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Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



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May 4, 2023

Senator Mike Tipping, Chair
Representative Amy Roeder, Chair
Members, Joint Standing Committee on Labor and Housing
100 State House Station
Augusta, ME 04333-0100

Re: LD 1639, *An Act to Address Unsafe Staffing of Nurses and Improve Patient Care*

Senator Tipping, Representative Roeder, and Members of the Joint Standing Committee on Labor and Housing:

Thank you for the opportunity to provide the Committee with our input and concerns about LD 1639, *An Act to Address Unsafe Staffing of Nurses and Improve Patient Care*. The Department deeply appreciates the role of nurses in Maine's health care system. It also recognizes the importance of sufficient staffing levels to the safety of patients and the wellbeing of staff. This is part of the reason why the Department has advanced MaineCare payment reform to help facilities improve support for staff and the quality of care. That said, the Administration opposes this bill at this time because of the ongoing, significant workforce challenges that have persisted from the COVID-19 pandemic through this period of recovery. Additional concerns relate to the legislation's impact on the state psychiatric hospitals and the Division of Licensing and Certification (DLC). We are also working to understand potential impact on the MaineCare program which could be significant since, until hospital rate reform is implemented, certain payments are cost settled.

This bill establishes minimum direct-care registered nurse staffing requirements based on patient care levels in health care facilities, including hospitals, ambulatory surgical facilities, and freestanding emergency departments (note: there are no free-standing emergency departments currently in Maine). The bill specifies the method to be used to calculate a health care facility's staffing requirement, protects direct-care registered nurses from retaliation, and includes notice, record-keeping, and enforcement requirements.

While the goal of this bill is to improve patient care, the current healthcare workforce challenges may result in difficulty in compliance at best and a reduction in access at worst. Some facilities under these requirements could cut back or discontinue services due to the inability of securing the proposed minimum staffing resources under LD 1639. In a rural state like Maine, the unintended negative impact of service or facility closures due to an inability to meet these new proposed requirements cannot be understated.

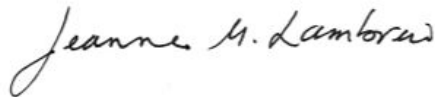
Additionally, passage of this bill would result in Maine having staffing requirements that exceed current federal requirements. As such, it would require significant changes to the licensing and certification process because a Centers for Medicare and Medicaid Services (CMS)-approved accreditation survey would no longer be sufficient to establish compliance with State of Maine

licensing requirements. This would increase staffing and other costs for health care providers and on the Department. It would also require major amendments to state licensing rules.

Further, we interpret this bill to extend these requirements to the two state psychiatric hospitals: Riverview Psychiatric Center (RPC) and Dorothea Dix Psychiatric Center (DDPC). Not only would this require additional headcount to accommodate these ratios, the requirement to increase registered nurse staffing is not necessarily conducive to an optimal therapeutic environment. RPC and DDPC are staffed with a diverse and wide-ranging set of professionals, and these ratios are not necessarily appropriate for their patient populations or goals.

For these reasons, the Administration is opposed to LD 1639. I want to thank you for your consideration of these concerns, and the Department would be glad to respond to questions or be of assistance should the Committee request.

Sincerely,

A handwritten signature in cursive script that reads "Jeanne M. Lambrew".

Jeanne M. Lambrew, Ph.D.
Commissioner