, concludes: "Polls and studies show why nurses are leaving their chosen profession: They are fed up with mounting workloads, mandatory overtime, and pay levels."⁴
- Nurses are not only leaving hospitals, they are increasingly leaving nursing altogether. Of the 2.2 million RNs nationally, a record 494,000 were not using their licenses.⁵
- The situation will only grow worse unless conditions are improved. According to a national survey of nurses, one in five is seriously considering leaving the profession due to poor working conditions.⁶
- The situation is even worse among young nurses. A recent University of Pennsylvania School of Nursing Study found that 1 in 3 nurses under 30 years of age plan to leave the profession within the next year.⁷ Yet, according to the U.S. Department of Labor, an additional 450,000 nurses will be needed by the year 2008.
- More money for nurse education will not solve the problem. As nursing expert Suzanne Gordon explains: "Veteran nurses and even recent nursing school graduates are discouraging others from entering the field and even advising nursing students to get out of bedside care as soon as they can. Without substantive changes in working conditions, luring more people into the profession will aggravate, not alleviate the situation and encourage the

“management by churn” that has reduced customer service quality in fast food, retail sales, and telemarketing, where the consequences are far less serious for customers than in health care.”⁸

- According to Julie Sochalski of the University of Pennsylvania School of Nursing: “Solutions that are focused on strategies to recruit more nurses will not ameliorate the problem in the long run if equal attention is not paid to strategies to retain the current and future workforce. . . .”⁹
- There is still time to solve the problem in Wisconsin. While there is a national nursing shortage, Wisconsin has yet to feel the brunt of it. Recent statistics show Wisconsin has 8.93 nurses per thousand population, which is well above the national average of 7.82 nurses per thousand.¹⁰

Health Care Mandatory Overtime is Bad Medicine

- Nurses, who are mandated more than any other occupational category, are the most important factor in quality acute care. They provide the bulk of patient care and they provide early warning and rapid intervention for critically ill patients. Fatigued nurses are much more likely to make errors, or to miss subtle changes in the condition of patients.
- The highly-regarded Institute of Medicine reports that as many as 98,000 patients die from medical errors in hospitals each year. Nurses are involved in more medical errors because they have by far the most contact with patients. According to a national study by the *Chicago Tribune*, nurse errors lead to at least 1,720 deaths and 9,584 injuries each year. Because 75% of hospitals do not report their medical errors to federal authorities, these numbers are substantially understated.¹¹
- Mandatory overtime also diminishes the quality of care, even when injuries are avoided. As Lucian Leape of the Harvard School of Public Health concludes: “It really ought to be illegal for nurses to work double shifts. You don’t allow flight attendants to work more than eight hours. Why would anyone think that nurses are less important?”¹²

There is a major bi-partisan effort underway in Wisconsin to prohibit mandatory overtime for health care workers, except in cases of unforeseen emergency. SEIU Wisconsin State Council urges support for SB 512 by Sen. Judy Robson (D-Beloit). Representative Chuck Benedict (D-Beloit) will be introducing a companion bill to SB 512 in the Assembly.

For more information contact Dian Palmer, RN, (608) 225-3495, dianp@1199wup.org

¹ SEIU Nurse Alliance, *The Shortage of Care: How to Solve the Nursing Shortage by Treating the Disease, Not the Symptoms* (May 2001): 3.

² SEIU survey of 1486 RNs in Wisconsin, 2004.

³ Ibid.

⁴ *Chicago Tribune* (September 10, 2000); Suzanne Gordon, “Nursing is What Needs the Cure,” *Los Angeles Times* (August 13, 2001).

⁵ *New York Times*, (April 8, 2001).

⁶ Federation of Nurses and Health Professionals, National Survey by Peter Hart Research, April 19, 2001.

⁷ Linda H. Aiken, et al, “Nurses’ Reports on Hospital Care in Five Countries,” *Health Affairs* 20 (May/June 2001): 43-53.

⁸ Suzanne Gordon, “Nursing is What Needs the Cure,” *Los Angeles Times* (August 13, 2001).

⁹ Hearings, U.S. Senate Health, Education, Labor and Pensions Committee, May 18, 2001.

¹⁰ Bonnie Strauss, Testimony before Joint Audit Committee, June 28, 2001.

¹¹ *Chicago Tribune*, September 10, 2000.

¹² *New York Times*, April 8, 2001.

New Jersey's Mandatory Overtime Regulations

After a five-year battle, New Jersey's Mandatory Overtime regulations were adopted January 15, 2004, and published in adopted form in the New Jersey Register, February 17, 2004. It was the second law of its kind in the nation, behind Washington. The New Jersey legislation is considered the strongest in the nation.

The mandatory overtime ban covers health care workers "employed by a health care facility who is involved in direct patient care activities or clinical services and who receives an hourly wage, but shall not include a physician." In the regulations, a health care facility is defined as a facility "licensed by the Department of Health and Senior Services... a State or county psychiatric hospital, a State developmental center, or a health care service firm registered by the Division of Consumer Affairs in the Department of Law and Public Safety..." These definitions make the New Jersey law applicable to nursing homes, as well as other facilities, and covers nurses as well as nurse aides.

The law mandates a maximum workweek of 40 hours for all hourly employees who provide direct patient care. Any work in excess of 40 hours per week must be voluntary. Exceptions to the ban on mandatory overtime can be made in the case of an "unforeseeable emergent circumstance." An "unforeseeable emergent circumstance" will occur when overtime is required as a last resort and the employer has exhausted all reasonable efforts to obtain staffing. The employer has exhausted all "reasonable efforts" to obtain staffing, after:

- a. seeking volunteers to work extra time from all available qualified staff who are working at the time of the unforeseeable emergent circumstance;
- b. contacting all qualified employees who have made themselves available to work extra time;
- c. seeking the use of per diem staff
- d. seeking personnel from a contracted temporary agency when such staff is permitted by law or regulation.¹

However, exhaustion of reasonable efforts does not apply in the event of any declared national, State or municipal emergency or a disaster or other catastrophic event that substantially affects or increases the need for health care services. In these cases when the employee is made to work mandatory overtime, the employer shall provide the employee with necessary time, up to a maximum of one hour, to arrange for the care of the employee's minor children or elderly or disabled family members

Enforcement

If employees believe their employer did not meet the requirements of the law, they can file a Mandatory Overtime Complaint form with the NJ Department of Labor. Nurses have up to two years following the date of the assigned mandatory overtime to file the complaint. After the Division of Wage and Hour Compliance receives a complaint, the employee is sent a letter acknowledging its receipt. The complaint is reviewed to ensure that the type of work and employer are covered under the law. The

¹ N.J.S.A. 34:11-56a32. Definitions relative to work hours for certain health care facility employees

employer is then notified that a complaint was filed. The employer is also supplied a copy of the complaint and asked to complete a questionnaire regarding the mandatory overtime. An employer in violation of the law will be subject to monetary penalties; up to \$1,000 for each day the rules have been broken. The person who filed the complaint cannot be fired or disciplined.

Hospitals Arguments against Legislation

The mandatory overtime ban was strongly opposed by the New Jersey Hospital Association (NJHA). The NJHA claimed it would be difficult for hospitals to obey the law because "patient loads and demands on hospitals change daily and they do not have enough staff."

Effects of Legislation

Neither the New Jersey Department of Health and Senior Services or the New Jersey Department of Labor have any data on the mandatory overtime ban. Both departments are unaware of any health care facilities that have been forced to cease services due to the legislation. Geraldine Moon, the Sr. Vice President of Hospital Operations at the New Jersey Hospital Association, concurs with the departments. In an email from Moon she stated, "There are no hospitals or hospital care units in NJ that have closed because of the MOT law. The utilization of MOT within our hospitals, according to survey data, was rare, and it was not a practice that was used by the majority of our hospitals. Of course the unions and the NJ State Nurses Assoc. advocated for the law, however it was not necessary to begin with. Our Dept of Labor is enforcing compliance to the law, and to date there are no infractions great enough to warrant closure action."

For more Information:

New Jersey Statue and Rule Language

<http://www.state.nj.us/labor/lssc/hlthcarelaw.htm>



Wisconsin Society of Healthcare Human Resources Administration

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Email: wshhra@teamwi.com

WSHHRA

Date ?

**Testimony Re: Ban on Mandatory Overtime Legislation
Senate Bill 512**

My name is Randy Schade; I am the Director of Human Resources at Aspirus, a not for profit healthcare system corporately located in Wausau, WI. Aspirus employs over 3,800 employees, the majority of which are clinicians and caregivers (i.e. Registered Nurses and Technicians). Aspirus is a community-guided health system providing leading health, cancer, GI, and spine and neurological care. We serve people through Aspirus Wausau Hospital, more than 30 primary and specialty clinics, an affiliated hospital and physician network, and regional and home health and hospice services. I am also the President of the Wisconsin Healthcare Human Resources Administration (WSHHRA). I also speak to you on this topic today as a representative of WSHHRA.

Unfortunately I am unable to voice my concerns to this proposed legislation in person, however, it is my sincere wish that my thoughts be voiced to all stakeholders. I am here to speak in opposition to Senate Bill 512, legislation that would ban the use of mandatory overtime. I must start by saying that in my healthcare organization, in WSHHRA and in my field of Human Resources (HR, I am recognized as a strong employee advocate. I have been employed in the healthcare field for over 20 years and been witness to the tremendous changes that healthcare has experienced in those 20 years. Additionally, my spouse is a healthcare professional with over 20 years experience as a Respiratory Therapist, I am acutely aware of the challenges caregivers (and their families) endure. It is with this context I present my thoughts regarding this proposed legislation.

Being a strong employee advocate, you're probably wondering why I oppose Senate Bill 512 legislation. There are many important reasons. Let me first speak to the reason that most affects the image and importance of employee relations in our workplace. I don't want employees to believe for one second that good labor employment practices have to be legislated. I want employees to know that hospital administrators are always aware of their concerns and issues and that we are both working together towards achieving the same goal - delivering patient care that exceeds the expectations of all involved.

Additionally, I believe that those choosing healthcare as a career choose it first to help others, not with a priority focus on hours and shifts.

Now allow me to address with you the more intellectual reasons why we should not pursue approval of this legislation:

1. I expect that each of us remain aware of the current and future demographics affecting the delivery of healthcare going forward. There will be more people turning 65 years old than 18 over the next 20 years and beyond. Between the years of 2000-2020, the US population will grow at a pace of about 18.2% while the number of 65 year olds will grow by 54% and the number of 85 year olds will grow by 57%. Simply put, there will be more people exiting the workforce than entering the workforce. There will be more people needing healthcare than people available to deliver healthcare. According to a US Department of Labor Report, non-health occupations between the years 2000-2020 will grow by 14% while health occupations will grow by 29%.
2. Our young people are choosing careers other than those in healthcare settings. These changing choices are not due to mandatory overtime, but largely due to the fact that women, who in the past had fewer career choices, now have unlimited choices.
3. We are and will continue to experience a nursing shortage over the next 20 years.
4. We continue to have increasing amounts of regulation in the healthcare industry, which increases the amount of time needed to manage the paperwork.

At times for any number of reasons, nurses are asked to stay on duty for a few extra hours or may be asked to pick up an extra shift. This need for extra help may be the result of increased patient census, increased acuity of patients, nurses calling in sick or having family emergencies (involving their own children or parents), vacancies, and accidents or emergencies requiring that more professional staff be available.

Because of the tight labor market the programs being used to encourage this added staffing assistance are voluntary or offered on a rotation basis. Mandatory overtime is typically a chosen alternative of last resort. I assure you that any hospital that uses "mandatory" overtime right now on a regular basis is a target for recruiters who are eager to place nurses at other hospitals. Obviously, this need to maintain our own nurse pools makes us very aware that the constant use of mandatory overtime could hurt our success with addressing our own individual hospital retention issues.

Mandatory overtime is a tool of last resort in delivering the care needed by our patients but one that may be needed to assure quality operations and outcomes. Currently our WSHRA member hospitals are using a variety of programs at a great cost to entice employees to work longer or to cover additional shifts needed for patient care. At times healthcare facilities are resorting to mandatory overtime to deliver needed patient care, but only when all other staffing avenues have been exhausted.

We want to build partnerships with our employees. We currently offer more flexible scheduling than we ever have in healthcare including options such as full-time and part-time positions, job sharing, weekend options, occasional staffing, and a multitude of other creative staffing options. Most hospitals are putting retention programs for employees in place, many with a focus on

nursing. Healthcare employers are working in collaboration with technical colleges, universities and high schools to interest our young people in healthcare careers and to increase enrollment in nursing schools and other healthcare occupations. All these items are intentional and focused efforts on the part of healthcare institutions to develop options so less overtime will be required for patient care.

Mandatory overtime is a symptom of larger problems. I encourage you to work with us to solve these larger issues –one of which is the current shortage of healthcare workers. Your focus on support of educational institutions that provide programming for these professionals is a first step in solving these problems. Assist us in reducing paperwork requirements that hinder our care giving staff from being at bedside and/or that requires additional staffing just to complete the documentation. This pending legislation will only have a negative effect, requiring even more paperwork to implement needed staffing patterns for essential patient care.

At the present time with current demographics, shortages of clinicians, and required regulatory matters, staffing for patient care requires daily creative options. At times overtime is the only option remaining for healthcare institutions delivering care to their patients. Ultimately, banning mandatory overtime could result in hospitals having to turn patients away from emergency rooms or delay scheduled procedures. It could mean closing beds at a time when the need for care due to changing demographics seems to be on the rise.

In making this final legislative decision, our legislators - each of you - need to pause and consider the challenges this pending legislation would place before Wisconsin hospitals and their operations. Evaluate the strength of quality within Wisconsin hospitals and recognize that such quality does not occur without leaders within who care as much for the well-being and safety of our employees as we do for the well-being and safety of our patients. Wisconsin hospital administrators will continue to do the right thing, not because legislated us to do so, but because we want to maintain a high quality environment for patients, residents and the employees of our health care organizations. Quality healthcare is about doing what is right for patients and employees. Wisconsin hospitals have that focus. I am hopeful that you recognize the problems this legislation would create for hospital operations and ultimately patient care. I respectfully request that you do not support this legislation. Focus with us instead on the bigger issues that affect the future of our healthcare delivery in Wisconsin.



FREQUENTLY ASKED QUESTIONS ABOUT

WISCONSIN'S BILL TO BAN MANDATORY OVERTIME FOR NURSES AND HEALTH CARE GIVERS

Date?

SB 512?

Why do we need a ban on Mandatory Overtime for health care workers?

- Mandatory overtime is bad for nurses and health care workers...but it is worse for patients.
- It's an issue of patient safety. Would you want to be a patient cared for by a nurse who has just worked sixteen hours in a row?
- An overworked caregiver cannot provide the same level of care as someone who arrives fresh and ready to tackle the day's challenges.

Just because a nurse or a caregiver is tired, does it necessarily follow that he or she will make a medical mistake?

- Not necessarily, health care workers do their best to give quality care to all of their patients – tired or not. However, the likelihood of making a mistake increases when exhaustion sets in.
- One study found that after 17-19 hours without sleep subject's performance was equal to or worse than at a blood alcohol level of 0.05%. After 24 hours, 0.10%
- The Institute of Medicine study found that as many as 98,000 people die each year from preventable medical mistakes.

Do other professions have a limit on the number of hours workers can work?

- Yes, there are limits on the work hours of truckers, airline pilots, flight attendants and rail workers because it is assumed that alertness is critical to the safe performance of their jobs.
- Nurses make life and death decisions throughout their shift, hospitals should no longer be permitted to jeopardize patient safety by forcing exhausted nurses to care for patients.

What about the nursing shortage, if we ban mandatory overtime who will care for the patients?

- Mandatory overtime is unsafe for patients. We should not allow patient safety to be jeopardized.
- Mandatory overtime is forcing nurses out of the profession. A survey conducted by the Federation of Nurses and Health Professionals found that one in five nurses is planning to leave nursing in the next five years because they are fed up with working conditions like mandatory overtime.
- By banning mandatory overtime, we will give Wisconsin nurses an incentive to stay in the profession.

If we ban mandatory overtime, who will care for the patients in an emergency like a blizzard or a plane crash?

- The bill allows employees to be mandated to work in the case of an unforeseeable emergency like a natural disaster.
- However, the emergency must be unforeseeable. That means a hole in the schedule or a sick call is not considered an "emergency."

SB/cdb opei9aficio
4/legis/faqmandatoryot4-01



Wisconsin Federation of Nurses and Health Professionals, AFT, AFL-CIO
9620 West Greenfield Avenue, West Allis, WI 53214
414-475-6065 800-828-2256



SB 512?
Date?

My name is : *Michael J. Cooley RN*

MOT is a practice used to staff institutions with out enough nursing staff. It is an insidious, band-aid approach that is progressively depleting a profession that already faces a nationwide shortage. This abusive practice effects institutions from large urban hospitals to small mom and pop nursing homes. This practice holds both patients and their care givers hostage in a dangerous game of chance that plays out across the state everyday. The stakes being gambled here are the lives of our patients. The winners are the institutions that use MOT. The losers tragically are our patients and the nurses that care for them.

As nurses we save lives everyday
Not in a flashy get out the defibrillator and shock em back to life manner, but in a way that most people never realize.
We provide pt care in an environment that is ripe with numerous threats to their safety.
It is the nurses job to eliminate or minimize those threats.
Daily we operate high tech machines, administer drugs that can save as well as take a life, assist with critical procedures and through out it all use our professional judgement and training to ensure our pts safety.

Nursing is a profession that demands maximum effort and constant attention every minute of the day.
Giving anything less invites danger and increases the risks to pt safety.
A tired, over stressed, or inattentive nurse is a dangerous nurse
A nurse that makes mistakes.
A nurse that administers the wrong drug, schedules wrong test, or handles a pt in the wrong manner.
More acutely though it can be a nurse that fails to notice the subtle and often critical changes in a pt .that may save their life.
This is how MOT threatens that safe environment of our pts.
It relies on the use of tired, over stressed and inattentive care givers.

Maximum effort and constant attention cannot be attained with MOT
Safe pt care cannot be achieved with MOT
You as legislators Must place limits on the amount of time that our professionals can safely practice
Truck drivers and airline pilots have these limits
Why not nurses?
Are the lives we touch less important than those in the transportation industry?

20

Wisconsin is a state that has always been concerned about the welfare of its citizens.

We have a variety of laws to keep our citizens healthy and safe from food handling practices to seat belts.

Currently you are debating a smoking ban to further insure the health of our state.

Isn't it time to think about the safety and health of our patients as well?

PLEASE consider a ban on MOT for health care workers.

Your constituents and our pts deserve nothing less.

Thank you.



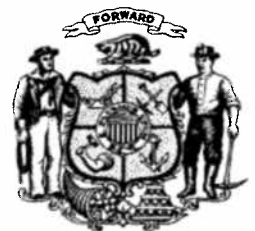
SB 512?
Date ?

WFNHP =

WI Federation of
Nurses & Health
Professionals



WISCONSIN STATE LEGISLATURE



SB 512?
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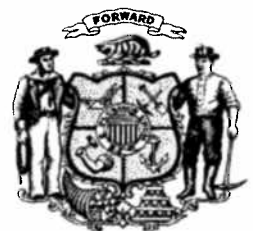
We know there is Mandatory
overtime on the rehab
unit at sinai -

maybe fun to ask is
there MOT on the
rehab unit

✓
mandatory O.T.



WISCONSIN STATE LEGISLATURE





Stopping the Clock

Controlling
the Use of
Mandatory
Overtime in
the Health
Care Industry

SB 512 ?

36 pages

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Packet

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Front



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HEALTH PROFESSIONALS, AFT, AFL-CIO
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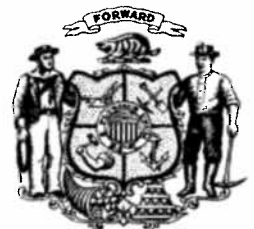
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WISCONSIN STATE LEGISLATURE



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as of Monday, March 03, 2008

2007-2008 legislative session
Legislative bills and resolutions

(search for another legislative bill or resolution at the bottom of this page)

Senate Bill 512

mandatory overtime hours worked by health care workers employed by health care facilities and providing penalties. (FE)

TEXT
sponsors
LBR analysis

STATUS
committee actions and
votes
text of amendments

COST & HOURS
of lobbying efforts
directed at this
proposal

Organization		These organizations have reported lobbying on this proposal:	Place pointer on icon to display comments, click icon to display prior comments		
Profile	Interests		Date Notified	Position	Comments
●	●	Ministry Health Care	2/27/2008	↓	
●	●	Wisconsin Counties Association	2/26/2008	↓	
●	●	Wisconsin Federation of Nurses & Health Professionals	3/3/2008	↑	
●	●	Wisconsin Health Care Association Inc	2/26/2008	↓	
●	●	Wisconsin Hospital Association Inc (WHA)	2/21/2008	↓	
●	●	Wisconsin Manufacturers & Commerce	2/28/2008	↓	
●	●	Wisconsin Nurses Association	2/28/2008	↑	
●	●	Wisconsin State AFL-CIO	2/22/2008	↑	

Select a legislative proposal and click "go"

House

Proposal Type

Proposal Number (enter proposal number)

Legislative Session