

LD 1639 An Act to Address Unsafe Staffing of Nurses and Improve Patient Care

**Testimony in Opposition
May 4, 2023**

Senator Tipping, Representative Roeder and members of the Committee on Labor and Housing, my name is Lisa Harvey-McPherson I am a registered nurse speaking on behalf of the Organization of Maine Nursing Leadership (OMNL) and the Maine Nursing Action Coalition (MeNAC) in opposition to this bill.

OMNL encourages networking, unity and collaborative partnerships among healthcare professionals across Maine. Our members include nurses in executive, manager, director and nurse faculty roles and nurses aspiring to healthcare leadership positions.

The Maine Action Coalition is part of the Robert Wood Johnson Foundation and AARP Foundation national future of nursing initiative. The Campaign for Action Coalitions in every state work to mobilize nurses, health providers, consumers, educators, and businesses to strengthen nursing on multiple fronts. The organization’s goals are based on recommendations from the Institute of Medicine’s Future of Nursing report.

I will focus on two specific topics in my testimony today. The history of nurse staffing ratio legislation in Maine and data on Maine’s nursing workforce.

Maine’s nurses and nursing leaders have consistently opposed the inflexible mandates on nurse staffing described in all of the ratio bills because there is no meaningful data to support how state-imposed staffing mandates in hospitals will improve patient care or create more nurses. Here is a summary of the three previous nurse staffing bills in the Maine Legislature.

Legislation/Year	Summary	Outcome
2001 – LD 1085 Resolve, to Improve Staffing in Health Care Settings	Resolve directed DHHS to amend rules to base appropriate staffing for licensing purposes on patient acuity level as determined by a professional nursing assessment done by a professional registered nurse of patient physical, behavioral and psycho-social	Carried Over and Voted Ought Not to Pass

	status and need for health care	
2003 – LD 616 An Act To Provide Safe Staffing Levels for Patients and To Retain Registered Nurses	This bill imposes minimum staffing requirements for nurse-to-patient staffing on all hospitals with an increase of nurses required based on the acuity of the patients	Carried Over and Passed as a Resolve to Direct the Maine Quality Forum Advisory Council to review RN staffing levels in hospitals and the issue of minimum staffing ratios
2007 – LD 1538 An Act To Increase the Safety of Hospital Patients	This bill imposes minimum staffing requirements for direct-care registered nurse-to patient staffing on all hospitals with an increase of direct-care registered nurses and other licensed and unlicensed nursing staff required based on the individual acuity of the patients	Bill amended to a Resolve that passed- To Further the Collection of Hospital Quality Data Regarding Nurse Staffing. Resolve requires MHDO to adopt rules that require the submission of measures of nurse satisfaction using national benchmark metrics. The Resolve also directs DHHS to issue rules to require hospitals to provide nurses annual notice of the Whistleblower's Protection Act

The Resolve in 2001 may not appear to be a staffing ratio mandate bill. This bill was submitted shortly after California passed a law mandating nurse staffing ratios. During the many discussions I participated in regarding this bill supporters sought a pathway forward to mandate nurse staffing ratios.

The Maine Quality Forum Advisory Council Report released in 2004 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. The report did recommend the collection and reporting of 15 nurse-sensitive indicators to the Maine Health Data Organization. This recommendation is reflected in the 2007 Resolve that passed.

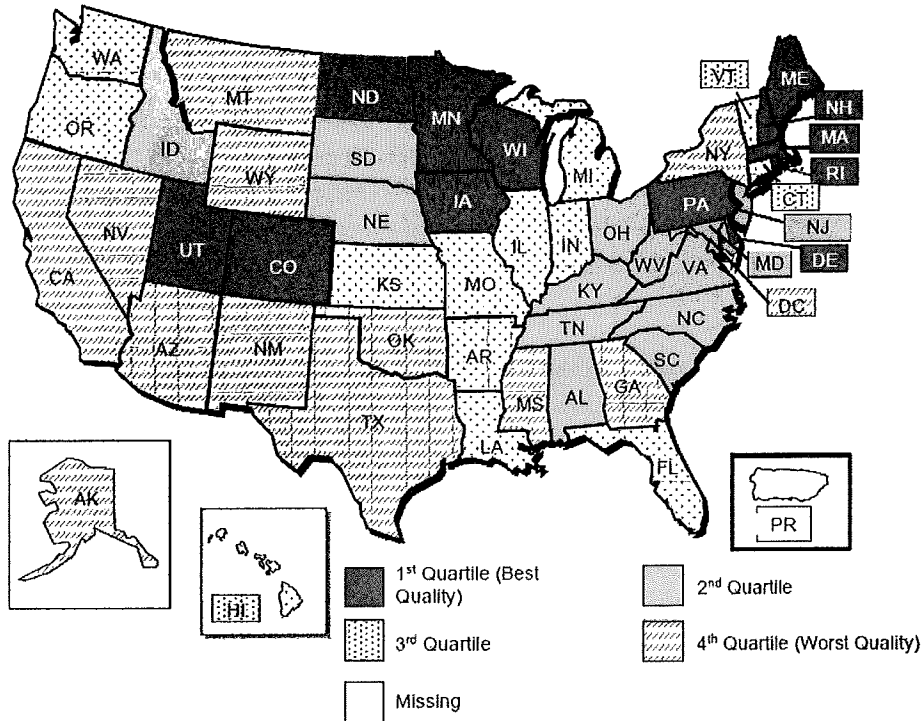
The conclusion of the Maine Quality Forum Advisory Council is consistent with analysis of the California law regarding the impact of nurse-to-patient ratios over time. In 2018 the Massachusetts Health Policy Commission issued an analysis of proposed staffing ratios. The report states that there was no systemic improvement in patient outcomes post-implementation of ratios in California.

This is further supported by data regarding the quality of health care in California. In 2022 the US Department of Health and Human Services Agency for Health Care Research and Quality issued a National Healthcare Quality Report. The report documents that Maine ranks in the 1st quartile for best quality, California ranks in the 4th quartile for worst quality.

Portrait of American Healthcare

Quality varied between States, but in some regions nearby States had similar quality scores.

Figure 29. Overall quality of care, by state, 2016-2021



In the early 2000's when we were discussing staffing and Maine's nursing workforce it became clear that we needed data to describe the nurses in the current workforce and project out the future trends for nursing in Maine. Maine is one of the original states in the country to create the Maine Nursing Minimum Data Set. In partnership with the Maine State Board of Nursing, nurses answer a series of questions that in aggregate show us where nurses are working, their working status, education, age and if they are not working why. Today we are now part of a national data set collected by every state board of nursing.

With over 20 years of data collection we know a lot about nurses in Maine. The trends are consistent, we are working, older on average than nurses in other states and nurses who report they are not working are caring for family, disabled or retired. In 2012 we published a State of Maine Nursing Workforce Strategic Plan. The plan documented the need to project out the retirement cliff of Maine's nursing workforce. We had excellent supply data on our workforce, we needed to forecast the future demand trends. This became the next generation of our work.

With grant funding support we engaged a national nursing data consultant, Pat Cirillo, and published our first nursing workforce report in 2015 projecting a shortage of 3200 registered nurses by 2025. This

served as a call to action for hospitals and Maine's nursing education programs to work together to increase the student capacity in our nursing education programs. Success requires more nursing faculty and more clinical placements in health care settings. Work accelerated throughout the State of Maine with partnerships focused on increasing the number of nursing graduates. In October of 2018 we worked with our consultant to monitor our progress and Maine's nursing workforce shortage of 3200 RNs by 2025 was updated to a forecasted shortage of 2700 RNs.

In 2022 MeNAC and the Maine Hospital Association engaged our consultant to do an updated analysis of Maine's nursing workforce focused on the data trends from 2015 through 2021. We published the data and announced that we are making progress, Maine's nursing workforce shortage is 2250 RNs, this shortage is projected to be consistent through 2025. The report documents that the collaborative work statewide resulted in over 1000 new nurses younger than the age of 35 entered the workforce. The infusion of younger nurses into Maine's workforce results in the improvement in our workforce projection. A shortage of 2250 RNs is still a large number, but our work is producing positive impact. The report also documents that the workforce trends for nursing in Maine remain consistent, almost 9 in 10 of the licensed RNs in Maine are working and the unemployment rate among RNs is very low at 1.9%. This is below normal limits for a full employed labor force. I have attached a copy of the report to my presentation.

We also have positive information to share regarding the overall satisfaction of nurses working in Maine. On May 2nd WalletHub published their annual update on the best and worst states for nurses. The results are based 20 metrics looking at two key dimensions "Opportunity & Competition" and "Work Environment". Maine ranks as the 2nd best state in the country for nurses. California, the only state with mandated staffing ratios, ranks 23rd. Here is a link to the article <https://wallethub.com/edu/best-states-for-nurses/4041>

As I prepared for the bill before you today I reached out to the Board of Nursing for information on the current number of licensed nurses, as of April 3rd there are 28,557 licensed RNs in Maine.

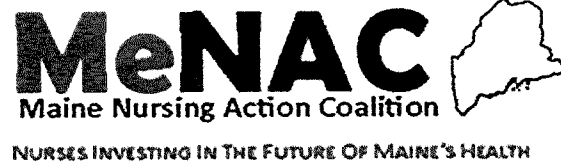
- 84.5% Employed as a Nurse
- 1% Volunteering as a Nurse
- 2.9% Employed not as a Nurse
- 2.3% Unemployed – Seeking Work as a Nurse
- 3.3% Not working (Disabled, Caring for Family)
- 5.9% Retired

Top Positions for the RN workforce are Staff Nurses and Advanced Practice Nurses, these two positions represent 75% of the workforce, 56% of RN primary employment settings are hospital affiliated. Other employment settings for nurses include:

- Gerontology 6%
- Home Health/Community 7%
- Hospice 1%
- Occupational Health 1%
- Public Health 1%
- School Health 3%

The Maine Hospital Association estimates that hospitals are currently recruiting for approximately 1500 RNs and projects that this bill will require hospitals to hire more than 1000 additional nurses to meet the staffing ratio mandate. As I have noted, data documents a shortage of 2250 RNs and the shortage will continue through 2025 given the intensity of nursing care required as we move through the post pandemic period. The number of additional nurses simply don't exist.

I will conclude my testimony where I began - Maine's nurses and nursing leaders oppose the inflexible mandates on nurse staffing described in this ratio bill because there is no meaningful data to support how state-imposed staffing mandates in hospitals will improve patient care or create more nurses. We strongly urge this committee to vote this bill ought not to pass and join us in supporting workforce legislation and funding focused on nursing faculty and new nurse graduates.



The Nursing Workforce in Maine: Trends & Forecasts

2015-2020/21

Update, January 21, 2022

Patricia J. Cirillo, Ph.D.,
President, Cypress Research Group

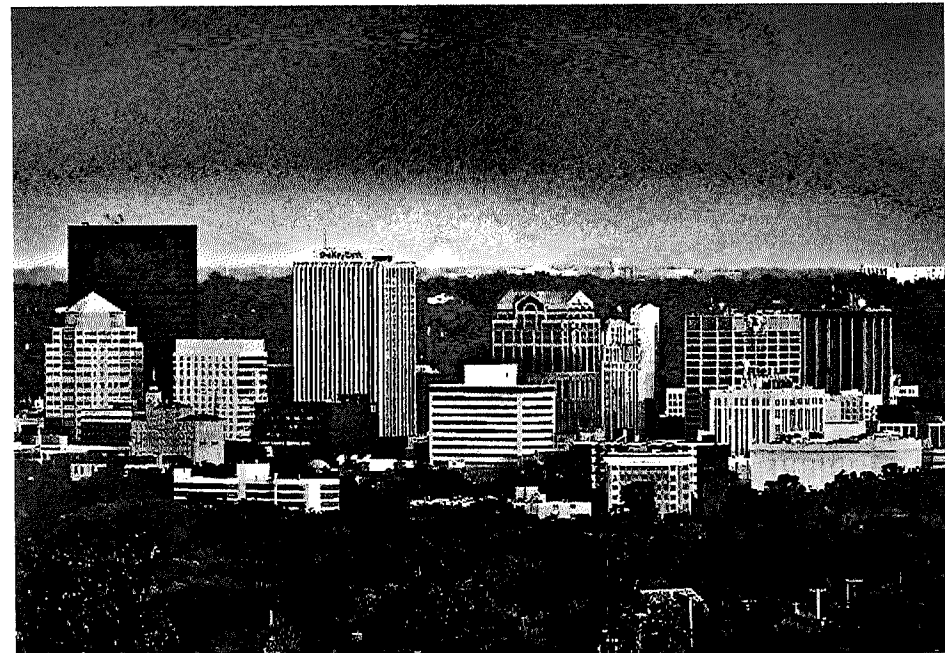


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Introduction

Objective

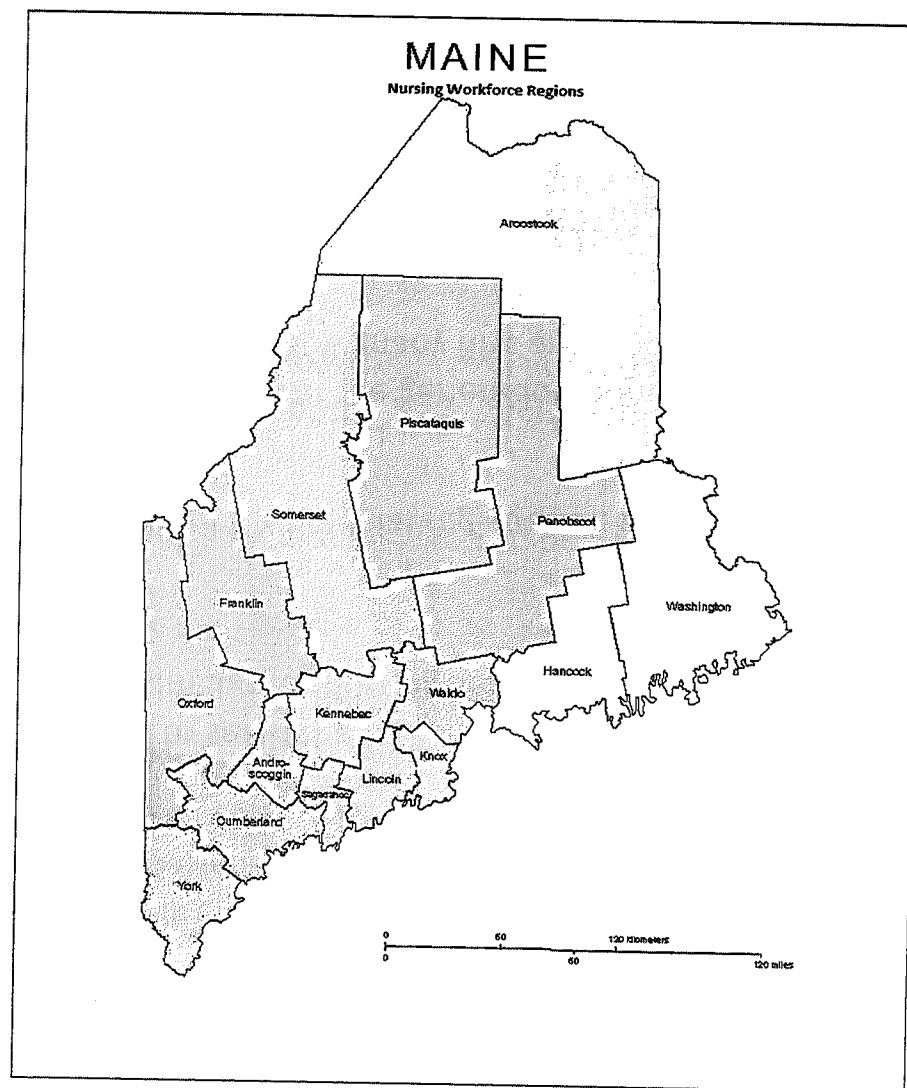
- Update the nurse (RN) forecast for Maine using the most recent (2020/21) registration data.
- Determine if recent efforts to minimize a nursing shortage were successful.
- Update the forecast for 2025, if needed.
- Identify areas of concern regarding trends in the RN workforce in Maine.

Methods

- A dynamic model for estimating the supply of and demand for RNs in the state of Maine was initially developed in 2016 (using 2015 state RN registration data). That model was designed to allow for a modification of any assumptions made in 2016 at any time during the period of 2016 to 2025.
- The current effort is an update of the assumptions of that model to see if the forecast for 2025 should be modified to reflect recent changes in the RN workforce and/or demand for nursing services.
- The forecast is comprised of two main components:
 - **The ‘supply’ of RNs;** we measure this directly via the required RN biennial registration process for RNs practicing in the state of Maine.
 - **The ‘demand’ for RNs:** we estimate this based on the composition of the generation population (older people use significant more healthcare than younger people) and how many RNs are required to provide a ‘unit’ of healthcare services (‘intensity factors’).
 - For this update, we used the same intensity factors as in the initial forecast (2016). Intensity factors tend to not change dramatically over time yet, normally we still re-examine intensity factors to update forecasts, as they could change. However, the current COVID-19 pandemic no doubt has impacted intensity factors heavily, but probably temporarily; assuming the pandemic will soon come to an end, we would expect intensity factors to revert back to close to what they were in 2016. If that is not true and the intensity factors change on a more permanent (or very long term) basis, the current estimates would likely be inaccurate and undercount the number of RNs needed in the state.

Maine's Regions

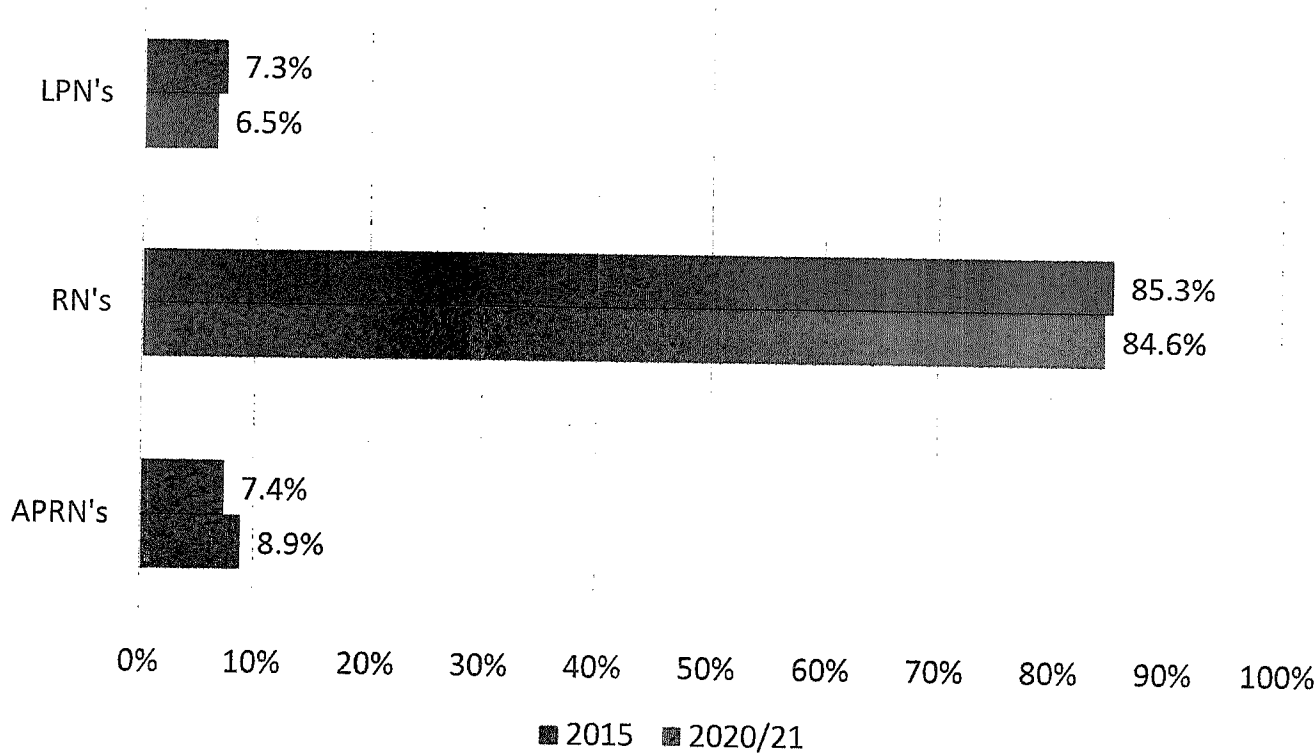
- The forecast for the state is built at the regional level and then summed for state-wide numbers.
- **Seven Regions**
 - York/Cumberland Counties
 - Sagadahoc/Lincoln/Knox/Waldo
 - Hancock/Washington
 - Oxford/Franklin/Androscoggin
 - Somerset/Kennebec
 - Piscataquis/Penobscot
 - Aroostook



Nurse Workforce in Maine, 2020/21

Maine's Nurses

Total Licensed Nurses, Statewide



- In 2015, there were approximately 27,000 (RNs/APRNs/LPNs) licensed in the state. This increased slightly to 27,888 in 2020/21,
- The great majority are RNs (85% in both periods).
- Proportionally, the number of LPNs has decreased and the number of APRNs has increased from 2015 to 2021

- LPNs make up a smaller proportion of the nurse workforce in 2021 than 2015 in most of Maine’s regions.
- In contrast, APRNs make up a greater proportion of the nurse workforce in 2021 compared to 2015 in all but one region (Aroostook).

	York; Cumberland		Sagadahoc; Lincoln; Knox; Waldo		Hancock; Washington		Oxford; Franklin; Androscoggin		Somerset; Kennebec		Piscataquis; Penobscot		Aroostook	
	2015	2020/21	2015	2020/21	2015	2020/21	2015	2020/21	2015	2020/21	2015	2020/21	2015	2020/21
LPNs	6%	5%	6%	6%	8%	7%	8%	8%	6%	6%	6%	5%	4%	8%
RNs	87%	84%	85%	83%	84%	83%	85%	83%	88%	85%	86%	85%	85%	82%
APRNs	8%	11%	8%	11%	8%	10%	7%	9%	6%	9%	8%	10%	10%	10%

Maine's Licensed Nurses, 2020/2021

Work Status

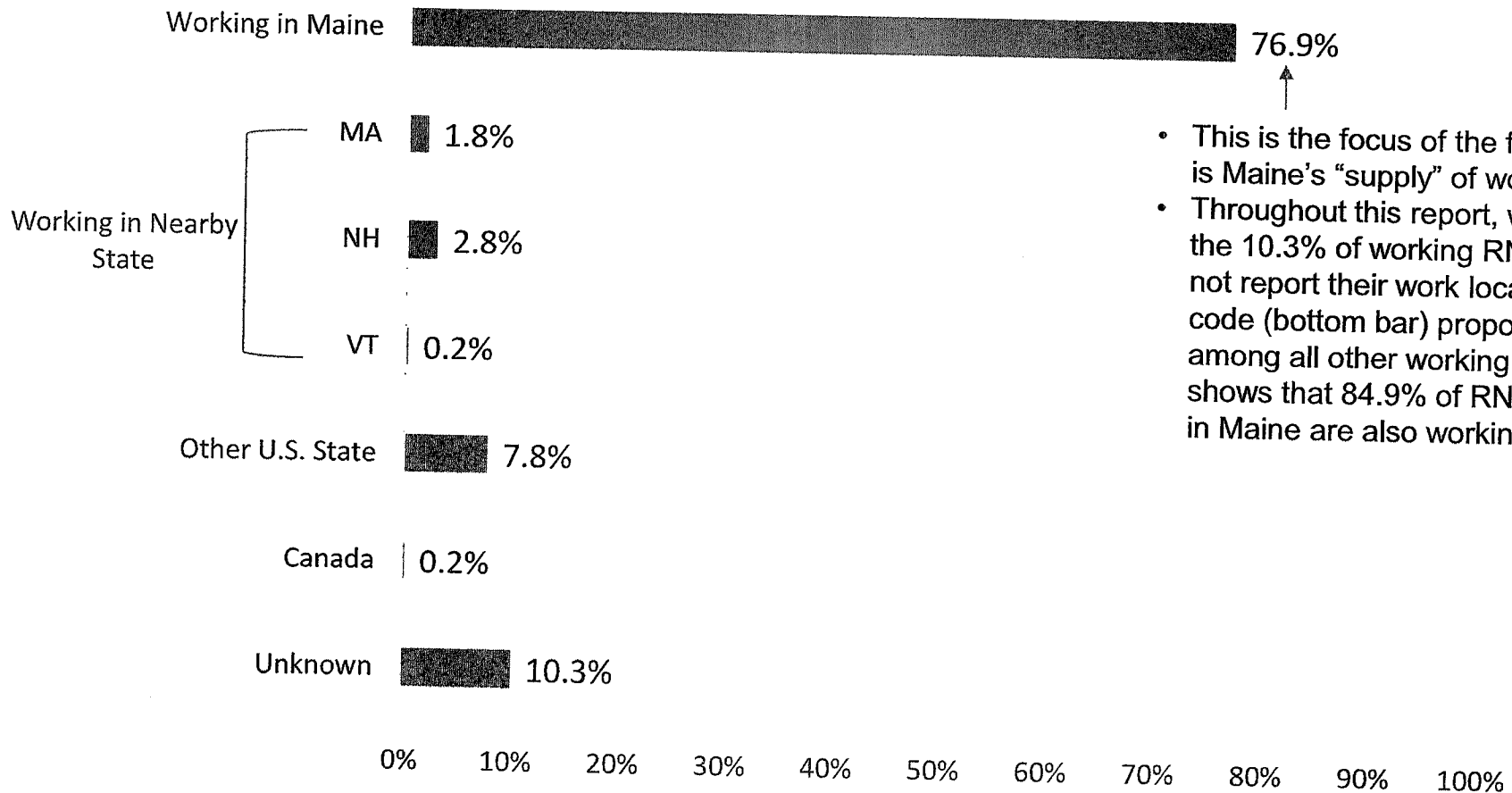
- Almost 9 in 10 of the licensed RNs in Maine are working as nurses, either full-time (69.6%), part-time (10.0%) or *per diem* (7.1%).
- Unemployment among RNs is *very low* (1.9%). This is below normal limits for a full employed labor force – there are always some members of the workforce who are in transition, for many reasons. There are likely hundreds of openings for nurses in multiple settings throughout Maine.

	LPN	RN	APRN
Workforce			
Actively employed in nursing or in a position that requires a nurse license – FT	57.6%	69.6%	79.7%
Actively employed in nursing or in a position that requires a nurse license - Part-time	8.2%	10.0%	11.3%
Actively employed in nursing or in a position that requires a nurse license - <i>Per diem</i>	7.8%	7.1%	4.3%
Unemployed - Seeking work as a nurse	3.7%	1.8%	1.3%
Non-Workforce			
Working in nursing only as a volunteer	0.7%	0.7%	0.7%
Actively employed in a field other than nursing - Full-time	3.9%	1.6%	0.7%
Unemployed - Not seeking work as a nurse	6.1%	2.7%	0.8%
Retired	10.2%	5.8%	1.1%
Actively employed in a field other than nursing - Part-time	1.2%	0.5%	0.1%
Actively employed in a field other than nursing - Per diem	0.6%	0.2%	0.1%

Model Inputs: RN (non-APRN) Workforce in Maine, 2020/21

Maine's Licensed RNs, 2020/2021 Work Location

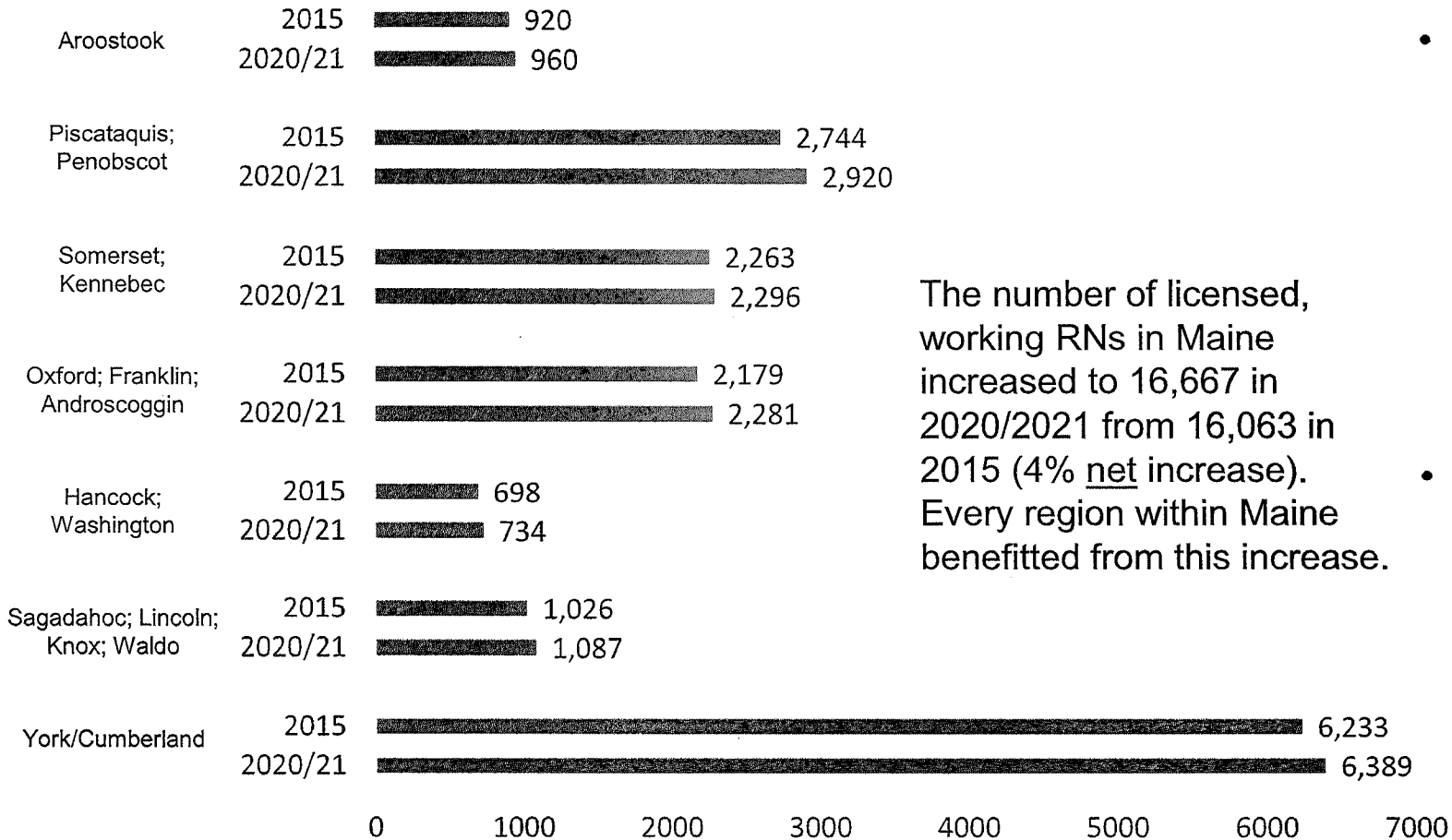
RN's Working Location 2020/21



- This is the focus of the forecast. It is Maine's "supply" of working RNs.
- Throughout this report, we allocate the 10.3% of working RNs who did not report their work location zip code (bottom bar) proportionately among all other working RNs, this shows that 84.9% of RNs licensed in Maine are also working in Maine.

Maine's RN Workforce

Number of Working RNs, By Region* They Work In



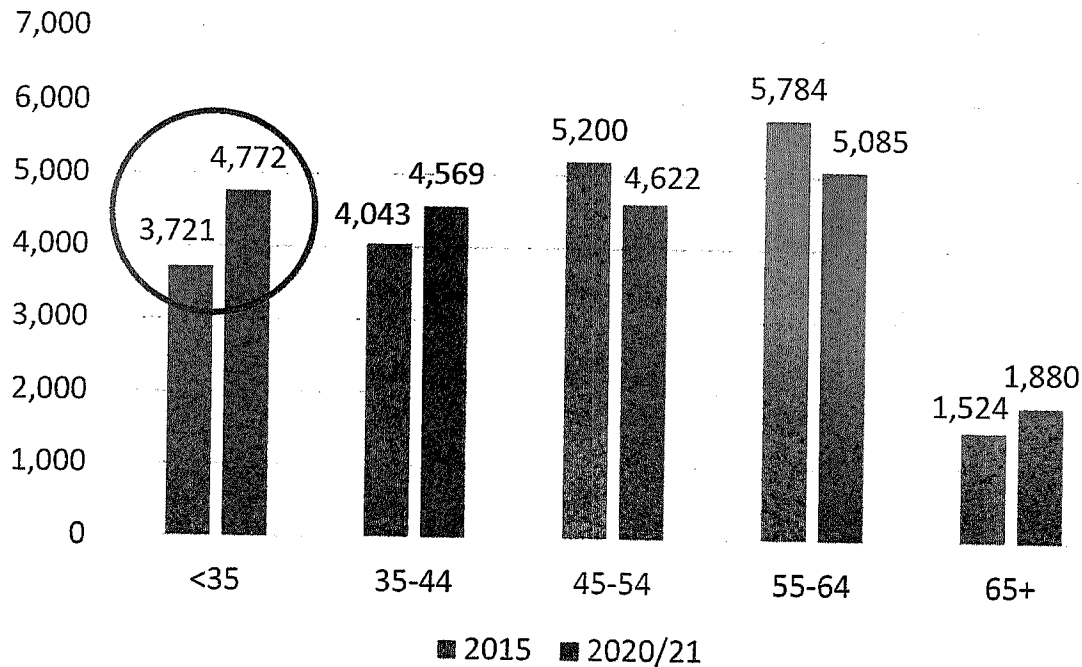
The number of licensed, working RNs in Maine increased to 16,667 in 2020/2021 from 16,063 in 2015 (4% net increase). Every region within Maine benefitted from this increase.

- The sole focus of the forecast is on RNs. Here we show the number of *licensed RNs* in the workforce, by region, in both periods.
- This increase in the number of working RNs reverses the trend of the prior 10 years.

*The approximately 10% of nurses who did not report their work location (zip code) were proportionately distributed among all of the locations).

Age Trends for Maine's RN Workforce

Age Group of Working RNs
(RNs Working Inside or Outside of Maine)



- Many things could have led to this net increase in the number of working RNs in Maine over the past five years. This figure demonstrates what drove that trend. Between 2015 and 2020/21 we see a dramatic shift in the ages of RNs, as a group. The number of working RNs younger than 35 grew by over 1,000. No other cohort saw this level of an increase. The cohorts age 45 and over decreased in size (as predicted in the original forecast).

Age Trends for Maine's RN Workforce

Region	Median Age of Working RNs	
	2015	2020/21
York; Cumberland	49	46
Sagadahoc; Lincoln; Knox; Waldo	53	52
Hancock; Washington	53	51
Oxford; Franklin; Androscoggin	48	47
Somerset; Kennebec	50	48
Piscataquis; Penobscot	46	45
Aroostook	45	46
Total:	49	47

- We see a younger RN workforce across all regions in Maine with the exception of Aroostook.

Work Setting, By Region

- The proportion of RNs working in the various settings has remained quite stable over the past five years. Hospitals remains the dominant setting; however, in two regions (Oxford/Franklin/Androscoggin and Aroostook) the proportion of hospital-based RNs working in that region dropped by several percentage points.

	York; Cumberland		Sagadahoc; Lincoln; Knox; Waldo		Hancock; Washington		Oxford; Franklin; Androscoggin		Somerset; Kennebec		Piscataquis; Penobscot		Aroostook	
	2015	2020/21	2015	2020/21	2015	2020/21	2015	2020/21	2015	2020/21	2015	2020/21	2015	2020/21
Hospital	50.0%	48.5%	47.8%	47.1%	54.8%	52.2%	54.5%	47.2%	49.0%	47.1%	62.6%	61.9%	53.9%	47.0%
Ambulatory Care Setting	12.0%	15.8%	11.4%	13.4%	9.9%	11.5%	8.3%	13.3%	10.9%	14.0%	9.9%	10.8%	7.2%	10.4%
Nursing Home/Extended Care/Assist. Living	9.4%	7.4%	13.9%	12.9%	14.3%	11.2%	12.1%	11.5%	12.1%	9.9%	7.6%	7.6%	15.9%	16.9%
Home Health	7.1%	7.1%	8.9%	4.7%	4.6%	6.4%	9.2%	9.2%	8.8%	9.4%	5.2%	5.3%	6.9%	8.3%
Insurance Claims/Benefits	4.0%	3.5%	0.3%	0.5%	0.5%	0.7%	1.1%	1.9%	0.6%	0.9%	0.6%	0.6%	0.2%	0.6%
School Health Service	3.0%	2.7%	5.9%	7.0%	3.9%	3.6%	3.3%	3.8%	3.0%	2.8%	1.7%	1.5%	3.5%	3.5%
Community Health	2.6%	3.3%	1.5%	3.1%	3.6%	6.2%	1.8%	2.3%	3.6%	3.8%	2.0%	2.6%	2.0%	2.2%
Academic Setting	2.2%	1.9%	1.0%	0.7%	0.9%	1.6%	1.6%	1.9%	1.6%	1.9%	1.7%	1.8%	2.8%	3.3%
Public Health	0.7%	1.0%	0.1%	0.7%	0.5%	0.1%	0.7%	0.9%	1.2%	1.0%	2.8%	0.8%	2.5%	0.9%
Occupational Health	0.8%	0.7%	0.6%	0.9%	0.8%	0.4%	0.8%	0.9%	0.7%	0.9%	0.4%	0.4%	0.7%	0.6%
Correctional Facility	0.4%	0.6%	1.5%	2.4%	0.2%	0.1%	0.2%	0.3%	0.4%	0.7%	0.5%	0.9%	0.2%	0.3%
Policy/Planning/Reg./Licensing Agency	0.2%	0.1%	0.1%		0.0%		0.1%	0.1%	1.1%	1.0%	0.0%	0.2%	0.2%	0.1%
Other	7.5%	7.4%	6.8%	6.7%	6.0%	5.8%	6.5%	6.6%	7.0%	6.6%	6.9%	5.7%	4.2%	5.9%

RN Specialization, by Region

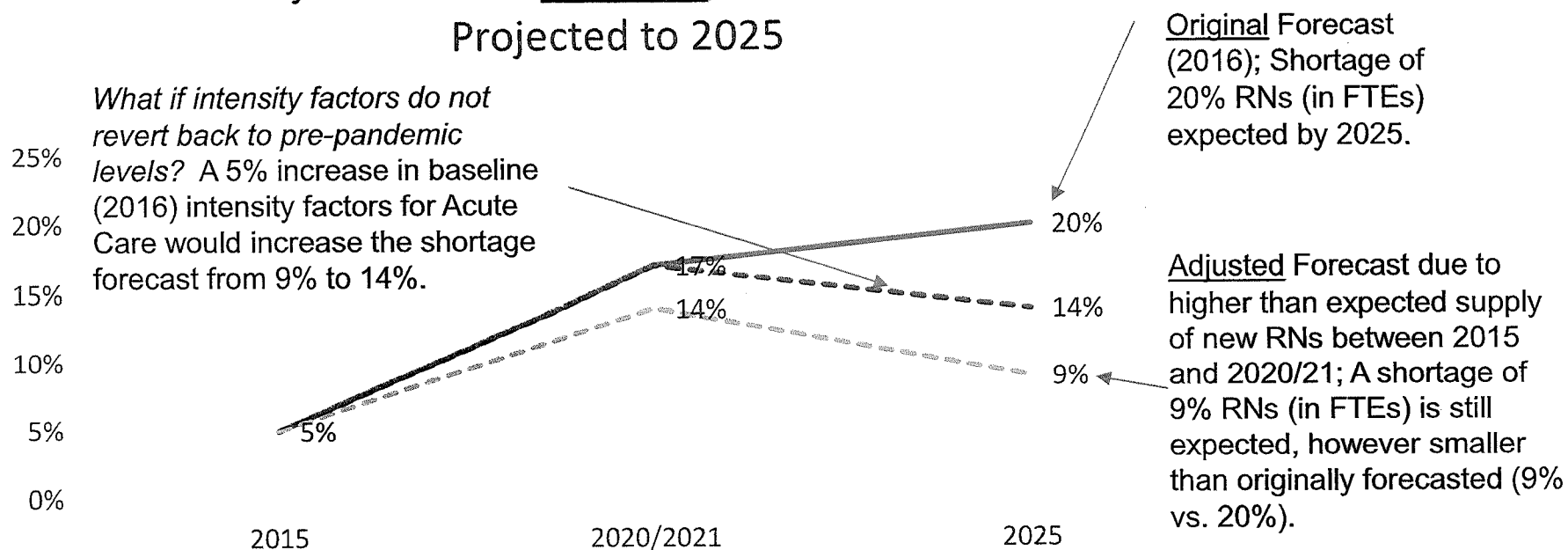
- No change in the proportion of RNs working in any specialization which crosses all regions. Exceptions (+/- 1.5%) within specific regions are highlighted, but across all regions, the changes were few and small.

	York; Cumberland		Sagadahoc; Lincoln; Knox; Waldo		Hancock; Washington		Oxford; Franklin; Androscoggin		Somerset; Kennebec		Piscataquis; Penobscot		Aroostook	
	2015	2020/21	2015	2020/21	2015	2020/21	2015	2020/21	2015	2020/21	2015	2020/21	2015	2020/21
Acute/Critical care	19.2%	18.8%	17.4%	18.7%	23.4%	21.4%	21.6%	21.8%	17.0%	16.0%	25.7%	25.7%	20.9%	19.9%
Medial Surgical	10.9%	11.5%	12.4%	9.6%	14.7%	13.0%	9.7%	9.5%	10.0%	10.7%	12.1%	12.2%	10.8%	7.6%
Geriatric/Gerontology	7.1%	5.6%	9.6%	10.3%	11.3%	8.2%	8.8%	8.4%	10.0%	8.3%	5.3%	5.2%	11.4%	13.5%
Home Health	5.8%	5.7%	7.7%	5.3%	4.1%	5.3%	7.1%	7.9%	8.1%	7.8%	4.6%	4.5%	6.8%	7.3%
Psychiatric/Mental Health/Sub. Abuse	3.8%	4.2%	3.0%	3.3%	0.8%	1.2%	5.0%	4.3%	8.0%	8.1%	7.7%	7.8%	2.1%	3.1%
Maternal-Child Health	4.5%	3.7%	4.1%	4.0%	4.4%	3.8%	5.0%	4.2%	4.7%	4.1%	3.1%	3.1%	5.9%	4.4%
Adult Health/Family Health	4.6%	5.2%	4.3%	5.4%	5.4%	8.0%	4.7%	5.3%	4.2%	5.1%	2.7%	3.2%	3.9%	5.0%
Rehabilitation	4.1%	2.3%	3.4%	1.8%	1.1%	0.7%	2.8%	2.9%	3.1%	2.5%	3.1%	2.1%	2.8%	3.0%
School Health	3.3%	2.9%	6.1%	6.5%	4.7%	5.3%	3.6%	4.1%	3.1%	2.9%	1.7%	1.8%	3.8%	4.0%
Oncology	2.6%	3.3%	2.7%	4.0%	1.8%	2.0%	3.3%	3.2%	3.3%	2.5%	3.3%	2.7%	2.3%	2.1%
Pediatrics/Neonatal	4.1%	4.8%	1.5%	1.1%	1.0%	1.1%	1.7%	1.6%	0.8%	1.1%	2.7%	2.9%	0.6%	0.3%
Community	1.2%	1.7%	0.9%	1.4%	1.8%	2.6%	1.1%	1.6%	1.7%	2.0%	1.1%	1.1%	1.0%	2.0%
Trauma	1.2%	1.2%	0.8%	1.1%	1.3%	0.8%	1.7%	1.0%	0.5%	1.1%	1.6%	0.9%	1.1%	1.8%
Womens Health	1.2%	1.9%	1.0%	1.5%	1.8%	1.8%	0.8%	0.9%	0.6%	0.4%	1.3%	1.4%	0.6%	0.5%
Palliative Care	1.1%	1.2%	1.1%	0.6%		0.5%	1.4%	1.5%	1.3%	1.5%	0.6%	0.8%	0.1%	0.1%
Occupational health	1.1%	0.8%	1.0%	1.3%	0.5%	0.5%	0.9%	1.0%	0.9%	1.0%	0.6%	0.6%	0.9%	0.5%
Public Health	0.9%	1.2%	0.7%	0.8%	0.3%	0.7%	0.7%	0.8%	0.8%	1.7%	1.0%	0.9%	1.6%	0.5%
Anesthesia	0.9%	1.2%	0.7%	0.9%	0.2%	0.4%	0.5%	0.6%	0.5%	0.6%	1.3%	1.5%	0.3%	0.8%
Other	22.4%	22.8%	21.6%	22.5%	21.4%	22.8%	19.6%	19.6%	21.7%	22.7%	20.5%	21.8%	23.2%	23.6%

Model Predictions, 2016-2025

Forecast

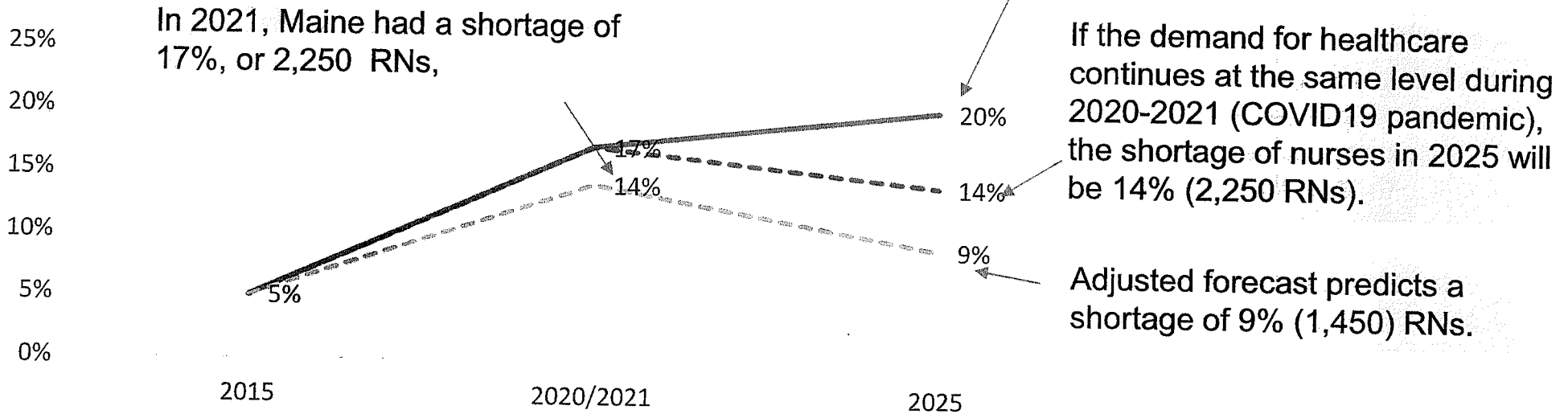
Projected Nurse Shortage, State of Maine Projected to 2025



- The 2025 forecast required adjustment because numerous efforts, in particular the large increase in the number of RNs early in their careers (due to increased number of RN/BSN graduates). The forecast to 2025 assumes that, and all other impactful factors remain the same from 2021 to 2025: entry of new RNs into the workforce, use of nurses (intensity factors), population size, nurses work patterns (retention rates, retirement rates, etc.) and demand for healthcare by age groups.
 - Of most concern is an increase in intensity factors if the pandemic, with its increased reliance on critical/ICU care, and ambulatory care, continues through 2022 and beyond. This will worsen the current shortage, as shown above.

Forecast – Number of Additional RNs Needed

Projected Nurse Shortage, State of Maine Projected to 2025



- The improved projected shortage of RNs in Maine for 2025 was mostly driven by an annual increase in the number of early-career, newly educated and trained RNs by about 175 additional RNs (from a baseline of about 700 in 2016). Assuming all other things remain the same (retention rates, retirement levels, choice of setting and choice of practice by working RNs, etc.), the state would need to have **an additional 147 early-career RNs each year** in order to mitigate the expected shortage in 2025.

Summary and Recommendations

A dynamic model allows us to change the basic assumptions about the future, both in terms of the size of the RN workforce in Maine and the amount of healthcare Maine residents require. In 2016 we predicted a 17% shortage of RNs in 2021; the actual size of that shortage is difficult to pinpoint due to the pandemic and its ever-changing impact on the healthcare system's workforce needs. In the last five years, a very successful effort to increase the number of RNs educated in Maine resulted in a measurable and important change in the workforce size and average age. With that, we modified our forecast for 2025 to show a 9% shortage of RNs instead of a 20% shortage. This effort to increase the number of RNs educated in Maine will pay off for years, as most of the new RNs are young and can be expected to be a part of the workforce for decades to come.

However, 2021 is a highly unusual period. At the end of 2021, the healthcare system was heavily overloaded because of the pandemic. We do not know how long that will last, nor do we know what sort of lingering new demands there will be on the healthcare sector (ambulatory care for long-term COVID effects, etc.). Our assumption for the 2025 forecast is that the demand for healthcare will revert back to pre-pandemic levels; that could be very wrong.

Another concern is changes to the RN workforce after the crisis stage of the pandemic fades. RNs in Maine, as a group, worked at full tilt throughout the pandemic (the great majority of licensed RNs were working, and the great majority of them were working full-time). This is not normal, and we could reasonably expect the workforce to revert back to 'non-crisis' levels of working (fewer working at all, and fewer working full-time).

An additional concern is retention levels. We as yet do not know how many currently working RNs have been negatively impacted by the pandemic enough to impact retention levels. Lower than normal retention levels, too, will add to the nurse shortage in Maine.

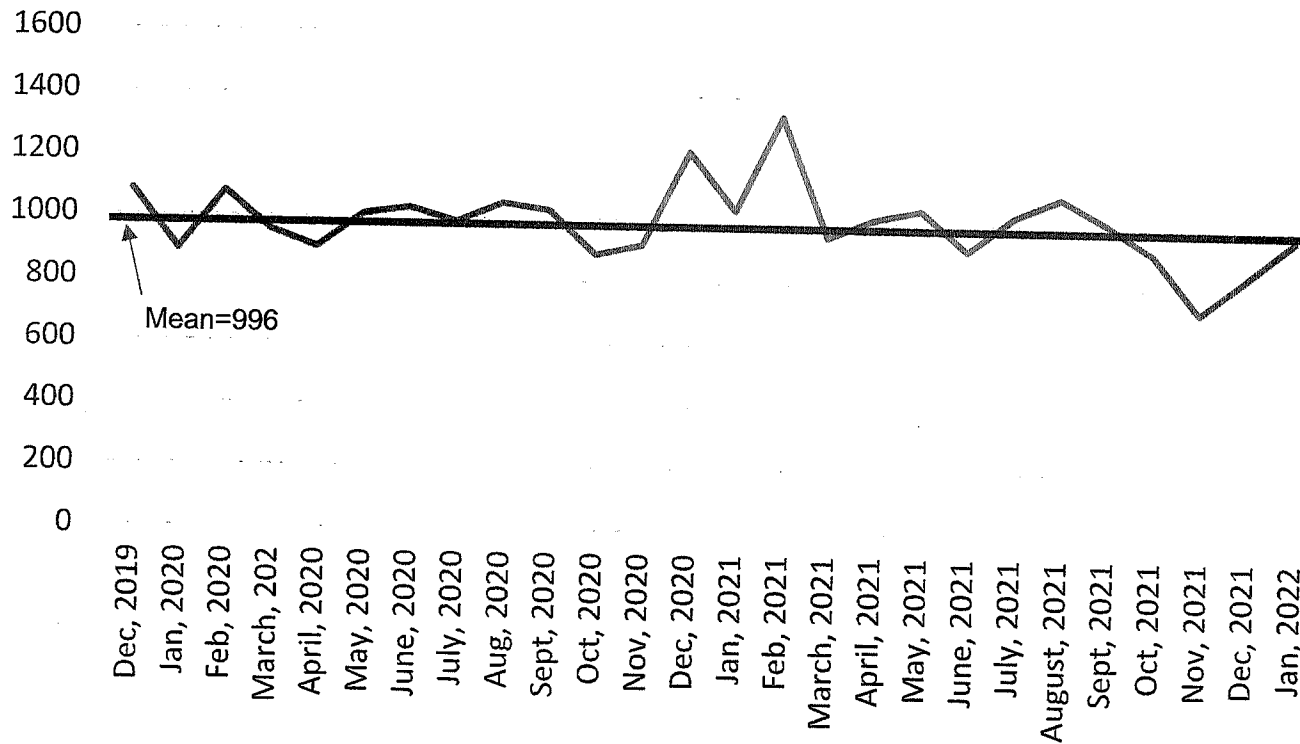
Therefore, we strongly recommend that these key metrics are monitored, along with the number of nursing school graduates:

- Proportion of RNs who are working part-time, by age group and by region;
- Retention of nurses as working nurses in the state, by work setting, region and age group;
- Retirement levels, by setting and by region;
- Overall registration levels, by month, for LPNs, RNs and APRNs. While month-to-month variation is expected, the overall trend should be monitored. This would identify a net change in RNs which could alleviate or exacerbate a shortage.

Each of these can be monitored via the Minimum Data Set, captured at desired intervals over the next couple of years in order to potentially properly react to change in the workforce overall and sharpen our forecast to 2025.

Summary and Recommendations (continued)

Number of RN (Non-APRN) Registrants, By Month
Dec, 2019 – Jan, 2022



- Because nurses register based on their birthdays, we would expect only random variation each month.
- What is important is the trend; registration levels need to be monitored over time to watch for any trend.
- While November 2021 showed an unusually low number of RN registrants, that volume reverted to close to average numbers by January, 2022.