

military he came to Colorado. Ted began a successful career in the oil and gas industry, becoming Vice President of Petroleum Information.

Feeling drawn toward public service, Ted ran for election to the Colorado House of Representatives. He served 2 years in the House before being elected to the Colorado State Senate, where he served as Senate President and later as a candidate for Governor in 1986.

Ted's obvious passion for public service led him to run for Adams County Commissioner in 1996. Once on the Commission he continued his hard work for those he represented. He served on the E-470 Public Highway Authority Board, the Front Range Airport Authority Board, the Adams County Economic Development Board, the Adams County Water Quality Association, and on the Denver Regional Council of Governments. With such a wide scope of reach, Commissioner Strickland has left an important legacy in Colorado.

Mr. Speaker, I ask my colleagues to join me in honoring Mr. Ted Strickland and in wishing him well on his retirement from local government.

TRIBUTE TO LEGION POST
COMMANDER, KEN WOLTERS

HON. IKE SKELTON

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 10, 2005

Mr. SKELTON. Mr. Speaker, one doesn't have to look very far from home to find an excellent example of patriotism. Ken Wolters, of Jefferson City, Missouri, is the commander of American Legion Post 5. In late January, he left home for up to 18 months of active duty in Iraq with the Missouri National Guard's 1035th Maintenance Company.

Wolters has been a National Guardsman for 39 years and a Legion member for 34 years. A sergeant first class, Wolters is an automotive technician with the unit. He also has worked full-time as an armament inspector at the Missouri National Guard headquarters, and has been activated for state power outages and the Missouri River flood in 1993, but this is his first federal duty. The unknowns don't bother Wolters because years of training and a reliable unit give him confidence, he said.

As Ken Wolters begins his active duty in Iraq, he will continue to serve our country with great distinction. Mr. Speaker, I know the Members of the House will join me in thanking Ken for his dedicated service and in wishing him all the best in the days ahead.

THE SAFE NURSING AND PATIENT
CARE ACT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 10, 2005

Mr. STARK. Mr. Speaker, I rise to introduce the Safe Nursing and Patient Act with Rep. STEVEN LATOURETTE (R-OH). Assuring quality medical care and addressing our nursing

shortage should not divide us on partisan lines. That's why I'm especially pleased to be working across the aisle with my friend from Ohio, Mr. LATOURETTE, in this important endeavor. 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 that 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 a growing body of research to back up the anecdotes. Premier among these studies is a comprehensive report issued by the Institute of Medicine in November 2003 entitled, "Keeping Patients Safe, Transforming the Work Environment of Nurses." Highlighting their concern with regard to this issue, the IOM headline for their release of the report was, "Substantial Changes Required in Nurses' Work Environment to Protect Patients from Health Care Errors." Within the report, they concluded that "limiting the number of hours worked per day and consecutive days of work by nursing staff, as is done in other safety-sensitive industries, is a fundamental safety precaution." The report went on to specifically recommend that "working more than 12 hours in any 24-hour period and more than 60 hours in any 7-day period be prevented except in case of an emergency, such as a natural disaster."

Another study published in the July/August 2004 Health Affairs Journal, "The Working Hours of Hospital Staff Nurses and Patient Safety," found that nurses who worked shifts of twelve and a half hours or more were three times more likely to commit an error than nurses who worked eight and a half hours (a standard shift) or less. The study also found that working overtime increased the odds of making at least one error, regardless of how long the shift was originally scheduled. Finally, this article illustrates how nurses are being forced to work more and more overtime. The majority of nurses surveyed reported working overtime ten or more times in a twenty-eight day period and one-sixth reported working sixteen or more consecutive hours at least once during the period. Nurses reported being mandated to work overtime on 360 shifts and on

another 143 shifts they described being "coerced" into working voluntary overtime.

As these studies show, the widespread practice of requiring nurses to work extended shifts and forgo days off causes nurses to frequently provide care in a state of fatigue, contributing to medical errors and other consequences that compromise patient safety. In addition to endangering patients, studies also point to overtime issues as a prime contributing factor to our nation's 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 federal 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.

Often the states are ahead of the federal government when it comes to pinpointing problems that need to be addressed. It is worth noting that many states are considering such laws to strictly limit the use of mandatory