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**Senate Health Committee
Senate Bill 129 — Sponsor Testimony
Wednesday November 10, 2021**

Chairman Huffman, Vice Chair Antani, Ranking Member Antonio, and members of the Senate Health Committee, thank you for the opportunity to present sponsor testimony on Senate Bill 129.

A reintroduction of House Bill 144, from the 133rd General Assembly, which passed out of the House with strong bipartisan support and was sponsored by the late Representative Don Manning. This bill would prohibit **mandatory** nurse overtime as a condition of employment. While Ohio would become the 19th state to prohibit such actions, we must note that nurses will still be able to work overtime if they so choose.

The intent of the legislation is to prohibit a hospital from requiring a registered nurse or licensed practical nurse to work in excess of an agreed upon, predetermined, scheduled full-time or part-time workweek as a condition of continued employment. Hospitals will be prohibited from terminating employment, proposing to terminate employment, taking disciplinary or retaliatory action, or proposing to take disciplinary or retaliatory action solely because a nurse chooses not to work overtime.

Additionally, under this bill, hospitals can still offer overtime. Hospitals may request or schedule overtime during health care disasters, declarations of emergency, prudently unanticipated emergencies, unforeseen events, or influxes of patients that result in care needs beyond reasonable predictable levels and increased needs in personnel to ensure safe patient care, and situations when a nurse is actively engaged in an ongoing medical or surgical procedure.

According to various studies found through the U.S. National Library of Medicine and National Institutes of Health, excess work and overtime can result in negative outcomes for patients and nurses. In addition, protection from mandatory overtime nurse staffing has shown to result in improved patient health outcomes.

There have been reports from the nursing industry of employers threatening disciplinary action, including termination or reporting patient abandonment, if nurses do not work unscheduled overtime. For example, in 2018 Brian Burger, Former President of the Ohio Nurses Association, testified in House Health committee with the following example:

“Since I began nursing, I have been required to work 12-16 hours of overtime for the past 2 years. When I ask for time off, my request is denied because of ‘staffing issues.’ When I try to NOT sign up for overtime, my supervisor will threaten me in emails or corner me in person saying that I will be reported to the manager, given poor performance reviews, or denied my request for time off. At the end of a fifty to sixty hour work week, I do not feel safe. I’m an accident waiting to happen. Whether that accident be a medication error, or crashing my car on the way home because I fell asleep. Hospital management only cares about meeting minimum staff numbers and as long as the state allows this to continue, the nursing workforce will take the abuse.”

This testimony was from 2018. It shows the abuse was going on long before the pandemic and it will resume after the pandemic is over. I join the other 10 Senate Republicans and 1 Senate Democrat that was previously in the House and supported this legislation with a committee or floor vote.

In addition to these reports, Auditor Faber also conducted a performance audit in 2019 and weighed in with support on last general assembly's House Bill 144. This report examines the Ohio Department of Mental Health and Addiction Services (OMHAS) and the nursing staff levels at Ohio's six regional psychiatric hospitals, which currently mandate that nurses and other direct care employees work overtime in order to provide appropriate levels of care.

The findings from Auditor Faber show that by adjusting staffing models and updating scheduling practices, OMHAS could replace between 10%-40% of its overtime hours with regular hours, saving up to \$1 million annually.

Lastly, one common concern heard by previous sponsors of this bill regards a nursing shortage in Ohio. Because of Ohio's higher education opportunities with community colleges, online education access and 4 year schools throughout our state, we are uniquely positioned to have a surplus of nurses in the near future.

However, these shortages are not unique to nursing, and are actually seen in various areas throughout our state. As an example, there are remote areas in Appalachia Ohio that lack of all types of resources, such as internet infrastructure, teachers, firefighters, police officers, doctors and nurses. In addition, the American Association of Colleges of Nursing has reported that, in the past year, we have actually seen an increase in individuals enrolling in nursing programs. This indicates the workforce will be more robust in the coming

years¹. Given the current burnout being experienced by nurses, we actually feel SB 129 will incentivize nurses to stay at the bedside because it will ensure staffing schedules are normalized in a way that is sustainable for their wellbeing and delivery of good patient care.

Thank you Chairman Huffman and members of the committee for the opportunity to bring this bill before you today. We would be glad to answer any questions you may have.

¹ <https://www.aacnnursing.org/News-Information/Press-Releases/View/ArticleId/24802/2020-survey-data-student-enrollment>