



HOUSE OF REPRESENTATIVES

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Testimony of Rep. Anne Graham in opposition to LD 1639, An Act to Address Unsafe Staffing of Nurses and Improve Patient Care Before the Joint Standing Committee on Labor and Housing

Senator Tipping, Representative Roeder and esteemed members of the Labor and Housing Committee, my name is Rep. Anne Graham and I serve the people of North Yarmouth and the majority of Gray, House District 105. Although I am a cosponsor, I am here to testify against **LD 1639, An Act to Address Unsafe Staffing of Nurses and Improve Patient Care.**

Thank you for working on the important issue of safe staffing in our hospitals. I urge you to listen to the individuals who have boots on the ground, the nurses, who are working every day to care for their patients. Those patients include your family, friends and even you. I have heard from nurses who work in the intensive care unit and the emergency room and they are extremely concerned that if this bill passes, care will be diminished and their patients will suffer the consequences.

I would like to share with you two of the emails I have received from frontline nurses about the reality they would face if LD 1639 is passed.

“My name is Maureen Martinack and I am a Registered Nurse who works at Maine Medical Center. I live in Cape Elizabeth.

I oppose LD 1639!! Please stand by for nurses who want the flexibility to create our own staffing patterns based on the acuity of the patients. They are people, not numbers!!!

By enforcing staffing ratios, this will cause patients to literally be left in the street with no care! Doors will need to be shut, hospitals will need to go on diversion and patients will die. In Portland alone, if Mercy and MMC go on divert, where will you go for emergency care? The next closest hospital is Southern Me Med Center- half hour away. In an emergency, the first hour is called the Golden hour when treatment on a patient needs to be started. By forcing patients to “find a hospital with open doors” during an emergency will be very limited if staffing ratios are implemented. Not to mention the stress on EMS services, family members and the patients. This would be a community disaster!

We don't need staffing ratios, we need more nurses! I see great strides are being done to help student nurses and anyone wanting to go into the field to get to school and assist with graduating! Maine can do this! We could be the best Pro-Nursing Field in the country.

Please oppose this!
Sincerely,
Maureen Martinack, BSN, RN”

Andrea Blanchette RN

“I am an ICU nurse at Maine Medical Center, hired here in 2015. My role now, most shifts, is coordinating bed placement in the ICU. The language I find concerning in this bill is:

19 A. One patient when: 20 (1) The patient is receiving critical care or intensive care; or 21 (2) The nurse is assigned to a patient care unit, other than a unit providing emergency services, that receives patients requiring critical care or intensive care, including, but not limited to, a critical care unit, an intensive care unit or a patient 24 care unit with neonatal intensive care or pediatric intensive care patients.

Limiting our assignments to one patient each will SEVERELY impact our ability to care for the population of Maine. Each day we face challenges with physical ICU bed availability and staffing. In the ICU, we are able to maintain safe staffing ratios (never more than 2 patients) and care for the patients who need ICU beds. There is a huge spectrum of acuity when talking about what constitutes a patient who needs ICU level of care. A patient may be here for post TNK observation and otherwise intact with stable vital signs. Or they may be here for a 60% burn with dressings that take 3 hours to change. The burn patient is always 1:1, but the post TNK observation patient is certainly safe to pair, especially if it means we are then able to accept a patient from an outside facility that may not have the resources they need to care for the patient. Every day we are working very hard to meet the needs of the people of Maine. Limiting us to 1 patient each will affect our ability to get the patients here who need us.

Thank you,
Andrea Blanchette, North Yarmouth”

I greatly appreciate the objective of this bill, but this is not the solution to provide quality patient care. I honor and respect our inpatient nurses. Their work is extremely hard and extremely rewarding. We saw how strong they were during the pandemic when they risked their own lives to care for and save others. I urge you to listen to these soldiers on the frontlines as they work to staff their floors safely. With all due respect, LD 1639 is not the way to do it.

Thank you.