

Protecting Michigan's Healthcare System and Access to Patient Care

Opposition to Mandated Nurse Staffing Ratio Legislation

Healthcare organizations are focused on addressing staffing challenges and implementing nurse staffing models that provide the best care for their patients and communities. Senate Bills 334–336 and House Bills 4550–4552 propose registered nurse (RN) staffing requirements that do not solve existing staffing shortages and restrict important access to healthcare services for Michigan patients.

Instituting a one-size-fits-all mandate negates the ability of a hospital to use diverse, flexible care teams to meet the acuity needs of their patients and communities. Instead, it creates the untenable situation of harming hospitals for accepting patients who need care if the hospital is already at the legislatively mandated ratio. Hospitals unable to risk punitive fines will place their emergency departments on diversion, creating delays by transporting patients a greater distance to receive care at other facilities.

The legislation requires hospitals to find RNs from a limited talent pool to meet the statutorily implemented and fixed ratios. The nurse shortage is largely driven by the aging workforce, as the baby boom generation continues to enter retirement, much like many other sectors of the Michigan economy. According to the [Michigan Annual Survey Data Examining the Supply of and Demand for Nurses](#), 32.3% of licensed RNs in Michigan are 55 years of age or older. Nationally, the country has a [shortage of 1.1 million nurses](#), with the [Bureau of Labor Statistics](#) projecting about 200,000 additional RNs are needed from 2022 to 2032. Michigan needs more nurses because the population is aging significantly, with inadequate growth in the labor market. According to the [Citizens Research Council of Michigan](#), Michigan's working age population of 18- to 64-year-olds will decline through 2030, while the 65 and older population grows 30%. Just as the younger workforce, including nurses is declining, Michigan faces an increasing the need for healthcare workers to care for the aging population.

Throughout Michigan, hospitals have adopted nationally accepted staffing ratios, designed by nursing organizations, and based on safety and patient acuity levels. Mandated statewide staffing directives will result in limiting the services hospitals can offer to their communities when a ratio is unmet. If a hospital cannot staff a care unit in the hospital, that unit could close. This means delaying patient care because limited beds are available. It also means hindering a hospital's ability to respond to a crisis in the way that ensures best patient outcomes for fear of violating Michigan law. The staffing ratio legislation has the potential to close 5,100 Michigan hospitals beds, 23% of the statewide hospital capacity, to reach compliance with the proposed staffing ratios.

Mandatory nurse staffing ratios aren't a concern for hospitals alone. These ratios create a dangerous ripple effect to the access to all types of healthcare. Other healthcare providers will face an even more challenging task of hiring nurses. The RN talent pool is finite; nursing homes, rehabilitation facilities, physician practices and other healthcare settings will all feel new pressure as hospitals push to recruit and hire every available RN in the state. Each of these

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healthcare providers face difficulty hiring RNs today; hospitals will have no choice but to hire RNs from other healthcare sectors to maintain bed capacity.

The Michigan Health & Hospital Association (MHA), in collaboration with the undersigned groups, oppose the legislation listed above. Enacting punitive penalties on hospitals does not solve the workforce crisis. To ensure hospitals and health systems can continue delivering high quality care, the Michigan Legislature could enact these solutions to solve nurse staffing shortages:

- **Bring Michigan into the national Nurse Licensure Compact to reduce barriers for out-of-state nurses to move to and practice in Michigan immediately.**
- **Increasing eligibility for Michigan Reconnect by lowering the age requirement to 18 and older.**
- **Funding innovative approaches to workplace violence prevention in healthcare settings to complement the passage of House Bills [4520](#) and [4521](#) that increase penalties for violence committed against healthcare workers.**

Michigan hospitals, health systems and other providers continue to implement measures to support healthcare workers and address staffing shortages. These include increased compensation, expanded partnerships with post-secondary education institutions, providing emotional well-being support, modernizing scope of practice rules and creating recruitment public awareness campaigns. The Michigan Legislature plays a vital role in this work, particularly in the appropriation of funding in recent years towards the recruitment, retention and training of healthcare workers.

All healthcare providers take concerns of their nurses extremely seriously. However, government-mandated staffing ratios are not a proven solution to staffing shortages, nor are they shown to improve quality of care. Mandating staffing ratios is not practical when Michigan currently does not have enough nurses to fill the 8,438 open positions in hospitals alone. Hospitals will need to hire more than 13,000 nurses if this legislation becomes law. Additionally, data collected from hospitals shows that implementing the strict ratios as proposed could drive up healthcare costs by more than \$1 billion, putting an even greater burden on employers and impacting economic development.

Legislatively-mandated nurse staffing ratios implemented in California more than two decades ago demonstrate this is not an effective solution to staffing shortages. According to [data](#) from the Bureau of Labor Statistics, Michigan has a greater number of nurses per capita today than California. Despite having staffing ratios, California continues to have a [shortage of 40,000 RNs](#), demonstrating they are suffering from the same problem as all other states in the country and the presence of legislatively mandated staffing ratios has done little to improve the size of the workforce. Meanwhile, Michigan outperforms California in hospital quality, as Michigan has both a higher percentage of 4- and 5-star hospitals than California (49% to 35.3%) and a lower percentage of 1- and 2-star hospitals (18.4% to 38.7%), according to [CMS Care Compare Hospital Overall Star Ratings](#).

Every day chief nursing officers and other nurses make nurse staffing decisions based on the decades of expertise and training and on the safety and acuity levels of their patients. Flexibility in staffing models allow hospitals to react to sudden changes in how sick patients are, increasing demand of patients in the emergency department and sudden workforce needs, such as illness or bereavement. Instituting this legislation would remove professional expertise and agility from staffing decisions. It instead places providers in a difficult predicament of

determining the risk of violating ratio to care for more patients arriving at a facility or satisfying ratio and going on diversion, sending patients in need of care to neighboring facilities, without any promise of whether that facility has the appropriate number of RNs to care for them. Overall, the time it takes for patients to receive care will increase significantly and these types of difficult decisions will happen often if mandated staffing ratios are implemented.

Thank you for your consideration of this request. The MHA and our coalition partners will assist in every appropriate way to implement solutions to Michigan's healthcare workforce shortage.

Please contact Adam Carlson at the MHA (acarlson@mha.org) if you have any questions about this issue.



November 9, 2023

An Open Letter to Michigan Patients and Communities

Dear Michigan Families,

Our shared mission as hospitals is to advance the health of individuals and communities. For decades, we've worked collaboratively – not competitively – on the things that matter most to you: delivering safe, high-quality care when you need it, where you need it, whether that's in downtown Detroit or the farthest reaches of the Upper Peninsula and everywhere in between. Maintaining timely access to services for every patient is what we work to preserve every single day.

Unfortunately, the Michigan Legislature is currently considering legislation that would result in the closure of more than 5,100 hospital beds statewide. That's the equivalent of closing every hospital north of Grand Rapids and Flint. The legislation sounds good in a sound bite: more nurses at the bedside, 'round the clock. But like most things in life, it's not that simple. Michigan hospitals currently have 8,400 nurse openings posted on job boards. Hospitals are focused at the local level on listening to nurses, getting them the resources they need to do their jobs effectively and have work-life balance, and protecting them from violent attacks in the workplace. Hospitals proudly fought to get [tougher penalties](#) enacted for visitors who attack healthcare workers, and this week that bill will go to Governor Whitmer's desk. We're also focused on building effective care teams and not relying *only* on RNs to care for patients 24/7. We're partnering with higher education to build nurse training and education programs and capacity.

Sadly, House Bills 4550 – 4552 override local nurses' decision-making about how to staff their units and care for patients. Instead, they would implement a government mandate that would apply a one-size-fits-all nurse-to-patient ratio for RNs in every hospital, no matter its size, location, how sick its patients are or how experienced its nurses and care teams are. **We, 100% of Michigan's hospitals, stand united in our opposition to this misguided legislation.** The Michigan Organization of Nursing Leadership and the American Nurses Association – Michigan, who both recognize the unintended consequences the legislation would have on patient access, also oppose mandated staffing ratios.

We all want more nurses. That's why we're trying to hire 8,400 of them today. For hospitals to meet the mandates in the legislation, they would have to find more than 13,000 nurses to hire. If we can't fill the 8,400 openings we have now, how would we fill 13,000 positions – and at a time when nurses are also critically needed in nursing homes and other settings? Unfortunately, this legislation will force the hospitals you rely on to be there if you're in a car accident, fall off the ladder hanging Christmas lights or are battling a terrible disease, to either break the law and keep services running without the mandatory nurse ratios (which will also make healthcare more expensive due to billion dollars in fines that will be assessed), or instead, **they will close services and beds.** That means longer wait times for everything from emergency visits to surgeries. It means many of Michigan's 130 hospitals could all be "on diversion" at the same time, meaning patients get bounced around because nobody has open beds. This is an awful experience for patients and could be deadly especially in Michigan's rural areas or amidst bad weather. Studies have proven that statewide nurse patient ratios implemented in California [did not improve safety or outcomes](#). Their hospitals overall are not safer than Michigan's. Nurses did not flock to California when they adopted ratios. In fact, California currently has a nurse shortage numbering in the tens of thousands. Ratios didn't fix that – and it won't fix the shortage in Michigan.

Hospitals and our nurse leaders – as well as a large coalition of organizations across industries, who all oppose this legislation – are imploring the Legislature to preserve access to care, and let local patients' needs drive a hospital's staffing models. **Let's use innovative programs** like virtual nursing to support

Brian Peters, Chief Executive Officer

patient care and let nurses do the bedside work they do best. **Let our care teams work together** across professions to ensure a patient gets what they need *and* we maintain a robust and diverse pipeline of patient care professionals. **Let's work together on common-sense solutions** that nearly every other state has adopted, like being part of the national Nurse Licensure Compact allowing licensed nurses to work in other states. **Let's work together** on rebuilding our nursing and patient care professional talent pipeline.

Adopting misguided legislation that will reduce services and close hospital beds, and that will do nothing to create the thousands of new nurses we need in Michigan, is bad public policy. Instead, let's remember that there's so much we have done, and can do, together. **Let's get to work on real solutions** that *will* protect patients, protect access, grow the nursing workforce and ensure those nurses have safe, fulfilling workplaces.

Sincerely,

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Hospital Nurse Staffing Facts

FACT 1

Staffing decisions in 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.

FACT 2

Hospitals serve diverse populations and use different staffing approaches depending on the number of staff available and community needs.

Michigan has 1,600 less available adult hospital inpatient beds in April 2023 compared to October 2020 because of staffing shortages.

FACT 3

Michigan hospitals prioritize safety and quality and have voluntarily participated in MHA Keystone Center efforts to improve healthcare safety and quality for 20 years.

The MHA Keystone Center has collectively saved thousands of lives, avoided tens of thousands of potential harmful incidents to patients and significantly reduced the rate of many hospital-acquired infections.

FACT 4

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.¹

FACT 5

States that allow hospital staffing decisions to be made by nurses at the local level have equal, if not better, quality scores than states with legislatively mandated nurse staffing ratios.

Michigan has a higher percentage of 5-star hospitals (15% to 14%) and a lower percentage of 1- and 2-star hospitals (17% to 24%) compared to California, which has had a legislative mandate for more than 20 years.² In addition, patient outcomes such as pressure ulcers, deep vein thrombosis/pulmonary embolism, postoperative sepsis, urinary tract or bloodstream infections **did not improve following implementation of staffing ratio mandates.**^{3,4}

FACT 6

The national shortage of registered nurses (RNs) impacts Michigan hospitals, who are currently trying to hire 8,400 nurses.

85% of licensed RNs living in Michigan under the age of 65 are currently employed^{5,6} as nurses, with an average age of 47.4 years.⁷ 2022 was the first year since the early 2000s that enrollment in nursing programs decreased, and Michigan hospitals are actively engaged in developing the pipeline of nursing professionals.⁸

FACT 7

Care teams rely on a variety of different roles to deliver safe and quality care at the bedside.

Nurse aides, licensed practical nurses (LPN), patient care techs and physicians all make important contributions, along with RNs.⁹

FACT 8

Mandated nurse staffing ratios will harm Michigan by forcing the closure of 5,100 hospital beds if hospitals can't hire enough nurses to comply with the ratios.¹⁰

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.¹¹

FACT 9

The rate of occupational injuries in hospitals is high across the country, regardless of a mandated staffing ratio being in place.¹²

Michigan hospitals dedicate significant resources every year to protect staff from violence, including increased security and law enforcement staffing, physical facility improvements and providing de-escalation training to employees.

FACT 10

Michigan hospitals are 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.¹³

Staffing ratios do not create more nurses nor solve staffing shortages. California has a shortage of 40,000 RNs, despite the presence of mandated staffing ratios for 25 years.¹⁴

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