

Testimony in support of LD 1639, An Act to Address Unsafe Staffing of Nurses and Improve Patient Care

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May 4, 2023

Good afternoon, Senator Tipping, Representative Roeder, and members of the Committee on Labor and Housing, my name is Arthur Phillips, and I am an analyst at the Maine Center for Economic Policy. I am here to testify in support of LD 1639, which seeks to incentivize safe, reliable staffing for the benefit of nurses and patients alike.

Common sense and economic research tell us patients are less likely to get the care they need when health care professionals are stretched too thin. But in recent years we have lost lots of hospital nurses as they have been exposed to trauma and burnout. As we emerge from the pandemic, we must invest in those nurses who have stayed in the workforce and find ways to attract more to join them. One critical way to do this is to ensure they are not overworked and understaffed, as this bill seeks to do.

Studies have shown hospital staffing and patient outcomes are interconnected. One found hospitals with higher nurse staffing had 25 percent lower odds of readmission rates among Medicare beneficiaries, compared with otherwise similar hospitals with lower staffing.ⁱ Another found each additional patient per nurse was associated with a seven percent increase in the likelihood of dying within 30 days of admission, a 23 percent increase in the odds of worker burnout, and a 15 percent increase in the odds of job dissatisfaction.ⁱⁱ A study examining the projected impacts of proposed nurse staffing legislation in New York estimated significant cost savings resulting from reductions in length of stay.ⁱⁱⁱ

20 years ago, California passed a law mandating nurse-to-patient ratios. Following the law's implementation, research showed improvements in both patient care and nurse retention. A 2010 study found that because of the law, hospital nurses in California cared for one less patient on average than in other states, with lower rates being associated with significantly less mortality. It also found little evidence of unintended consequences negatively affecting the work environment or patient care. Most nurses and managers reported the legislation achieved its goals of reducing workloads, improving nurse recruitment and retention, and improving quality of patient care.^{iv} Another study found that from 2004 to 2008, the years immediately following the law's implementation, nurses were 25 percent more likely to be satisfied or very satisfied with their job overall.^v

In recent years, Maine has lost nurses to burnout and exhaustion. This was of course an extraordinary period when our nurses faced extreme challenges due to strains on our

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health care system. This bill represents a meaningful step to improve job satisfaction, recruitment and retention, and patient outcomes. We are hearing from lots of nurses, including the bill's sponsor, that this bill is their preferred method to achieve these goals. Based on the evidence, their expertise, and their service to our state, I think we should listen to them.

ⁱ McHugh MD, Berez J, Small DS. Hospitals with higher nurse staffing had lower odds of readmissions penalties than hospitals with lower staffing. *Health Aff.* 2013;32:1740–1747, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4315496/>

ⁱⁱ Aiken LH, Clarke SP, Sloane DM, et al. Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *JAMA.* 2002;288: 1987–1993, <https://jamanetwork.com/journals/jama/fullarticle/195438>

ⁱⁱⁱ Lasater KB, Aiken LH, Sloane DM, French R, Anusiewicz CV, Martin B, Reneau K, Alexander M, McHugh MD. Is Hospital Nurse Staffing Legislation in the Public's Interest?: An Observational Study in New York State. *Med Care.* 2021 May 1;59(5):444-450. doi: 10.1097/MLR.0000000000001519. PMID: 33655903; PMCID: PMC8026733.

^{iv} Aiken LH, Sloane DM, Cimiotti JP, Clarke SP, Flynn L, Seago JA, Spetz J, Smith HL. Implications of the California nurse staffing mandate for other states. *Health Serv Res.* 2010 Aug;45(4):904-21. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2908200/>

^v Spetz J, Herrera C. Changes in nurse satisfaction in California, 2004 to 2008. *J Nurs Manag* 18:564–572, <https://doi.org/10.1111/j.1365-2834.2010.01117.x>