

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: SB-1067

Title: AN ACT CONCERNING ADEQUATE AND SAFE HEALTH CARE STAFFING.

Vote Date: 3/27/2023

Vote Action: Joint Favorable

PH Date: 3/22/2023

File No.: 465

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SPONSORS OF BILL:

The Public Health Committee

REASONS FOR BILL:

Connecticut is experiencing a health care staffing and a patient safety crisis. Nurses are under increased pressure to deliver patient care in disintegrating conditions. Nurses are experiencing emotional and physical distress from under staffing and mandatory over-time policies. Patient care is suffering and leading to preventable injuries and death due these practices which run counter to evidenced-based standards of care.

RESPONSE FROM ADMINISTRATION/AGENCY:

None expressed.

NATURE AND SOURCES OF SUPPORT:

Paul Banach, MPH, BSN, RN, Registered Nurse:

Inadequate staffing ratios in hospitals can result in tragic outcomes. Nurse Banach shared his personal experiences with staffing shortages and their impact on patient care, including instances where he could not provide optimal care due to understaffing, which led to serious medical errors and preventable deaths. He criticized the high compensation packages of hospital executives and millionaire CEOs who fail to address the problem of understaffing in hospitals and who prioritize profit over patient safety, despite knowing the dangers of inadequate staffing ratios. Banach compared the fight for safe staffing ratios to past public health laws, such as smoking regulations and lead restrictions. He emphasized that corporate America has a long history of opposing common-sense public health laws and this bill is necessary to prevent preventable deaths and injuries caused by staffing shortages.

John Brady, Executive Vice President, American Federation of Teachers Connecticut (AFTCT):

The healthcare industry is facing a staffing and a patient safety crisis. Increasing a nurse's workload by one additional patient results in a 7% increased risk of death for adults and a 48% risk of a child being readmitted to the hospital within 30 days of hospital admission as well as increased rates of infection for all admitted patients. The healthcare staffing crisis was predictable and solvable as it is the result of corporate decisions to make short staffing, mandatory overtime, and mandatory on-call the standard experience in the life of a bedside nurse. This is unsustainable and driving dedicated professionals from the bedside. Healthcare workers are five times more likely to experience workplace violence than any other workers and one in four healthcare workers show signs of PTSD. The healthcare industry does not have a shortage of nurses but a shortage of nurses willing and able to continue working under these conditions. SB 1067 would strengthen the staffing committee by allowing the nurses in a unionized facility to select the bedside nurses on the committee and requiring hospitals to post staffing plans and maintain staffing records for three years. The bill would also require hospitals to adhere to safe patient limits accepted as best practice.

Paula Cinti, MD, Emergency Medicine Physician, Middlesex Hospital:

Dr. Cinti worked at St. Francis Hospital for 16 years and witnessed many adverse events due to understaffing, including pre-term deliveries in hallways and patients not receiving adequate care. The hospital was taken over by Trinity Health, that aimed to understaff to save money. After resigning, Dr. Cinti took a position at Middlesex Hospital where the nurse-to-patient ratio is 4:1, resulting in efficient and compassionate care. The difference is astronomical. She urges people to not be swayed by hospital administrators who prioritize profit over patient care while they line their own corporate pockets, and we die.

Jacey Clarke, Nursing Student, Connecticut Central State University (CCSU):

Ms. Clarke is a nursing student and concerned about the current nurse-patient ratio and its impact on patient care and nurse well-being. The current climate of the healthcare system is unsafe and will cost lives. The proposed ratios will help make the hospital system more productive and lead to more positive outcomes. Nurses are the backbone of the healthcare system and assigning an unsafe number of patients to them will lead to a decline in the quality of care and potentially fatal consequences.

Connecticut Nurses United (CTNU):

CTNU is a network of nurses concerned about poor patient outcomes due to inadequate nurse staffing in Connecticut hospitals. They support SB 1067, which would set safe patient limits for nurses, restrict mandatory overtime, and make staffing plans transparent. They offer recommendations to optimize the bill, such as clarifying language to define ratios as maximum patient limits, enforcing the legislation, and phasing in implementation. They also emphasize the importance of regulating the use of mandatory overtime.

Dale Cunningham, RN, President Lawrence & Memorial Professional Nurses, AFT Local 5049:

Nurse Cunningham has been fighting for safe patient limits since 1980, and she has seen managers and upper management try to run hospitals with the bare minimum staff required. As a staff nurse at Lawrence & Memorial Hospital in the Neonatal Intensive Care Unit (NICU) which is staffed with 2-4 nurses based on the census and acuity, she has witnessed many changes in protocols over the years, particularly with Neonatal Abstinence Syndrome (NAS)

care. She believes it is now more focused on decreasing patient length of stay rather than improving the quality of care. Ms. Cunningham argues that staffing units should evaluate ancillary staff to help nurses provide the safest level of care for patients. They called us heroes during the pandemic yet held the one bonus given to members of the Yale Healthcare System. It is time to revisit the issues of how our healthcare systems treat frontline workers' benefits, wages, and most important their working conditions and the ability to provide safe patient care and to keep themselves safe.

Dan Livingston, General Counsel and Chief Negotiator, State Employees Bargaining Agent Coalition (SEBAC):

Safe patient limits and ending mandatory overtime will result in high-quality care for their members who are both patients and healthcare workers. The bill will also help retain healthcare workers and enable them to provide better care for Connecticut residents.

Stephanie McGuire, Chair, Government Relations Committee, Connecticut Nurses Association (CNA):

Efforts to address the inadequate staffing situations that threaten the health and well-being of patients and healthcare staff are appreciated. There is great value in the whistleblower protection language in this bill which will encourage nurses to speak up about staffing deficits without fear of retaliation. CNA supports the creation of strong hospital staffing committees that allow nurses to actively participate in creating a safe work environment for themselves and their patients. The staffing committee should also facilitate staff comment and feedback and adopt a standard for timely attention to the matters brought before them as it is critical to optimizing patient care.

Melissa Moreau, Registered Nurse, Backus Federation of Nurses, Backus Hospital:

Hospitals often use mandatory overtime to regularly staff the hospital, which negatively impacts nurses and the health and safety of their young families. It also compromises patient care and safety in direct opposition to evidenced-based standards of care. Nurse staffing plans, as outlined in the bill, will hold hospitals accountable and promote evidence-based standards of care to protect nurses, their families, and patients.

Maria Tompkins, RN, CCMC:

Nurse Tompkins supports safe patient ration legislation. She has observed patient ratios getting worse over time and believes that without safe staffing laws, the healthcare system cannot be sustained. Ms. Tompkins argues that with an inadequate number of nurses, it is impossible to provide the best care for every patient. Most concerning is that ICU level patients may only receive partial monitoring. Ms. Tompkins also expresses concerns about retaliation for supporting this bill and shares examples of past incidents where patient care was compromised due to inadequate staffing. She encourages Connecticut to set a precedent for safe staffing and healthcare.

Others in Support:

Win Heimer
Kathryn Orban
Dr. Sheila Molony
David Pfau
Tina Spokes

NATURE AND SOURCES OF OPPOSITION:

Sharon Adams, President, Danbury and New Milford Hospitals, & Eastern Regional President, Nuvance Health:

Nuvance Health opposes mandated nurse-to-patient ratios proposed by this bill. Decisions regarding staffing should be made collaboratively by nurses and leaders at the bedside, considering individual factors such as patient acuity and unit layout. Rigid ratios will harm nurses, degrade patient access, and undermine hospitals' abilities to make fast-paced decisions about patient care. They propose advocating or empowering nurses to work collaboratively with their leaders to find solutions to support nurses and provide the best possible care for patients.

Peter Cordeau, President Norwalk Hospital, Nuvance Health:

Rigid ratios interfere with a nurse's critical ability to remain nimble and negatively impact patient care, which requires a unique combination of flexibility, skill, experience, and compassion. Staffing is complex, complicated, and often happens on the fly. President Cordeau supports strategies to address staffing challenges in healthcare but believes that mandated ratios are an irresponsible strategy that will degrade patient safety and decrease access to care.

Daniel Freess, MD, Legislative Chair & Past President, Connecticut College of Emergency Physicians:

Dr. Freess shared that emergency departments are already overcrowded, and the bill would worsen patient care and safety. He notes that implementing nursing ratios on floors and ICUs would halt patient flow in emergency departments, and patients would be forced to wait hours or even days to be seen. Additionally, any provision that allows nurses to refuse to perform patient care services would be dangerous for patients. While he supports nurses, he believes that the bill is not the solution to the current nursing shortage.

Jessica Gabriele, Director of Surgical Services, Middlesex Health:

Middlesex Health provides high-quality care to the community and does not support staffing ratios. Government mandates rob the autonomy of the professional nurse, are not supported by two governing bodies for peri-operative and para-anesthesia nurses, including the governing body for obstetricians and gynecologists, and decrease staffing ratios below recommended guidelines. Mandated staffing ratios can impact access to care, such as limiting complex surgeries, delaying operating room access, and turning patients away due to staffing volumes.

Diane Kelly, Chief Nurse Executive, Yale New Haven Health System (YNHHS):

YNHHS does not support nurse staffing ratios that would only intensify the challenges the health care workforce is experiencing. Government mandates undermine nurses' professional judgment and don't help add more nursing graduates to the career field. They have more than 1,000 open nursing positions in their system and have been forced to spend significant amounts of money over the past two years on travel nurses. YNHHS has entered a creative solution with four local colleges to address the nursing graduate shortage that is currently 1,100 nurses a year. This collaboration includes a commitment of \$1,500,000 a year for four years to provide scholarships and books to needy students. This will add an additional 125 nurse graduates each year to the workforce. Partnerships like this are the solution to

addressing the nursing shortage rather than relying on government-established hospital staffing mandates.

Sarah Matney, Senior Vice President of Clinical Services & Chief Nursing Officer, Connecticut Children's Medical Center (CCMC):

CCMC opposes legislation mandating staffing ratios in healthcare. Ratios do not meet the evolving needs of patients and can limit the flexibility of healthcare providers to address unpredictable challenges. Many healthcare providers are already facing workforce shortages, which would make it difficult to meet mandated staffing ratios. The Governor's Workforce Council stated that the state needs to hire 3,000 new nurses each year, but only have 1,900 nursing graduates per year. CCMC is working to recruit and retain new nurses through various incentives and partnerships with local educational institutions. Safe staffing is a top priority and the team of pediatric clinical experts at CCMC is constantly analyzing patient volumes and acuity levels to determine staffing needs.

Neal Patel, MPH Student, Yale School of Public Health:

One of the requirements for Mr. Patel to graduate with his MPH is to serve as an intern for applied practice experience. As an intern at a The Health Management Academy in Virginia, a knowledge-based company for health system executives and health care companies, he looked at the nursing shortage across several large health systems in the country. While strict nursing ratios did result in high quality of care and addressed patients' needs, those requirements ended with the conclusion of pandemic supports. While this legislation would address nurse burnout now and, in the future, it will have negative short-term consequences for hospital management and health systems. Mandating ratios according to departments will create a burden on hospitals to find more nurses to meet these new standards, which may force them to turn to nurse staffing agencies, leading to a larger cost burden and potential staff cuts or mergers. Instead, invest in nursing education and retention as ways to alleviate nursing shortages.

Lynn Ricci, President and Chief Executive Officer, Hospital for Special Care (HSFC):

HSFC opposes this bill as eliminating mandatory overtime and imposing nurse staff ratios are well-intended but won't help hospitals or nurses and may harm patients by limiting access to care. Nurse staffing ratios at the hospital are determined by patient acuity and provider competencies and reflect a multi-disciplinary team caring for each unit's census on each shift. The proposed legislation ignores documented workforce shortages, increases reliance on travel nurses, and will limit patient access to care. HSFC encourages continued investment in patient care, nursing, and respiratory therapy education resources, and establishing a rate-setting process to adequately fund and sustain the safety net for the state's most vulnerable residents.

Garrett Sheehan, President & CEO, Greater New Haven & Quinnipiac Chambers of Commerce:

While adequate staffing is necessary for patient safety, efforts to address the nursing shortage need to focus on supporting organizations in filling talent pipelines and addressing staff shortages. The Chamber works with health care leaders on talent pipeline management and recruitment within their own organizations and include supporting existing staff with career advancement opportunities. The legislature needs to focus their efforts on supporting health systems as they attempt to fill career pipelines if they want adequate staff to support

patients.

Deborah Weymouth, FACHE, Chief Executive Officer, Eastern Connecticut Health Network (ECHN):

ECHN believes mandating nurse-to-patient ratios will worsen the healthcare personnel shortage and not improve patient outcomes. They emphasize the importance of maintaining the ability to adjust staffing in real-time based on changing conditions and patient acuity. ECHN suggests addressing the root cause of the issue by encouraging youth to enter the healthcare industry and engaging in discussion with frontline nurses and leaders to understand the complexity of patient care and resource management.

Others in Opposition:

Daniel DelGallo

Leslie Lincoln

Seema Pillai

Victoria Reed

Jennifer Woynar

Reported by: Kate Hamilton

Date: April 12, 2023