



**Ohio Hospital Association, Ohio Children's Hospital Association, Ohio Chamber of  
Commerce and Ohio Business Roundtable  
Ohio House Health Provider Services Committee  
Opponent Testimony  
November 19, 2024**

Chairman Swearingen, Vice Chair Gross, Ranking Member Somani and members of the Ohio House Health Provider Services Committee, on behalf of the Ohio Hospital Association, Ohio Children's Hospital Association, Ohio Chamber of Commerce, and Ohio Business Roundtable thank you for the opportunity to provide opponent testimony on House Bill 285—legislation that would mandate strict nurse-to-patient staffing ratios.

Ohio is proudly *not* California and therefore should *not* follow their lead in requiring specific nurse-to-patient ratios.

Employers are consistently met with increasing regulatory pressure as they navigate how best to adapt to the everchanging workforce landscape. A one-size-fits all approach to staffing simply does not consider the many complexities and nuances of running a business and a hospital is no exception. **In a time of unprecedented labor shortages, especially in industries requiring highly technical and clinical-based training, mandating staffing ratios only creates more disruption in a historically unstable labor market.**

Hospital staffing is a 24/7 operation, constantly adapting to patient numbers and condition severity. It's a dynamic process with flexibility being key to meeting changing patient needs. Staffing decisions, always centered on patient safety, consider factors such as sudden changes in patient conditions. The round-the-clock assessment includes physical, psychosocial and spiritual patient needs, unpredictable patient census fluctuations, patient acuity, satisfaction, available resources, nursing staff competency and skill mix, availability of medical and support staff and various staffing standards set by accrediting bodies, professional societies and federal and state regulators.

By way of background, current Ohio law already requires that each hospital convene nursing care committees responsible for creating, updating, implementing and filing nurse staffing plans with the Ohio Department of Health every two years. These plans are available upon request. The existing common-sense staffing law requires hospitals, with substantial input from direct care nurses (50% of safe staffing committees must be made up of direct care nurses), to create a nurse staffing plan, consistent with evidence-based standards that allow hospitals the proper flexibility to adjust staffing to the needs of patients. The law requires a hospital's nursing services staffing plan to be consistent with current standards established by private accreditation organizations or governmental entities, and address all the following:

1. The selection, implementation and evaluation of minimum staffing levels for all inpatient care units to ensure hospitals have a staff of competent nurses with the specialized skills needed to meet patient needs.

2. The complexity of complete care, assessment on patient admission, volume of patient admissions, discharges and transfers, evaluation of the progress of a patient's problems, the amount of time needed for patient education, ongoing physical assessments, planning for a patient's discharge, assessment after a change in patient condition and assessment of the need for patient referrals.
3. Patient acuity and the number of patients for whom care is being provided.
4. The need for ongoing assessments of a unit's patients and its nursing staff levels.
5. The hospital's policy for identifying additional nurses who can provide direct patient care when patients' unexpected needs exceed the planned workload for direct care staff.

Mandating ratios would limit a hospital's ability to optimize staffing models tailored to the unique needs of patients and the skill sets of our nursing staff. Realistic situations such as increased patient admissions, increased patient discharges, rapid changes in patient condition and the occurrence of emergency codes are daily examples of the need to be flexible in staffing decisions. Hospitals staff their facilities using diverse teams of caregivers, including nurses and ancillary health care providers, and mandating nursing ratios will impair the ability to allow the diverse skills sets in established team-based care models.

"Ratios are a static and ineffective tool that cannot guarantee a safe health care environment," Mary Ann Fuchs, DNP, RN, former president of the American Organization for Nursing Leadership, an affiliate of the American Hospital Association, said in a 2021 blog post<sup>1</sup>. "Care is team-based and a lack of flexibility to provide staffing based on the acuity of individual patient needs jeopardized safe patient care."

Further, if HB 285 is enacted, it would only exacerbate the existing nursing shortage. Hospitals could be forced to increase reliance on temporary or travel nurses and reduce positions from auxiliary services and other staff members. **In California, where nurse staffing ratios are mandated, hospitals have been forced to cease providing service lines, such as oncology services, and redirect staff to other areas of the hospital to meet the ratios. Ratios would promote the closure of patient services, thereby threatening access to care for patients and communities.**

Ohio nurses are highly skilled professionals who prioritize patient safety first. Imposing the legislation's proposed ratios improperly assumes that all nurses share the same skill sets and are just "interchangeable parts" in the treatment of patients. This is simply not the case when one considers the requisite skills of critical care, obstetrics, gynecology and oncology, as mere examples. Mandated staffing ratios treat nurses with 30 years of experience the same as nurses with 3 months of experience. Nobody could reasonably argue that a nurse with 3 months of experience should "count the same" as a nurse with 30 years of experience when it comes to adequately caring for complex hospitalized patients.

Additionally, not all hospitals' needs are identical as they vary in bed composition, scope of services provided and proximity to other health care facilities. Therefore, each facility should have the flexibility to address their own unique needs based on their nursing skill compositions, patient acuity, service line offerings and other considerations.

Rather than imposing rigid ratios, we urge consideration of alternative approaches that focus on collaboration between health care facilities, educational and professional organizations and Ohio policymakers. Together, we can work to address the critical nursing shortage facing Ohio hospitals, improve patient care and ensure the long-term sustainability of Ohio's health care system.



While HB 285 specifically impacts hospital operations, as associations representing Ohio's major employers, we believe passage of this legislation would set a troubling precedent that threatens our members' collective ability to staff their respective operations safely, adequately and flexibly.

The potential costs of staffing ratios could be catastrophic. For example, a 2019 report<sup>ii</sup> from the Massachusetts Health Policy Commission found mandated nurse staffing ratios would cost an estimated \$676 million to \$949 million annually in the state. Health care costs are a concern for all industries, and enacting legislation that does not allow for flexibility and efficiency in staffing will result in higher health care costs for all Ohioans—a serious concern to the legislature and its work to make our state the best place to live, work and raise a family.

**House Bill 285 is a giant step toward the Californication of Ohio.**

We appreciate your time and consideration.

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<sup>i</sup> <https://www.aha.org/news/blog/2021-08-20-aonl-nyt-op-ed-nurses-not-legislators-should-decide-appropriate-nurse-staffing>

<sup>ii</sup> <https://www.mass.gov/news/hpc-releases-findings-from-independent-analysis-on-mandated-nurse-staffing-ratios>