



Opposition Testimony on House Bill 466
Ohio House Commerce & Labor Committee
March 8, 2022

Good afternoon, Chairman Stein, Vice Chair Johnson, Ranking Member Lepore-Hagan and members of the House Commerce & Labor Committee. Thank you for allowing me to be here today to share the Ohio Nurses Association's current opposition to House Bill 466.

My name is Robert Weitzel, and I am a registered nurse as well as the President of the Ohio Nurses Association (ONA). I work in the Neuroscience Intensive Care Unit at a major southwestern Ohio medical center, and I have served in various leadership positions within my nursing union and the state association, which together provide me with a unique view of medical centers' operations and the struggles our nurses face on a daily basis throughout the state of Ohio. I have held my registered nursing license, BSN, for 14 years.

I want to begin by emphasizing that ONA is not opposed to requiring registration and oversight of healthcare staffing agencies. As an association who supports transparency within our healthcare system, we believe that it is necessary and prudent to hold healthcare staffing agencies to the same level of accountability as nursing homes, long-term care facilities and hospitals. In fact, the regulatory provisions of HB 466 in some ways mirror the hospital licensing regulations this body enacted last year as part of the state operating budget, which ONA supported, so we applaud the sponsor for pursuing those reforms. However, ONA is extremely wary of any language that may lead to the capping of nurse pay, considering the demanding conditions in which nurses are working. We also oppose provisions that limit the ability of nurses to negotiate terms of a contract with a healthcare staffing agency, as well as the flexibility to change his/her employment.

HB 466 as currently written prohibits the amount a healthcare staffing agency can "bill or receive payments from an applicable health care provider for any category of health care personnel listed in the Medicaid cost reports...at a rate that is higher than 120 percent of the direct care median hourly wage for that category of personnel for the peer group county in which the provider is located." In plain language, ONA believes that this effectively caps what an agency can bill for a nurse, thus capping what they can and will ultimately pay them. We believe this language will directly lead to the lowering and restricting of nurse wages, especially because the bill's language directly refers to what an agency can bill for "any category of health care *personnel*." Further, because the wage level used to create the standard is essentially based on the average wage in the county, it follows then that providers and agencies have an incentive to lower overall wages in order to keep that standard at a rate that they can afford.



ONIA vehemently opposes the invasion of government-imposed pay limitations on a workforce that has been answering the call to serve above and beyond usual workplace conditions for almost three years. We know healthcare facilities in Ohio and across the country are continuing to express vocal opposition to the escalating pay being provided to staff nurses. However, this simply in direct response to the supply and demand dynamics of our current healthcare environment, and nurses should not be punished for economic and pandemic conditions. We do not see similar restrictions in other industries and believe it would be unfair to target a single profession with such heavy-handed intervention. Further, a permanent, statutory response to current market conditions that may easily fluctuate would be highly inadvisable.

We know the sponsor and some committee members have expressed that the intent of this bill is not to cap nurse wages. So long as HB 466 continues to solely limit unnecessary inflation of costs on the part of the agency above and beyond actual costs incurred, ONA would not harbor significant concerns. However, we feel compelled to note the way we feel this current language will practically affect nurse salaries.

As you all are keenly aware, we are finding ourselves in a middle of “The Great Resignation” where professionals are choosing to leave a career due to various reasons, including feeling underappreciated and overworked. The profession of nursing is no different. In fact, in an article published by Kathleen Gaines in January 2022, titled *What’s Really Behind the Nursing Shortage?*, the following was shared by over 1,500 nurses: 87% feel burnt out; 84% feel they are underpaid; 83% feel their mental health has suffered; 77% feel unsupported at work; 61% feel unappreciated; and 58% of nurses have felt unsafe at work in the past year. This is not the time to be enacting policy that may lead to financial punishment of nurses for simply working in current market conditions.

Furthermore, a lot of these feelings of burnout are a result of conditions, particularly in nursing, that are not new. Staffing issues are a longstanding problem within healthcare that has largely been ignored by top-level decision makers within the government and healthcare systems. Like many issues, this pandemic has only shone a light on pre-existing problems, and nurse staffing is no exception. And now, as our health systems are overwhelmed and we reach crisis status, nurses are tired, frustrated and are pleading for help to solve this persistent issue. Instead of taking immediate and robust action, that looks at both short-term and long-term solutions, we are penalizing nurses for choosing to work for staffing agencies and the flexibility they provide.

There are other provisions in HB 466 that ONA feels unfairly restrict nurses. Specifically, ONA is opposed to the language in lines 227 – 228 stating that healthcare staffing agencies shall not:

Recruit, solicit, or entice an employee of a health care facility to leave the employee’s employment.

As I just stated, many nurses are choosing to leave their current place of employment to find a facility that values the work that they do with safer working conditions to do it in. If healthcare staffing agencies can provide a means for nurses to make more money, with safer workplace conditions, nurses should have the autonomy to make those decisions for themselves.



Additionally, healthcare staffing agencies aren't the only type of business that recruits, solicits or entices someone to be employed. In fact, you cannot drive down the road today without noticing several businesses enticing potential employees to work for them with large sign-on bonuses. Why should nurses be excluded from this recruitment and solicitation process? From ONA's perspective, nurses would not choose to leave their current place of employment if they were valued, respected, and provided with excellent working conditions.

ONA is also opposed to the language in lines 191 – 194 stating healthcare staffing agencies shall:
Prohibit all health care staffing agency staff from recruiting employees of the health care facility which the staff is placed and instruct all agency staff on this prohibition.

Nurses should be allowed to freely express their employment experiences with other nurses or healthcare workers. In a free market, hospitals, nursing homes, and home health care all offer goods and services to patients. Within each sector of health care, competing interests take place. One hospital may be a world-renowned research institution, while another may be an expert in spine and ortho surgeries. One nursing home may provide the best short-term rehabilitation, while another has the highest quality metrics in the county. Each business competes with another and each one tries to produce goods and services better than the alternative. Why should nurses hired by a staffing agency not be able to discuss the various goods and services offered by other facilities? Competing interests are already taking place, whether it be goods and services offered or the staff they employ.

Nursing homes and hospitals have shared support for regulating healthcare staffing agencies due to the exorbitant expense to these facilities when they need to hire additional staff. However, from ONA's perspective, if facilities took the expense they have been paying staffing agencies, and put the funding toward the staff already at the bedside, nurses and other healthcare workers may choose to stay at their current place of employment, helping to thwart our workforce shortages. Lastly, I'd like to refute the notion that facilities are unable to support agency nurses due to the expense. An article published on March 2, 2022, *Becker's Healthcare* states that the "Cleveland Clinic posted an operating income of \$746.3 million in 2021, more than triple the \$232.4 million recorded in 2020, according to its recently released financial results". The Cleveland Clinic is not the only hospital or nursing home who has seen financial gains over the last year. The money is there; however, facilities are not spending it wisely.

Thank you for your time and consideration today. I respectfully ask that you support Ohio's nurses and oppose HB 466 in its current form. I would be happy to answer any questions you may have at this time.