



To: Senate Committee on Economic Development, Housing, and General Affairs
From: Helen Labun, Executive Director, Vermont Health Care Association
Re: S. 277 *An Act Relating to Prohibiting Mandatory Overtime for Nurses*

February 12, 2026

Thank you for the opportunity to comment on S. 277 *An Act Relating to Prohibiting Mandatory Overtime for Nurses*

The Vermont Health Care Association (VHCA) is a membership-based organization representing Vermont's residential long-term care providers, including nursing homes (skilled nursing facilities), assisted living residences, and residential care homes.

The long-term care sector has faced significant nursing workforce shortages since 2020. As part of attempts to address these shortages, research has gone into what shapes nurses' interest in working in long-term care. One of the key factors that makes this field attractive is the combination of flexible scheduling and a daily routine with different paces depending on the time of day. Unlike other health care settings, long-term care is a primarily residential option, with the daily rhythms similar to a home. In the state regulations for Residential Care Homes, there is even a designated shift where some people on duty may be sleeping. The framing of standardized nursing work schedules presented in S. 277 do not appear to reflect this unique working environment.

A primary concern with S. 277 is that the permitted structures do not match popular shift arrangements. For example, it is common to have a short work week with two shifts of 8-hours each per day worked. In the example of the overnight shift in Residential Care, it would not be unsafe for someone to combine that low- to no-activity time block at night with an active morning shift. This proposed legislation may remove the most appealing elements of working in residential long-term care, without improving performance.

VHCA is also concerned that language describing exceptions to the overtime requirement does not reflect long-term care operations. One exception to the mandatory overtime prohibitions is if a nurse is "actively engaged in an ongoing medical or surgical procedure." In a nursing home, a nurse may be midway through assisting with daily activities such as bathing, or with behavior-based interventions such as managing someone who is experiencing disorientation or aggression connected to dementia. These may not qualify as medical activities, but the welfare of the resident requires continued presence until they are completed.

Finally, VHCA notes that the exceptions related to natural disasters or other catastrophic events may not match the reality of how long-term care providers maintain adequate staffing. Unpredictable events, such as a winter storm that makes travel impassable or a flu outbreak among staff, strain staffing capacity but will not result in a disaster declaration. Staffing agencies may offer relief in some of these situations. However, they are not a limitless well of alternative staffing, and events like extreme weather or local illness likely mean that multiple health care providers are searching for staffing assistance. A provider will need to make the decision to call in longer shifts to ensure continuity of coverage, regardless of whether the schedule matches what is permitted in this legislation.

We appreciate the intent behind S. 277. At the same time, our assessment is that the current framing of this legislation would negatively impact nurses, residents, and providers of long-term care. Our understanding is that mandatory overtime is no longer a common practice, and these negative impacts will outweigh the benefits.

Thank you for considering our testimony.

A handwritten signature in black ink, appearing to read 'Helen Labun', with a long horizontal flourish extending to the right.

Helen Labun, Executive Director
Vermont Health Care Association