To: Members of the Ohio House Health Provider Services Committee

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Da: November 18, 2024

Re: HB 285 Require hospitals to establish nurse staffing plans (Ghanbari & Rogers)

On behalf of myself, a Registered Nurse Leader and The Christ Hospital Health Network (Cincinnati, OH), I am writing regarding my oppositions to HB 285**. Ohio currently has statute (ORC3272) mandating safe hospital staffing and the establishment of nurse staffing plan. This law was implemented in 2008 and has been very effective in promoting the voice of the front-line nurses in the evaluation of hospital nurse staffing levels.**

Current Statute – ORC3272

The state of Ohio already has Revised Code outlining Safe Staffing Standards, initiated in September 2008. This Revised Code was developed through a collaboration between:

- The Ohio Nurses Association
- The Ohio Hospital Association
- The Ohio Organization of Nurse Executives

In summary this legislation requires the following:

- Establishment of a Nursing Care Committee, comprised of 50% of front-line staff RNs to evaluate hospital staffing levels, at least annually (§3727.51)
  - Evaluation of the current hospital staffing plan (§3727.52)
- **Establishment of an Evidence Based Staffing Plan (§3727.53)**
- Creation of a Model for evaluation and adjustment of staffing levels in response to increased volume/acuity (§3727.55)
- Publishable staffing plans to be shared upon request (§3727.56)

Compliance with above statute is monitored by the Ohio Nursing Association on a semi-annual basis in February.

California & Massachusetts

The states of California & Massachusetts implements mandatory RN staffing level legislation greater than 10 years ago. The rationale for creating the mandatory levels was very similar to those being proposed today in OH HB 285. Since the implementation, both states have been studied. **Unfortunately, neither patient outcomes or nurse satisfaction has improved.**

Opposition Rationale

Mandatory nurse staffing ratios, which set a fixed number of patients per nurse, have been proposed as a means to improve patient care and nurse working conditions. However, while the intent is laudable, these mandates are not the optimal solution. They introduce significant financial burdens, reduce healthcare system flexibility, and may fail to address the root causes of nurse shortages and burnout. **As a Chief Nursing Officer at a large hospital in Cincinnati, I would argue that mandatory nurse staffing ratios are a counterproductive policy that could harm both nurses and patients.**

Economic Implications

The financial cost of enforcing mandatory staffing ratios is one of the most compelling arguments against them. Healthcare facilities, particularly in rural or underserved areas, may lack the resources to hire additional nurses. The cost of recruiting and retaining qualified staff often requires hospitals to divert funds from other critical areas, such as infrastructure, technology, or patient programs. Smaller hospitals, which operate on tight margins, may be forced to reduce services or even close units to comply with the law. **For instance, in California, where nurse staffing ratios were implemented, some hospitals reported financial strain, limiting their ability to provide comprehensive care.**

Furthermore, enforcing strict ratios could lead to higher healthcare costs for patients. Hospitals might pass on the increased staffing expenses to patients in the form of higher bills, exacerbating the already significant issue of healthcare affordability in the United States.

Reduced Flexibility in Care

Mandatory staffing ratios inherently lack the flexibility to adapt to the dynamic nature of healthcare environments. Patient acuity—the level of care a patient requires—varies widely, and a fixed ratio may not reflect these differences. For example, two nurses assigned five patients each may face vastly different workloads if one group includes more critically ill patients. **Staffing ratios treat every unit and patient population as though they have uniform needs, which is rarely the case in practice.**

Additionally, rigid ratios may create logistical challenges in staffing during emergencies or surges in patient volume. For example, during the COVID-19 pandemic, hospitals required rapid redeployment of resources to address surging cases. Staffing ratios would have hindered the flexibility to reallocate nurses based on real-time needs.

Barrier to Innovation

Mandating nurse staffing ratios is also a barrier to innovation and the use of technology. The Nursing Workforce is projected to be short approximately 250-300 thousand nurses patient care, particularly in medical surgical nursing where the largest vacancy exists nationally. Many organizations have initiated Virtual Nursing, allowing older nurses, who may not be able to physically provide bedside care, to stay active in the work environment. These nurses are able to keep their brain at the bedside – teaching patients, mentoring new nurses, and assisting with the overall plan of care. In addition, other technological and digital advancements, like Artificial Intelligence, Ambient Voice charting, etc. could also be limited.

Rigid legislation will limit and restrict the nursing profession's ability to innovate, maximize the use of technology and transform models of care delivery.

Addressing Root Causes of Nurse Burnout

Proponents of staffing ratios often cite nurse burnout as a key issue they aim to address. However, burnout is a multifaceted problem that cannot be solved solely through rigid staffing requirements. Instead, **policies should focus on broader systemic changes, such as improving workplace culture, ensuring competitive salaries, and providing professional development opportunities.**

For example, investing in technology that reduces administrative burdens—such as electronic health record systems designed to be more efficient—could free nurses to spend more time on patient care. Expanding nurse residency programs and mentorship initiatives could also support nurses' long-term career satisfaction and reduce turnover. These measures are more likely to address the underlying factors contributing to burnout than staffing ratios alone.

Potential Unintended Consequences

Mandatory staffing ratios may inadvertently exacerbate the nursing shortage. By increasing demand for nurses without addressing supply, they could lead to competition among hospitals for limited personnel. Smaller hospitals and clinics, unable to match the salaries and benefits offered by larger institutions, may struggle to attract or retain staff. This could result in reduced access to care in rural or low-income communities, disproportionately affecting vulnerable populations.

Furthermore, focusing on ratios could divert attention from other critical reforms. Policymakers might prioritize compliance over fostering a supportive environment for nurses, thus missing opportunities to address the deeper structural challenges within the healthcare system.

Conclusion

While the goal of improving patient care and supporting nurses is undeniably important, mandatory nurse staffing ratios are not the right solution. Ohio already has a Safe Staffing Law that allows for front-line staff to evaluate the

effectiveness of budgeted staffing. The current law allows for flexibility and innovation at the bedside. Mandatory nurse staffing ratios impose significant financial burdens, reduce flexibility, and fail to address the root causes of nurse burnout and shortages. Policymakers should instead prioritize systemic reforms that enhance the overall healthcare environment, such as investing in education, technology, and workplace improvements. By focusing on sustainable, flexible solutions, we can ensure better outcomes for both patients and nurses without the unintended consequences of rigid staffing mandates.