

HCS HB 264 -- NURSE STAFFING PLANS

SPONSOR: Holand

COMMITTEE ACTION: Voted "do pass" by the Committee on Health Care Policy by a vote of 12 to 2.

This substitute contains provisions pertaining to overtime requirements for nurses employed at licensed acute care hospitals in Missouri.

The substitute:

(1) Contains various definitions, including "overtime," "hospital," "reasonable effort," "on-call time," and "unforeseeable emergent circumstances." Non-acute care facilities and state psychiatric hospitals are excluded from the definition of "hospital";

(2) Prohibits licensed hospitals from requiring, compelling, or forcing an employee to work overtime as a condition of employment. Any contractual arrangement or agreement containing a mandatory overtime provision is voidable;

(3) Allows any employee to voluntarily work overtime. Refusal of an employee to work overtime is not grounds for termination, discrimination, discipline, or adverse employment decisions affecting the employee; and

(4) Contains exceptions which do not prohibit an employee from working overtime. The exceptions include unforeseeable emergent circumstances, pre-scheduled on-call hours, completion of patient care already in progress, and when an employer can document that reasonable efforts have been made to obtain additional staffing.

FISCAL NOTE: Not available at time of printing.

PROPONENTS: Supporters say that a growing number of nurses are required to work unplanned or mandatory overtime, which could endanger patient safety. At least 25 states have introduced or passed legislation pertaining to nurse staffing plans for licensed hospitals. Greater safeguards are needed to protect nurses from retaliation if they refuse to work overtime. Safeguards were added to the substitute. The bill is not punitive, but provides alternatives for hospitals to address nurse staffing shortages.

Testifying for the bill were Representative Holand; and Missouri Nurses Association.

OPPONENTS: Those testifying against the bill state that some of the definitions such as "acuity system" would be difficult to apply and implement in certain nursing or medical units such as surgery, obstetrics, and emergency medicine. This definition is not in the substitute. Current law requires hospitals to develop and implement a plan which requires adequate nurse staffing. The bill could cause some hospitals to relocate from areas within Missouri.

Testifying against the bill was Missouri Hospital Association.

Joseph Deering, Legislative Analyst