



**TESTIMONY  
OF  
CONNECTICUT HOSPITAL ASSOCIATION  
PUBLIC HEALTH COMMITTEE  
Thursday, February 20, 2003**

**SB 426, An Act Concerning Maximum Work Hours For Health Care Facility Workers**

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony regarding **SB 426, An Act Concerning Maximum Work Hours For Health Care Facility Workers**.

This bill would establish a maximum work day and work week for nonexempt healthcare facility workers, allowing for certain exemptions, beyond which the workers shall not be required to perform overtime work. CHA opposes this bill.

We have a well documented and worsening healthcare workforce shortage in Connecticut. It is impeding our hospitals from filling their current vacancies, and our future vacancies will be even more difficult to fill as we bear the full demographic brunt of our aging healthcare workforce retiring out of the healthcare system just as aging baby boomers are flooding into it for care. Some would argue that to address the workforce shortage, we need legislation to prohibit the use of mandatory overtime. But if we didn't have a shortage problem, we wouldn't have an overtime problem. No hospital prefers to deal with chronic staff shortages through the use of overtime, voluntary or otherwise. It's not cost-effective and it burns out the staff. Mandatory overtime is not even used by over two-thirds of Connecticut hospitals. They have avoided it by employing a number of strategies, including:

- asking for volunteers;
- calling in staff who have elected to be called or accepted an "on call" incentive to be available for overtime;
- asking staff on the unit to arrange coverage;
- asking part-timers or per diem staff to pick up extra hours or shifts;
- drawing staff from a float pool or staffing pool;
- using traveler or agency staff; and
- requiring managers to cover.

To encourage volunteers, most of our hospitals are offering overtime incentives in addition to the premium pay that may also be available. They offer whatever "deals" they can – often involving time off from a future scheduled shift if an employee will stay in an emergency. Whenever possible, overtime is voluntary. When absolutely necessary, overtime is mandatory. The biggest users of mandatory overtime among Connecticut hospitals are those with union contracts that specify a mechanism for utilizing it.

There are other major patient care implications. Legislation that restricts the use of mandatory overtime would have a significant impact on staffing in our operating rooms (ORs). OR nurses and other staff are generally expected to finish a surgical case if a change of shift occurs before the completion of the surgery. This could potentially be mandatory overtime. More importantly, a prohibition against the use of mandatory overtime would have a significant impact on how hospital operating rooms are routinely staffed during evenings, holidays and weekends. ORs are staffed by employees who are “on call”. These are nurses and physicians who have typically worked a normal workweek, who are paid an additional amount to be “on call” during evenings, holidays and weekends so that sufficient staff is available to respond to trauma or patient emergency. The proposed legislation would adversely impact the staffing of ORs if employees could not be required to work more than a 40-hour workweek. The same applies for staff in the Post-Anesthesia Care Unit (PACU). An insufficient number of volunteers may mean the difference between access to emergency surgery and no access to emergency surgery.

Emergency situations can arise at any time involving crisis patient care situations, or unanticipated staff vacancies, absences and lateness, or unavailability of per diem staff, agency staff or volunteers, or weather-related situations. Hospitals are also on the frontline of our homeland security defense – an emergency could be a disaster or the activation of an alert status as a result of a threat or incident. It is neither safe nor practical to prohibit mandatory overtime in a patient care environment.

Connecticut hospitals know how damaging mandatory overtime can be to a workforce. It is a last resort measure and it is not even used at all by most hospitals. Managing the complex staffing needs of a 24x7 hospital must be the responsibility and right of the hospital. Staffing is an employment issue and must be left to employers to work out with their respective employees, so that variations in patient needs, staff needs and operational needs can be addressed appropriately. In the healthcare environment it is difficult to make overtime requirements predictable, but hospitals work hard to give as much notice of overtime as possible and to give employees a say in how it’s assigned. Given the extremely competitive labor market, the employer who is most successful at minimizing disruptive and mandatory overtime will become the employer of choice. But eliminating hospitals’ limited use safety valve of mandatory overtime for emergencies would be inappropriate and dangerous.

Thank you for your consideration of our position.