



LD 1639 An Act to Address Unsafe Staffing of Nurses and Improve Patient Care Testimony in Opposition 4 May 2023

Senator Tipping, Representative Roeder, and Members of the Labor and Housing Committee, my name is Thomas Judge, the Executive Director of LifeFlight of Maine. LifeFlight is a non-profit unique healthcare provider in Maine serving every hospital, EMS agency, and community in the state. Our LifeFlight nurses and paramedics are on the front line working both within our hospitals and on transport. We see the challenges of staffing our hospitals every day. We also collaborate closely with our colleagues across New England and the country with visibility into the complex issue of acute healthcare staffing.

We support the need to sustainably improve staffing in our hospitals. We do not know anyone involved in the front lines or in our hospital administrations that feels any different. We believe however this legislation despite good intentions will make an already incredibly challenging problem much more difficult with severe unintended consequences for patients and the cost of healthcare.

While the chaos of bed availability is somewhat diminished from the height of the pandemic, we still, daily, encounter patients with hours and sometimes multiple days long waits holding in our community hospitals or major center emergency departments for an available critical care bed. Often the next open available bed is at a much more distant hospital in Maine requiring patient's families to travel more than a hundred miles or more to support their loved one. On a regular basis the closest bed is often out of state. In the pandemic we were flying patients from our rural hospitals downeast and in northern Maine beyond Boston.

The immediate effects of the mandates included in this legislation will initiate a cascade of unintended results beginning with our major centers delaying admissions and diverting patients to more distant hospitals. This will increase holding times for critically ill patients in community hospitals awaiting a critical care bed in one of our major centers in Maine. The next cascade will immediately also place our community hospitals on diversion as they will not be able to accept new patients to meet proposed mandated staffing ratios. In addition, this legislation will immediately also place our hospitals in jeopardy of non-compliance with federal EMTALA regulations requiring at minimum admission for a screening exam and stabilization prior to transfer. The next cascade strategy for our community hospitals and major centers will be to routinely transfer patients outside of Maine in the search for an available bed.

The next cascade effect, as we see nationwide, is patients holding in ambulances at the doors of hospitals waiting for a patient to be discharged so their patient can be taken in. This takes ambulances off the street and dramatically increases response time to emergencies. We are already struggling to staff our EMS agencies. This will add significant pressure on the availability of emergency response and unscheduled inter-hospital transfers. The cascade is immediate gridlock across our entire system.

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The cascade of effects will take us back to the height of the pandemic when physicians were sometimes calling seventy-five hospitals across New England searching for a bed. We spent two plus years trying to help our hospitals manage the gridlock across New England during the pandemic. This legislation will return and exacerbate the gridlock with patients being harmed rather than helped.

The best of intentions will not improve the current situation and other elements of this legislation. We understand there are already fifteen hundred open nursing positions in our hospitals. This does not include open and needed nursing positions in our schools, public health agencies, long term and skilled nursing facilities, and clinics. While we have made early progress with new nursing graduates entering the workforce we are seriously behind and there is no relief in sight in Maine, across New England, or nationally to our nursing and across the board healthcare workforce challenges. The newest data projects the already serious issues to become much worse.

This legislation will dramatically increase the existing gap of open positions and cost of care. We cannot artificially increase demand when there is no viable option to increase the supply of healthcare professionals.

In addition to the mandated staffing challenges presented in the legislation there are other provisions that take us backwards rather than forwards particularly provisions in:

- §1796. Staffing calculation requirements: Sections 3,4, 6, 7, and 8; and
- §1798. Use of technology: Sections 1 and 2

These provisions will also increase the already complex challenges of safely caring for our acutely injured patients, who are our family members and neighbors. We cannot solve today's much less tomorrow's challenges with our current strategies. We need to reconceptualize our workforce, rethink scope of practice, and leverage technology if we are ever going to get ahead of our current challenges.

We fully understand and acknowledge the need to do something dramatically different to protect patients and answer our current workforce challenges. All of us in acute healthcare want to solve the staffing challenge. Unfortunately, we believe, based on our and our colleagues experience, this legislation, despite good intentions, will harm rather than help those efforts and our patients. I am happy to answer questions.

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