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Conference of Boston Teaching Hospitals
In Opposition to HB3843 - Proposed Nurse Staffing Ballot Question
HB1108 & SB557 Nurse Staffing Legislation
Committee on Health Care Financing
March 24, 2014

The Conference of Boston Teaching Hospitals (COBTH), on behalf of its member hospitals appreciates the opportunity to offer testimony **in opposition to HB3843, HB1108 and SB557**. These bills all address nursing staffing levels by imposing state-mandated nurse staffing ratios in Massachusetts hospitals.

At the both the state and federal levels - with Ch. 224 of the Acts of 2012 and the Accountable Care Act - our healthcare system is moving towards a more patient-centered systems of care, such as accountable care organizations and medical homes, with an emphasis on the team of healthcare professionals that is needed to provide quality care to a patient. This is being done not only as a way to contain costs, but also to enhance quality of care provided. However, by focusing on strict staffing level requirements, **HB3843, HB1108 and SB557** all run counter to this move and fail to take into account the unique needs of each patient and the role that many health professionals play in providing care. These bills would require strict registered nurse staffing levels despite the lack of any scientifically established optimal level that is appropriate for all hospitals, all patients at all times.

Patient care decisions are influenced by a number of factors including, acuity of the patient, training of the nurses, the availability of other health professionals and presence of certain technology. Because there are so many variables in staffing determinations, a key to a successful approach to nurse staffing must be flexibility. Staffing levels should be based on the individual needs of each patient, which is dependent on a full team of competent, qualified healthcare professionals, including LPNs, nursing assistants, technicians, patient sitters, pharmacists, therapists, physicians, and others. Unfortunately, **HB3843, HB1108 and SB557** all take a "one size fits all" approach to the issue and remove the care giving team at the bedside from having any role in determining staffing levels.

Over the past two decades, nurse staffing ratios have been considered many times in the Commonwealth and have been consistently rejected by the Legislature. Similarly, nurse staffing proposals have been rejected in many states and today only one state has a nurse staffing ratio requirement. Since the first introduction of nurse staffing ratio initiatives, much has changed in healthcare and hospitals and other healthcare providers are increasingly reimbursed and assessed based on the quality of care delivered and on patient satisfaction. To overlay an outdated government mandated ratio on top of new integrated models of delivering care is both inefficient and impractical and fails to put the patient first.

COBTH urges the Committee to **reject HB3843, HB1108 and SB557**.

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