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Testimony of Faye Weir, Maine Medical Center
In Strong Opposition to LD 1639, "An Act to Address Unsafe Staffing of Nurses and Improve Patient Care"
Thursday, May 4, 2023

Senator Tipping, Representative Roeder, distinguished members of the Joint Standing Committee on Labor and Housing, my name is Faye Weir and I am the Vice President of Patient Care Services for the Women's Service Line at Maine Medical Center and The Barbara Bush Children's Hospital. I have been a nurse for over 40 years and have cared for mothers, infants and children during my entire career.

My long career as a nurse includes working in several hospitals in a variety of states as a bedside nurse, a nurse educator and as a leader and this has provided me a vantage point on how we care for mothers and their infants through a variety of lenses. Throughout my career, I have found that our success hinges on the collaboration between the nurse at the bedside, physicians, nurse leaders, respiratory therapists, pharmacists, midwives, nurse practitioners and so many others who all have the goal of providing the best possible care to our patients. Reflecting on the legislation before you today, I am very concerned about the unintended consequences of such a law.

First, I want to acknowledge that we are all tired. The pandemic impacted all health care workers as never experienced before. I also understand that while mandated ratios might look like a great idea on the surface, it is not the answer to the fatigue and burnout nurses, physicians, respiratory therapist and, I would argue, every health care worker has experienced. I oppose this legislation for several reasons, but I'd like to focus on one particular reason: **Ratios will take away the flexibility that nurses need to treat each patient as an individual.**

The implementation of mandated staffing ratios is contradictory to everything that a nurse is educated and trained for. The ratios do not take into account the variability in a patient's condition throughout a shift nor does it take into account that all nurses may not have the same level of competency and skills.

As an example, a new graduate may not be able to manage 4 patients during a shift because they might have one patient needing extra focus due to a change in blood pressure. However, an experienced RN would be able to quickly reprioritize their patient assignment and work with the team to help with some of the routine care so they can focus on the patient with blood pressure concerns. With mandated ratios, this flexibility is taken away and all nurses will be at the counted at the same level, as well as all patients. If you asked an expert nurse how many patients they can care for, they would respond… "it depends" because they are constantly reassessing their patients and recognize that all patients are not the same. Many nurses I've spoken with this week have asked why

their "judgment" is going to be taken away. While mandated staffing ratios may make sense on the surface, we are not a one-size fits all.

I lived in Massachusetts during the time that they enacted mandatory nurse staffing ratios for intensive care units in 2015 so I also speak from my personal experience of what this law actually did. I oversaw a Neonatal intensive care unit and this law was applied to both adult and neonatal intensive care units. During the time after the law went into effect, one particular situation occurred where we were not able to accept an admission of a premature infant from our region and this critical infant needed to be transferred to Worchester, close to 2 hours away from where the mother delivered distancing the family and delaying care in an intensive care setting. We also experienced situations where twins had to be separated because of the mandate; one infant required critical care while the other required a less intensity of care. These levels were provided in different locations so they could not be together. This unintended consequence for the family and also for having timely care at an intensive care unit is why I am concerned about this legislation.

I recently looked to see what has happened in Massachusetts since the legislation was enacted. In 2018, a study published in Critical Care Medicine journal showed that the risk of patient mortality and the risk of complications in Massachusetts' ICUs remained unchanged. The authors stated: "In conclusion, the staffing assignments of nurses to patients in the ICU based upon acuity tools failed to demonstrate improvements in patient mortality or complication rates among critically ill patients, potentially due to small effects on nurse staffing".

Mandated ratios may have an unintended impact on patients having to either wait longer in the Emergency room for care or to be transferred out of their region for care. This is not a hypothetical – I saw this happen in Massachusetts. The unintended consequences of this legislation is one of the reasons why California is the only state that has legislated rigid ratios over the past 25 years. Other states have just said no.

Instead of ratios, we need to focus on those things that will increase the number of nurses in the state such as finding ways to have more faculty to teach new nurses, address issues with child care for families so they can be fully employed and so many others. Ratios will not make nurses magically appear and is not the answer to the needs in Maine.

Thank you for your time and I would be happy to answer any questions you may have.