



National Nurses
Organizing
Committee



National
Nurses
United

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April 11, 2024

Dear Governor Mills,

We are registered nurses from all across the state of Maine. We are writing to tell you that we are in crisis. As a result, our patients, our profession, and our statewide system of health care are suffering, as well.

There is no “nursing shortage,” as the hospital industry claims. Instead, as a recent STAT article notes, there is “a shortage of nurses who want to work under current conditions.” Hospital employers describe this so-called shortage as some unforeseen, uncontrollable force that keeps our patients from having the number of nurses we need to safely staff acute care beds in the state of Maine. However, this is a staffing crisis of our employers’ own making.

Every time we bargain a new union contract with our employers, we propose nurse-to-patient ratios. As the experts on the issue of patient safety (and, as the most trusted profession in the nation) we tell our employers that our patients will not be safe until or unless we have enforceable nurse-to-patient ratios. And every time we propose our ratios, our employers reject our proposal, always opting for some sort of half-measure, or another unenforceable gimmick that has led us to where we are today.

Understaffing is not a new issue. Hospitals intentionally understaff to maximize profits and excess revenue. Instead of scheduling greater numbers of nurses to ensure that each RN has a manageable workload and patients are safely and properly cared for, hospitals have historically, routinely forced the nurses on duty to sacrifice our own health and safety and make morally distressing choices about how to allocate our available time for nursing care.

The current staffing crisis was foreseeable and preventable. We can fix it if we act now.

Maine nurses stand behind LD 1639, the Maine Quality Care Act, sponsored by Sen. Stacy Brenner, RN. This bill will establish enforceable, minimum nurse-to-patient ratios in acute-care facilities in the state of Maine. This law would finally create the conditions that will bring registered nurses back to the bedside, instead of pushing us away.

Professor Linda Aiken, one of the world’s leading experts on nurse staffing, states that “implementing safe minimum nurse staffing standards will save lives and money” in her letter of support of LD 1639. She also notes that the more patients a nurse cares for, “the worse the outcomes are including preventable deaths, preventable hospital acquired infections, poor patient satisfaction and worse financial outcomes for hospitals resulting from longer patient stays, Medicare penalties for excess readmissions, and high nurse turnover that costs hospitals many millions of dollars every year.”

Decades of research conducted throughout the United States and in more than 30 countries have confirmed what nurses have always known: Safe staffing saves lives, protects patients, and keeps nurses at the bedside.

Here are some findings from just a few of these studies:

- A 2021 study found that each additional patient per nurse is associated with 12 percent higher odds of in-hospital mortality, 7 percent higher odds of 60-day mortality, 7 percent higher odds of 60-day readmission, and longer lengths of stay.

- Another study found that if New Jersey and Pennsylvania (states without enforceable nurse-to-patient ratios) adopted California's legally enforceable ratios, New Jersey would have 13.9 percent fewer patient deaths and Pennsylvania would have 10.6 percent fewer patient deaths.

Enforceable nurse-to-patient ratios keep nurses at the bedside.

- A 2021 study shows that California (again, a state with legally enforceable ratios) had lower RN turnover rates than other comparable states like Florida, New York, and Texas.
- California's ratios law resulted in a 30 percent reduction in occupational injury for RNs.

Nurses across the state — new or experienced, union or nonunion — are witnesses to the devastating consequences of management's understaffing decisions for every type of hospital unit: near-misses, preventable injuries, complications, longer hospital stays, and the avoidable death of patients. This creates moral distress and injury that gets worse when our employers turn around and blame, discipline, and charge us with the responsibility for their own negligence.

Moral distress and injury have forced many of our nursing colleagues to leave the bedside for good. We have seen this coming for years, and we have told our employers countless times to staff appropriately or this would happen. But they did not listen. The question is: Will you?

Governor Mills, this staffing crisis can be fixed if you will listen to nurses. The hospital industry has marshaled nearly every lobbying firm in the state against our bill. Despite that, our bill passed 22-13 in the Senate on a bi-partisan vote. While the Democratic leadership has stood strongly with bedside nurses, there are others in the House caucus that need to hear from you before they will support it. Will you stand with nurses and their patients, or will you stand with the hospital industry and its army of lobbyists to once again prevent nurses from having the safeguards they need to keep their patients (and themselves) safe at the bedside?

We are calling on you, Governor Mills, to:

- 1) Meet with nurses, face-to-face, hear our stories, and truly understand the moral distress and injury that we face every day, in every hospital across our state.
- 2) Look carefully at the powerful evidence that has been compiled over decades to show the efficacy and the necessity of enforceable nurse-to-patient ratios.
- 3) Stand in support of nurses, patients, and The Maine Quality Care Act and make Maine the next state to take real steps to address our state and national nurse staffing crises.

Respectfully,

Maine Nurses
(Over 500 of us)