

ARIZONA » THE ARIZONA PATIENT PROTECTION ACT



State laws that require hospitals to provide minimum numerical registered nurse-to-patient ratios have proven to save patients' lives, to improve patient outcomes, and to recruit and retain nurses in bedside care.

Arizona limits the number of patients that can be assigned to a registered nurse (RN) in the intensive care unit, **but our state has no law to limit the number of patients assigned to an RN in other hospital units.**¹ As a result, RNs are consistently required to care for more patients than is safe, compromising patient care and negatively impacting patient outcomes. These dangerous conditions are causing far too many RNs to leave the hospital bedside. **The Arizona Patient Protection Act would improve patient care and increase nurse retention, by setting mandated, minimum, registered nurse-to-patient staffing ratios.**

LOW NURSE STAFFING LEVELS ARE EXTREMELY DANGEROUS FOR PATIENTS

- » Studies show that when RNs are forced to care for too many patients at one time, patients are at higher risk of preventable medication errors;² avoidable complications, falls, and injuries;³ pressure sores;⁴ increased length of hospital stay, higher numbers of hospital readmissions, and death.⁵
- » Hospitals that serve communities of color are more likely to have lower RN staffing levels, contributing to racial disparities in care.⁶

SAFE RN-TO-PATIENT RATIOS SAVE LIVES

- » Compared to states without legally mandated numerical registered nurse-to-patient ratios, California RNs report having more time to spend with patients and that hospitals are more likely to have enough RNs on staff to provide quality patient care.⁷
- » If other states adopted California's minimum RN-to-patient ratio in hospital medical-surgical units, hospitals would reduce patient deaths and have significant cost savings due to a shorter length of stay.⁸
- » Better RN staffing would improve outcomes for patients of color including reduced readmission rates, increased patient satisfaction, and better obstetrical outcomes.⁹

SAFE RN-TO-PATIENT RATIOS KEEP NURSES AT THE BEDSIDE

- » On the job injury and illness rates for RNs working in hospitals fell 31.6 percent after California implemented its RN-to-patient staffing ratios law.¹⁰
- » Nurses protected by California's RN staffing ratios law reported lower burnout, job dissatisfaction, and intent to leave compared to nurses living in other states.¹¹
- » The Arizona Patient Protection Act would improve our state's RN staffing levels. According to the Board of Nursing website, Arizona has 117,350 licensed RNs,¹² but only 64,430 were employed according to the U.S. Bureau of Labor Statistics' most recent data.¹³ Based on these figures, **nearly half of all licensed RNs in Arizona are not employed as nurses.**

THE ARIZONA PATIENT PROTECTION ACT

- » Establishes mandated minimum RN staffing ratios that require additional staffing based on individual patient care needs.
- » Safeguards nurses' right to advocate in the exclusive interests of their patients.
- » Protects nurse whistleblowers who speak out about unsafe patient staffing.
- » Requires hospitals to post notices on mandated ratios and maintain records on staffing.

continued »»



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PROPOSED RN-TO-PATIENT SAFE STAFFING RATIOS

Based on acuity, with most critical receiving 1-to-1 care:

HOSPITAL UNIT	SAFE STAFFING RATIO
Intensive/Critical Care Labor and Delivery Operating Room Postanesthesia Care Trauma Patient in ED	1 RN : 1 patient
Antepartum Patients with Fetal Monitoring Postpartum (parent and baby first 2 hours following birth)	1 RN : 2 patients
Antepartum (without active labor) Emergency Department Observational care Pediatrics Step-Down/Intermediate Care Telemetry	1 RN : 3 patients
Acute Rehab Emergency Department Medical/Surgical Postpartum (parent & baby) Postpartum with Postop Gynecological Care Psychiatric	1 RN : 4 patients

SOURCES

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- 5 • McHugh et al (2021). Effects of nurse-to-patient ratio legislation on nurse staffing and patient mortality, readmissions, and length of stay: a prospective study in a panel of hospitals. *The Lancet*, 397(10288), 1905-13.
- 6 • Lake et al (2018). Nursing care disparities in neonatal intensive care units. *Health Services Research*, 53, 3007-26.
- 7 • Aiken et al. (2010). Implications of the California nurse staffing mandate for other states. *Health Services Research*, 45(4): 904-21, 917
- 8 • Lasater et al (2021). Patient outcomes and cost savings associated with hospital safe nurse staffing legislation: An observational study. *BMJ Open*, 11(12).
- 9 • Brooks-Carthon et al (2011). Quality of Care and Patient Satisfaction in Hospitals With High Concentrations of Black Patient. *J. of Nurs. Scholar*, 43(3), 301-10.
- 10 • Leigh et al. (2015). California's nurse-to-patient ratio law and occupational injury. *Int'l Archives of Occup. and Enviro. Health*, 88(4), 477-84.
- 11 • Muir et al (2025). Lower Burnout Among Hospital Nurses in California Attributed to Better Nurse Staffing Ratios. *Policy, Politics, & Nurs. Practice*, 26(3).
- 12 • Arizona Board of Nursing. (n.d.) Nurse Stats. <https://azbn.gov/> (accessed January 29, 2026).
- 13 • U.S. Bureau of Labor Statistics (May 2024).

For more info, please contact Renee Ruiz, Government Relations Organizer, NNOC-AZ/NNU, at ruiz@nationalnursesunited.org or 747-270-9228.

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