

Good morning. My name is Bonnie Kruszka. I am an advanced practice registered nurse, certified as a family nurse practitioner and emergency nurse practitioner with more than 20 years of experience caring for patients and leading nursing teams in primary care and emergency care settings and I still practice at the bedside even today. I'm also a nurse educator and have taught at every level of nursing from RN to Doctor of Nursing Practice.

I'm here with my colleagues from the Michigan Organization of Nurse Leaders to express our opposition to House Bills 4550, 51 and 52.

As the Chief Nursing Officer of Ambulatory Services for Northern Michigan's largest rural nonprofit healthcare provider that serves more than a half a million residents in 24 counties across 11,000 square miles, including my hometown of Manistee, I'm keenly aware of the potential harmful impact of this proposed legislation on my community.

Poor access to healthcare services in rural communities is well known, and this proposed legislation — threatens to amplify this issue for our rural Michiganders that are already vulnerable. If prescribed ratios aren't met, our rural communities will experience increased wait times, transfers to downstate facilities and reduced services to reach compliance and avoid violating the law. At Munson Healthcare — where I work - we may see upwards to 100 beds being taken off-line and unavailable.

The mandate takes away the ability to use nursing clinical judgement, expertise of the care team and consideration of resources and patient needs to develop the best real-time staffing solution to meet the needs of our local communities. This one-size fits all legislation is not a fit for rural Michigan. What works in Detroit, Ann Arbor or Grand Rapids may not work in Traverse City, Gaylord or Cadillac.

And while this proposed legislation is well intentioned, mandating ratios is futile if we're unable to fill our current open positions because of the nursing shortage crisis. In Michigan hospitals alone - there are nearly 8,500 open positions and not enough nurses to fill those vacancies. Munson Healthcare — is no exception. There are 161 open nursing positions and the prescribed ratios in this legislation would require an additional 471 nurses. We would excitedly fill all our open positions today if we had a pool of available nurses — but they just don't exist, especially in rural areas. Legislatively-mandated nurse staffing ratios implemented in California more than two decades ago already demonstrated this is not an effective solution for nurse staffing shortages.

Mandating nurse staffing ratios aren't only a concern for hospitals. These ratios will create a dangerous ripple effect that will impact access to other healthcare services within our rural communities. Because the nursing talent pool is finite; hospitals will have no choice but to fiercely compete with other healthcare sectors (like medical practices, long-term care facilities and rehab centers) to hire nurses to maintain bed capacity leaving those sectors without adequate staff to fully operate.

To further illustrate how this legislation could impact the way we deliver care, I'll leave you with one of my own emergency nursing experience – Our emergency department was at capacity based on all measures including nurse staff to patient ratios. When this happens – the hospital goes on diversion, which means we redirect any further critical care patients to the next closest facility capable of providing care. In rural areas, it may mean an additional delay in care of several hours or more.

In the matter seconds after going on diversion - a non-critical patient coded (meaning his heart stopped) and he became a critical patient. Everyone on the care team was all-hands-on-deck, and we did everything possible to save his life. We provided advanced life support for nearly 50 minutes. All team members, including all available nurses and clinical staff, took turns administering CPR.

During those 50 minutes, we wouldn't have been able to meet the mandated ratio because the abrupt change in patient status but we were able to safely manage that emergency and all other critical and noncritical patients in the ER by making well informed staffing adjustments. Asking the team to respond to this crisis and simultaneously resource a nurse for only fear of violating staffing ratios is troubling to me as an expert nurse. What I can say with certainty about that day, is that our local expert nurses and nurse leaders were the right people to make those complex staffing decisions – not lawmakers.

I am grateful for the dedication of our entire healthcare team who works to improve lives every day. I ask that instead of mandating the way we do our work, you instead work alongside us to find workable solutions to the nursing challenges were facing today, as we continue to care for the communities we love.

Thank you.