

The Truth about the Breaks Bill, House Bill 3024

The Washington State Legislature is currently debating House Bill (HB) 3024, regulating meal and rest breaks for registered nurses, licensed practical nurses, and a variety of skilled technologists in hospitals.

Washington's hospitals absolutely believe hospital employees need adequate meal and rest breaks. The care provided to patients is so important and so complicated that our staff must be alert and vigilant when providing patient care.



“I am opposed to legislation mandating ‘uninterrupted breaks.’ I want to be able to make the choice to determine when it is safe for my patient to take a break.”

*Kari Blaak, RN,
Othello Community Hospital*

This legislation is the wrong approach. It would be unworkable in the real world. The Washington State Hospital Association and the Washington State Medical Association are adamantly opposed to the bill. We have also heard from many direct care staff members and union members who oppose the bill.

How Our Hospital Will Implement HB 3024

If HB 3024 is enacted, all employee breaks will have to be rigidly scheduled to ensure our hospital is complying with the law. There is no other way for us to document that each affected staff member has gotten his or her uninterrupted break. This means we will say: “Sarah’s break is 10:00 – 10:10 a.m.; Geraldine’s break is from 10:10 – 10:20 a.m.; John’s break is from 10:20-10:30 a.m. – no exceptions.” Similar legislation in California has meant some staff arrive at work only to be forced to take their break 15 minutes later.

Flexibility for structuring breaks will be completely eliminated. HB 3024 is a “one-size-fits-all” mandate from Olympia for thousands of hospital employees in different units in many different kinds of hospitals.

Your ability to arrange your own breaks will disappear. Currently, our staff can take their breaks in order to call to check in with a child at a certain time. They can arrange for shared break time with co-workers or friends. They can divide up their breaks to help them manage complicated lives, make personal phone calls, or check personal email. If HB 3024 is enacted, our hospital will be unable to accommodate these personal needs and desires.

HB 3024’s Exceptions Are Dangerously Narrow

HB 3024 says breaks can be interrupted in two circumstances only: when there is a federal or state emergency, or when “a clinical circumstance that may lead to patient harm could occur without the specific skill or expertise of the employee on break.” The bill removes your professional judgment about when interruptions to a break are reasonable, given patient needs.

With these narrow exceptions, here are some examples of when your hospital-scheduled break ***could not be interrupted, even if you want to be:***

- When a family member you have been waiting to talk to arrives or returns a call;
- When the physician managing a patient’s care arrives for a long-awaited consultation or returns a call;
- When the woman you have been working with through her whole labor is delivering her baby;
- When your patient receives devastating news about his or her condition;
- When a family receives devastating news about their child’s condition; and
- When the ambulance arrives to transport the patient to another facility.

Unintended Consequences

Another major concern with the bill is that staff working in procedure or operating areas will need to be interrupted to receive their required break. No longer can employees wait until the procedure is completed. This is a serious patient safety concern.

HB 3024 also allows staff to “temporarily choose” to take several shorter rest breaks. This is a very ambiguous part of the legislation and difficult to administer. If you want to take several shorter breaks, we will need to have documentation of your request, why you are making the request, and confirmation that it is the employee, not the hospital, asking for shorter breaks. This will be important for us to be able to demonstrate compliance with the law.

There are better ways to accomplish the goal of ensuring critical hospital staff get their breaks. We address these issues through our collective bargaining process or our nurse staffing committees. HB 3024 is just too rigid. The unintended consequences of HB 3024 will negatively impact patient care and staff satisfaction.

Get Involved

Call your State Senator **today** and tell them to vote **NO** on HB 3024. You can call the toll-free Legislative Hotline at **1-800-562-6000**. The operator will look up your legislative district and connect you to your State Senator.

Give your State Senator this message: *“I’m a registered nurse (or hospital technologist) in your district. (If you’re a member of a union, name the union.) Please vote NO on HB 3024. The bill removes my professional judgment about when my patients are stable and when it is safest for me to take a break. It means I won’t be included if a family member arrives or a physician returns an important call during my break – even if I want to be. This will lead to dangerous communication breakdowns. It also removes my ability to schedule my breaks as I need them to deal with my own personal needs. I’m a professional. I don’t need Olympia to micromanage how I do my job.”*



“In my 11 years as a neonatal intensive care unit nurse, I have never felt I was unable to take a break when I needed one. Under this law, I could only return from a break if there were an emergency that required my specific skills. If I have a family whose baby is dying and I want to return from a break, I don’t want to be forced to choose between my desire to stay with the family and the requirement to stay on break. Please don’t put me in that position.”

*Tracy Dunham, Neonatal ICU Nurse,
Tacoma General, MultiCare Health System*



“My patients are my patients from the moment they walk in the door to the time they leave. This bill would take away my flexibility to choose appropriate times to take a break and still provide the kind of patient care I want to provide. If a patient needs me to hold their hand through a test, I want to be able to be there.”

*Andrea Gallagher, MRI Technologist,
Pullman Regional Hospital*

