



Eastern Maine Medical Center  
489 State St.  
Bangor, ME 04401

Office 207.973.7000  
Toll Free 877.366.3662

## LD 1639 An Act to Address Unsafe Staffing of Nurses and Improve Patient Care

### Testimony in Opposition

4 May 2023

Northern Light Health  
Acadia Hospital  
AR Gould Hospital  
Beacon Health  
Blue Hill Hospital  
CA Dean Hospital  
Eastern Maine Medical Center  
Home Care & Hospice  
Inland Hospital  
Maine Coast Hospital  
Mayo Hospital  
Mercy Hospital  
Northern Light Health Foundation  
Northern Light Pharmacy  
Sebastiack Valley Hospital

Senator Tipping, Representative Roeder, and members of the Labor and Housing Committee, my name is Mikele Neal, I am an Associate Vice President for Patient Care Services at Northern Light Eastern Maine Medical Center and a registered nurse for over 20 years, and I am here today representing both EMMC and Northern Light Health in speaking in opposition to this bill.

Northern Light EMMC is the tertiary referral hospital for the northern two-thirds of Maine and the closest facility for thousands of people in which to receive health care from needed specialists. The negative effect of this bill on our regional impact cannot be overstated. We receive over 4500 patients annually from rural referring hospitals for patients needing a higher level of care and advanced and complex procedures. Examples of tertiary care services provided by EMMC include specialty cancer management, neurosurgery, cardiac surgery, and advanced neonatology services, just to name a few. These are patients who will be forced to stay in their regional hospitals including Northern Light Health hospitals located in Presque Isle, Hancock County, Piscataquis County, and Waterville.

The passage of this bill would significantly limit our ability to continue to provide these needed services. Mandating nurse to patient ratios and stripping nurses of their autonomy and decision-making abilities will force hospitals to restrict services and close beds, reducing access to hundreds of patients with serious and life-threatening conditions. Imagine your loved one being in a local community hospital, receiving great care. Suddenly their condition worsens, their vital signs become unstable, and an urgent transfer to EMMC becomes necessary for potentially life-saving interventions. EMMC, as it turns out, has patient space available but due to mandated ratios they are not able to accept any regional transfers and the emergency department is also at capacity as regulated by this bill. Your loved one will be required to remain in their local hospital until a suitable bed can be found, potentially much further away from family and likely even out of state, all while time is passing and their life is in jeopardy. This is not a fabricated story; this will be real life in Maine should this bill pass.

Currently we can assess patient acuity, group nursing assignments appropriately, and flex up and down based on a variety of factors. The complexity of patient care requires staffing systems that are designed to align with patient needs and allow for variations in the intensity of the patient care, nursing competency and skills, and even the physical layout of a care environment. Patient care assignments and nurse staffing are much

more than just numbers and ratios. Independent thinking and evidenced-based practices are essential elements in determining nursing care and optimal outcomes.

The Covid-19 pandemic sped up workforce deficiencies and it is estimated that the gap will widen further in the coming years. I am sure the term “nursing shortage” is one you’ve heard before. EMMC alone is currently actively recruiting for about 200 nurses and as leaders we spend a great deal of time on recruitment and retention efforts daily. We recruit regionally, nationally, and even internationally. LD 1639, however, would require us to increase our need for temporary traveling nurses by requiring us to hire an additional 500 registered nurses. Traveling nurses are not intended to be a permanent solution to staffing any hospital. They are very highly compensated and this is a financial burden that is an unrealistic and unsustainable answer to long term staffing. According to the American Hospital Association, in 2019 hospitals spent a median of 4.7% of their total labor expenses for contract travel nurses, which skyrocketed to a median of 38.6% In January 2022. Northern Light and hospitals in Maine are not different. Northern Light Health operated at a deficit of over \$130M dollars in FY 22 and this was driven in large part by the costs associated with the use of travel nurses. Healthcare systems simply cannot afford to staff hospitals in this way and the impact would undoubtedly be further reduction of services, leaving patients and their families to deal with the consequences.

Filling our nurse vacancies with permanent, invested employees is crucial to our long-term success. We work closely with nursing schools and nursing education programs to offer clinical placements and partnerships, and employment and tuition reimbursement opportunities for those people who are training to become a nurse but also need to be employed and provide for themselves or a family. We offer loan repayment programs and loan scholarships, among other opportunities. In addition to the work we are doing to recruit, we believe even more in retaining and maintaining our highly skilled nurses at the bedside, keeping them fulfilled and engaged. Our environment and culture provide a pathway to many more professional opportunities. We have a nurse residency program, a career ladder as nurses gain valued experience, and a shared governance structure to allow nurses to be valued and involved in decision-making processes. We have also made significant investments in our nurses financially, from a rate of pay perspective. We just agreed to a contract extension with our bargaining unit worth over an 11% increase through the term of the agreement. Already amongst the highest paid nurses in the state and also New England, this pay increase along with all of the other offered financial incentives puts our nursing workforce near the top for total compensation.

Personally as a nurse, I can’t imagine a world in which I live passing laws prohibiting me from providing care to needy patients when I am qualified and able to do so. I can’t imagine a world where a baby is born in Calais Maine at 26 weeks being left there because EMMC NICU nurses are denied the right to get that baby to us. I can’t imagine a world where my loved ones in Lincoln Maine are turned away from EMMC when emergency tertiary care is needed. As a nurse, I can’t imagine it. But also as a daughter, mother, sister, and aunt I can’t imagine it. The bottom line really is this: passage of this bill would have an extreme, negative impact on our ability to continue to provide care to the citizens of Maine, those who elected you and those whom you represent. You and your family. Me and my family.

Northern Light Health's opposition to LD 1639 is clear. The consequences of restricting my health system's ability to manage staffing and provide care is severe. Such an impact on patients and their families must be avoided. We urge you to vote "Ought Not To Pass" on LD 1639.

Thank you for the opportunity to testify today.