

NURSE STAFFING STANDARDS FOR HOSPITAL PATIENT SAFETY AND QUALITY CARE ACT

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Sponsored by » **Rep. Jan Schakowsky**

There are no federal mandates regulating the number of patients a registered nurse can care for at one time in U.S. hospitals. As a result, registered nurses (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 thousands of RNs to leave the hospital bedside. This legislation 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 medical errors, avoidable complications, falls and injuries,¹ pressure sores,² increased length of hospital stay, higher numbers of hospital readmissions, and death.³
- » For each additional surgical patient in an RN's workload above the baseline nurse-to-patient ratio of 1:4, the likelihood of patient death within 30 days increases by 7 percent.⁴
- » A 2006 study showed that if all hospitals increased RN staffing to match the best-staffed hospitals in the country, 5,000 in-hospital patient deaths and 60,000 adverse patient outcomes could be avoided.⁵
- » Numerous studies have documented disparities in care in hospitals that serve communities of color.⁶ Studies have also found that registered nurse staffing levels in hospitals that serve communities of color are often lower, contributing to these disparities in care.⁷ Setting a single standard of nursing care across hospitals will improve outcomes for patients of color including reduced readmission rates, increased satisfaction, and better obstetrical outcomes.⁸

Studies on California's RN-to-patient ratios statute – the only law of its kind in the country – confirm the significant impact minimum staffing ratios have on improved patient safety and outcomes

- » Compared to California, New Jersey hospitals would have 13.9 percent fewer patient deaths and Pennsylvania 10.6 percent fewer deaths if they matched California's ratios in medical-surgical units.⁹
- » Compared to states without 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.¹⁰

Safe RN-to-patient ratios are not only feasible, but are cost-effective for hospitals

- » The California ratios mandate has proven to reduce costs for hospitals by improving nurse safety and job satisfaction,¹¹ reducing spending on temporary RNs,¹² overtime costs,¹³ and staff turnover.¹⁴ In fact, after the California law was implemented, thousands of RNs returned to the bedside from within the state and out-of-state RNs were attracted to California because of the staffing ratios.
- » A 2009 study estimated that adding 133,000 RNs (the number of RNs needed to increase nursing staff to the 75th percentile) to the U.S. hospital workforce would result in medical savings of \$6.1 billion on health care spending, not including the value of increased productivity when RNs help patients recover more quickly.¹⁵

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- » Combining medical savings with increased productivity, the addition of 133,000 RNs would result in an economic value of \$57,700 for each additional RN.¹⁶
- » Just two years after the California law's effective date, California hospitals were in compliance with the ratios a super-majority of the time.¹⁷ The majority of safety net hospitals, including rural hospitals with generally lower patient levels, were also able to comply with the law. Of the 69 hospitals defined as rural acute-care facilities in California by the Department of Health Services, only 16 applied for an exemption to the law and just 11 exemptions were granted.¹⁸

The Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act

- » Requires hospitals to annually develop safe staffing plans that meet the bill's mandated minimum RN staffing ratios and provide for additional staffing based on individual patient care needs.
- » Requires hospitals to post notices on minimum ratios and maintain records on RN and other staffing.
- » Provides whistleblower protections, including administrative complaint process and cause of action, for nurses who speak out against assignments that are unsafe for the patient or nurse.
- » Authorizes the Secretary of the Department of Health and Human Services to enforce the minimum RN staffing ratios through administrative complaints and civil penalties.
- » Allows a longer implementation timeline for rural acute-care hospitals to ensure compliance.

Sources »

- 1 Kim J, Lee E, Jung Y, Kwon H, Lee S. Patient-level and organizational-level factors influencing in-hospital falls. *J Adv Nurs*. 2022 Nov;78(11):3641-3651. doi: 10.1111/jan.15254. Epub 2022 Apr 20. PMID: 35441709; PMCID: PMC9790490.
- 2 Kim J, Lee JY, Lee E. Risk factors for newly acquired pressure ulcer and the impact of nurse staffing on pressure ulcer incidence. *J Nurs Manag*. 2022 Jul;30(5):O1-O9. doi: 10.1111/jonm.12928. Epub 2020 Feb 25. PMID: 31811735; PMCID: PMC9545092.
- 3 Increased LOS, Mortality and Readmission: Dierkes, A. M., Aiken, L. H., Sloane, D. M., Cimiotti, J. P., Riman, K. A., & McHugh, M. D. (2022). Hospital nurse staffing and sepsis protocol compliance and outcomes among patients with sepsis in the USA: a multistate cross-sectional analysis. *BMJ Open*, 12(3), e056802. <https://doi.org/10.1136/bmjopen-2021-056802>.
- 4 Aiken, L., et al. "Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction." *Journal of the American Medical Association*. 2002; 288(16): 1987-93, 1990. (43 percent of RNs surveyed had high burnout scores, and a similar proportion were dissatisfied with their current job. Both burnout and job dissatisfaction are indicators of turnover.)
- 5 Needleman, J., et al. "Nurse Staffing In Hospitals: Is There A Business Case For Quality?" *Health Affairs*. 2006; 25(1): 204-211, 208.
- 6 Carthon, J. M. B., Brom, H., McHugh, M., Daus, M., French, R., Sloane, D. M., Berg, R., Merchant, R., & Aiken, L. H. (2022). Racial Disparities in Stroke Readmissions Reduced in Hospitals With Better Nurse Staffing. *Nurs Res*, 71(1), 33-42. <https://doi.org/10.1097/nnr.0000000000000552>.
- 7 Lake, E. T., Staiger, D., Edwards, E. M., Smith, J. G., & Rogowski, J. A. (2017). Nursing Care Disparities in Neonatal Intensive Care Units. *Health Serv Res*. <https://doi.org/10.1111/1475-6773.12762>.
- 8 Brooks-Carthon, J. M., Kutney-Lee, A., Sloane, D. M., Cimiotti, J. P., & Aiken, L. H. (2011). Quality of Care and Patient Satisfaction in Hospitals With High Concentrations of Black Patient. *Journal of Nursing Scholarship*, 43(3), 301-310. <https://doi.org/10.1111/J.1547-5069.2011.01403.X>.
- 9 Aiken, L., et al. "Implications of the California nurse staffing mandate for other states." *Health Services Research*. 2010; 45(4): 904-21, 917.
- 10 Ibid., 912.
- 11 Spetz, J. 2008. "Nurse Satisfaction and the Implementation of Minimum Nurse Staffing Regulations." *Policy Polit Nurs Pract*. 9(1):15-21. <https://pubmed.ncbi.nlm.nih.gov/18390479/>.
- 12 Schmit, J. "Nursing shortage drums up demand for happy nomads." *USA Today*. June 9, 2005. (Quoting Tenet Health System Chief Nursing Officer. Travel nurses cost hospitals at least 20 percent more than a nurse employee even when benefits are factored in. Full-time employees are paid at least 1.5 times their regular salary for overtime hours worked.)
- 13 Ibid.
- 14 Bland-Jones, Cheryl. "Revisiting Nurse Turnover Costs, Adjusting For Inflation." *Journal of Nursing Administration*. 2008; 38(1): 11-18, 12. (Finding that the total RN turnover costs for fiscal year 2017 were between \$7,875,000 and \$8,449,000, and estimating an RN annual turnover rate at 18.5 percent.)
Aiken. 2010. supra, note 5 at 913. (Finding that California RNs, after the implementation of the mandated nurse-to-patient ratios, experienced burnout at significantly less rates than those in New Jersey and Pennsylvania. 20 percent California RNs reported being dissatisfied with their job, compared to 26 percent in New Jersey, and 29 percent in Pennsylvania. Both burnout and job dissatisfaction are precursors of voluntary turnover.)
- 15 Dall, T. et al. "The Economic Value of Professional Nursing." *Medical Care*. 2009; 47:97-104, 101.
- 16 Ibid.
- 17 Aiken, L. H. (2010). The California nurse staffing mandate: implications for other states. *LDI Issue Brief*, 15(4), 904-921.
- 18 Lauer, G. "Reaction To Nurse Staffing Rules Generally Favorable." *California Healthline*. October 25, 2004.



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