



Minnesota Hospital Association

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**House Health Finance & Policy Committee
Regarding HF 3242, February 15, 2022**

Testimony of Mary Krinkie, Vice President, Government Relations, Minnesota Hospital Association

Madame Chair, and members of the Committee. My name is Mary Krinkie, and I am with the Minnesota Hospital Association.

As you heard from nursing and hospital leaders today, for a hospital to meet staffing ratios as they will be determined by the mandatory staffing committee, with its 60% Registered Nurse union appointed membership; hospitals would likely have to close units thus reducing the number of available beds and potentially dropping different service lines. Hospitals would be unable to admit new patients IF there was risk that it would be in violation of their staffing plans. This will simply not be good for Minnesota patients, likely reducing quality, and certainly reducing access to services.

In the 2018 election, voters in Massachusetts rejected on a 70% vote margin, a ballot referendum that was pushed by the National Nurses United, the same union that the Minnesota Nurses Association is affiliated with, to impose a staffing ratio on all units of a hospital. One of the strongest opponents of that referendum was Massachusetts' mental health community, who feared that if the referendum were to pass, hospitals would be forced to close mental health units and nurses working in other community settings, like nursing homes and clinics, would be pulled to go work in hospital settings in order to meet the ratios.

Staffing ratio legislation has been pushed in several states for 20 years. In all that time, only one state, California, has implemented a statewide staffing ratio on all units of a hospital. It has added to health care costs in California, and California remains in the middle of state health care quality scores while Minnesota is usually always in the top 5.

Hospitals are the safety nets of our communities. Minnesota hospitals would not have been able to provide the great care that we have been providing throughout the pandemic without having flexibility, and our ability to innovate.

Innovation and new investments in health care workforce to address both the immediate staffing crisis, as well as what is likely longer term workforce challenges, are what is needed right now. Not legislation that adds administrative burden and costs with no proven quality improvements.

Let's work together on real workforce solutions. Thank you for consideration of MHA's comments.