



SF 1561/HF 1700: bill mandating nurse staffing ratios.

- The bill would move the work and decision-making authority of the chief nursing officers (CNOs) to two new mandated committees responsible for establishing nurse staffing plans at all hospitals, and for all in-patient units.
- The nurse staffing committee and the hospital nurse workload committee must be comprised of at least 35% direct-care registered nurses (RNs), typically assigned to a specific unit for an entire shift, and 15% must be other direct-care workers. If the hospital has a collective bargaining agreement, the union appoints the committee members. The other 50% is determined by the hospital.

This bill would have a drastic, negative impact on patient care and access.

- If implemented, the unnecessary mandates called for in this bill on hospital operations would inevitably lead to unit closures, rising costs, longer wait times for patients, and the loss of vital services that communities rely on.
- Patients would likely be turned away for admissions if the hospital could not take them while adhering to their staffing plan.
- If a hospital needed to admit a patient that was not accounted for in the staffing plan, or an RN calls in sick and could not provide care for their designated patients, the consequences for a community or patient needing care could be dire.

The entire care team is important for quality care.

- A care team delivers patient care. RNs are a crucial component of care delivery, but so are licensed practical nurses, nursing assistants, physicians, respiratory therapists, laboratory professionals, and pharmacists.
- Scheduling staff, both the number and the category of health care professionals that will produce the best patient outcomes, is constantly evaluated by hospital leadership. This is the primary role of the chief medical officer (CMO) and CNO. The current day-to-day decision making done by nurse leaders is better for patient outcomes than staffing by a committee that meets quarterly.
- Staffing decisions should not go to arbitration involving lawyers, additional costs, and time delays.

Hospitals and health systems are doing everything they can to hire more care team members.

- The health care workforce shortage is a national issue. Minnesota hospitals and health systems are investing millions of dollars to retain our current workforce. In addition, hospitals and health systems are spending millions of dollars to recruit new patient care providers.
- Many hospitals and health systems have thousands of vacancies that they are trying to fill. Hospitals are paying signing bonuses, retention bonuses, and higher salaries to find the workforce to meet patient care needs, but there are still over 5,000 open nursing positions in the state.

MHA supports some provisions in the bill, including grant funding for care team mental health services, and the expansion of loan forgiveness programs for RNs. There are elements in the violence prevention section of the bill that are good faith efforts at advancing collaboration. However, the staffing provisions are untenable for hospitals and health systems.