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To: Michigan House of Representatives, Health Policy Committee

From: Todd Knight MSN, RN, CVRN- RN in Holland, Michigan
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Subject: Written Testimony for Public Hearing
Opposing House Bills 4550-4552 on Nurse Staffing Ratios

This note is to file formal opposition to any legislation formatting staffing plans to care for patients under the care of our professional licensure in the State of Michigan.

Hospital nurse assignment and staffing is a collaborative process. A mandated, fixed ratio of nurse to patient does not allow for the essential flexibility or innovation within care teams at the local level. Mandated ratios dictate a simplistic formula that does not consider the numerous factors that impact the level of staffing a patient should receive such as acuity, competency, geographics, and professional autonomy. California is the only state that has laws defining nurse staffing ratios for over 20 years and it has not proven better healthcare outcomes, but has added longer ER wait times, and higher costs post-mandate.

Hospitals, such as the one I work in, are held accountable for achieving high standards of quality, safety and adequate staffing by federal and regulatory accreditation organizations such as The Joint Commission, Det Norske Veritas (DNV), the Centers for Medicare & Medicaid Services and the Michigan Department of Health and Human Services. Many hospitals also voluntarily pursue additional accreditations and certifications from national organizations. This bill is duplicative and unnecessary for optimal healthcare outcomes.

Implementing the staffing ratios posted in the bill will either require 13,000 nurses to be hired by hospitals in Michigan or the state risks closure of 5,100 beds to comply, this is not realistic at a time when the supply does not exist, and it will be extremely harmful to hospitals and their ability to offer healthcare services to their communities. Removing the ability for hospitals to adjust staffing based on local needs would be catastrophic. This bill is not an appropriate strategy and would result in poor use of national and state resources.

Rather than enacting punitive penalties on hospitals, monies could be used for wages, incentives, advertising needs, etc., Other tangible, practical solutions to the shortage of nurses in Michigan include:

- Michigan joining the Nurse Licensure Compact to allow out-of-state nurses to move to and practice in Michigan immediately.
- Expanding Michigan Reconnect availability to include 4-year institutions.
- Increasing penalties for violence committed against healthcare workers (Thank you for passing HB4520-21!)

Our professional role as nurses caring for patients is so much more than a numbers game. We take our education, licensure, and profession seriously to provide and advocate for those in need. This is not a place for legislative directives, but rather professional innovation to work through priorities.