

Senator Tipping, Representative Roeder, and members of the Committee, thank you for your time today. My name is Jennifer Low, I have been an intensive care nurse for 10 years and am currently the Nurse Manager at Maine Medical Center, supporting the Cardiac Surgery Intensive Care Unit, which cares for all open heart surgery patients.

I am here today in opposition of LD 1639 and the inflexible mandates it proposed on nurses and the patients they care for.

- I would like to ask the committee where the proposed patient populations and minimum staffing requirements were derived and is there evidence to support better patient safety and quality of care with these mandated ratios. When reading the proposed minimum staffing requirements in section 1794, I found many of the patient populations to be ambiguous and questioned what they mean. An example is line 4 on page 3 “U” – what defines a “patient receiving coronary care services”, or line 12 of page 4 “W” “patient receiving acute respiratory care services”?
- Maine hospitals currently use ratios that are regulated and reviewed by CMS, The Joint Commission, as well as Maine DHHS to ensure adequate staffing. With our current ratio guidelines, the nurse to patient ratio in for patient in the intensive care unit are in no more than a 1 nurse to 2 patient ratio, this legislation takes away the autonomy and trust that we have trained nurses and charge nurses to determine appropriate staffing for patients, based on the clinical needs and requirements of patients.

- To a uniformed public, this bill looks to support nurses. What I have come to realize, is that this is not legislation that support nurses, as our job as nurses it to support the care and wellbeing of the healthcare needs of our communities. With the proposed ratios along with the current and ongoing nursing shortage, healthcare facilities in Maine will not be able to meet the demand for beds and care, but will require facilities to close beds, delay care, or even turn patients away in order to avoid significant financial penalty. My fear is that this will have the most significant impact on critical access hospitals that support communities all over the state of Maine, as they do not and would not have the resources to care for all of the patients coming in to their facilities to provide the ratios as proposed. These patients would then possible be transferred to a larger facility that may put a strain on the large facilities, as well as financial strains on the families of these patients that could be transferred many miles from their community hospital that in current state would be able care for a treat the patient. Our communities may no longer have the appropriate access to care that they rely on.
- I do not see the benefit to nurses, when what we need is more funding for nursing programs to allow for more nurses to join the workforce, as they are the largest pool of nurses being hired. Given the ongoing nursing shortage, critical care units in the past have had a practice of hiring large cohorts of new graduate nurses, hiring 1-2 at a time, due to the longer orientation time to become competent and practicing at a level to care for critically ill patients. Over the past year, we have hired 13 new grads in the CS

ICU, compared to the 4 experienced nurses who applied and were hired during the same time period.

As a nurses and providers, we take an oath to “do no harm” and, it is my opinion that these mandated ratios, if put into practice, would put that oath into question, as we may be forced to close beds and turn patients away in order to meet the unreasonable ratios. Thank you so much for your time and I ask that you think about the communities you represent and how this proposed legislation will impact them in their time of need for healthcare, whether it be emergency care or even planned care needs.