March 10, 2023 *Sent Electronically*

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To the House Health Finance and Policy Committee:

On behalf of the hospitals and health systems we serve, we write to you with grave concerns about our ability to provide access and care to our patients if the new mandates proposed in SF 1561 are passed. As chief nursing officers (CNOs), dedicated to our patient care mission, we respectfully submit the following comments on SF 1561, strongly opposing any state government mandate that establishes nurse staffing ratios in our hospitals and health systems.

Staffing and caring for patients is about more than just the number of registered nurses (RNs). The entire care team - each of whom brings a necessary skill set in serving patients – is critical to ensuring care, including team members like licensed practical nurses (LPNs), nurses' aides, respiratory therapists, physical therapists, pharmacists, and physicians. Flexibility in assigning the right care team is critical to positive patient outcomes and the capacity to serve community needs at the right time.

This bill calls for the creation of two new hospital committees. The first is an overall staffing committee that would decide hospital and unit RN staffing ratios. Currently, CNOs work with their teams throughout the day to assess patient volumes, patient acuity, and staffing capacity. This bill would move this function to a committee that meets quarterly. The bill also calls for arbitration if the staffing committee does not agree on the staffing plan. If the hospital does not accept the staffing plan approved by a majority of the staffing committee, they may opt to go to arbitration but must implement the staffing ratios from the staffing committee in the meantime.

The second committee mandated in the bill is a "Hospital Nurse Workload Committee" that would create, implement, and maintain dispute resolution procedures to address concerns raised in anonymously submitted safe staffing forms. If these anonymous complaints are not resolved within 30 days, the matter would go to arbitration. This arbitration process would slow down decision making, worsen culture, and add unnecessary expense and bureaucracy.

In addition to inserting an unnecessary committee process into patient care decisions, this bill requires that the commissioner of health create a public grading system of hospitals based on unsafe staffing reports, adherence to staffing plans, etc. This grading system would also include the number of acts of violence against health care workers. While we completely agree that violence in health care settings needs to be addressed with additional focus and state

resources, this grading approach would penalize those hospitals that provide inpatient mental health services to their communities.

We would support some provisions in the bill, including funding mental health services for care teams and expanding loan forgiveness programs for registered nurses. Given that there are more than 40,000 health care job openings in Minnesota, including more than 5,000 RN vacancies in hospitals and health systems, multipronged strategies are needed to address our current workforce challenges. Creating new committees will not attract more individuals into the nursing profession.

There are elements in the violence prevention section of the bill that are good faith efforts at advancing collaboration to improve safety for our employees and patients. Unfortunately, the bill's staffing mandates are untenable for hospitals and health systems and will inevitably hurt our communities by limiting care for patients.

In closing, this bill would have drastic negative consequences to patient care. If implemented, the unnecessary mandates called for in this bill would inevitably lead to unit closures, rising costs, longer wait times for patients, and the loss of vital health care services that communities rely on. Patients would need to be turned away for admission if the hospital did not have capacity due to the constraints forced by its staffing plan. The consequences for a community or patient needing care could be dire. We strongly urge legislators to delete Article 2 of the bill as introduced and focus on the positive and collaborative provisions in the bill.
Thank you for your consideration of our urgent concerns.

Sincerely,

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Elaine Arion, Vice President Of Patient Care and Chief Nursing Officer, Ridgeview Medical Center

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Melissa Fritz, Chief Nursing Officer, Park Nicollet Methodist Hospital

Sara Gabrick, Chief Nursing Officer and Chief Operation Officer, Winona Health Services

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Theresa Hannu, Vice President and Chief Nursing Officer, St. Luke's Hospital

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Melissa Mcginty-Thompson, Chief Nursing Officer and Co-Administrator, CentraCare - Benson

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