

MyMichigan Health Nurse Leader Written Testimony

Name: Marissa K. Palmer RN, DNP

Organization: MyMichigan Health

Chair Rogers and Committee Members,

My name is Marissa Palmer and I am a critical care and trauma services nursing director at MyMichigan Health whom I have served in various nursing roles for 16 years beginning as an LPN and through the organization's multiple opportunities to grow and advance am now a doctoral prepared director fostering further growth in nursing; and a member of the Michigan Health & Hospital Association. I'm writing to express my opposition toward House Bills 4550-4552 and Senate Bills 334-336.

Staffing decisions should be made by nurses and hospital leaders at the clinical level and should not be limited to statewide legislative mandated ratios. As a hospital leader, I have seen firsthand the effects of the widespread nursing shortage and know that instead of a one-size-fits-all staffing mandate, we need long-term solutions that will strengthen Michigan's nursing workforce for decades to come. Tangible solutions to address the nursing shortage include:

- Joining the Nurse Licensure Compact to allow out-of-state nurses to move to and practice in Michigan immediately.
- Expanding Michigan Reconnect availability to include 4-year institutions.
- Increasing penalties for violence committed against healthcare workers.

Michigan is facing a significant challenge in filling approximately 8,500 job openings for nurses right now, and instituting a one-size-fits-all mandate requiring hospitals to hire more nurses who do not exist will have extremely detrimental effects on the services we are able to provide to patients. It will lead to prolonged waiting times, risks the closure 5,100 available hospital beds around the state, and hinders the ability of our care teams to respond to crises.

As a hospital leader, all I strive for is to make sure that our patients are receiving the care they need, and the experts who should be the ones making staffing decisions are my team members, not the state. If this legislation passes, my hospital will have to reduce operations and face catastrophic consequences.

Our job as nurses is more than just a numbers game. We work alongside families and take our education and licensure seriously to advocate for patients and our communities as a whole. I respectfully request you withdraw your support for House Bills 4550-4552 and Senate Bills 334-336 and explore alternative solutions that will better address the nursing shortages in our state while preserving the quality and accessibility of healthcare services for our residents.

Respectfully submitted,

Marissa K. Palmer RN, DNP

Chair Rogers and Committee Members,

My name is T.J. Serrine and I am a Director of Nursing at MyMichigan Health I have been a nurse for 15 years as well as a certified nurse assistant for 5 years prior to becoming a registered nurse in 2008. I'm writing to express my opposition toward House Bills 4550-4552 and Senate Bills 334-336.

Staffing decisions should be made by nurses and hospital leaders at the clinical level and should not be limited to statewide legislative mandated ratios. As a hospital leader, I have seen firsthand the effects of the widespread nursing shortage and know that instead of a one-size-fits-all staffing mandate, we need long-term solutions that will strengthen Michigan's nursing workforce for decades to come. Tangible solutions to address the nursing shortage include:

- Joining the Nurse Licensure Compact to allow out-of-state nurses to move to and practice in Michigan immediately.
- Expanding Michigan Reconnect availability to include 4-year institutions.
- Increasing penalties for violence committed against healthcare workers.

Michigan is facing a significant challenge in filling approximately 8,500 job openings for nurses right now, and instituting a one-size-fits-all mandate requiring hospitals to hire more nurses who do not exist will have extremely detrimental effects on the services we are able to provide to patients. It will lead to prolonged waiting times, risks the closure 5,100 available hospital beds around the state, and hinders the ability of our care teams to respond to crises.

As a hospital leader, all I strive for is to make sure that our patients are receiving the care they need, and the experts who should be the ones making staffing decisions are my team members, not the state. If this legislation passes, my hospital will have to reduce operations and face catastrophic consequences. Those consequences can include harm to patients, family members as well as patients being transferred far from their homes, and possibly a reduction in services patients may need. We continually look at staffing multiple times per day to ensure not only that the patients are safe but our staff have safe assignments as well.

Our job as nurses is more than just a numbers game. We work alongside families and take our education and licensure seriously to advocate for patients and our communities as a whole. I respectfully request you withdraw your support for House Bills 4550-4552 and Senate Bills 334-336 and explore alternative solutions that will better address the nursing shortages in our state while preserving the quality and accessibility of healthcare services for our residents.

Respectfully submitted,

T.J. Serrine

November 8, 2023

House Health Policy Committee and Legislators,

My name is Rachel Peltier and I have been a registered nurse in the state of Michigan for 27 years. Many of those years I spent at the bedside caring for our most vulnerable population – the aging population. I love nursing and my patients always were the center of my care, each day that I worked at the bedside. I have been with MyMichigan Health where I now have the role of the manager of system education. In short, my team nurses the nurse. We develop nurses into competent informal and formal leaders in our organization.

I am writing to you today to voice my concern regarding House Bills 4550-4552 and Senate Bills 334-336. Those bills, which mandate one-size-fits-all nurse staffing ratios, would harm access to healthcare services in MY community. If these bills move forward, the scary reality is that people in my community will have to travel for services – whether these services are elective or emergent. The nation and Michigan are experiencing a nursing shortage and with mandated staffing, hospitals in rural areas would be forced to discontinue services and close beds. Simply put, the supply and demand are disproportionate in this scenario.

While at a first glance, mandating staffing ratios may sound like a solution to increase safety for patients, increase satisfaction for nurses and have a win-win scenario. I would like to take this opportunity to vehemently disagree. The state of California is a great example of how approaching this topic with a one-size-fits-all mandate is a disastrous failure. Please look at their publicly reported outcomes before you decide. Their outcomes are not better since the mandates and a nursing shortage remains. In fact, many nurses have left the state to pursue opportunities in states without mandates.

I attended the Sept. 13 Hospitals for Patient Access Advocacy Day. I appreciated the time many of you gave to hear our concerns regarding House Bills 4550-4552 and Senate Bills 334-336. There is no doubt that those bills, which mandate one-size-fits-all nurse staffing ratios, would harm access to healthcare services in our community. You may not be aware that hospitals currently report Emergency Department holding or diversions each day through the state Emergency Management Resource (EMR) system. Even one day of reviewing this system would show you that hospitals still have not recovered from staffing shortages caused by the pandemic. Voting these bills into law will only exacerbate an already serious problem with access to timely care in our state. Make no mistake – people will die as a result of these bills when access to necessary care is unavailable.

Possible solutions that can help nurses feel safe at work are to mandate a felony charge for anyone who physically assaults an on-duty nurse. Nurses report exhaustion and burn out due to the fear they experience coming to work and being hit. I know of many nurses who have lost days at work due to the result of an injury received during a patient assault.

I ask that you consider our concerns as you review these bills. What seems like a solution would be a devastation to our state's ability to ensure timely and safe healthcare to its residents. Please feel free to reach out with any questions regarding these concerns. I can be reached at rachel.peltier@mymichigan.org or (989) 839-3309.

Rachel Peltier MSN, RN, NE-BC

MyMichigan Health

To: House Health Policy Committee and Legislators,

Date: November 8, 2023

My name is Tammy Terrell and I have been a registered nurse for over 41 years. I became a nurse because I wanted to care for people, make a difference in the lives of others. My career has included many roles from a staff nurse working in the Emergency Department for fourteen years, several years as the nursing union president of our collective bargaining unit to ultimately many years in various roles as a nurse leader. Today, I currently fulfill the role of Chief Nursing Officer for MyMichigan Health; working with the division of nursing across our nine-member site to ensure we are delivering nursing care in keeping with current nursing standards of practice.

When I became a nurse, I pledged to hold the patient at the center of all I do as a nurse, and I have remained true to that for my entire career. There are several ethical standards in nursing, but I want to call your attention to two specifically; beneficence (doing good and the right thing for the patient) and nonmaleficence (do no harm). In my nursing oath of practice I also pledged to do all in my power to maintain and elevate the standard of my profession; and so it is with these things in mind that I write to you to convey my concerns with the current legislation to mandate nurse to patient ratios; a decision I feel strongly is best left with our nurses and nurse leaders.

I had the opportunity to attend the Sept. 13 during the Hospitals for Patient Access Advocacy Day. I appreciated our conversation and the time you gave to hear my concerns regarding House Bills 4550-4552 and Senate Bills 334-336. Those bills, which mandate one-size-fits-all nurse staffing ratios, would harm access to healthcare services in our community. I know this to be true as I review the state Emergency Management Resource (EMR) report on diversion/boarding of patients across our regions every day; and what I see is continued boarding of patients in our Emergency Departments across our state. This became a crisis during the pandemic when hospitals across the state lost staff, closed beds/services, that ultimately diminished capacity to care for our communities. The problem continues and is having negative impact to patients and creating moral distress for our nurses.

I firmly believe that staffing decisions in our hospitals prioritize patient safety and are made by teams of experienced nurse managers and supervisors in collaboration with other hospital leaders. These are informed decisions made in the best interests of patients, nurses and the community. Our nurse leaders need flexibility to make real time staffing decisions that consider how sick their patients are, the number of patients on their units, the experience level of their nurses and other local factors.

I would be remiss if I didn't share that I have continued concerns about an approach to nursing that isn't reflective of the unique makeup of our region. Michigan has 1,600 less available adult hospital inpatient beds in April 2023 compared to October 2020 because of staffing shortages. The national shortage of registered nurses (RNs) impacts Michigan hospitals, who are currently trying to hire 8,400 nurses. In 2022 we experienced the first year since the early 2000s that

enrollment in nursing programs decreased; hospital and academic leaders are collaborating to bi-directionally develop the pipeline of nursing professionals.

Mandated nurse staffing ratios will only harm Michigan by forcing the closure of 5,100 hospital beds if hospitals can't hire enough nurses to comply with the ratios. As a result, patients will experience longer wait times to receive care and will be forced to travel further as hospitals close service line or facilities; and as I stated previously, we see this in our daily EMR reports.

Our organization is focused on long-term solutions to hire and retain more nurses, including offering better pay, improved benefits and expanding educational opportunities to encourage students consider a nursing career. Staffing ratios do not create more nurses nor solve staffing shortages. California is a testimony to that as it continues to have significant RN shortages, despite the presence of mandated staffing ratios for 25 years.

In closing, I want to reiterate my opposition to the legislation and thank you again for hearing my concerns. Please feel free to reach out and continue to use me as a resource for any issues regarding nursing, hospitals and patient care.

Sincerely,

Tammy Terrell, MSN, BSN, RN
System Vice President/Chief Nursing Officer
MyMichigan Health

House Health Policy Committee and Legislators:

My name is Kevin Kalchik and I am the President of MyMichigan Medical Center Sault, and a member of the Michigan Health & Hospital Association. I'm writing to express my opposition toward House Bills 350-4552 and Senate Bills 334-336.

Staffing decisions should be made by nurses and hospital leaders at the clinical level and should not be mandated to statewide legislative mandated ratios. As a hospital leader, I have seen firsthand the effects of the widespread nursing, and other staff, shortages forcing us to cap our inpatient behavioral health unit, limit admission to our skilled long term care facility, transfer patients that could otherwise be cared for here, cancel surgeries, and push out access to primary care services. This is all due to staffing shortages in all disciplines, not just nursing.

I am united with all Michigan Hospital's and I have a long history to speak about nursing, not only as the president of a rural Michigan hospital, but also as the son of two nurses and as the father of a soon to be nursing graduate of Lake Superior State University. I respect the nursing profession and the passion and compassion that it takes to be a nurse.

We can speak about nursing ratios and mandates, but it should not be a one size fits all or a broad brush approach. Each hospital in each region of Michigan face not only nursing shortages, but staffing shortages in general. We advocate for the safety of our patients every day at our hospital daily safety briefing, daily bed staffing huddle, inpatient interdisciplinary meetings, and individual department huddles. Safety is our number one concern and based on these meetings we consistently shift our resources to best care for our patients. This is not a result of legislative mandates, but rather because we care about our communities.

As with nursing shortages our patients are at risk with emergency departments that are overflowing with patients that need to be placed in a higher level of care and behavioral health needs that cannot be met by us locally. We are the only hospital within 100 miles that provides obstetric, dialysis, and behavioral health and by mandating ratios we will be forced to reduce or eliminate services. Legislative mandates do not provide safer care, in fact it does quite the opposite. How unfortunate that our legislators would make mandates on rural hospital that will further deteriorate access to care at all levels. How unfortunate that our legislators would force our community members to be further limited from having care close to home and allow their family members to remain with them here locally.

I urge you to consider the challenges that rural and all hospitals of Michigan face and support viable solutions rather than make mandates that do not resolve, but further impede access to care for our local communities. I urge you to leave local decisions to the hospital leadership that put the care of our community members first each day.

Respectfully submitted,

Kevin Kalchik, President
MyMichigan Medical Center Sault

November 8, 2023

To: House Health Policy Committee and Legislators,

I am writing today to share my deep concern regarding the consideration being given to House Bills 4550-4552 and Senate Bills 334-336. I have been a Registered Nurse for 22 years and am proud to bear that title. Most people choose a career in healthcare, and specifically nursing, due to a desire to help others and I am no different. I've been fortunate to spend my entire career at MyMichigan Health in roles spanning from nurse extern, to med/surg RN, to Home Care RN, to manager, director and currently System Vice President for Post-Acute Care.

While at a first glance, mandating staffing ratios may sound like a great way to increase safety for patients, increase satisfaction for nurses and have a win-win scenario, I would like to assure you it is not. The state of California is a great example of how approaching this topic with a one-size-fits-all mandate is a disastrous failure. Look at their publicly reported outcomes...they are not better since the mandates and they still have a nursing shortage. In fact, many nurses have left the state to pursue opportunities in states without mandates.

I was able to attend the Sept. 13 Hospitals for Patient Access Advocacy Day. I appreciated the time many of you gave to hear our concerns regarding House Bills 4550-4552 and Senate Bills 334-336. There is no doubt that those bills, which mandate one-size-fits-all nurse staffing ratios, would harm access to healthcare services in our community. You may not be aware that hospitals currently report Emergency Department holding or diversions each day through the state Emergency Management Resource (EMR) system. Even one day of reviewing this system would show you that hospitals still have not recovered from staffing shortages caused by the pandemic. Voting these bills into law will only exacerbate an already serious problem with access to timely care in our state. Make no mistake – people will die as a result of these bills when access to necessary care is unavailable.

Nurses are well educated, capable professionals who are best equipped to make staffing decisions in our hospitals in order to prioritize patient safety. Nurse leaders need flexibility to make real time staffing decisions that consider how acutely ill our patients are, the number of patients on our units, the experience level of our nurses and other local factors. There is no place for government officials with no knowledge of nursing or hospital operations to govern appropriate patient to nurse ratios.

Mandated nurse staffing ratios will only harm Michigan by forcing the closure of approximately 5,100 hospital beds when hospitals are unable to hire enough nurses to comply with the ratios. As a result, patients will experience longer wait times to receive care and will be forced to travel further as hospitals close programs or entire facilities. Again, Michigan residents will die as a result of these unintended consequences.

The nursing shortage that our state faces will not be solved by these bills. In fact, it will become even more difficult to recruit and retain competent nurses as hospitals become desperate to fill

positions to comply with the mandates. I, for one, do not want a hospital hiring just any “warm body” to fill a ratio if they are caring for me or any of my loved ones. I want the hospital to have the flexibility to use their clinical judgement to hire only the most competent nurses. Also, as hospitals are required to fight for more nurses the domino effect of this is that other hard-to-recruit nursing positions will likely go unfilled. What will this do to our long term care facilities, rehab facilities, home health and hospice programs? It would be incredibly short sighted to believe there would not be negative consequences to these programs – at a time when our largest generation, the Baby Boomers, are coming of age to need these vital programs.

Again, please take these concerns into consideration as you review these dangerous bills. What appears on the surface as something to help our communities is, in fact, a devastation to our state’s ability to ensure timely and safe healthcare to its residents. Please feel free to reach out with any questions regarding these concerns. I can be reached at rachel.aultman@mymichigan.org or (989) 488-5838.

Sincerely,

Rachel Aultman, MSHL, BSN, RN, ACM
System Vice President of Post-Acute Care
MyMichigan Health

Shields, Diane L

From: King, Glenn R.
Sent: Wednesday, November 8, 2023 2:54 PM
To: Shields, Diane L
Subject: Letter to Legislature

To: House Health Policy Committee and Legislators,

My name is Glenn King and I have been a registered nurse for over 35 years. I became a nurse because I wanted to care for people, make a difference in the lives of others. My career has included many roles from a staff nurse working in the Emergency Department and Intensive Care Unit, several years as the nursing union president of our collective bargaining unit to ultimately many years in various roles as a nurse leader. Today, I currently fulfill the role of Chief Nursing Officer for MyMichigan Health ; working with the division of nursing across our Central Region to ensure we are delivering nursing care in keeping with current nursing standards of practice.

When I became a nurse, I pledged to hold the patient at the center of all I do as a nurse, and I have remained true to that for my entire career. There are several ethical standards in nursing, but I want to call your attention to two specifically; beneficence (doing good and the right thing for the patient) and nonmaleficence (do no harm). In my nursing oath of practice I also pledged to do all in my power to maintain and elevate the standard of my profession; and so it is with these things in mind that I write to you to convey my concerns with the current legislation to mandate nurse to patient ratios; a decision I feel strongly is best left with our nurses and nurse leaders.

I am very well versed in regards to House Bills 4550-4552 and Senate Bills 334-336. Those bills, which mandate one-size-fits-all nurse staffing ratios, would harm access to healthcare services in our community. I know this to be true as I review the state Emergency Management Resource (EMR) report on diversion/boarding of patients across our regions every day; and what I see is continued boarding of patients in our Emergency Departments across our state. This became a crisis during the pandemic when hospitals across the state lost staff, closed beds/services, that ultimately diminished capacity to care for our communities. The problem continues and is having negative impact to patients and creating moral distress for our nurses.

I firmly believe that staffing decisions in our hospitals prioritize patient safety and are made by teams of experienced nurse managers and supervisors in collaboration with other hospital leaders. These are informed decisions made in the best interests of patients, nurses and the community. Our nurse leaders need flexibility to make real time staffing decisions that consider how sick their patients are, the number of patients on their units, the experience level of their nurses and other local factors.

I would be remiss if I didn't share that I have continued concerns about an approach to nursing that isn't reflective of the unique makeup of our region. Michigan has 1,600 less available adult hospital inpatient beds in April 2023 compared to October 2020 because of staffing shortages. The national shortage of registered nurses (RNs) impacts Michigan hospitals, who are currently trying to hire 8,400 nurses. In 2022 we experienced the first year since the early 2000s that enrollment in nursing programs decreased; hospital and academic leaders are collaborating to bi-directionally develop the pipeline of nursing professionals.

Mandated nurse staffing ratios will only harm Michigan by forcing the closure of 5,100 hospital beds if hospitals can't hire enough nurses to comply with the ratios. As a result, patients will experience longer wait times to receive care and will be forced to travel further as hospitals close service line or facilities; and as I stated previously, we see this in our daily EMR reports.

Our organization is focused on long-term solutions to hire and retain more nurses, including offering better pay, improved benefits and expanding educational opportunities to encourage students consider a nursing career. Staffing ratios do not create more nurses nor solve staffing shortages. California is a testimony to that as it continues to have significant RN shortages, despite the presence of mandated staffing ratios for 25 years.

In closing, I want to reiterate my opposition to the legislation and thank you again for hearing my concerns. Please feel free to reach out and continue to use me as a resource for any issues regarding nursing, hospitals and patient care.

Sincerely,

Glenn King MBA, MSN, RN
Vice President & Chief Nursing Officer Central Region
MyMichigan Health

Glenn King
Vice President
MyMichigan Health Central Region
Phone (989) 802-5159
glenn.king@mymichigan.org

To: House Health Policy Committee and Legislators,

My name is Chuck Sherwin, I have been a registered nurse for over 35 years. I became a nurse because I wanted to care for the injured and ill and make a difference in their lives. My career has spanned many roles, I've been a staff nurse working in Medical Surgical Units, Intensive Care Units, and Emergency Departments. I have been in collective bargaining and non-bargaining positions, I have been in various roles as a nurse leader and administrative leader. Currently I serve as the president of MyMichigan Medical Center Midland. As a hospital leader, all I strive for is to make sure that our patients are receiving the care they need, and the experts who should be the ones making staffing decisions are my team members, not the state. I'm writing to express my opposition toward House Bills 4550-4552 and Senate Bills 334-336. If this legislation passes, my hospital will have to reduce operations and face catastrophic consequences.

I had the opportunity to attend the Sept. 13 during the Hospitals for Patient Access Advocacy Day. I appreciated our conversation and the time you gave to hear my concerns regarding House Bills 4550-4552 and Senate Bills 334-336. Those bills, which mandate one-size-fits-all nurse staffing ratios, would harm access to healthcare services in our community. Staffing decisions should be made by nurses and hospital leaders at the clinical level and should not be limited to statewide legislative mandated ratios. As a hospital leader, I have seen firsthand the effects of the widespread nursing shortage and know that instead of a one-size-fits-all staffing mandate, we need long-term solutions that will strengthen Michigan's nursing workforce for decades to come.

I would be remiss if I didn't share that I have continued concerns about an approach to nursing that isn't reflective of the unique makeup of our region. Michigan is facing a significant challenge in filling approximately 8,500 job openings for nurses right now, and instituting a one-size-fits-all mandate requiring hospitals to hire more nurses who do not exist will have extremely detrimental effects on the services we are able to provide to patients. It will lead to prolonged waiting times, risks the closure 5,100 available hospital beds around the state, and hinders the ability of our care teams to respond to crises. I am focused on long-term solutions to hire and retain nurses; staffing ratios do not create more nurses nor solve staffing shortages.

I respectfully request you withdraw your support for House Bills 4550-4552 and Senate Bills 334-336 and explore alternative solutions that will better address the nursing shortages in our state while preserving the quality and accessibility of healthcare services for our residents.

Sincerely,

Chuck Sherwin, MS, BSN, RN, FACHE
President
MyMichigan Medical Center Midland

November 8, 2023

To: House Health Policy Committee and Legislators,

My name is Lanelle Brown, MSN, RN and I am Vice President of Nursing for MyMichigan Medical Center – Eastern Region, which comprises West Branch and Gladwin Hospitals. I graduated with my certificate as a Licensed Practical Nurse in 2002, returned college to obtain my Associates Degree in Nursing in 2009, and later obtained my Master's Degree in the Science of Nursing in 2019. My passion is caring for other people and my community. Having grown up in Northern Michigan, the communities we serve includes my family, friends, and coworkers which make my career a personal mission.

I am very grateful for having had the opportunity to have participated in Hospitals for Patient Advocacy Day on the date of September 13, 2023. Thank you for the rich conversation and hearing my concerns regarding House Bills 4550-4552 and Senate Bills 334-336. I want to continue to advocate against a one-size-fits-all nurse staffing mandate, as we currently rely on our professional organizations to guide us through utilization of evidenced based practice models supported by data. Each nursing specialty has a professional organization that shares best practice. Patient safety is of the utmost importance. Safe staffing is a skill that requires the consideration of patient acuity, employee skill set/experience, and the physical layout of each unit.

Mandated staffing ratios would result in unintended consequences that would yield a negative impact. Currently, across the State of Michigan alone, there are approximately 8,400 vacant nurse positions. This has caused a reduction of bed capacity. A total of 1,600 adult inpatient beds are now unavailable as compared to October of 2020 due to staffing shortages. Unfortunately, nursing programs are struggling due to lack of enrollment which further compounds the nursing shortage. Mandated nurse staffing ratios will result in a closure of an additional 5,100 hospital beds and cost hospitals millions in penalties if they are unable to hire enough nurses to comply with the demanded ratios which will yield facility closures.

Across the State of Michigan, hospital leaders review daily reports of patients being boarded in Emergency Departments due to current lack of inpatient bed availability. Hospitals across the state are currently managing acutely ill patients in the Emergency Department waiting for bed availability. If the mandated staffing ratios are approved, ultimately in my community it will be my patients, my friends, and my families that are directly impacted and may ultimately die waiting for care. I would highly encourage we seek resolution to our current state of nursing shortages by supporting nursing programs, focusing on recruitment and retention, and restructuring license reciprocity. Thank you for your time and consideration.

With much respect,

Lanelle Brown MSN, RN, PMH BC-RN
Vice President of Nursing
MyMichigan Medical Center – Eastern Region

November 8, 2023

To: House Health Policy Committee and Legislators,

My name is Deanna Knopp and I have been a registered nurse for over 38 years. I became a nurse because I wanted to make a difference in the lives of others. My career has included many roles from a staff nurse working in the Emergency Department and critical care for twelve years, several years as the nursing union vice president of our collective bargaining unit to ultimately many years in various roles as a nurse leader. Today, I currently fulfill the role for MyMichigan Health as the System Director of Emergency Services, working with the division of nursing across our nine-member site to ensure we are delivering emergency nursing care in keeping with current nursing standards of practice.

When I became a nurse, I pledged to hold the patient at the center of all I do as a nurse, and I have remained true to that for my entire career. There are several ethical standards in nursing, but I want to call your attention to two specifically; beneficence (doing good and the right thing for the patient) and nonmaleficence (do no harm). In my nursing oath of practice I also pledged to do all in my power to maintain and elevate the standard of my profession; and so it is with these things in mind that I write to you to convey my concerns with the current legislation to mandate nurse to patient ratios; a decision I feel strongly is best left with our nurses and nurse leaders.

I had the opportunity to attend the Sept. 13 during the Hospitals for Patient Access Advocacy Day. I appreciated our conversation and the time you gave to hear my concerns regarding House Bills 4550-4552 and Senate Bills 334-336. Those bills, which mandate one-size-fits-all nurse staffing ratios, would harm access to healthcare services in our community. I know this to be true as I review the state Emergency Management Resource (EMR) report on diversion/boarding of patients across our regions every day; and what I see is continued boarding of patients in our Emergency Departments across our state. This became a crisis during the pandemic when hospitals across the state lost staff, closed beds/services, that ultimately diminished capacity to care for our communities. This problem continues and is creating moral distress for our nurses. If you continue to ask why, you will find that the increase in violence along with decreased capacity of emergency department beds due to boarding of admitted patients including behavioral health patients creating higher acuity with less capacity to move patients to the next level of care.

Therefore, I firmly believe that staffing decisions in our hospitals prioritize patient safety and are made by teams of experienced nurse managers and supervisors in collaboration with other hospital leaders. These are informed decisions made in the best interests of patients, nurses and the community. Our nurse leaders need flexibility to make real time staffing decisions that consider how sick their patients are, the number of patients in their EDs, the experience level of their nurses and other local factors. I would like to describe my phone call while waiting to talk to Representative O'Neal about this very subject. During our wait I received a phone call from MyMichigan Midland ED asking to offer premium pay to get nursing staff in due to a nurse call off from work it is our standard of practice to reach out to all nurse who are not working to see if we can replace that nurse. No nurse had responded, and we had just accepted a trauma level 1 patient from one of our other ED's that did not have the resource or providers to care for this patient which is the right thing to do for patients. This is supported by

EMTALA, Michigan EMS trauma bypass protocols and standards of care for the best outcomes. If this bill would have been in place the Midland ED should have declined this patient based mandatory staffing guidelines. This patient based on the location of the where they were traveling, or living would not receive the same level of care as in Midland, Detroit, Saginaw or Grand Rapids because of mandatory staffing guidelines. Please be assured that I as a nursing leader find this not a patient centered decision and will question my decision to practice nursing in Michigan if this bill passes.

I would be remiss if I didn't share that I have continued concerns about an approach to nursing that isn't reflective of the unique makeup of our region. Michigan has 1,600 less available adult hospital inpatient beds in April 2023 compared to October 2020 because of staffing shortages. The national shortage of registered nurses (RNs) impacts Michigan hospitals, who are currently trying to hire 8,400 nurses. In 2022 we experienced the first year since the early 2000s that enrollment in nursing programs decreased; hospital and academic leaders are collaborating to bi-directionally develop the pipeline of nursing professionals.

Mandated nurse staffing ratios will only harm Michigan residences by forcing the closure of 5,100 hospital beds if hospitals can't hire enough nurses to comply with the ratios. As a result, patients will experience longer wait times to receive care and will be forced to travel further as hospitals close service line or facilities; and as I stated previously, we see this in our daily EMR reports.

Our organization is focused on long-term solutions to hire and retain more nurses, including offering better pay, improved benefits and expanding educational opportunities to encourage students consider a nursing career. Staffing ratios do not create more nurses nor solve staffing shortages. California is a testimony to that as it continues to have significant RN shortages, despite the presence of mandated staffing ratios for 25 years.

In closing, I want to reiterate my opposition to the legislation and thank you again for hearing my concerns. I feel legislation needs to focus on the level of violence that is currently in Emergency Departments. The New York Times October 24, 2023 titled Violence in American Hospitals are Out of Control is a good description of the violence.

Please feel free to reach out and continue to use me as a resource for any issues regarding nursing, hospitals and patient care.

Sincerely,

Deanna Knopp RN
System Director Emergency Services
MyMichigan Health
Midland, MI