

MAINE NURSING COALITION OPPOSES INFLEXIBLE MANDATES (LD 1639)

Maine nurses and nursing leaders oppose inflexible mandates on nursing in Maine hospitals.

In the aftermath of a pandemic, when all hospitals throughout Maine are at or over capacity, we need every flexibility available to preserve our ability to meet the increased demand for services. Rigid, mandated nurse staffing ratios will decrease or eliminate access to care when the demand has never been greater.

Background

There is no dispute that high quality nursing is essential to healthcare services in Maine. However, **there is also no meaningful data that state-imposed staffing ratio mandates in hospitals improves the quality of care.** In response to previous RN staffing ratio legislation, both the National Quality Forum and the Maine Quality Forum Advisory Council concluded that there is currently no reliable scientific evidence that mandated RN/patient staffing ratios are a guarantor of quality and safety of inpatient care. Most recently the Massachusetts Health Policy Commission conducted an extensive analysis of the California nurse staffing ratio law and determined that the literature indicates that the California regulations did not systematically improve the quality of patient care.

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Every State That Has Reviewed California's Mandate Has Rejected It – Including Maine

- California Adopted Mandate Law in 1999
- No Other State Has Adopted Mandated Staffing Ratios
- The Federal Government Has Consistently Rejected This Mandate
- The Maine Legislature Rejected Mandated Ratios Three Times

Multiple Staffing Regulations Already Exist

- CMS Conditions of Participation include standards related to nurse staffing.
- JCAHO The Joint Commission Accreditation survey of hospitals include reviews of staffing adequacy.
- Maine DHHS Division of Licensing has nurse staffing requirements.
- While not mandated, every hospital uses ratios set by professional nursing associations to guide decision-making on workforce and staffing assignments.

State Mandates Do Not Improve Quality

Mandatory staffing ratios were proposed in Massachusetts and the non-partisan, quasi-state agency known as the Massachusetts Health Policy Commission hired two national nursing workforce experts to study the issue. The conclusion of those experts was:

“There was no systematic improvement in patient outcomes post-implementation of ratios [in California].”

Maine Hospital Quality Already Exceeds California's.

Quality experts at Leapfrog recently called **Maine as “Top State of the Decade for Patient Safety.”** Maine has regularly scored among the best hospitals in the country on quality and routinely outperforms California.

WalletHub:

Maine Hospitals – Ranked **9th**
California Hospitals – Ranked **29th**

Federal Agency for Healthcare Research & Quality:

Maine ranked in the **1st Quartile** (best quality) in overall quality of care
California ranked in the **4th quartile** (worst quality) in overall quality of care

Hospital Compare:

Patients who reported the “always” received help as soon as they wanted.
Maine Hospitals – **68%**
California Hospitals – **60%**

State Mandates Do Not Solve the Problem.

- **There is a Shortage of Nurses in Maine and Nationwide** - Without an increased supply of nurses, hospitals may be forced to reduce or close units, and reduce admissions to comply with the mandate, decreasing or eliminating access to care, and increasing wait times. Claims of plenty of nurses on the “sidelines” are simply false. **Maine’s Nursing Action Coalition reports that unemployment among RNs is very low. Only 2.3% of Maine Nurses are unemployed.**
- **Passing Mandates Does Not Create New Nurses** - Mandated ratios will not create more nurses and will force hospitals to compete with nursing facilities for nurses, and rely on expensive traveling nurse agencies, to meet the requirements of the law.

State Mandates Can Cause Harm

- **Strip Nurses of Autonomy and Flexibility** - Arbitrary mandated staffing ratios remove nurses in patient care units from the decision-making process on how best to treat patients and take away the flexibility our clinical teams need to meet the individual needs of their patient population, including patient acuity, and do not take into account the skill mix of clinical staff and fluctuating patient census.
- **One Size Does Not Fit All** - Hospitals throughout the state staff to meet the needs of their communities. Small and rural hospitals do not need to meet the same staffing levels as large, tertiary hospitals that treat complex, high acuity patients. This bill would treat all hospitals the same.
- **Prohibits Innovation** - Prohibits the use of technology and innovation to improve patient safety and clinical practice guidelines for nurses.
- **Costs Will Increase** - It would cost an estimated \$105 million for hospitals in Maine to comply with the mandated ratios without any promise of improved care. When nearly half of Maine Hospitals were operating on negative margins prior to the pandemic, hospitals simply cannot absorb the substantial, increased costs from mandated ratios.

Maine Hospital Staffing Levels Are Comparable to California’s – Without Inflexible Mandates

Maine hospitals already provide the same amount of nursing care as California per inpatient day. [Maine provides 9.14 RNs (FTEs) per inpatient day vs. California’s 9.13.]

Hospitals are Working Hard to Retain their Current Nurses and Hire More

- Hospitals in Maine have increased nurse pay and offered flexible staffing to retain their current nursing workforce.
- Hospitals have invested over \$225 million in 2021 and 2022 in care team member salary increases.
- Maine hospitals currently have job postings for an estimated 1,500 – 2,000 nurses. These positions are filled with expensive travel nurses now.

Nursing Leaders Have Been Pursuing Policy Changes to Increase the Number of Nurses

- Loan Repayment
- Tax Forgiveness on Loan Repayment
- Faculty Loan Repayment
- Increased Funding for Nursing Education Programs

Staffing Ratios Do Not Help With Workforce Recruitment and Retention

Nursing homes are governed by mandatory staffing ratios and they have been forced to close beds due to staffing shortages.

Bottom Line:

Studies show that the higher number of experienced nurses improve patient outcomes, but NO study suggests or concludes that a state-mandated ratio will provide higher quality care or lower the number of adverse events. This is why no state has repeated California’s mistake. In fact, in the midst of the pandemic, California significantly loosened its mandate. We urge the Legislature to, focus its efforts on increasing the pool of qualified nurses in the state, not forcing arbitrary and unobtainable ratios that will only raise health care costs and decrease access to care.

As the *Boston Globe* editorial against state-mandated ratios put it in 2018:

It’s too blunt of an instrument, substituting a rigid numeric ratio in place of the judgment of medical professionals. ... There’s not enough evidence that making hospitals hire more registered nurses would further the overarching goals of access, affordability, and quality, and too many reasons to fear it might backfire on all three.

Maine Nursing Coalition – Consists of the Organization of Maine Nurse Leadership (OMNL), American Nurses Association (ANA) – Maine, the Maine Hospital Association.