



## State of South Carolina

### Office of the Governor

MARK SANFORD  
GOVERNOR

Post Office Box 12267  
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June 11, 2008

The Honorable Robert W. Harrell, Jr.  
Speaker of the House of Representatives  
Post Office Box 11867  
Columbia, South Carolina 29211

Dear Mr. Speaker and Members of the House:

I am hereby vetoing and returning without my approval H. 5012, R-398, for the same reason I vetoed H. 3632, R-217, earlier this year and S. 910, R-356, in 2006. In both of those cases, the vetoes were sustained, and I've taken the liberty of including my reasoning once again this time in hopes that this veto will once again be sustained for what would now be a third time.

Although this bill is well intentioned, I am vetoing it because I still believe wherever possible government should resist the urge to place mandates on private business. This bill mandates that a licensed nurse must be clearly identified by wearing an identification badge at least one inch by three inches in size. The only difference between this bill and the two bills already vetoed is that this one allows the badge can bear either the nurse's first or last name, or both and title.

Government mandates on the private sector have a cost. As just stated, we believe only in the event of an overwhelming societal need should we use the force of government to compel private action. In 2005, I reluctantly allowed a bill to go into law (Lewis Blackman Hospital Safety Act) that mandated ID tags for certain medical personnel in hospitals. I did so because the bill's proponents made a compelling case that patients and their families needed to be able to immediately identify the various medical personnel during emergencies in public hospitals.

This bill, by contrast, requires more than 58,000 nurses statewide to wear an ID tag, even though many nurses operate in non-emergency settings. In fact, a sizeable proportion of these nurses work almost exclusively in private practices, and many people in these settings have longstanding relationships with their caregivers. In such places, the public utility of a name tag is negligible, and in those settings, we believe name tag arrangements should be decided not by government mandates – but by patient demand in the nursing marketplace. We believe that a demand by patients and their families can be met by individual nurses and nursing businesses, and that all of these parties are capable of figuring the appropriate times and venues in which to wear an appropriately sized name tag.

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In our view, a wiser course is to leave these regulations to professional organizations such as the South Carolina Medical Association or the South Carolina Nurses' Association. However valuable name tags may or may not be in specific situations, we simply believe it is not Columbia's place to impose them.

For these reasons, I am returning H. 5012, R-398, without my signature.

Sincerely,



Mark Sanford

cc: The Honorable Richard E. Chalk, Jr.