

November 19, 2024

Chair Swearingen, Ranking Member Somani and all representatives in the Health Provider Services committee,

Good afternoon,

My name is Tony Sopko. I am the President and Chairman of UAW Local 2213 Professional Registered Nurses out of Toledo, Ohio. Since 2005 I have been a dedicated healthcare provider starting out as an EMT, became a Paramedic / Firefighter, and then went on to become a Registered Nurse. I have worked in the Emergency Department and in Clinical Research as an RN. Now, I proudly represent over 1,100 Registered Nurses. It is an honor and privilege to represent the hardworking RN's that take care of patients in our community.

I come here today on behalf of my membership to voice support for Ohio House Bill 285. According to the American Association of Colleges of Nursing (AACN), nursing is the nation's largest healthcare profession.¹ Nurses are the eyes and ears of the physicians and other advanced care practitioners when they are not at the bedside. Nurses generally pick up on changes in patient condition through assessments and notice abnormal trends in lab values and vital signs before the physician does. Nurses are on the units and at the patient's bedside significantly more than the other healthcare providers in the hospital. Patients are sicker. Disease processes are more complicated with multiple comorbidities. Documenting in the electronic healthcare records is critically important but is time consuming. Constantly changing nursing best practices and processes and learning updated technology is necessary, but not always easy. Patient populations are aging. The demands that the nursing profession faces daily are greater. Ask any bedside nurse and I am certain that they would probably agree.

Tristian Smith, a dedicated nurse from Dayton who died from suicide, left behind a note that described what many nurses experience daily while at

¹ Rosseter, R. (2024, April). *Home Nursing Workforce Fact Sheet*. AACN Nursing Workforce Fact Sheet. <https://www.aacnnursing.org/news-data/fact-sheets/nursing-workforce-fact-sheet>

work when it comes to staffing. I have a copy of this letter on the outside of my office door and have many people ask for copies of the article to share with their fellow nurses. This dark side of healthcare needs to be addressed as the mental health of our nurses and the safety of our patients are counting on it.

Every patient deserves compassionate and safe care that is not dictated by time constraints due to unsafe staffing ratios. Every additional assignment that a nurse gets assigned takes time away from each of their patients. Patient conditions change and emergencies happen which takes valuable time. Hospital bed availability is frequently a problem creating additional time and resource constraints for nurses. Setting a Minimum RN-to-patient staffing ratios in hospitals would create a safe environment for patients and help to address hospitals exploiting nursing labor. I believe that this bill would also help address the migration of nurses to non-bedside jobs. I can testify that I have personally been affected by unsafe RN to patient ratios. In 2019, after 12 years in the Emergency Department, I made the hard decision to leave direct patient care for a position in Clinical Research due to unsafe patient to nurse ratios. I did not want to put a patient's safety, or my nursing license, at risk.

Nurses have a legal and ethical duty to create and maintain a safe environment for patients. Nurse staffing does have a direct effect on a safe environment, outcomes and healthcare costs. Studies have shown that lower RN staffing and higher levels of admissions per RN have been associated with increased risk of death during an admission to hospital.² Additionally, the American Nurses Association (ANA) supports enforceable ratios as an essential approach to achieving appropriate nurse staffing. Studies have time and time again shown that patient outcomes are better and cost savings when

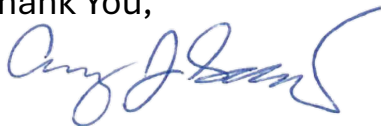
²Griffiths, P., Maruotti, A., Saucedo, A. R., Redfern, O. C., Ball, J. E., Briggs, J., Dall'Ora, C., Schmidt, P. E., & Smith, G. B. (2019, August 1). Nurse staffing, nursing assistants and hospital mortality: Retrospective Longitudinal Cohort Study. *BMJ Quality & Safety*. <https://qualitysafety.bmj.com/content/28/8/609>

nurse to patient ratios are implemented.^{3 4} Nurse to patient ratios would help to achieve better outcomes and cost savings in healthcare.

Ohio House Bill 285 would also attract more to the nursing field with the loan-to-grant program that will provide loans to nursing students that become grants. According to the US Bureau of Labor Statistics, employment of registered nurses is projected to grow 6 percent from 2023 to 2033, which is faster than the average for all occupations. Ohio is not immune to nursing shortages or nurses leaving the bedside. I believe that this will help to attract and keep hardworking nurses in Ohio.

In ending, I would like to state that nearly everyone in this room, or one of your close family members, at some time will likely be admitted to a hospital and have care provided by a nurse. I am certain that everyone would find some comfort in knowing that there are staffing ratio standards in place that have been proven to have better outcomes for patients. There is a patient care crisis in Ohio and creating a minimum RN-to-patient ratio in hospitals will help address the crisis and create a safer environment for hospitalized patients. You have an opportunity to help address this short staffing and nursing retention crisis in the state through legislation. This bill is an opportunity for the legislature to truly make a meaningful difference in healthcare within Ohio and quite possibly set the bar that other states could model.

Thank You,



Anthony J. Sopko, RN, EMT-Paramedic
President and Chairman
UAW Local 2213 Professional Registered Nurses
Toledo, Ohio

³ Lasater, K. B., Aiken, L. H., Sloane, D. M., French, R., Anusiewicz, C. V., Martin, B., Reneau, K., Alexander, M., & McHugh, M. D. (2021). Is Hospital Nurse Staffing Legislation in the Public's Interest?: An Observational Study in New York State. *Medical care*, 59(5), 444–450. <https://doi.org/10.1097/MLR.0000000000001519>

⁴ Lasater, K. B., Aiken, L. H., Sloane, D., French, R., Martin, B., Alexander, M., & McHugh, M. D. (2021). Patient outcomes and cost savings associated with hospital safe nurse staffing legislation: an observational study. *BMJ open*, 11(12), e052899. <https://doi.org/10.1136/bmjopen-2021-052899>