

Senator Tipping, Representative Roeder, and members of the Committee, my name is Megan Flynn, I am a masters prepared RN and a NICU graduate. I am a CNL at Maine Medical Center, faculty in a BSN program and serve as a board member for the Neonatal Nurses Association of New England. I am here today as a neonatal intensive care unit RN who has serious concerns about LD1639 and the impact it will have on some of the most vulnerable patients in our community.

My biggest concern regarding this bill is that it is not evidence-based, everything we do in healthcare should be evidence based. Why? Aligning our practice with the best evidence available results in better patient outcomes and ultimately healthier communities. I can't speak for the entire bill but the NICU ratios in this bill are not in alignment with current evidence or congruent with the standards set by our professional nursing associations. The increased nursing staff needed to meet these arbitrary requirements will likely result in closures of critical access hospitals and beds in our larger facilities due to lack of staffing.

As a CNL I examine and predict both upstream and downstream impacts of changes that are made in the clinical setting and I would like to share the impact this will have for neonates born in the state of Maine.

This bill will result in limited access to care

Our NICU currently abides by evidence based ratios set by our professional organization. The ratios in this bill would force us to close beds in the NICU that provides the highest level of care in the state.

Poorer patient outcomes

Did you know that the brain of an infant born between 32 is relatively smooth? This is because the brain is in a phase of rapid development. Nurses who care for these infants receive hours of specialized training to learn how to provide care that most resembles the womb and decreases negative developmental impacts. Infants who do not receive the brain protective care have poorer outcomes including decreased cognitive scores, autism and sensory processing disorders.

This specialized care is even more important Maine where the majority of NICU patients will qualify for post-discharge therapies, with only a small percentage actually receiving these services due to a shortage of therapists in the state. These infants who do not receive brain protective care and are unable to access service will eventually enter our school systems needing intensive services.

Decreased Quality

RNs who support and advance nursing practice would no longer be able to fully function in their roles as they would be required to shift to the bedside. These are the RNs who help to manage supply shortages, maintain quality metrics and maintain research and quality projects. These changes would eventually be reflected in a decreased quality of care.

Increased Cost of Care

The ratios in this bill would require an unnecessary increase in cost associated with nursing care. This cost would be passed on to all members of our community. We know increased spending does not equate to better care, the United States consistently ranks the lowest in outcomes when compared to

similar countries with the gap continuing to grow despite spending the most per capita on healthcare. To put this in perspective we spend nearly 25% more than Luxembourg the second largest spender.

The nursing shortage is not unique to Maine and there is no quick fix, to put it into perspective training a bedside nurse in the NICU post licensure requires 6 month of training. I appreciate the desire to help nurses I believe there is a way to do this without punishing our communities by limiting access to care. A 2020 paper noted that nurses are the largest group of healthcare workers in the US and utilizing the knowledge of these professionals is essential to healthcare reformation. I urge you to invite frontline nurses like myself to the table to help understand their needs and the impact changes have on our communities.

Thank you,

Megan