



# **MAINE AFL-CIO**

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## **Testimony of Maine AFL-CIO Legislative & Political Director, Adam Goode, in Support of LD 1639, "An Act to Address Unsafe Staffing of Nurses and Improve Patient Care"**

Senator Tipping, Representative Roeder and members of the Labor & Housing Committee, my name is Adam Goode. I'm the Legislative and Political Director of the Maine AFL-CIO. We represent 40,000 working people in the state of Maine. We work to improve the lives and working conditions of our members and all working people. We testify in support of LD 1639.

Minimum, mandated, nurse-to-patient staffing ratios protect patients' right to nursing care. All patients deserve high quality health care. Our support for LD 1639 is based on this fundamental right to health care. We know that safe staffing ratios are one tool that helps protect patients from complications that arise from missed care, including complications like medical errors and infections and other health care disparities.

In addition to improved patient care, the bill improves working conditions for all nurses. Working conditions at hospitals in Maine have deteriorated to the point where just 57% of the licensed nurses working in Maine are working at the bedside currently. If we want to improve patient care, we need to do everything possible to make sure nurses have an appropriate workload and avoid the unnecessary moral distress that comes when a nurse knows they were not able to do everything they could to keep a patient healthy.

Nurses brought this bill forward to improve patient care and limit the moral stress that nurses experience when they leave their shift knowing they are not providing all the care their patients need. We anticipate that the testimony you hear from current bedside nurses in Maine will illustrate how safe staffing ratios will improve patient care, get more nurses back to working at the bedside and limit moral distress.

Safe staffing is one of the most effective ways to protect patients. Maine has no limit on the number of patients a nurse can be responsible for taking care of at one time. We know that when nurses are forced to care for too many patients at one time, patients are at higher risk of preventable medical errors, avoidable complications, falls and injuries, pressure sores, increased length of stay, readmissions, and death.

In addition, nurses experience moral distress, moral injury and job dissatisfaction when they face situations that pose a threat to the health and safety of their patients. A proven way to help nurses provide safe and effective direct care to patients is to mandate minimum safe staffing levels through legislation.

As we have worked with bedside nurses on this bill, we have heard stories of their work and digested facts, figures and research that make a compelling case that mandated numerical, minimum nurse to patient staffing

ratios in acute care facilities will improve patient care. Nurses have shared a constant stream of stories about colleagues leaving work each day knowing they are not doing the best job, despite skipping lunch breaks and 15-minute breaks. It is not reasonable to expect nurses to stay in the profession if they are going home knowing people die needlessly because they aren't getting the care they need.

Since the start of the Covid-19 pandemic, hospital industry executives have pushed for more profits at every turn, resulting in nurses being driven away from the bedside. This has had dramatic impacts on recruitment and retention. Just 57% of licensed nurses in Maine are working at the bedside now. Fewer nurses in our hospitals means dangerous patient care conditions and more hospital closures which have all led to a patient safety crisis.

When working conditions drive nurses out of acute care hospitals, patient care worsens. Each additional patient per nurse is associated with 12% higher odds of in-hospital mortality, 7% higher odds of 60-day mortality, 7% higher odds of 60-day readmission, and longer lengths of stay, even after accounting for patient and hospital covariates including hospital adherence to sepsis bundles.”<sup>1</sup> Patients having to stay in the hospital longer and waiting for necessary care means more infections, more bedsores and more pneumonia. The nurses are the people that monitor vital signs, assess patients' status, provide CPR, and adjust patients' medications, and call the doctor when patients' conditions deteriorate. When they are short staffed, patient care gets neglected.

Limiting the number of patients assigned to each nurse is a proven method to save patients' lives and improve nurses' working conditions while saving hospitals money. A 2015 study comparing occupational injury and illness rates before and after the California nurse staffing ratios law was passed found that the law was associated with a 31.6 percent reduction in occupational injuries and illnesses among nurses working in hospitals in California.<sup>2</sup> Some rural hospitals in Maine already have safe staffing ratios in their collective bargaining agreements which makes it easier to attract nurses to the bedside. California's law has led to lower nurse turnover rates<sup>3</sup> and other state's taking a similar approach to California would have fewer patient deaths.<sup>4</sup>

California nurses report having more time to spend with patients and their hospitals are more likely to have enough nurses on staff to provide quality patient care. Poor staffing endangers patients and drives nurses from the profession. The opposite is also true – good staffing protects patients and improves health care by limiting the number of patients on a nurse's workload, reducing spending on temporary nurses and overtime costs, limiting nurse turnover and shortening patient length of stay.

Finally, there's one additional point I want to make in support of this bill – and I think it is important – related to what we will hear from opponents. Having worked for two decades to advance workers' rights and economic and social justice, it's been my experience that every single time we attempt to add a shred of decency and dignity, a shred of fairness and justice to the law, to the workplace, to the rules of our economy or state or country, we are told from the loudest megaphones that the sky will fall, that it will result in economic or social distress, that it is just not possible.

The historical record follows this pattern as well. A walk through our greatest collective accomplishments of social and economic progress as a state and a country finds that in every single instance – big and small – we

<sup>1</sup>Lasater K.B., et al. Evaluation of hospital nurse-to-patient staffing ratios and sepsis bundles on patient outcomes. *Am J Infect Control*. 2021 Jul;49(7):868-873. doi: 10.1016/j.ajic.2020.12.002. Epub 2020 Dec 10. PMID: 33309843; PMCID: PMC8190185.

<sup>2</sup>Leigh, J. P., et al. 2015 California's Nurse-to-Patient Ratios Law and Occupational Injury. *International Archives of Occupational and Environmental Health*, 88(4) (pp. 477-484)

<sup>3</sup>Texas Center for Nursing Workforce Studies. 2016. Hospital Nurse Staffing Study. [https://www.dshs.texas.gov/chs/cnws/HNSS/2016/2016\\_HNSS\\_Vacancy-and-Turnover.pdf](https://www.dshs.texas.gov/chs/cnws/HNSS/2016/2016_HNSS_Vacancy-and-Turnover.pdf).

<sup>4</sup>Aiken L., et al. 2010. Implications of the California Nurse Staffing Mandate for Other States. *Health Services Research*. 45(4):204-21. <https://onlinelibrary.wiley.com/doi/10.1111/j.1475-6773.2010.01114.x>.

were told that the sky would fall, the economy would collapse, businesses would not survive and it just wasn't possible.

Whether it was the extension of the right to vote to women, people of color and people without property, the abolition of slavery, the end of child labor, the establishment of workers' compensation, the creation of unemployment insurance, basic workplace health and safety protections, the right to overtime pay, a minimum wage, the right to form and join trade unions, the end of legal segregation, the expansion of basic rights to more people, the establishment of social security, Medicare and Medicaid, the weekend, paid vacations or so many more accomplishments, in every single instance we were told that it is just not possible; it is not economically or socially practical or viable. The sky will fall. And it turns out not only were these structural changes viable but they were and are some of our greatest collective accomplishments that have made working people's lives infinitely better and more dignified.

I would ask you to keep that in mind as you listen to the testimony of opponents today. In one form or another you will be told that if we enact this bill the sky will fall, it is not viable, it is not practical. But I think we all know that we can implement this legislation, we can improve patient safety, we can improve the working conditions of nurses, we can improve our overall healthcare system and we will all be better for it.

For all of the reasons above, I ask you to vote to support LD 1639.